

# **Covid Transition Plan**

**Health Protection Health Assurance Board**

**(v13 August 2022 - COMPLETED)**

## Purpose of the Plan

The purpose of this transition plan is to provide strategic level co-ordination of the transitional arrangements for the Covid-19 response as it de-escalates into a 'Living Safely with Covid' approach. Our Covid-19 plans would align with our response to other communicable diseases across County Durham.

## Introduction

The Covid-19 pandemic is one of the greatest public health challenges in living memory. It has affected every part of our society throughout 2020, 2021 and 2022. Within County Durham the Health Protection Assurance Board (HPAB) was set up 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 oversight issues.

As the Covid Vaccination Programme was rolled out across County Durham we utilised the existing Flu Vaccination Board and its remit was extended to cover Covid.

The governance for the transition plan is shown at appendix 1 and the full governance for Health Protection is shown at appendix 2 showing the links to the LRF for the HPAB.

There is a recognition that as we move forward, we need to embed our continued approach to Covid-19 in the wider Health Protection System, rather than as a separate stream of work, learning lessons from the pandemic to inform our wider system planning and response. We will need to continue to be agile, flexible and ready to respond, including through surge capacity.

## Background

The HPAB developed and implemented the County Durham Local Outbreak Management Plan (LOMP) to co-ordinate the local response activity, ensuring we could manage any new threats including enduring transmission, test, trace and isolate, Variants of Concern (VoC) and multiple concurrent outbreaks, as well as responding to changes in the government's Covid response plans.

We started from a strong position as the LOMP built on our established and robust relationships with Public Health England Health Protection Team (HPT), now the UK Health Security Agency (UKHSA), and their health protection expertise.

The LOMP has helped us prevent, manage and contain Covid-19 and minimise the resulting impact on residents. It is a rolling 12-month plan with the current version ending in March 2022. The underpinning principles of the LOMP are:

- 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.

In addition to the LOMP the LA7 priorities for Covid-19 (short and medium term) are:

1. Take our communities with us in all that we do through clear communications, listening to them and addressing their concerns.
2. Continue to support sustainable, equitable and rapid deployment of vaccination.
3. 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.
4. 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.
5. Support educational settings to understand, prevent and manage COVID-19 infections to minimise education disruption.
6. 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.
7. Work with the health and social care system to ensure equity of access to treatments and support.
8. Maintain and improve surveillance systems and oversight.
9. 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.
10. Ensure that data flows and information governance support us to do our best for our population.

This transition plan is informed by the LOMP and will ensure a managed de-escalation of enhanced response to a routine surveillance and response approach.

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.

## Scope and outcomes

We are starting from a point of heightened response, and the transition plan aims to align closely to the LOMP objectives and re-develop them focused around 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.

The Health Protection Assurance Board (HPAB) will agree and implement a transition plan with key milestones 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.

### Outcomes

- Covid response is embedded into the wider Health Protection System.
- Escalation response plans ready for to spike in cases / outbreaks / vulnerabilities / surge vaccination.

### In Scope

The scope of the project includes:

- Governance
- Organisational roles and responsibilities
- Partnership strategic level co-ordination
- Partnership service level co-ordination
- Corporate demand / intensity / frequency
- Policy
- Information sharing
- Funding
- Communications
- Risks

### Out of Scope

The scope of the project does not include, but may be informed by:

- Partners internal covid response, business framework and structural plans.

#### Assumptions

- Any current government statutory restrictions, clinical regulations, government guidance will be adhered to

#### Constraints

- Government regulations or guidance
- Change or revision of government strategic focus
- Adequate resources are not available to implement the transition plan
- Changes will need to be in line with funding constraints / staff resources

### **Workstreams**

The Transition Plan will be delivered through five workstreams:

- Workstream 1 – Settings
  - Workstream 2 – Governance, oversight and policy
  - Workstream 3 – Interdependencies for service response
  - Workstream 4 – Funding
  - Workstream 5 – Escalation and surge response
-

## Current Updates and Actions

### Workstream 1 – Settings

Setting	Update	RAG	Actions	Timescales
Early Years	<b>Testing</b> Not subject to the same testing regimes but due to the strong support for EY setting by Helen's team testing advice for staff and parents have been shared throughout the pandemic.		No testing regimes required. Updated guidance has been distributed to the team.	<b>05 April 2022 Complete</b>
	<b>Surveillance</b> Helen is part of the CSOG group and receives surveillance updates from PH intelligence and also has provided useful community intelligence.		Continue to be a member of the newly developed CSOG group, to continue strong working relationships and to update on guidance.  Link into the CYP quarterly meetings with all the settings to retain and build on the strong working relationships with PH to cover all areas of PH that affect Early Years or where EY can influence	<b>05 April 2022 Complete</b>
	<b>Controls and Risks / Reporting outbreaks</b> Currently under the same process as Schools. Covid inbox > SWSD > Early Years. This has worked really well and provide EY staff with additional skills and confidences, formed stronger relationships with settings and internally stronger relationships with Public Health.		Early Year settings will continue to report into HPT when their setting meets the threshold for outbreak. Early Years team to continue to pick these up and engage with their settings to offer advice and guidance. Protecting Health team to ensure that the team are supported with advice and guidance.	<b>01 April 2022 Complete</b>

Setting	Update	RAG	Actions	Timescales
	<p><b>Future – Covid and other communicable disease</b></p> <p>EY would still want to engage with the setting and use Public Health, Protecting Health team as advisors.</p> <p>Currently setting will report other communicable diseases direct to UKHSA, if PHPH are informed of reports EY would also like to know so that the team can support the setting.</p>		<p>Helen Nixon confirmed as SPOC.</p> <p>Protecting Health team to support the SPOC on all transmissible diseases in line with UKHSAs process</p>	<b>01 April 2022 Complete</b>
<b>Education</b>	<p><b>Testing</b></p> <ul style="list-style-type: none"> <li>• <b>staff and CYP</b> Staff and pupil testing asymptomatic testing removed.</li> <li>• <b>Special schools</b> - Testing arrangements to be confirmed</li> </ul>		No testing regimes required. Updated guidance has been distributed to the team.	<b>April 2022 Complete</b>
	<ul style="list-style-type: none"> <li>• <b>Surveillance</b> – PCR and self-reported LFD positives in &lt;18yrs CD residents continue to be cross referenced to the school roll and are displayed in the Schools Cases BI Monday-Friday. Settings may have fuller understanding of cases in staff and any LFD positives which haven't been reported via gov.uk</li> </ul> <p>The number of schools reporting to DfE COVID-19 helpline line is reported on the CMT report every fortnight until it is decommissioned</p>		<p>Julia Bates identified as the SPOC. SPOC to continue to be a member of the newly developed CSOG group, to continue strong working relationships and to update on guidance.</p> <p>UKHSA covering educational setting from the 1<sup>st</sup> April SWSD Link into the CYP and education management teams. Continued PH support for general public health matters</p>	<p><b>March 2022 Complete</b></p> <p><b>April 2022 Complete</b></p>

