

**Health and Wellbeing Board**

**11 May 2022**

**Health Protection Assurance Annual Report**



**Report of Jane Robinson, Corporate Director of Adult & Health Services, Durham County Council**

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**Electoral division(s) affected:**

Countywide

### **Purpose of the Report**

- 1 The purpose of this report is to provide members of the Health and Wellbeing Board with an update on health protection assurance arrangements in County Durham and health protection activities over the course of the year.

### **Executive summary**

- 2 The Health Protection Assurance and Development Group (HPADG) meets quarterly and seeks assurance on five main strands of health protection activity, in addition to data and communications which are threaded throughout:

- (a) Screening programmes;
- (b) Immunisation programmes;
- (c) Outbreaks and communicable diseases;
- (d) Strategic regulation interventions;
- (e) Preparedness and response to incidents and emergencies.

- 3 Key achievements overseen by HPADG in the last year include:

Programme delivery:

- (a) Improvement in flu vaccination uptake amongst eligible groups and effective delivery of the extended Durham County Council flu vaccination to all staff, with sustained increased uptake;
- (b) Progressed work with cervical screening services to ensure that staff shortages and previously restricted access to training has improved;

- (c) Sustained delivery of national immunisations programmes.
- (d) Sustained delivery of the Antenatal and Newborn Screening programme;
- (e) Development of the avian flu and seasonal flu (care home settings) anti-viral prescribing pathways.

Collaborative system working:

- (a) Continued excellent working relationships with UK Health Security Agency (UKHSA) during a time of significant change and COVID-19 enabling response to several non-covid outbreaks and incidents;
- (b) Development of Health Protection Assurance Board (HPAB) Transition Plan capturing the learning from covid including in relation to engagement of communities (vaccine inequality), use of data, real time dashboards and national and local intelligence;
- (c) Establishment of a protecting health team within public health to embed the learning from COVID-19 lead both proactive and reactive health protection responsibilities, working closely with system partners;
- (d) Completion of collaborative review, Public Health and NHS England (NHSE), to identify variation in second dose measles, mumps, and rubella (MMR) vaccinations by GP practice and address key issues contributing to this variation and undertake catch-up programme.

#### 4 Areas impacted by COVID-19 and requiring further development:

- (a) All screening programmes have been impacted by the pandemic other than Antenatal and Newborn screening (see paragraph 51);
- (b) The restoration of affected screening programmes was started prior to the second wave and will have been affected by successive waves;
- (c) Development areas include:

##### Programme delivery

- Understanding reasons for underperformance for the newborn and infant physical examination and ensure remedial measures are put in place;
- Improving uptake of certain vaccinations including shingles and pneumococcal;
- Ensuring equitable coverage and uptake of screening and immunisations programmes, seeking to identify, understand and address within Durham inequalities;

- Ongoing work with schools and providers to ensure improved rates of vaccination amongst adolescents, learning lessons from the COVID-19 vaccination campaign to ensure equity of access and to work with NHSE and local school provider, Harrogate and District Foundation Trust (HDFT), to gain assurance of actions and catch-up programmes in place to address reduced uptake due to disrupted programme delivery.

#### Collaborative system working

- Development of a sexual health strategy for County Durham;
- Ensuring health protection and public health related; emergency preparedness is assured during organisational change;
- Working with County Durham and Darlington Foundation Trust (CDDFT) and key stakeholders to support high quality infection prevention and control measures.

### **Recommendation(s)**

5 The Health and Wellbeing Board is recommended to:

- (a) note the content of the report;
- (b) note that the performance in County Durham for all childhood immunisation programmes exceeds both national standards and national averages;
- (c) note that the report provides broad assurance that effective processes are in place for each of the key strands of health protection activity;
- (d) request a further report be presented to a future meeting of the Health and Wellbeing Board which provides further assurance in respect to flu and COVID-19 vaccination, the ongoing work with CDDFT in relation to Infection Prevention and Control (IPC);
- (e) support the development and delivery of the transition plan to 'Living with Covid' capturing the learning from Covid;
- (f) support the review of the health protection governance arrangements aligning the robust Covid assurance arrangements with wider health protection governance.

