

**Adults, Wellbeing and Health  
Overview and Scrutiny Committee**

**03 October 2022**



**Covid-19 Transition Plan and Health  
Protection Governance Arrangements  
Report**

**Ordinary Decision**

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**Report of Amanda Healy, Director of Public Health, Durham County  
Council**

**Electoral division(s) affected:**

Countywide

**Purpose of the Report**

- 1 The purpose of this report is to provide Adults, Wellbeing and Health Overview and Scrutiny Committee (AWH OSC) with the progress of the Covid-19 Transition Plan and Health Protection governance arrangements stepping down from an enhanced public health response to business as usual, aligning the management of Covid-19 to the wider health protection arrangements.

**Executive summary**

- 2 Prior to the Covid-19 pandemic the Health Protection Assurance and Development Group (HPADG), provided governance and oversight for all health protection issues.
- 3 The pandemic is one of the greatest public health challenges in living memory. It has affected every part of society throughout 2020, 2021 and 2022.
- 4 Due to the response required for Covid-19 the Health Protection Assurance Board (HPAB) was set up in June 2020 as a dedicated board to oversee and co-ordinate the local Covid-19 response, while the Health Protection Assurance and Development Group (HPADG) maintained its function for all other health protection matters.
- 5 The HPAB provided governance, oversight and leadership in the local management of Covid-19. The HPAB was responsible for the development and delivery of the statutory Local Outbreak Control Plan

2020/21 (LOCP) and the Local Outbreak Management Plan 2021/22 (LOMP). These plans provided the framework for leading, controlling, co-ordinating and managing the transmission of Covid-19.

- 6 The plans described how Durham County Council (DCC), Responsible Authorities, NHS and other health partners, will protect and support identified high risk settings.
- 7 This includes; the use and development of local data to inform actions and decision making, the management of outbreaks in identified settings, the management of Variants of Concern (VoC), supporting the delivery of the NHS Test and Trace Service, the delivery of a targeted community testing programme; supporting the delivery of the vaccination programme; delivering a full range of public and internal communications to protect and inform the public and to co-ordinate the voluntary and community response, including Covid-19 Champions.
- 8 The LOCP and LOMP built on the established public health protection arrangements regionally with Public Health England (PHE) that then became UK Health Security Agency (UKHSA). These documents also built on the strong relationships and interdependencies with other partners (both locally and regionally across the LA7/LA12) and helped the rapid development of the Covid-19 response.
- 9 When the Covid-19 Vaccination Programme was rolled out across County Durham (from Dec 2020) the existing Flu Vaccination Board extended its remit to cover Covid-19 vaccinations and was renamed the Immunisation Board and the terms of reference revised.
- 10 Moving into the next phase of the pandemic to 'Living Safely with Covid' and aligning the management of Covid-19 to other respiratory infections it is appropriate to de-escalate our Covid-19 plans to business as usual and position it with the response to other communicable diseases across County Durham.
- 11 The Covid-19 Transition Plan and proposed Health Protection Governance arrangements were developed to enable the strategic level co-ordination of the transitional arrangements for Covid-19 stepping down from an enhanced public health response to business as usual.
- 12 The Covid-19 Transition Plan has been delivered through five workstreams: Settings; Governance, Oversight and Policy; Interdependencies for Service Response; Funding; and Escalation and Surge Response.
- 13 The Covid-19 Transition Plan has also captured key learning and opportunities, risks and mitigations, with a full set of recommendations presented to the Health Protection Assurance Board (HPAB).

14 The Transition Plan is attached at Appendix 2 for information.

### **Recommendations**

- 15 Adults, Wellbeing and Health Overview and Scrutiny Committee (AWH OSC) is recommended to:
- a) Note the content of this report;
  - b) Note the extensive work undertaken collaboratively by a range of partners within robust governance arrangements;
  - c) Receive a future report detailing the surge planning proposals.