Setting	Update	RAG	Actions	Timescales
	<p><b>Outbreak management / Reporting outbreaks</b></p> <ul style="list-style-type: none"> <li>- will this be DCC or UKHSA, what will DCC role be? CRM?</li> <li>- Report to OM inbox, managed via Protecting Health or SWSD school lead (SWSD inbox to remain?)</li> <li>- Schools with hospitalised cases, high case numbers</li> <li>- RA and advice</li> <li>• <b>Special schools</b> <ul style="list-style-type: none"> <li>- report to OM inbox, managed via Protecting Health or SW team lead (SWSD inbox to remain?)</li> <li>- RA and advice</li> <li>- Identification of special schools with high risk individuals – and response to these</li> </ul> </li> </ul>		<p>UKHSA covering educational setting from the 1st April with Protecting Health team providing advice and support from where appropriate</p> <p>Share our practice (self-supporting risk assessed approach for low-risk scenarios and support for high-risk) with UKHSA to inform future working arrangements.</p> <p>Rationalise inbox and SPOCs, communication and facilitate safe and smooth transition</p> <p>Work with schools, LA partners and UKHSA to retain IPC measures and support.</p>	<p><b>April 2022 Complete</b></p> <p><b>April 2022 Complete</b></p> <p><b>April 2022 Complete</b></p> <p><b>April 2022 Complete</b></p>
	<p><b>Education Oversight Group</b></p> <ul style="list-style-type: none"> <li>• actions and current state reviewed by a small team/ key leads SWSD/PH? Or continue with revised and reduced EOM– reviews between 1-5 schools where</li> <li>• complexity and/or input by others is needed.</li> </ul>		<p>Education Oversight Group stood down due to transition to UKHSA</p>	<p><b>April 2022 Complete</b></p>
<b>Children’s Residential Homes</b>	<p><b>Testing for staff and CYP</b></p> <ul style="list-style-type: none"> <li>• unknown</li> </ul>		<p>Staff testing regime with testing available for outbreak. Updated guidance has been distributed to the team.</p>	<p><b>April 2022 Complete</b></p>

Setting	Update	RAG	Actions	Timescales
	<p><b>Surveillance</b> Positive cases aren't flagged as linked to these settings. Once the LA is aware of cases in any address, we can search for positive cases to cross reference with information provided by the home. Staff cases used to be available via contact tracing and now can only be identified if we are given patient identifiable information.</p>		<p>Michelle Baldwin identified as the SPOC. SPOC to continue to be a member of the newly developed CSOG group, to continue strong working relationships and to update on guidance.</p> <p>UKHSA covering educational setting from the 1st April SWSD Link into the CYP and education management teams. Continued PH support for general public health matters</p>	<p><b>April 2022 Complete</b></p> <p><b>April 2022 Complete</b></p>
	<p><b>Outbreak management / Report outbreaks</b></p> <ul style="list-style-type: none"> <li>- will this be DCC or UKHSA, What will DCC role be? CRM?</li> <li>- Report to OM inbox, managed via Protecting Health or SWSD school lead (SWSD inbox to remain?)</li> <li>- RA and advice</li> </ul>		<p>UKHSA covering educational setting from the 1st April with Protecting Health team providing advice and support from where appropriate</p> <p>Share our practice (self-supporting risk assessed approach for low-risk scenarios and support for high-risk) with UKHSA to inform future working arrangements.</p> <p>Rationalise inbox and SPOCs, communication and facilitate safe and smooth transition</p>	<p><b>April 2022 Complete</b></p>

Setting	Update	RAG	Actions	Timescales
	<p><b>Other considerations</b></p> <ul style="list-style-type: none"> <li>• Could self-management be promoted? – using a check list – may not work well children’s homes remain quite dependant on PH advice.</li> <li>• Actions and current state reviewed by a small team?</li> <li>• If needed a single OCT meeting if needed or review mechanism above only.</li> <li>• Identification of CHs with high-risk individuals – and response to these.</li> </ul>			
University	<p><b>Testing</b></p> <ul style="list-style-type: none"> <li>• ATS operating until last day of term 18 March. Looking at home testing and a mobile testing solution. Continuation of students and 2xweekly – test to participate.</li> <li>• (TTP stopped for outdoor sport and will stop for indoor activity end of Feb).</li> <li>• Continuation of encouraging staff to test 2xweekly.</li> </ul>		<p>Operationalise home testing kit distribution sites</p> <p>Terminate test to participate as per government guidance</p> <p>Protecting Health team providing advice and support from where appropriate</p>	<p><b>Feb 2022 Complete</b></p> <p><b>Feb 2022 Complete</b></p>

Setting	Update	RAG	Actions	Timescales
	<p><b>Surveillance</b></p> <ul style="list-style-type: none"> <li>Uni will continue with incident Control Centre, plan to move to 9-5 office hours and moving to more support, outreach of positive cases and triage of investigation. DCC OCT Team will continue to flag any concerns. Uni Covid planning Group will continue to meet. No plans to step down but will possibly reduce the frequency of meetings. The LA Cases BI dashboard contains a section which cross references cases with Durham Uni college postcodes. This will continue Mon-Fri. We continue to be able to monitor known cases in the three Durham central MSOA cases in 19-24 year olds. Contact tracing was a valuable source of info to identify students who didn't engage with the DU ICC and venues/events where transmission may have occurred; this is no longer available.</li> </ul>		<p>Maintain DU ICC provide resilience to respond to surges in cases, VOCs, (including contact tracing capabilities) and other emergency response e.g. Ukrainian crisis etc...</p> <p>PHI to continue to review MSOA case rates to identify spikes in infection rates.</p> <p>DU to continue to escalate increased case rates via the OM inbox</p>	<p><b>Ongoing</b></p> <p><b>Ongoing</b></p> <p><b>Ongoing</b></p>

Setting	Update	RAG	Actions	Timescales
	<p><b>Controls and Risks</b></p> <p>Face covering – will be moving to a more recommending and consideration approach. Covid marshals not in operation after the 18th March – last day of term. (Exceptions for large events where marshalling arrangements will be planned in).  Ventilation – has medium and long-term plans. All spaces evaluated with a plan to upgrade and use more of the Uni venues and sites. Testing as above. WFH – all staff back by 25 April – new term). Enhanced cleaning regime will continue for now. Teaching time will increase and the time to cleaning between classes go back to original plans. Perplex screens will be staying for now. CEV – risk assessments before coming on site (Staff and students) to continue. Vaccination –planning a fresh campaign / use of Vax bus from Newcastle / looking at bespoke clinics for overseas students.</p>		<p>DU to review outbreak Response Plan including the contingency arrangements – testing, voluntary reporting arrangements and surge arrangements and share with Protecting Health Team</p> <p>DU to complete vaccination survey with students to inform future on site vaccination clinics</p>	<p><b>March 2022</b></p> <p><b>April 2022</b></p>
	<p><b>Outbreak management</b></p> <p>Uni really value and want to maintain the strong DCC relationship</p>		<p>Invite DU (SPOC) to be a member of the revised CSOG group, to continue strong working relationships and to update on guidance, and access to wider health protection information and guidance.</p>	<p><b>March 2022</b></p>