## Background

- 6 The protection of the health of the population is one of the five mandated responsibilities given to local authorities as part of the Health and Social Care Act 2012. The Director of Public Health (DPH) for County Durham is responsible under legislation for the discharge of the local authority's public health functions.
- 7 The health protection element of these statutory responsibilities and the mandatory responsibilities of the DPH are as outlined below:
  - (a) the Secretary of State's public health protection functions;
  - (b) exercising the local authority's functions in planning for, and responding to, emergencies that present a risk to public health;
  - (c) such other public health functions as the Secretary of State specifies in regulations;
  - (d) responsibility for the local authority's public health response as a responsible authority under the Licensing Act 2003, such as making representations about licensing applications;
  - (e) a duty to ensure plans are in place to protect their population including through screening and immunisation.
- 8 Within Durham County Council, the remit for health protection is delivered by Public Health in conjunction with the Community Protection Service (CPS) and the Civil Contingencies Unit (CCU). The local Clinical Commissioning Group (CCG) has responsibilities for elements of health protection including, for example, the quality and uptake of immunisations. The CCG also employs an Infection Prevention and Control Team (IPCT) through an agreement with Public Health.
- 9 UKHSA's core functions include protecting the public from infectious diseases, chemicals, radiation, and environmental hazards and supporting emergency preparedness, resilience, and response. Teams responsible for delivering these functions in the North East sit within the UKHSA Centre and also provide access to national experts in these fields.
- 10 NHSE is responsible for commissioning and quality assuring population screening and immunisation programmes. This includes a team covering the Cumbria and the North East.
- 11 Regular liaison between Directors of Public Health (DsPH) and the Centre Director of UKHSA in the North East occurs via weekly North East DsPH meeting (as well as via the Public Health Oversight Group). The Head of Public Health for NHSEI in Cumbria and the North East also attends as required.

- 12 In August 2020 the Secretary of State for Health and Social Care announced the abolition of Public Health England, with a new National Institute for Health Protection (NIHP) to take over its health protection functions.
- 13 On 24 March 2021, it was declared that the UK Health Security Agency (UKHSA) would replace the concept of the NIHP and be established from April 2021. The transfer of responsibilities took place in October 2021. Locally and regionally, all parties have worked hard to successfully maintain relationships and working arrangements.
- 14 UKHSA includes PHE health protection teams, the NHS Test and Trace Programme and the Joint Biosecurity Centre, which were stepped up in response to the COVID-19 pandemic.
- 15 The White Paper 'Integration and Innovation: working together to improve health and social care for all' was published on 11<sup>th</sup> February 2021. This announced that the government had concluded that the allocative functions of CCGs should be held by an Integrated Care System (ICS) NHS Body and that the Integrated Care Board (ICB) is a Category One responder.
- 16 Work is underway at a North East level to agree an assurance process for the ICB in its new role as a Category One responder for Emergency Planning, Preparedness and Response.

### **Health protection assurance arrangements in County Durham**

- 17 There have been significant changes in governance and assurance for the COVID-19 pandemic and local response, which is covered separately in updates to the Local Outbreak Management Plan (LOMP) and Health and Wellbeing Board (HWB) via the HPAB.
- 18 The HPADG, chaired by the DPH, was established in 2018, and aims to enable the Director of Public Health to fulfil the statutory role in seeking assurance that satisfactory arrangements are in place to protect the health of the local population.
- 19 The HPADG has developed a detailed action plan built on five pillars of health protection, in addition to data and communications, which are threaded throughout:
  - (a) Screening programmes;
  - (b) Immunisation programmes;
  - (c) Outbreaks and communicable diseases;
  - (d) Strategic regulation interventions;
  - (e) Preparedness and response to incidents and emergencies.

- 20 The action plan is supported by a scorecard that includes a range of appropriate health protection indicators and outcomes (see the health protection scorecard attached in Appendix 2).
- 21 This report is informed by updates from the implementation of the health protection action plan, which is overseen by the HPADG.
- 22 The direct response to the COVID-19 pandemic is covered in reports from the HPAB, which have been provided to every HWB throughout the duration of the pandemic to date. This report, therefore, addresses indirect effects of COVID-19 and the resulting implications on relevant work programmes.
- 23 The Health, Safety and Wellbeing Safety Strategic Group (HSWSG) is in place in DCC to ensure that suitable priority is given to the management of Health, Safety and Wellbeing across the Council. This includes representation from Public Health.
- 24 NHSE established a County Durham and Darlington Screening and Immunisations Oversight Group which provides assurance to the DPH in relation to screening and immunisation programmes. In addition, the management of incidents and the quality assurance for screening programmes are reported separately to the DPH. Programme boards have been established for each of the screening and immunisation programmes.
- 25 UKHSA established the County Durham and Darlington Area Health Protection Group, and this brings together organisations involved in protecting the health of the population. Prior to the pandemic, the group met quarterly, attended by a Consultant in Public Health. The purpose of the group is to provide a forum to discuss strategic and operational health protection issues; review outbreaks and incidents (local, regional, and national) and learn from lessons identified; provide a forum where cross-boundary and cross-organisational issues can be discussed, and solutions identified; identify local priorities alongside implementing national policy and guidance and identify any joint training and development needs. The group does not have a formal accountability or governance structure.
- 26 UKHSA North East has a bespoke surveillance system in place for communicable diseases with daily and weekly alerts for exceedances and identification of linked cases. The DPH is informed of outbreaks, incidents, and exceedances via email alerts. The DPH is represented at all local outbreak control meetings and outbreak reports are also shared.