## Background

- 16 The pandemic is one of the greatest public health challenges in living memory. It has affected every part of society throughout 2020, 2021 and 2022.
- 17 Due to the response required for Covid-19 the Health Protection Assurance Board (HPAB) was set up in June 2020 as a dedicated board to oversee and co-ordinate the local Covid-19 response.
- 18 The HPAB was responsible for the development and delivery of the statutory Local Outbreak Control Plan 2020/21 (LOCP) and the Local Outbreak Management Plan 2021/22 (LOMP). These plans provided the framework for leading, controlling, co-ordinating and managing the transmission of Covid-19.
- 19 Durham County Council (DCC) started from a strong position as the HPAB built on established and robust relationships with Public Health England Health Protection Team (HPT), now the UK Health Security Agency (UKHSA), and their health protection expertise. It also built on the strong relationships and interdependencies with other partners and helped develop the Covid-19 response at speed.
- 20 The Local Outbreak Management Plan 2021/22 (LOMP) was 12-month plan with the latest version ending in March 2022. The underpinning principles of the LOMP were:
  - Transmission of the virus needs to be kept as low as possible through robust control measures and outbreak response;
  - Surveillance of transmission and variant emergence must be optimal;
  - Test, trace and isolate needs to work effectively, with a clear testing strategy;
  - The vaccination programme should be delivered effectively and equitably.
- 21 The plan described how Durham County Council (DCC), Responsible Authorities, NHS and other health partners, protect and support identified high risk settings.
- 22 This includes; the use and development of local data to inform actions and decision making, the management of outbreaks in identified settings, the management of Variants of Concern (VoC), supporting the delivery of the NHS Test and Trace Service, the delivery of a targeted community testing programme; supporting the delivery of the

vaccination programme; delivering a full range of public and internal communication action to protect and inform the public and to co-ordinate the voluntary and community response, including Covid-19 Champions.

23 In addition to the LOMP, the Council has worked with Local Authorities across the region so that local actions were aligned across the LA7 priorities for Covid-19 (short and medium term). These LA7 priorities are as follows:

- Take our communities with us in all that we do through clear communications, listening to them and addressing their concerns;
- Continue to support sustainable, equitable and rapid deployment of vaccination;
- Transform our approach to good infection, control and hygiene measures, taking our partners, businesses and communities with us, to ensure the protection of all of the population and the inclusion of vulnerable people in settings and in the community;
- Ensure a consistent approach to the prioritisation of threats to health, including considering the vulnerability and complexity of settings and the level of demand on the public health system, to ensure that public health capacity is deployed as effectively as possible;
- Support educational settings to understand, prevent and manage Covid-19 infections to minimise education disruption;
- Have plans to maximise use of available workforce capacity to respond quickly in a surge, in line with agreed national frameworks and health protection risk assessments;
- Work with the health and social care system to ensure equity of access to treatments and support;
- Maintain and improve surveillance systems and oversight;
- Promote the use of research to improve our knowledge of Covid-19 and interventions to prevent, treat and deal with its consequences and seek opportunities to contribute to the evidence base;
- Ensure that data flows and information governance support us to do our best for our population.

- 24 When the Covid-19 Vaccination Programme was rolled out across County Durham (from Dec 2020) the existing Flu Vaccination Board governance structure was utilised and its remit extended to cover Covid-19 vaccinations. The board was renamed the Immunisation Board and the terms of reference revised.
- 25 Moving into the next phase of the pandemic to 'Living Safely with Covid' and treating Covid-19 like other respiratory infections it is appropriate to de-escalate Covid-19 plans to business as usual and align it with the response to other communicable diseases across County Durham.

## **Health Protection Governance Arrangements**

- 26 Prior to the Covid-19 pandemic the Health Protection Assurance and Development Group (HPADG), provided governance and oversight for all health protection issues.
- 27 Due to the response required for Covid-19 the Health Protection Assurance Board (HPAB) was set up in June 2020 as a dedicated board to oversee and co-ordinate the local Covid-19 response, while the Health Protection Assurance and Development Group (HPADG) maintained its function for all other health protection matters.
- 28 As mentioned in paragraph 24, from December 2020 we utilised the existing Flu Vaccination Board and extended its remit to cover Covid-19 vaccinations The board was renamed the Immunisation Board and the terms of reference revised.
- 29 The review of the health protection governance arrangements as part of the Transition Plan, proposes to stand down the Health Protection Assurance Board (HPAB) and for the Health Protection Assurance and Development Group (HPADG) to become a partnership group to reflect deepened relationships and collaborative working arrangements resulting from the Covid-19 response.
- 30 The terms of reference, objectives and membership have been reviewed to align the robust Covid-19 assurance arrangements with wider health protection governance, capturing the learning and the successful approaches and interdependencies established during the Covid-19 response including the Health Protection Assurance Board (HPAB).
- 31 The Immunisation Board will become a steering group and continue to establish co-chairing between the Director of Public Health (DPH) and CCG Clinical Lead.