Setting	Update	RAG	Actions	Timescales
Workplaces	<p>Worth noting that lots of decision for small to medium size businesses will be based on Statutory Sick Pay and other financial concerns both for the employer and employee.</p> <p><b>Testing</b> If there is a cost to testing, then doubt most businesses will undertake any testing. Only large companies may retain as part of business continuity.</p>		Updated guidance has been distributed. No testing requirement.	<b>April 2022 Complete</b>
	<p><b>Surveillance</b> 'Employer' has always been a poorly populated field in the LA's cases line list. Contact tracing was a valuable source of information as workplace name and postcode was better completed and it was used to produce the common exposure and postcode coincidence reports for workplaces. These and Venue Alerts are no longer produced.</p>		<p>SPOC to be EHCP@durham.gov.uk FAO John Benson / Ian Bousfield.</p> <p>Galvanise and maximised the strengthened relationship between PH and EHCP network</p> <p>Identify if their health champions in work places, new workplaces for BHAWA etc</p>	<b>March 2022 Complete</b>

Setting	Update	RAG	Actions	Timescales
	<p><b>Controls and Risks</b> EHCP will continue to check RA as part of regular inspections.</p> <p><b>Reporting outbreaks</b> Suggest workplaces can request Public Health advice via CRM no requirement to report cases though to DCC. Protecting Health will pick up cases via UKHPA / common exposures.</p> <p><b>Outbreak management</b> Suggested workplace reports that come down from UKHSA to be triage / investigated by Protecting Health Team. EHCP step back to substantive role and are a point of contact for Protecting Health Team.</p>		<p>Hand back to Protecting Health is now complete as demand is low. Can implement now, low demand and resources implications.</p> <p>To communicate with businesses through EHCP networks and Business Durham once the Working Safely Guidance is published.</p> <p>We have stood down the Workplace oversight group as of now. With the caveat that we can meet should a case require some oversight</p>	<b>March 2022 Complete</b>
Workplaces (Internal-DCC)	<p><b>Testing</b> Removal of community testing off from 31 March 2022. H&amp;S and PH will continue to offer advice to settings they support.</p>		<p>Updated guidance has been distributed. Testing for front line services.</p>	<b>April 2022 Complete</b>
	<p><b>Surveillance</b> CRM / OCT for positive cases. H&amp;S and PH will continue to offer advice to settings they support.</p>		<p>SPOC to be Kevin Lough and <a href="mailto:HSTeam@durham.gov.uk">HSTeam@durham.gov.uk</a></p> <p>Continue to be a member of the newly developed CSOG group, to continue strong working relationships and to update on guidance.</p>	<b>March 2022 Complete</b>

Setting	Update	RAG	Actions	Timescales
	<p><b>Controls and Risks</b>            covid considerate behaviour.            H&amp;S and PH will continue to offer advice to settings they support.</p> <p><b>Reporting outbreaks</b>            Reporting through CRM / OCT            Official duty to report workplace transmission through RIDDOR.            H&amp;S and PH will continue to offer advice to settings they support.</p> <p><b>Outbreak management</b>            Internal OCTs called if required.            H&amp;S and PH will continue to offer advice to settings they support.            DDC Protecting Health investigate any DCC covid positives and escalate as appropriate.</p> <p>H&amp;S team support local risk based assessments for services and departments etc. H&amp;S retails all administration of HSE/RIDDOR reporting.            Proposed post 01 April managers still report cases through to CRM/OCT.            Propose Public Health consideration are part of the risk assessments for all facilities teams.            Propose Public Health consideration are part of service business continuity plans.</p>		<p>Proposed managers still report cases through to CRM/OCT.</p> <p>Propose Public Health consideration are part of the risk assessments for all facilities teams.</p> <p>Propose Public Health consideration are part of service business continuity plans.</p>	<p><b>05 April 2022 Complete</b></p>
Health and Social Care Settings	<p><b>Care Homes</b></p> <p><b>Testing</b>            Expected changes to, but a continued care homes testing regime</p>		<p>Updated guidance has been published. Care Home comms has been circulated.</p>	<p><b>13 April 2022 Complete</b></p>

Setting	Update	RAG	Actions	Timescales
	<p><b>Surveillance</b> Continued local surveillance by PH intelligence team and UKHSA. The LA cases line list contains 'linked to care home', 'care home role' and 'care home name' fields. The LA cases BI dashboard contains a care home section which continues to be updated Mon-Fri. Used to inform oversight group. UKHSA and IPC nurses provide valuable epi data e.g. staff who are not CD residents, LFD positives which haven't been reported to gov.uk and hospitalisations.</p>		<p>Galvanise and maximise the strengthened relationship between PH and IPCT. Incorporated in the governance review including regional IPC review</p>	<p><b>April/May 2022 Complete</b></p>
	<p><b>Controls and Risks</b> Further detailed Covid guidance expected</p> <p><b>Reporting outbreaks</b> Transition from MS as SPOC to JE/SB/SR as SPOC and at the present moment the continuation of</p> <ul style="list-style-type: none"> <li>○ Care Home Oversight Group (weekly)</li> <li>○ JR Care Home Group (fortnightly)</li> <li>○ AH North East Care Home group (fortnightly)</li> <li>○ Regional Care Home Meeting (fortnightly)</li> <li>○ Testing oversight group (fortnightly)</li> <li>○ Weekly CH catch up MS – KDS (PH) CS (UKHSA)</li> <li>○ Communications for Care Homes</li> <li>○ Reviews and PH support</li> </ul> <p><b>Outbreak management</b></p> <ul style="list-style-type: none"> <li>• Managed by UKHSA with local support as required.</li> </ul>		<p>Hand back to Protecting Health is now complete as demand</p> <p>Meeting representation agreed and will be provided by JE and SR</p> <p>Awaiting government guidance to then reshape the support</p> <p>Care Home Oversight Group meetings to continue to ensure that care homes are supported and we are assured on the measures in place</p>	<p><b>April 2022 Complete</b></p>