- 27 In addition, the DPH has direct access to national surveillance systems set up for the collection and analysis of COVID-19 related data including vaccinations.
- 28 The DsPH for County Durham and Darlington established the County Durham and Darlington Healthcare Acquired Infections (HCAI) Assurance Group in 2004. This group is chaired by a DPH and has wide membership from all provider organisations, enabling the DsPH to have a clear line of sight to all providers in County Durham and Darlington. HCAI information is also reported directly to CCGs where action plans are put in place to address identified issues. These are reported to the CCGs' Governing Bodies as part of the regular quality reports.
- 29 County Durham CCG has retained an in-house team of Infection Prevention and Control nurses. The Infection Prevention and Control Team (IPCT) provide a service to both County Durham and Darlington to support both Primary Care and Social Care within residential settings, and, since September 2020, the service has been extended to schools providing for children with Special Educational Needs and Children's Residential Homes in outbreak to bolster their Infection Prevention and Control Support in County Durham.
- 30 The IPCT continue to undertake Root Cause Analysis of Community Onset Clostridium Difficile Infection (CDif) cases and Community Methicillin Resistant Staphylococcus (MRSA) blood stream Infections. Lessons learned are highlighted to the appropriate clinicians in primary care.
- 31 In 2021 NHS England announced new gram negative blood stream infection (GNBSI) targets for all acute trusts and CCGs the IPCT has undertaken a significant amount of work with local partners previously to try to address this target. This work will continue going forward.
- 32 The team is notified of all alert organisms for residents in care homes and offers the appropriate advice to the staff to help manage the resident safely.
- 33 The IPCT support and work with colleagues in the local authorities' adult social care commissioning team.
- 34 All work undertaken by the IPCT is reported back through the County Durham and Darlington Health Care Associated Infections Assurance group chaired by the DsPH.
- 35 NHSE and CCGs have a duty to cooperate with local authorities on health and well-being under the NHS Act 2006. This includes cooperating on health protection, including the sharing of plans. The

2012 Health and Social Care Act makes clear that both NHS England and the CCGs are under a duty to obtain appropriate advice in the protection of the public health. NHS bodies are also under a statutory duty to cooperate with other organisations on civil contingency planning matters under the Civil Contingency's Act 2004.

- 36 The Civil Contingencies Unit (CCU) is the local authority's point of contact for emergency planning and business continuity both internally and externally in response to incidents and emergencies. The CCU is also a conduit for information for multiple agencies through the Local Resilience Forum (LRF) and have a duty officer on call at all times.
- 37 CCU holds a community risk register which provides assurance to the DPH about key risks to the community including: pandemic influenza; flooding; adverse weather; emerging infectious disease; fuel shortage; widespread long duration electricity network failure; animal disease and building collapse.
- 38 The CCU produce extensive emergency preparedness plans which are shared on 'Resilience Direct' and work with the LRF to co-ordinate training and exercising of these plans. The unit also provides training and exercising to local organisations including schools, housing providers, the university and community groups.
- 39 All internal plans are reviewed on a regular basis. The DPH is involved in the initial development of relevant plans and is sent updates once plans are reviewed. Access to LRF plans is through 'Resilience Direct' from the LRF or the CCU. The DPH is a member of the LRF strategic board
- 40 Under normal circumstances, UKHSA's Health Protection, NHSE's Screening and Immunisation and the local IPCT produce annual reports, however, these have not been produced due to the unprecedented demands of the COVID-19 pandemic
- 41 The IPCT annual report details the range of support and interventions initiated to reduce HCAI and reports in year activity details. This report also includes the work plan for the IPCT for the upcoming year.
- 42 The DCC Community Protection Service (CPS) provides assurance to national regulators including Department for Environment, Food and Rural Affairs (DEFRA), Food Standards Agency (FSA) and Health and Safety Executive (HSE) through the implementation and regular reporting on their air quality strategy; contaminated land strategy; food safety plan; food hygiene plan; annual enforcement programme; various licensing and enforcement polices and disease contingency plans. Services provided by CPS are regulated nationally by the FSA, HSE



and DEFRA to provide further assurance on the quality of service provision.