- 32 The last meeting of the Health Protection Assurance Board (HPAB) took place 19 May 2022.
- 33 All recommendations identified in the Covid-19 Transition Plan will continue to be monitored by Health Protection Assurance and Development Partnership (HPADP).
- 34 A visual infogram of the governance arrangements for Health Protection are provided at Appendix 3

### **Covid-19 Transition Plan**

35 The Covid-19 Transition Plan was developed to enable the strategic level co-ordination of the transitional arrangements for Covid-19 to step down from an enhanced public health response to business as usual.

36 The Covid-19 Transition Plan has been delivered through five workstreams:

- **Workstream 1 – Settings**

*Education; Children’s Residential Homes; University; Workplaces; Health and Social Care Settings; Secure estates; Early Years*

- **Workstream 2 – Governance, oversight and policy**

*Health Protection Assurance Board; Health and Wellbeing Board; Oversight Groups; Policy Group; LRF*

- **Workstream 3 – Interdependencies for service response**

*Data and Surveillance; Vaccinations; Communications; PCR and LFD Testing programmes; Community Engagement; Vulnerable and Underserved Communities*

- **Workstream 4 – Funding**

*COMF; Test & Trace; pooled LA7; Other Covid Funding*

- **Workstream 5 – Escalation and surge response**

*Out of Hours Response; Testing; LTP; Contact Tracing; LRF*

- 37 The purpose of the transition plan was to:
- Provide a strategic level co-ordination of the transitional arrangements for Covid-19 as response de-escalates into a 'Living Safely with Covid' approach;
  - Embed Covid-19 responses into the wider Health Protection System and inform our wider system planning and response;
  - Retain the principles and goals in the Local Outbreak Management Plan (LOMP);
  - Align with regional LA7 programme of work to live safely with Covid-19;
  - Learn lessons - retaining local good practice and stronger relationships;
  - Build on the strengthened relationships with regional HPT / UKHSA and regional processes.
- 38 Local partners will continue to work closely with LA7 colleagues on a programme of work at a North East level to live safely with Covid-19 and to develop a programme of work learning from the pandemic, as well as regional UKHSA colleagues and national contacts for Government.
- 39 The Covid-19 Transition Plan started from a point of heightened response, and builds on the LOMP objectives to re-develop them focused on the following goals:
- Scaling down across settings but retaining escalation, interdependencies, crucial skills and protecting critical infrastructure;
  - Impact on health inequalities;
  - Protect people and communities at greatest risk from Covid-19;
  - Minimise the impact of Covid-19 on the wellbeing and development of children, young people and adults;
  - Vaccine promotion and leaving on-one behind programme;
  - Retain the real time data and surveillance improvements;
  - Enabling future enhanced or surge response;

- Implementing lessons learnt into wider Health Protection, Public Health and Responsible Authorities work.
- 40 The HPAB agreed key milestones for the Covid-19 Transition Plan to ensure that:
- The transition arrangements and actions identified in this plan are progressed;
  - Settings are supported to achieve key milestones / smooth transition in response to the Spring Plan;
  - Appropriate consideration is given to the key areas of work that need to be undertaken in order to meet deadlines;
  - All relevant actions are completed within the necessary timescales;
  - Key lessons learned are captured and used to inform development;
  - Robust plans and procedures remain should escalation be required to respond to future waves or new variants.
- 41 During the pandemic, Contain Outbreak Management Funding (COMF) was allocated to local authorities from central government for public health purposes to help support and mitigate the impact of Covid-19 in local areas.
- 42 From the funding streams received, there were 76 bids totalling £23.9 million, of which 53 COMF bids were approved. Monthly monitoring reports submitted to Corporate Management Team (CMT) and the HPAB provided overview and scrutiny of the programme spend with funding to be completed and spent by March 2022.
- 43 The total spend at the end of the COMF programme totalled £19.4 million accounting for 83% of the total bid value. A final evaluation report has been presented to CMT in June 2022 and provides a final update and position statement outlining the outcomes and achievements, and how this funding will support further service improvement.