Setting	Update	RAG	Actions	Timescales
	<p><b>Dom Services / Extra Care / Supported Living / Pathways</b></p> <p>Considered to be under the remit of the care homes but the reality is they sometimes receive advice support from UKHSA and sometime DCC Protecting Health</p>		<p>UKHSA covering from the 1st April with Protecting Health team providing advice and support from where appropriate</p>	<p><b>April 2022 Complete</b></p>
Secure Estates	<p><b>Prisons</b></p> <p>Current practice is for UKHSA HTP to lead on outbreaks with attendance and support provided by DCC Protecting Health Team.</p> <p>No formal meeting convened – current arrangements to continue.</p> <p>The LA cases line continues to detail the details of prison resident positives as full address is usually provided.</p>		<p>Protecting Health has always been the identified SPOC</p> <p>Awaiting government guidance and UKHSA advice to then shape the support the protecting health team provide</p> <p>Need to ensure all information is cascaded through the Covid inbox email address to ensure all are sighted</p>	<p><b>April 2022 Complete</b></p>
	<p><b>Aycliffe Secure</b></p> <p>Covid control measures in place and awaiting updated guidance for secure estates.</p> <p>Current Assisted testing site will close by the 31 March 2022. Staff will be issued an allowance of 7-pack home test kits to see them through April/May by this time we will know if a testing regime in YP secure settings are required.</p>		<p>Protecting Health has always been the identified SPOC</p> <p>Government guidance released, Aycliffe now falls under CYPS guidance.</p> <p>Assisted testing site close on the 31<sup>st</sup> March. Staff supplied with home test kits.</p>	<p><b>April 2022 Complete</b></p> <p><b>April 2022 Complete</b></p> <p><b>April 2022 Complete</b></p>

## Workstream 2 – Governance, oversight and policy

Governance	Update	RAG	Actions	Timescales
Heath Protection Assurance Board	<p>03/03/22</p> <p>Aim to close the Health Protection Assurance Board (HPAB) meetings and embed our Covid-19 work into the Health Protection Assurance and Development Group (HPADG) and wider Health Protection System, rather than as a separate stream of work.</p> <p><b>Action required</b></p> <ul style="list-style-type: none"> <li>• Develop transition plan</li> <li>• Agree target date for transition (end of April 2022)</li> <li>• Review TOR for HPADG and Immunisations Board – remit, frequency, format, learning, membership etc.</li> <li>• Close off as many transitional actions within the plan as possible under the oversight of the HPAB</li> <li>• Move to HPADG oversight and governance</li> <li>• Task and finish group to close off remain actions and workstreams of plan.</li> <li>• Final report into the HPADG.</li> </ul> <p><b>Currently</b></p> <ul style="list-style-type: none"> <li>• JE working with LL to review Terms of Reference and frequency of meetings as COVID governance arrangements transition from HPAB to HPADG</li> </ul>		<p>Propose time limited Task and Finish group to descalate the COVID governance and oversee the workstreams under the HPADG. This also provides robust arrangements for the Surge response.</p> <ul style="list-style-type: none"> <li>- Separate action plan</li> <li>- Fortnightly working group</li> <li>- Reporting to HPADG and to HWB</li> </ul> <p>Review Terms of Reference and frequency of meetings of COVID and wider Health Protection governance arrangements– HPAB, HPADG, Immunisation Board. To be approved at PHSMT, HPADG and Imms Board.</p> <p>Governance paper PHSMT May 2022. Membership, TOR, agreed. New name, Health Protection Assurance Development Partnership. June 2022</p>	<p><b>March 2022 Completed</b></p> <p><b>May 2022 Completed</b></p>
Health and Wellbeing Board	<p>20/02/22</p> <ul style="list-style-type: none"> <li>• <i>Proposed reduction in LOMP updates to HWB to six monthly</i></li> </ul>		<p>DP - Agreed – 6 monthly Health Protection updates included in forward plan</p>	<p><b>March 2022 Complete</b></p>

Governance	Update	RAG	Actions	Timescales
	<ul style="list-style-type: none"> <li>LOMP updates to be stood down, COVID Transition Plan update 4 monthly and then</li> </ul>			
Corporate alignment	Reintegrate governance to align to standard governance and oversight of Covid/Protecting Health work to corporate and partnership arrangements PHSMT/AHS SMT/CMT/Cabinet/Full Council – HWB/HP		JE/LL/DP picking up and progressing. Completed	<b>May 2022 Completed</b>
Covid Updates	<p>Consider removing reducing Covid updates</p> <p><b>Currently</b></p> <ul style="list-style-type: none"> <li>CMT / Covid CMT (weekly) – shared with MAIC</li> <li>Leaders update (fortnightly)</li> <li>County Durham Partnership (quarterly)</li> <li>Health and Wellbeing Board (quarterly)</li> <li>Health and Wellbeing Board Officers Group (quarterly)</li> <li>AHS Overview and Scrutiny (quarterly)</li> <li>Corporate Consultation Forum (quarterly)</li> <li>Resilient Communities Group (quarterly)</li> <li>DPH returns (weekly)</li> </ul>		<p>Currently DP picks up.</p> <p>From 1<sup>st</sup> April            COVID CMT / CMT continue            Leaders update – Stopped            CDP – DP revised arrangements to incorporate into the PH update            HWB – see above            OSC – now included in PH routine updates            CCF – January 2022 was last report            RCG – self serve            DPH returns – continue for now</p>	<b>April 2022 Complete</b>
	COMF Monthly Reports Goes to CMT / Covid CMT / HPAB / PHSMT		COMF – final report to be agreed and forward plan for governance. Final report presented at PHSMT/AHSMT/CMT throughout May/June 2022	<b>June 2022 Completed</b>
Oversight Groups	03/03/22 To align with Transition arrangements for settings above		Care Homes – continuing as regular CH outbreaks occur All others stood down.	<b>March 2022 Complete</b>

Governance	Update	RAG	Actions	Timescales
	<p><b>Currently.....</b>            Workplaces – Closed down            Education – stood down last couple of meeting            Childrens Res – Closed down            Testing – continuing as de-commission of PCR and LFD is undertaken            University –Stood down</p>		CSOG to continue oversight arrangements with SPOCs	<b>Completed</b>
Policy Group	<p>16/02/22            Andy Palmer - Covid policy meetings would continue as long as SRG is, which is currently until 31st March 2022. It is not expected that there will need to be any more Covid policy meetings after that date.</p>		<p><b>Agreed actions and Timescales</b>            Covid policy meetings due to end</p>	<b>31 March 2022</b>

### Workstream 3 – Interdependencies for service response

Interdependencies	Update	RAG	Actions	Timescales
Data and Surveillance	<p><b>Spike Detection</b></p> <ul style="list-style-type: none"> <li>Spike Detection – the Epi Group and Tuesday in CSOG we discussed pausing the spike tool and stopping both the Epi Group and the sharing of the Spike Detector Tool results with CSOG in a weekly email/and bi-weekly agenda slot. The role of the CSOG group was to mobilise enhanced responses at a community level. Currently there are little additional measures that can be</li> </ul>		Spike – Epi group - email stood down.	<b>Complete</b>