- 43 A Local Air Quality Management Area currently exists within Durham City. Action and implementation plans are in place to reduce Nitrogen Dioxide emissions and improve air quality standards within that area
- 44 The launch of the government's Spring Plan: Living with Covid sets out that the local response should now become more aligned with wider local health protection arrangements, bringing the lessons learnt from the pandemic to further develop the health protection system. It is therefore recommended that a full governance review is a timely development in light of the transition from pandemic to endemic and organisational changes (national, regional, and local).

### **Updates on key areas**

- 45 Data provided below are collated from numerous sources and compiled in the health protection scorecard attached at Appendix 2.

### **Screening and immunisations**

#### **Screening**

- 46 In 2020 and 2021 cancer screening programmes were affected by the COVID-19 pandemic. Despite this coverage rates in County Durham for cervical and bowel cancer, have consistently exceeded minimum standards and national averages. In 2021:
  - (a) Cervical screening coverage in County Durham was 75.4% compared to a national average of 68.0%.
  - (b) Bowel cancer coverage in County Durham was 67.5% compared to a national average of 65.2%.

Breast cancer screening coverage decreased in 2021 and fell below minimum standards (70%) locally, regionally, and nationally. County Durham coverage is statistically similar to the national average. In 2021:

- (c) Breast cancer coverage in County Durham was 64.4% compared to a national average of 64.1%.
- 47 Performance in County Durham against key indicators for the non-cancer screening programme Newborn Hearing, shows sustained achievement above national minimum standards with a coverage for 2020/21 of 98.1%. The new provision of Local Authority level data for minimum standard was met for the Newborn and Physical Examination (within 72 hours of birth) shows that although the minimum standard

was met for this screening at 96.7% for 2020/21. this is statistically significantly below the England coverage of 97.3%. County Durham is an outlier in the region with coverage significantly lower than the North East and England.

- 48 Screening coverage for infectious diseases in pregnancy, sickle cell and thalassaemia and Newborn blood spot screening show sustained achievement across the North East in 2020/21. Quarterly Screening KPI reports are published on provider performance and as at Q4 2020/21 CDDFT and County Durham CCG met the standard for the aforementioned indicators.
- 49 Abdominal Aortic Aneurysm screening coverage for County Durham fell by 30 percentage points to 49.9% for County Durham in between 2019/20 and 2020/21. This is 0.1% below the standard of 50%. Decreases were also seen regionally and nationally. Across the North East coverage for 2020/21 was 50.0% and for England, 55.0%.
- 50 Diabetic Eye Screening coverage has fallen regionally and nationally in 2020/21. For the North East, coverage of 62.9% is below the minimum standard of 75%. The quarterly KPI provider performance reports for the County Durham and Darlington Diabetic Eye Screening Programme show coverage has been below 75% for each of the four quarters.
- 51 COVID-19 has impacted on delivery of most adult screening programmes, this is due both to service pressures, challenges in securing venues, and the health conditions of those who would be presenting for screening increasing reluctance to attend. The following services currently recovering:
  - (a) Abdominal Aortic Aneurysm - the current forecast is to complete by June 2022;
  - (b) Diabetic Eye Retinopathy - the target to have invited the backlog is March 2022. The programme now has an additional Health Inequalities" module on their IT systems which will allow health equity audit and further improved targeting;
  - (c) Bowel cancer screening - the services have done well to recover and now start Age Extension, which will be implemented in year-bands from now until 2024/5. This means an increase of c.85% on top of the 60-74 yrs. Population;
  - (d) Breast cancer screening - clinic throughput has necessarily been less than pre-COVID-19 and so there is a long restoration time, which NHSE are working with providers to reduce. The ICS are working to address improvements and NHSE has invested in staff and equipment to improve uptake.

- 52 Cervical cancer screening services have been restored, and Antenatal and Newborn Screening services have been unaffected by the pandemic.