## Key Learning and Opportunities

- 44 Some key learning and opportunities that have come out of the Covid-19 Transition Plan process are listed below:
- Strengthened response through collaborative system approach, CCG, PH, UKHSA, Foundation Trust, DCC – data, testing, IPC, vaccinations, communications etc;
  - Strengthened relationships have enabled PH to facilitate settings to self-support via a risk assessed approach with support where required and enhanced wider health protection prevention and response;
  - Combining surveillance (spike) data and local/soft intel for community response using a menu of public health measures to respond and then review;
  - Comprehensive approach to all aspects of the Covid-19 response to address inequality and inequity;
  - Significant pandemic specific innovations integrated into ongoing service design and delivery and increased investment in infection, prevention and control (including care homes, Children’s Residential Homes);
  - Proactive approach to identify, reach out to and support all residents via Population Health Management (PHM), esp. Clinically Extremely Vulnerable (CEV) and Multiple Social Vulnerabilities (MSV);
  - Embedding the key elements of the one system response to Covid-19 into future governance arrangements and interdependencies. The ability to be flexible and agile.
- 45 A full list of learning and opportunities are contained in the Covid-19 Transition Plan at Appendix 2.

## Key Risks and Mitigations

- 46 Some key risks and mitigations identified in Covid-19 Transition Plan are listed below:
- Returning to business as usual induces the loss of key partners, interdependencies and collaboration. This is mitigated through using the strengthened relationship in the Health Protection Assurance Board (HPAB) to embed strategic interdependencies

into the Health Protection Assurance and Development Group (HPADG);

- National data sources which we depend on for Covid-19 surveillance could reduce or stop. It is agreed to tolerate this risk as the current national policy is to focus on high risk which is proportionate at this stage of the pandemic;
- Unknowns and uncertainty around the burden of Long Covid in the population. This is mitigated through the recommendation for a Long Covid analysis by our Research & Public Health Intelligence Team;
- Covid-19 has amplified existing health inequalities. This is mitigated through the recommendation to review and update the Covid Health Impact Assessment (HIA).

47 A full list of risks and mitigations are contained in the Covid-19 Transition Plan at Appendix 2.

### **Recommendations within the Transition Plan**

48 There were a number of recommendations presented to the Health Protection Assurance Board (HPAB) on the 05 May 2022. These cross various workstreams and fall naturally into the following themes:

- **Oversight and governance**
  - Health Protection Governance review to increase system working and strategic and operational assurance;
  - Revise Health Protection Assurance and Development Group (HPADG) governance arrangements;
  - Scope the development of specific Covid-19 strategies e.g. Clinically Extremely Vulnerable (CEV) strategy;
  - Regular review/alignment of local plans with regional (LA7, ICS, UKHSA, NHS) programme of Covid-19 work.
- **Strengthen system collaboration and partnership working**
  - Continuation of Community and Settings Oversight Group with revised terms of reference to embed Covid-19 learning and wider health protection work, e.g. maximising opportunities to promote the Better Health at Work Award, the inclusion of health protection (including infection, prevention and control) in the Healthy Frameworks workstreams;