Interdependencies	Update	RAG	Actions	Timescales
	<p>implemented beyond what we do at a population level.</p> <ul style="list-style-type: none"> <li>The spike tool is now automated in a Cases Power BI and refreshed daily. It will continue to be an available surveillance tool and monitored by Public Health Intelligence.</li> </ul>			
<p>Data and Surveillance</p>	<p>16/02/22</p> <p><b>Cases</b></p> <ul style="list-style-type: none"> <li>We have had no indication that there will be any change in positive cases flowing to us on a once daily basis in the SAE Power BI. From 21/02 the gov.uk COVID-19 dashboard has stopped being updated at weekends and that has no impact on us as we update CMT dash Mon-Thurs.</li> <li>From 07/03 SAE cases updated Mon-Fri</li> <li>There is some (but limited) value in us still being able to track our 7-day case rate in terms of how we compare to our neighbours and wider regions. It does feel like we're all following the same downward trajectory but we continue to have the ability to analyse the demographic characteristics of cases if we started to buck the trend, or once we've reached a steady state, for example. It's more of a measure of who testing and reporting than valid measure of incidence of the infection.</li> <li>We still have access to the variant line list for sequenced PCRs but no</li> </ul>		<p><b>Next Steps</b> <b>C-19 specific</b></p> <p>Dashboards continue as business as usual until we receive notification from coronavirus.data.gov.uk or UKHSA data sources are changing. We will change the regularity of our surveillance when necessary</p> <p>Review of content in Public Dashboard completed and content appropriate. Weekly or twice weekly updates to dashboard now.</p> <p>Review weekly Friday 'Covid-19 data update' from Durham County Council's social media channels. Consideration has been given post have been reduced to fortnightly or 3 week cycles and focus on vaccination and hospital admissions.</p> <p>The wider use of durham insight is considered as part of communication group and communication plans</p>	<p><b>Complete</b></p> <p><b>Complete – reactive as and when required</b></p> <p><b>Completed</b></p> <p><b>Complete</b></p>

Interdependencies	Update	RAG	Actions	Timescales
	<p>contact tracing will be carried out – won't know initially where they work/which school etc</p> <ul style="list-style-type: none"> <li>• <b>Schools Cases Dashboard</b> – in Power BI and updated automatically when main cases BI is updated (looks up to the school roll Sept 2021 census)</li> </ul> <p><b>Contact Tracing</b></p> <ul style="list-style-type: none"> <li>• The key change (which was already underway) is that we can't confidently track transmission as the balance of known versus unknown cases has been shifting. At a community level, that is why we had already stopped the regular analysis of the spike tool. And from today, in relation to settings and venues the contact tracing data has gone (and was already limited as people became less willing to complete fully).</li> <li>• Common Exposures, postcode coincidences (including those linked to events e.g. Lumiere) gave us information on linked cases who were residents of other local authorities. This is no longer available</li> <li>• The analysis of the backward and forwards contact tracing info gave us some situational awareness of transmission in our population and was a safety net for SPOCs, particularly in the lower risk settings, to do some proactive investigation/offer support/identify</li> </ul>		<p>Continue to monitor the development of wastewater surveillance by UKHSA and the potential to use to inform response at a local level.</p>	<p><b>Complete - Suspended in the SAE until June 2022</b></p>

Interdependencies	Update	RAG	Actions	Timescales
	<p>enhanced action to reduce transmission</p> <ul style="list-style-type: none"> <li>The modules which are based on CTAS data in the SAE BI remain accessible as static datasets.</li> </ul> <p><b>Serious Illness and death</b></p> <ul style="list-style-type: none"> <li>We're in a good position with our surveillance of hospital activity and deaths and the changes won't impact on those.</li> <li>Daily email to continue from CDDFT containing COVID-19 inpatients, numbers in ICU and their vaccination status</li> <li>Deaths dashboard (PowerBI) data source are daily emails from Darlington and Durham registrars. Agreement to continue exists. Contain standard deaths and COVID deaths.</li> </ul> <p><b>Vaccination</b></p> <ul style="list-style-type: none"> <li>The SAE Power BI remains our best data source for vaccinations data and hopefully it will give us the ability to track uptake of the spring additional booster. We can quickly develop a new page on our internal BI if the data is there.</li> <li>Internal BI dashboard updated from the SAE 3 times a week, will continue</li> </ul>			

Interdependencies	Update	RAG	Actions	Timescales
	<p><b>LRF data cell - transition of this to the Insight and Intelligence (JSNA) group</b>  LRF Data Cell transition is ongoing (MF chair) and to be discussed with LRF chair (SN). This group to explore links with County Durham BI Strategy (for local PHM development) ICS (for regional PHM development).</p>		<ul style="list-style-type: none"> <li>MF's JSNA paper has been to PHSMT</li> <li>Terms of reference are updated</li> <li>Data Cell future state to be discussed with LRF chair</li> </ul>	<b>Complete</b>
Vaccinations	<p><b>Leaving no-one behind</b></p> <ul style="list-style-type: none"> <li>The leaving no-one behind work will continue as part of the Protecting Health Team role.</li> <li>The work is currently reported through to the Vaccine Inequalities group and from there to the County Durham Immunisation Board</li> <li>The targeting and planning element of the work will not be effected by any transition but the engagement work is currently undertaken by the Covid Awareness Team (and Compliance Team as their work has declined) and their contracts are due to end March 2022</li> </ul>		<p><b>Leaving no-one behind</b></p> <ul style="list-style-type: none"> <li>Current practice to continue</li> <li>Mass vacc team to be utilised for 7 day rolling programme</li> </ul>	<b>April 2022 Complete</b>
Vaccinations	<p><b>12-15 Programme</b></p> <ul style="list-style-type: none"> <li>Driven by the national vaccination programme and mirrors the targeting and planning elements of 'leaving no-</li> </ul>		<p><b>12-15 Programme</b></p> <ul style="list-style-type: none"> <li>School vaccination programme will end on the 31<sup>st</sup> March. Evergreen offer in the community</li> </ul>	<b>March 2022 Complete</b>

Interdependencies	Update	RAG	Actions	Timescales
	<p>one behind' to maximise uptake the cohort and reduce vaccination inequality.</p> <ul style="list-style-type: none"> <li>Led by SWSD and supported by Protecting Health</li> </ul>			
	<p><b>5-11 Programme</b></p> <ul style="list-style-type: none"> <li>Announced Feb 2022 as a nonurgent low dose offer.</li> <li>Plans to be developed and progressed by SWSD/Protecting Health through the County Durham Immunisation Board</li> </ul>		<p><b>5-11 Programme</b></p> <ul style="list-style-type: none"> <li>Offer launched on the 04 April, GP focus, support by our coms</li> </ul>	<p><b>April 2022 Complete</b></p>
	<p><b>General Covid Vaccination Programme</b>  Medium to long term vaccination plan – NHS letter received 'Next steps for the NHS COVID-19 Vaccination Programme planning and delivery' (in file) covering</p> <ul style="list-style-type: none"> <li>Planning for 2022/23</li> <li>Continued access to COVID-19 vaccination</li> <li>Delivery of an autumn COVID-19 vaccination campaign if advised by JCVI</li> <li>Contingency plans to rapidly increase capacity</li> </ul> <p>The next steps outlined in the letter are as follows  <i>Over the next few weeks, systems will need to confirm their detailed operational plan for the delivery of uninterrupted COVID-19 vaccinations for the period to September</i></p>		<p><b>General Covid Vaccination Programme</b>  Spring booster programme for over 75 year olds  Planning Continues</p> <p><b>Next steps</b>  Agree activity and action overseen by the Immunisation Board.</p>	<p><b>April 2022 Complete</b></p> <p><b>April 2022 Complete</b></p>