## **Immunisations**

- 53 Vaccinations delivered through primary care (including the childhood programme) have been unaffected by the COVID-19 pandemic. Work is ongoing locally and regionally to scope and address the disruption of Covid-19 on school age immunisation services.
- 54 At the time of writing, the COVID-19 vaccination programme is ongoing, with many system partners now supporting the vaccination delivery programme including Primary Care Networks, community pharmacies, and school delivery programme. Staff from the recently closed Mass Vaccination Centre are now located in County Hall and support the delivery of pop-up clinics to maximise access and uptake across all age groups. High quality data populates a real-time dashboard with a wide range of filters enabling granular knowledge of uptake by age, gender and location informing the targeting of pop-up clinics.
- 55 Overall, the universal childhood immunisation programmes demonstrate high uptake rates across County Durham, with rates generally above national targets and averages (see Appendix 2) for 2020/21. This includes the following coverage:
- (a) 97.4% of the combined diphtheria, tetanus, whooping cough, polio and Haemophilus influenzae type b (Dtap / IPV / Hib) vaccine at 1 year (n.b. Data for Pneumococcal conjugate vaccine (PCV) at 12 months is not available in 2020-21. This is due to the change in the national vaccine schedule and how the vaccination is recorded);
  - (b) 98.2% of the Dtap / IPV / Hib vaccine at 2 years;
  - (c) 96.9% of the PCV booster at 2 years;
  - (d) 96.9% for one dose of MMR at 2 years;
  - (e) 97.2% for the Hib / Men C booster at 5 years;
  - (f) 98.1% for one dose of MMR at 5 years;
  - (g) 96.4% for two doses of MMR at 5 years.
- 56 The human papillomavirus (HPV) vaccination coverage for females was below target for 2019/20 and this has continued for the 2020/21 period (see Appendix 2). From 2019/20, the HPV vaccine was extended to 12 to 13 year old males. For 2020/21 the coverage for males was:
- (a) 56.6% for one dose at 12-13 years;
  - (b) 60.3% for two doses at 13-14 years.

- 57 At the time of writing, the flu vaccination campaign is ongoing as patients can be inoculated until the end of March 2022. Flu vaccination uptake for 2020/21 shows an improvement compared to the previous years across all eligible groups. Provisional data show that, despite challenges to delivery in a COVID-19 safe environment, uptake of flu vaccinations has improved across eligible groups since the previous year. Coverage achieved for residents aged 65 years and over, primary school aged children and those classified as at risk was above target.
- 58 In 2020/21 the DCC staff vaccination programme once again included all staff (including schools, but not academies). To date, 3255 staff vaccinations have been given.
- 59 An evaluation of the 2020/21 campaign will be produced by the Board in Spring 2022. This will inform the flu programme for 2022/23.
- 60 Pneumococcal polysaccharide (PPV) vaccination coverage for those aged 65 years and over continues to increase and coverage for 2020/21 was 72.8%.
- 61 Uptake of shingles vaccine remains stubbornly low. In 2019/20 50% coverage was achieved locally for those aged 71 years. Full year data for 2020/21 is yet to be published however for Q3 2020/21 coverage for 71 year olds was at 41.6%. Discussions have been held with NHSE on ways to improve uptake locally.
- 62 In the first half of 21/22 there was a continued shortage of pneumococcal vaccine covering 23 strains of the bacteria that may have impacted on uptake.

## **Communicable disease control and outbreaks**

- 63 Throughout the past year the Local Authority has worked closely with colleagues at UKHSA, in their lead role, to address a number and range of non-Covid infections including meningitis, tuberculosis, avian flu, flu outbreaks (care homes), and legionella. Collaborative work across with system partners has also facilitated the development of the season flu (care homes) anti-viral prescribing pathway, avian flu framework and anti-viral prescribing pathway and a number of lessons learned exercises to improve practice.
- 64 In response to the pandemic, DCC has established an Outbreak Control Team and a 7-day week rota for the public health team to monitor and respond to clusters and outbreaks of COVID-19. A wider on-call rota was put in place to manage outbreak responses, with outbreak control teams convened on a number of occasions, pulling together colleagues across the spectrum of public health, community protection,

communications, civil contingencies, and community support, to respond to individual outbreaks.