- Strengthen enhanced networks and relationships with a Public Health presence in service networks and meetings across the Local Outbreak Management Plan (LOMP) settings, e.g. public health involvement in care home provider meetings;
  - Share local learning and good practice with UKHSA and regional reviews to inform future joint management/working arrangements/strategies.
- **Tackling increased inequalities and disproportionate impacts**
    - Consider the review and update of the Covid Health Impact Assessment (HIA) or contribute to other areas of Public Health work;
    - Develop a Long Covid initial analysis through a mini health needs assessment or rapid review or contribute to other areas of Public Health work;
    - Provide a Covid Outbreak Management Fund (COMF) evaluation report to define outcomes and achievements;
    - Develop a sustainable 'leaving no-one behind' strand to current vaccination programmes.
- **Better information, a more informed population**
    - Develop public facing information on wider health protection themes to include on Durham Insight and inform communication campaigns;
    - Explore surveillance data with a focus on the level of data we have had access to for Covid-19 and whether this can be replicated to other infectious diseases and vaccinations to inform targeted work;
    - Invest in and develop a health protection training programme to upskill identified workforces;
    - Retain and continue to update communication team's health protection skills to support strategic/operational development, activity and system support;
    - Use data and intelligence to inform and drive service response and communications across wider public health communications calendar.
- **Empowering Communities**
    - County Durham Together to be informed by lessons learnt and Hub / Local Tracing Partnership legacy report;

- Continued investment in the Champions programme and broaden work programme to support wider PH/CCG/NHS community engagement and community resilience;
  - Embed Making Every Contact Count (MECC) approach across vaccination programmes and develop vaccination champions.
- **Emergency Response**
    - Provide surge/escalation options appraisal paper;
    - Propose a Public Health section as part of organisational business continuity;
    - Maintain and review a local surge plan for Covid-19.

49 All recommendations identified in the Covid-19 Transition Plan will continue to be monitored by Health Protection Assurance and Development Partnership (HPADP).

## Conclusion

50 Throughout the pandemic, Durham County Council (DCC) have worked with national and regional partners such as the NHS, UKHSA, CCG, the Local Resilience Forum, and community and voluntary organisations to deliver local interventions and to protect and support our residents, families, businesses, social care, community organisations, and NHS structures in County Durham.

51 The clinical response and understanding of Covid-19 continues to improve, with vaccination and treatments now embedded as part of the clinical response.

52 In addition, direct action with communities and engaging with settings as part of the enhanced community response toolkit via the Spike Detection Tool, soft intelligence and setting specific knowledge had been undertaken throughout. The work of County Durham Together, the Local Tracing Partnership, Community Champions, Community Testing Teams, Covid Awareness Team amongst many others have work to empower and support community resilience.

53 Over the course of the pandemic, DCC have supported a wide range of settings and services responded to outbreaks in care homes, schools, workplaces and a variety of community settings in County Durham to reduce the impact of the virus upon our communities.

54 This work will continue as we now move into the next phase of the pandemic of 'Living Safely with Covid' and aligning the management of covid to other respiratory infections.

55 It is appropriate to de-escalate our Covid-19 plans to business as usual and align it with our response to other communicable diseases across County Durham.

**Background papers**

- None

**Other useful documents**

- Local Outbreak Control Plan 2020/21 (LOCP)
- Local Outbreak Management Plan 2021/22 (LOMP)

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## **Appendix 1: Implications**

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### **Legal Implications**

The Health & Social Care Act 2012 refers to Section 2B NHS Act 2006 which places a duty on each local authority to take such steps as it considers appropriate for improving and protecting the health of the people in its area.

### **Finance**

No issues identified.

### **Consultation**

Public Health will continue to engage and consult with partners in the development and delivery of frameworks for communicable diseases.

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

No issues identified.

### **Climate Change**

No issues identified.

### **Human Rights**

No issues identified.

### **Crime and Disorder**

No issues identified.

### **Staffing**

No issues identified.

### **Accommodation**

No issues identified.

### **Risk**

The risk of catching or passing on Covid-19 and other respiratory infections can be higher in certain places and when doing certain activities. In general, the risk of catching or passing on a respiratory infection is highest when in close contact with someone who is infected.

Having control plans and processes in place to mitigate the transmission of Covid-19 and reduce the disruption to individuals and the community due to an outbreak is a key role for Public Health.

### **Procurement**

No issues identified.

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## **Appendix 2: Covid Transition Plan v11**

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Attached as a separate file.

## Appendix 3: Governance arrangements for Health Protection

Visual infogram of the governance arrangements