Interdependencies	Update	RAG	Actions	Timescales
	<i>2022 and share the outline of the delivery plan for the remainder of the financial year.</i>			
Communications	<p>17/02/22</p> <ul style="list-style-type: none"> <li>• Currently there is a dedicated resource of 1x marketing and communications officer and 1x press officer until 13 July 2022.</li> <li>• Work will be subsumed into PH comms support with Covid becoming just another element of coms support for PH</li> <li>• Work to update / amend or reduce content for <ul style="list-style-type: none"> <li>○ Covid communication campaigns focus on Vaccination and Staying Safe</li> <li>○ Covid Website content</li> <li>○ Covid Social media content</li> <li>○ Extending marketing and communications officer remit to cover other Protecting Health work in the short term.</li> </ul> </li> <li>• Gaps to consider longer term (we have support until 13 July 2022) <ul style="list-style-type: none"> <li>○ Attendance at HPAB/oversight/OCT/IMT meetings</li> <li>○ Press Statements and briefings etc.</li> <li>○ Plans for surge testing / surge vaccination communications</li> <li>○ LA7 Communications</li> </ul> </li> </ul>		<p><b>Agreed actions and Timescales</b></p> <ul style="list-style-type: none"> <li>• Current practice to continue</li> </ul> <p><b>Next Steps</b></p> <p>Full review of Covid Webpages and to reduce and realign content by the PH coms group.</p> <p>Communication Plan revise and ongoing delivery</p>	<p><b>April 2022 Complete</b></p>

Interdependencies	Update	RAG	Actions	Timescales
	<ul style="list-style-type: none"> <li>○ Wider Protecting Health communications work</li> </ul>			
<p>PCR and LFD Testing programmes</p>	<p>23/02/22</p> <ul style="list-style-type: none"> <li>• The government confirmed that asymptomatic and symptomatic testing will stop for the general public from 1 April 2022.</li> <li>• High risk settings and other targeted settings and vulnerable groups will still have access to testing however we are waiting for further government guidance.</li> <li>• Testing in most education settings came to an end on 21 February 2022. Special schools and other high risk education settings are still advised to continue with asymptomatic testing.</li> <li>• Surge testing plans led by the Local Resilience Forum (LRF) and approved by CMT, the LRF and HPAB remain in place.</li> <li>• At the present time there has been no requirement for large scale surge testing within County Durham.</li> </ul>		<p><b>Agreed actions and Timescales</b> De-commissioning pack received. Work to be completed.</p> <p><b>Next Steps</b> LFD Operational steps undertaken to de-commission LFD Sties. Residual stock transferred to DCC PPE Cell Testing Oversight Group stood down</p> <p>PCR decommissioning to be completed by contractors over the next 9 months currently overseen by Testing oversight group.</p>	<p><b>31 March 2022 Complete</b></p>
<p>PPE Cell</p>	<p>PPE arrangements from 1st April 2022 – end of March 2023 From 1<sup>st</sup> April free (government provided) PPE will only be available to the following services and departments from 1<sup>st</sup> April through to 31/03/2023:-</p>		<p><b>Agreed actions and Timescales</b> Andrew Megginson and Paul Laurence leading.</p> <p><b>Next Steps</b> AM providing briefing for Covid CMT</p>	<p><b>15 March 2022</b></p>



Interdependencies	Update	RAG	Actions	Timescales
	Covid Awareness Team		Liaise with Andrea Petty re the termination of the COVID Awareness Team – learning captured / CSOG workshop	<b>Complete</b>
	Behavioural Insights work		Bluegrass commissioned to deliver BI in 5 localities within County Durham.  Qualitative and Quantitative finding and report to inform Vaccine Inequalities group actions and link with wider Public Health BI and social marketing work	<b>June 2022</b>  <b>Complete</b>
<b>Vulnerable and Underserved Communities</b>				
Vulnerable and Underserved Communities	<ul style="list-style-type: none"> <li>Homeless, GRT, DARS, DV, Pregnancy, leaving no one behind</li> <li>Include in the revised Terms of Reference for HPAB, HPADG and Immunisation Board.</li> </ul>		<b>Agreed actions and Timescales</b> <ul style="list-style-type: none"> <li>Include in the revised Terms of Reference for HPADG and Immunisation Board.</li> </ul>	<b>Complete To include in Terms of reference action</b>
<b>Mailbox's</b>				
Mailbox's	<p>Aim to close down all mailboxes associated with Covid and redirect all mail to healthprotection@durham.gov.uk</p> <p>Mailboxes to review Covid Management Outbreak Covid Inform Covid Planning SWSD COVID Compliance Might want to flag with Kevin Sample about MP Covid Inquires but that's a corporate inbox</p>		<b>Agreed actions and Timescales</b> <ul style="list-style-type: none"> <li>Review inbox use and facilitate transition (OOO response)</li> <li>LL Business Manager / DP Business Support to review</li> <li>All inboxes closed by end of April and the Covid inbox close end of May</li> </ul>	<b>Completed July 2022</b>

Interdependencies	Update	RAG	Actions	Timescales
Covid Teams Channels	Over 48 covid teams channels that need reviewing and closing down / archived / adapting for Protecting Health		<p><b>Agreed actions and Timescales</b> LL Business Manager / DP Business Support to review</p> <p>Dormant channels closed end of April Active channels close end of May</p>	<p><b>Completed Dormant channels closed end of May</b> <b>Active channels close end of July</b></p>
Events	<p>23/02/22</p> <p>Events Licensing Group still meeting but very little to input on. PH also sit on SAG and the thought is the Events Licensing Group will be subsumed back into SAG.</p>		<p><b>Agreed actions and Timescales</b></p> <ul style="list-style-type: none"> <li>Current practice to continue</li> </ul> <p><b>Next Steps</b> Agreement required as to which part of DCC PH is a member of the Events Licensing Group and / or SAG</p> <p>Glen Wilson to represent PH at SAG</p>	<p><b>April 2022 Complete</b></p>