- 65 The presence of several prison establishments in Durham presents challenges in the management of infectious diseases, particularly respiratory viruses (including COVID-19), blood borne viruses and tuberculosis. The Public Health team supported the establishment of the Immigration Removal Centre in County Durham and has worked collaboratively with UKHSA on Outbreak Control Teams in this setting.
- 66 At the time of writing, there have been outbreaks of COVID-19 within prison establishments across the North East at different stages of the pandemic.
- 67 The Public Health team are currently supporting the preparations and response to the Ukraine humanitarian crisis. A briefing has been produced and shared with key stakeholders identifying potential health and wellbeing issues and implications. Public Health continues to work with NHS partners to ensure that pathways are in place to provide access to healthcare as required.
- 68 Several meetings have been held with stakeholders including CDDFT, UKHSA, IPC and Public Health to support and strengthen the delivery of the IPC action plan to address the clusters of health care acquired infection reported over the last 12 months
- 69 The Integrated Sexual Health Service (ISHS) is expected to provide and discuss quarterly Genitourinary Medicine Clinic Activity Dataset (GUMCADv3) and Sexual and Reproductive Health Activity Data (SRHAD) data analysis from UKHSA to enable informed commissioning decisions relating to genitourinary medicine (GUM) attendances, activity, and sexually transmitted infection trends.
- 70 As the ISHS moves into living with COVID-19, a review of the current delivery model which will include remote access and the reintroduction of walk-in appointments is required. This process should help identify any potential unintended inequalities and further explore STI rates and wider service indicators and support service development.
- 71 In November 2021, DCC were notified that the ISHS was yet to carry out the necessary system upgrade to GUMCAD v3 and was identified as an outlier within the region. This was raised with CDDFT who acknowledged the delay; linked to a reduction in IT system support to the service, which has since been resolved and the outstanding completion of a Data Protection Impact Assessment. The upgrade to the system planned to be fully functional by July 2022 with additional training for staff to be provided by Inform Health.

- 72 Antimicrobial resistance (AMR) continues to be a growing threat to public health. County Durham CCG is the highest prescribing area in the country for antibiotics. Total antibiotic prescribing is increasing in the CCG to above pre-covid levels and is above the new national ambition.
- 73 In response to this the CCG have included Antimicrobial Resistance within the risk register and have a robust plan, involving a whole system approach which started in 21/22 but will continue into 22/23. Work that has been carried out within 21/22 includes audits and patient reviews in primary care, audits and discussions with Urgent Care and extended care providers as well as secondary care.
- 74 In 21/22 the CCG commissioned a public awareness campaign called Seriously Resistant. This campaign aims for wider education and messages to patients and the public through a social media campaign. There is also ongoing work through schools to encourage a cultural change in the public belief of antibiotic being required for viruses and how we need to protect antibiotics for serious illness.

### **Strategic regulation intervention**

- 75 The Community Protection Service (CPS) delivers key frontline services which are mainly regulatory in nature and encompass environmental health, trading standards and licensing functions. The service is adopting a more strategic and risk-based approach to regulation and works closely with a range of key partners to achieve better regulatory outcomes which protect and promote the health and wellbeing of local communities. The Service is now responsible for community safety, including Anti-Social behaviour and the Horden Together Team who signpost into a variety of support services including addictions, mental health, alcohol and drug misuse and crisis services.
- 76 In relation to service priorities, as well as maintaining the Council's statutory functions around food safety and wellbeing, occupational safety and health, pollution control, housing standards and other health protection interventions, the CPS is an integral part of the Council's COVID-19 Pandemic response in relation to outbreak management and regulation of relevant health protection legislation and implementation of local COVID-19 restrictions.
- 77 The CPS team has had long term capacity issues which has been further compounded by the COVID-19 response and Brexit transition. This coincides with national shortages of suitably qualified Environmental Health and Trading Standards professionals which has presented difficulties with ongoing recruitment as well as staff retention and succession planning.

- 78 A Workforce Development and Staff Retention Plan 2021-2025 has been developed and will be implemented as from April 2022. In addressing the growing skills and expertise gap and the plan focusses on three key areas for actions namely RETAIN, RECRUIT and TRAIN and will provide an essential framework to support the development of all CPS employees. The plan will assist in ensuring the council is equipped to provide the best, most cost-effective CP service through a flexible and skilled workforce and will be implemented over the next 5 years to ensure business.
- 79 In addition, the CPS has a number of specialist teams which will provide an enhanced COVID-19 response in relation to local COVID-19 outbreaks, workplace health and safety, nuisance, and anti-social behaviour. As part of our graduated approach to compliance and enforcement, some enforcement actions will need to be escalated to the specialist CP teams as and when necessary. The Community Protection Service Teams have a range of enforcement powers and tools to deal with non-compliance issues associated with current restrictions and other matters which may be related to local restrictions including:
- Fixed Penalty Notices;
  - Prohibition Notices;
  - Improvement notices;
  - Abatement Notices;
  - Community Protection Notices;
  - Directions to close premises, events, or public places;
  - Criminal Proceedings.
- 80 The CPS continues to provide business support through the Business Regulatory Advice Department (BRAD). The service team will provide advice and guidance to businesses to promote better compliance with current legislation as well as facilitates business diversification.
- 81 The CPS is leading the Horden Together Initiative which was launched in October 2021 and currently has resources to continue until 2024.
- 82 This work supports the principles of the County Durham Together initiative which will provide a new way of working with our communities towards achieving the County Durham Vision 2035.
- 83 Supported by the Safe Durham Partnership, the project aims to strengthen our existing partnership arrangements as well as facilitate system change and promote the co-production of future services

- 84 The overarching vision of the partnership is to promote new ways of working which could be replicated in other areas where there is significant health, social and economic problems.
- 85 The Horden Together initiative is centred around the Making Every Adult Matter (MEAM) framework and brings together a variety of different partners who will work as one team within a neighbourhood hub. Their work will focus on addressing the needs of individuals as well as local community priorities and build upon best practice and shared learning identified from our ongoing response to the COVID-19 pandemic.
- 86 Community Navigators have already had an overwhelming response within the first 6 months of operation and are working with the community and individuals in the area to promote conversation and positive engagement as well as deliver the co-production of future services.
- 87 Working collaboratively to restore, redeem and transform local communities and address a variety of community issues and social needs, the Horden project team will focus on the social determinants of health including improvements in the local environment, housing, education, income, crime, and social capital.
- 88 Initial investment in the Horden project has been identified until 2024 and further funding opportunities are currently being explored to extend the project and potentially increase the establishment of more place-based teams in other areas of high multiple deprivation across the County.

### **Preparedness and response to incidents and emergencies**

- 89 Partner organisations involved in public health have played a major role in preparing for and responding to public health incidents this year.
- 90 Partners have continued to respond to COVID-19 outbreaks in line with the local outbreak management plan.
- 91 Partners have also been involved in responding to other major incidents including a number of winter storms which affected the county during November/December 2021 and January and February 2022, with particular focus on ensuring the welfare of vulnerable and clinically vulnerable people affected by power outages caused by the storms.
- 92 Outbreak management and business continuity plans have been reviewed and developed and exercised on a number of occasions. As part of the development of the COVID-19 Local Outbreak Management



Plan, scenario planning workshops were used to develop standard operating procedures for each of the outbreak control teams.

- 93 The council's emergency response procedures, and in particular those relating to evacuation and emergency rest centres have been reviewed and revised in response to the evolving COVID-19 guidance and rest centre managers and responders briefed and trained on COVID-19 safe management and practice.
- 94 Exercises were developed and undertaken in response to the government's local response strategy and the development of the County Durham Local Health Protection Assurance Board's own case and outbreak exceedance modelling (the spike predictor tool).
- 95 The civil contingencies unit has provided the local coordination and identification of COVID-19 testing sites across the county and Darlington and has worked with the CCG and NHSEI to identify vaccination centre sites and to organise pop-up vaccination clinics. The unit is now liaising with UKHSA on the decommissioning of sites.
- 96 The Excess Death Framework for Durham and Darlington was exercised in 2020 and subsequent COVID-19 specific excess death plans and protocols have been developed and exercised. The CCU now represents the county on a new regional excess deaths group which was established in 2021 to share best practice and facilitate collaboration and coordination across the region.
- 97 Public health partners took part in an exercise on wider winter pressures which included other impacts in addition to COVID-19 and EU transition.
- 98 Plans are in place for the two Control of Major Accident Hazards (COMAH) sites in Durham and a statutory exercise for one of the two sites was undertaken in 2021 (Exercise Mussel). A separate exercise for the second site is planned for later this year in 2022 (Exercise Toucan).
- 99 A multi-agency plan for the LRF was developed for site clearance including the management of hazardous materials and this was exercised with multi-agency partners including public health in 2021 (Exercise Rouville 21)
- 100 The Director of Public Health, along with other DsPH across the North East continue to be part of a Scientific and Technical Advice Cell (STAC) rota in a major incident when a STAC is called by the Strategic Co-ordinating Group the DPH will chair the STAC. The DPH has undergone Major Incident Gold Command Training to ensure the DPH

can operate at Strategic Command Group (SCG) level and understands the working arrangements of STAC and the SCG.