#### Workstream 4 – Funding

Funding	Update	RAG	Actions	Timescales
COMF (Test & Trace pooled LA7)	<p>17/02/2022</p> <ul style="list-style-type: none"> <li>Summary of spend to date current spend 11.4m</li> <li>Summary of bid status (RAG rated) by Service 76 bids in total, 20 red 2 amber 33 light green 21 completed.</li> <li>Trends, tracked progress and actions to date</li> <li>Programme of work -project updates</li> </ul>		<p><b>Agreed actions and Timescales</b></p> <ul style="list-style-type: none"> <li>Current process to continue</li> </ul> <p><b>Next steps</b> Final report presented at PHSMT/AHSMT/CMT May/June 2022</p>	<p><b>June 2022 Complete</b></p>

Funding	Update	RAG	Actions	Timescales
	<ul style="list-style-type: none"> <li>Underspend/overspend (potential extension of funding) forecast on bid underspend 3.3m grant underspend 3.8m</li> </ul>			

### Workstream 5 – Escalation and surge response

Escalation	Update	RAG	Actions	Timescales
Out of Hours Response	16/02/22 <ul style="list-style-type: none"> <li>OOH duty rota planned until the end of March 2022. Discussions on going as to the role or requirement of OOH after this date.</li> </ul>		<b>Agreed actions and Timescales</b> Review 1 <sup>st</sup> and 2 <sup>nd</sup> on call arrangements OOH duty rota stood down from 01 April 2022	<b>March 2022 Complete</b>
Testing	16/02/22 <ul style="list-style-type: none"> <li>Awaiting Spring Living with Covid Plan on the 21 February 2022 to inform next steps for both LFD and PCR</li> <li>PCR is going through a right-sizing process to de-commission identified sites, however the regional call was cancelled at the last minute and we think this is because more sites than the initial scoping exercise identified will be de-commissioned.</li> <li>LFDs – demand has evened out after the huge demand over Christmas. We are currently only receiving 50% of the ordered stock.</li> </ul> 24/02/22		<b>Agreed actions and Timescales</b> <b>LFDs</b> All Targeted Community Testing sites closed 31 March 2022. We have set aside a DPH allocation that can be use at the discretion of the DPH following a call with DHSC.  <b>PCR</b> All County Durham PCR sites will close on the 30/31 March 2022 but will not be dismantled until 8/9 May 2022. In the meantime the site will still continue to have security.	<b>31 March 2022 Complete</b>

Escalation	Update	RAG	Actions	Timescales
	<ul style="list-style-type: none"> <li>Decommissioning process received 24/02/22, one last delivery of LFDs planned. Withdrawal of SOP with DHSC from 31 March 2022.</li> </ul>		<p>Decommissioning team are due to meet with the regional group Friday 25 March 2022.</p> <p><b>Action: Agreed to develop a Surge / Escalation Options Appraisal for CMT</b></p>	
LTP / Contact Tracing	<p>16/02/22</p> <ul style="list-style-type: none"> <li>The Hub will cease to operate beyond 31st March 2022. This will leave a gap in quality local tracing should contact tracing and/or self-isolation support feature as an element of the Spring Plan and living with COVID going forward.</li> <li>Any plans for surge or response in high-risk settings will need to be made using existing resource. Lessons learnt from Omicron has shown that when Hub staffing have returned to their substantive posts it is not possible to retrieve them from their substantive jobs.</li> </ul>		<p><b>Agreed actions and Timescales</b> The Hub will cease to operate</p> <p><b>Next Steps</b></p> <ul style="list-style-type: none"> <li>CMT Briefing (completed)</li> <li>Further paper will come to covid CMT or CMT to detail the legacy and learning that could be transferred to partners and DCC.</li> </ul> <p><b>Action: Agreed to develop a Surge / Escalation Options Appraisal for CMT</b></p>	<p><b>31 March 2022.</b> <b>Complete</b></p>
Local Resilience Forum (LRF)			<p><b>Action – Agreed to develop a Surge / Escalation Options Appraisal for CMT that will incorporate LRF considerations</b></p>	

# Learning and Opportunities

## Workstream 1: Settings

LEARNING	OPPORTUNITIES
Mutual benefits of increased collaboration across all settings	Galvanise and maximise the strengthened relationship between PH and schools (HT and Ed colleagues), care homes (commissioning, providers, CQC), university, EHCP networks?
	Identify ways in which we can further develop PH outcomes across these LOMP settings e.g. Healthy Settings Framework, recruitment to BHAW, health champions work
Strengthened response through collaborative system approach, CCG, PH, UKHSA, Foundation Trust, DCC – data, testing, IPC, vaccinations, communications etc...	<p>Healthcare – increased collaboration, shared priorities, shared actions to address incidents.</p> <p>Reviewed governance arrangements to facilitate increased system working.</p> <p>Investment explored at regional and local level e.g. care homes to ensure current capacity is maintained/increased.</p> <p>Collaborative work to develop anti-viral pathways</p>
Strengthened relationships have enabled PH to facilitate settings to self-support via a risk assessed approach with support where required (stratifying risk – low and high-risk settings e.g. SEND, Ch Res Homes, vulnerability)	Share good practice with UKHSA to inform future joint management/working arrangements between UKHSA, LA and settings.
Importance of (and recognised limited investment in Infection, Prevention and Control resource)	Implement the recommendations of the Infection, Prevention and Control Report ensuring this includes care homes and children’s residential settings
Covid-19 control measures have improved personal and organisational IPC and reduced the number of other infectious diseases in circulation	<p>Capture and share this learning with settings. Embed (or establish) health protection best practice within wider programmes of work to continually embed this improved practice.</p> <p>Consider mechanisms for enhanced support for other communicable disease.</p> <p>Embed health protection and IPC considerations in workplace risk assessments (internal and external)</p> <p>Propose Public Health consideration are part of service business continuity plans.</p>

<p>Beneficial to invest in health protection capabilities and capacity within the LA</p> <p>Increased resilience for DPH on wider health protection issues.</p>	<p>Established Protecting Health Team to further develop this work internally and with partners</p>
---	---

### Workstream 2 – Governance, oversight and policy

LEARNING	OPPORTUNITIES
<p>One system response to the pandemic</p> <ul style="list-style-type: none"> <li>- Case, cluster and outbreak management</li> <li>- Testing</li> <li>- Vaccination</li> <li>- Surge</li> </ul>	<p>Capture and embed the key elements of the one system response to Covid-19 into future governance arrangements and interdependencies. The ability to be flexible and agile</p> <p>Review Terms of Reference and frequency of meetings as COVID governance arrangements transition – HPAB, HPADG, Immunisation Board.</p>
	<p>Take hold of the opportunities transition presents at LRF, corporate and organisational levels to capture the risks, learning and opportunities for all system partners</p>
	<p>Transition planning provides opportunity to review the frequency of reporting via governing boards and refocusing PH governance to broader agenda e.g. HWB, OSC, LADB, etc...</p>
<p>Collaboration to achieve improved public health outcomes at an operational level</p>	<p>COVID CMT lessons learnt session, Community and Settings Oversight Group workshop – ensure outcomes inform future iterations of the Transition Plan and subsequent action plan.</p>