- 101 Agencies have also monitored the spread of avian flu across the country and provided advice to the farming and poultry industries on human health risks in commercial farming, restriction zones and to the public in relation to coming into contact with dead wildfowl. Outbreak management meetings have been held between the Director of Public Health, UKHSA, Community Protection and CCU and a communications strategy developed including the production of a range of communications materials display at affected sites and locations.

## **Communications**

- 102 The contribution of communications campaigns must be also highlighted. Extensive joint work across regional and system partners has significantly enhanced the health protection programmes both proactive and responsive, detailed throughout this report. This includes the calendar of campaigns, specific and targeted communications campaigns including flu, MMR, meningitis, avian flu, COVID-19. These campaigns have been shaped by behavioural insights work that inform the design, message, and mode of delivery of messages ensuring relevance to the target audience and facilitating community-based asset approaches to be strengthened.

## **Main implications**

- 103 It is critical that the DPH receives assurance in relation to the health protection functions of screening; immunisation; outbreaks and communicable disease management; strategic regulation interventions and preparedness and response to incidents and emergencies.
- 104 The HPADG has an action plan which is actively updated by key partners providing assurance and identifying priorities and actions. The HPADG group meets quarterly and reports to the HWB.

## **Conclusion**

- 105 The health protection functions delivered by a range of organisations in County Durham continue to demonstrate good overall performance.
- 106 Good communication exists between the commissioners of the various programmes and the DPH and remedial and corrective interventions are instigated when necessary. Escalation procedures are in place in the event the DPH needs to raise concerns.
- 107 There has been significant change to health protection structures and processes during the COVID-19 pandemic. The transition arrangements

to living with COVID-19 present opportunities to integrate the lessons learnt from the pandemic to further develop the health protection system whilst remaining flexible and agile to be able to manage and respond to further waves or variants of COVID-19.

- 108 The dynamic situation presented by the pandemic and other climate related emergencies have brought about beneficial reviews and changes to emergency response arrangements.
- 109 The timely revision of the health protection governance arrangements will ensure robust, effective, and streamlined procedures are in place for monitoring, reporting and enable system collaboration to determine priorities for action and affect change where required.
- 110 There remain areas for improvement and increased assurance including:
  - (a) some screening and immunisation services - joint working with commissioners, providers, and communities to take collaborative action to expedite improvements and amplify local communications including; breast cancer screening, abdominal aortic aneurysm (AAA) screening and diabetic eye screening;
  - (b) employing the learning from COVID-19 vaccination to increase uptake in school based vaccinations including HPV;
  - (c) utilising the skills and expertise developed in the COVID-19 granular data analysis to further understand and address variation in access to services by sociodemographic characteristics.
- 111 Monitoring towards achievement of the identified actions will be undertaken by the HPADG and using the health protection scorecard. The HPADG meets quarterly and reports to the HWB.

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## **Appendix 1: Implications**

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### **Legal Implications**

Section 2B NHS Act 2006 places a duty on each local authority to take such steps as it considers appropriate for improving the health of the people in its area.

The steps that may be taken include:

providing information and advice; providing services or facilities designed to promote healthy living; providing services or facilities for the prevention, diagnosis or treatment of illness; providing financial incentives to encourage individuals to adopt healthier lifestyles; providing assistance (including financial assistance) to help individuals to minimise any risks to health arising from their accommodation or environment; providing or participating in the provision of training for persons working or seeking to work in the field of health improvement; making available the services of any person or any facilities; providing grants or loans (on such terms as the local authority considers appropriate

### **Finance**

This report has no implications for finance.

### **Consultation**

There is no requirement for consultation in relation to this report.

### **Equality and Diversity / Public Sector Equality Duty**

There are no implications in relation to the Public Sector Equality Duty in relation to this report.

### **Climate Change**

Exposure to potential harms arising from the effects of climate change would fall within the umbrella of health protection, for example severe weather patterns.

### **Human Rights**

This report has no implications for human rights.

### **Crime and Disorder**

This report has no implications for crime and disorder.

**Staffing**

This report has no implications for staffing.

**Accommodation**

Not applicable.

**Risk**

No risks are identified for the Council.

**Procurement**

Not applicable.

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## **Appendix 2: Health Protection Scorecard**

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Attached as separate document