### Workstream 3 – Interdependencies for service response

LEARNING	OPPORTUNITIES
<p>Weekly sharing of dashboard in Durham Insight with the public via social media channels, Friday afternoon slot</p>	<p>To keep the Friday afternoon PH data social media post and expand to other topic areas</p>
<p>Small area geography data on vaccinations can be well-utilised by public health teams to identify and reduce inequalities in our population</p>	<p>Re-focus the Public C-19 dashboard for the current phase of the pandemic. Provide greater focus on vaccinations and less on cases to communicate key messages to public</p>

Engaging SPOCs on the topic of community transmission of an infectious disease (combining surveillance (spike) data and local/soft intel). The use of a menu of public health measures to respond and then review.	Develop a Health Protection public dashboard to sit on Durham Insight
Skills developed in Microsoft Power BI to increase automation in the production of dashboards	Clarify the LA surveillance and response role for other infectious disease (including all NOIDs) and the wider vaccination schedule. Particularly data availability to understand inequalities (e.g. HEAs).
Processing skills and appropriate onward cascading of information on people with vulnerabilities (CSV/MSV). A collaborative approach with partners was taken to target pro-active outreach work; also involved commissioning partners to respond. Insight into our MSV/CSV informed demand management for the Hub	Establishment of an Insight and Intelligence/JSNA Group with representation across the local system. The group to be given strategic direction via the JSNA board (including on the topic of PHM?).
Comprehensive approach to all aspects of the programme to address inequality and inequity: <ul style="list-style-type: none"> <li>- Testing</li> <li>- Vaccination (all ages)</li> <li>- High-risk settings</li> <li>- Community engagement and resilience</li> </ul>	<p>Capture learning from bespoke aspects of C-19 work e.g. Leaving no-one behind, targeted community testing, community engagement to inform wider planning and service delivery.</p> <p>Identify recommendations for ongoing work</p> <ul style="list-style-type: none"> <li>- Services for most vulnerable</li> <li>- Hyper-local data and localised outreach</li> <li>- Community champions, Covid Awareness Officers</li> </ul>
	Strengthen links between intelligence to identify those most at risk (what is the role of PHM) and system response
There has been significant innovation – some pandemic specific which we have a record of in the Transition Plan document (that could be re-stood up ) and other that is now BAU.	

#### Workstream 4 – Funding

<b>LEARNING</b>	<b>OPPORTUNITIES</b>
Robust monitoring system with oversight of spend and determining any underspend for reallocation to ensure all funding is spent in line with COMF criteria. Process manages risk and mitigates and escalates the impact of	Bid owners have been requested to have exit strategies in place, including contingency arrangements to obtain funding from elsewhere to allow projects to continue, where appropriate.

underspend and overspend of successful bids. Monthly expenditure monitoring forms submitted.	Explore potential to maximise liaison with these initially COMF funded posts to further develop the wider public health agenda.
Bi-monthly project update reports submitted by bid owners to identify any barriers/risks and proposed resolutions	Utilise the programme of work developed and shared with CMT, HPAB and PHSMT to inform the continuation of and legacy from this funding
Stock take in September 21 and January 22 to provide a position statement on spend and progress of projects.  Revised RAG ratings to capture risks associated with bids where spend in Q3 and Q4.	Employ the governance processes and procedures - the Outbreak Funding Budget Group, RAG rating, regular dialogue with bid owners, and surgery sessions for future funding allocations
Outbreak Funding Budget Group identified areas of potential slippage and options for limited ongoing investment into 22/23. COMF reporting processes to be drawn to a close at 31 March 2022.  Public Health considered COMF investments deemed beneficial for investment to continue into 22/23	Review completed and reported to CMT agreed the recommendation investments to continue into 22/23 through AHS Cash Limit, PH Reserves and Recovery Support Reserve for programmes delayed by Covid and which will continue to support outbreak control work going forward. A final summary report will be submitted at the end of the COMF process to CMT and HPAB providing a position statement on the final spend to March 2022 with detail of outputs and outcomes of bids against the original agreement.
A reserve will be retained for 2022/23 to provide a contingency budget for any costs that the council may be required to meet linked to further outbreaks.	Contingency budget Financial planning in place to meet potential costs linked to future outbreaks.

### Workstream 5 – Escalation and surge response

LEARNING	OPPORTUNITIES
Practice has informed review of SOPs, CCU arrangements, resilience	Review SPOC, inbox management, duty and OOH rotas, interdependencies and UKHSA arrangements to ensure resilience and ability to be flexible and agile to future situations, emergencies, etc...
Proactive approach to identify, reach out to and support all residents, via Population Health Management (PHM), esp. CEV, MSV  Holistic MECC approach adopted for all outbound and inbound calls.  Facilitating self-service, self-supporting, linking to communities rather than dependency on LA and partners	Legacy document to capture learning and inform future surge, response, corporate approach  National interview as high performing LA – opportunity to inform national planning

Evidence base confirms – local contract tracing most effective approach

## Risks and Mitigation

### Workstream 1: Settings

RISKS	MITIGATION	CONCLUSION
Return to BAU, silo working, loose beneficial interdependencies	Review undertaken with all partners and agreed continuation of the Community Settings and Oversight Group with reviewed terms of references to embed strengthened relationships	The current controls are considered adequate.
Organisational settings deprioritising IPC and removal of investment	Agreed continued and enhanced investment in the IPC team System and regional work to ensure IPC remains prioritised	The current controls are considered adequate however we need to monitor the outcomes of the regional work.
Loss of 'in setting' health protection skills and experience	SPOC at CSOG and Protecting Health team provide Health Protection training to SPOCs	The current controls are considered adequate.

### Workstream 2 – Governance, oversight and policy

RISKS	MITIGATION	CONCLUSION
Return to BAU induces loss of key partners, interdependencies and collaboration	Use the strengthen relationship in the HPAB to embed strategic interdependencies into the HPADG	The current controls are considered adequate.
Profile of public health and health protection wanes as other priorities arise	DPH delivering a series of session with CMT/EMT etc – need to think of wider partners Engaging and feed into the post pandemic review by UKHSA – lessons learnt.	The current controls are considered adequate however we need to monitor the outcomes of the UKHSA review.

### Workstream 3 – Interdependencies for service response

RISKS	MITIGATION	CONCLUSION
National data sources which we depend on for C-19 cases (testing, vaccination (NB booster recording), wastewater) surveillance could reduce/stop.	Tolerate..... National policy to focus on high-risk – proportionate at this stage of the pandemic	The current controls are considered adequate.
Unknown/uncertainty around the burden of Long Covid in the population and developing evidence base. This may make it difficult to ensure adequate support is provided to our residents and employees	Recommend - Long COVID initial piece of analysis - mini Health Needs Assessment / Rapid Review.	Continue to treat to confirm the analysis / assessment / review has been undertaken.
Covid-19 has amplified existing structural inequalities in income and poverty, socioeconomic inequalities in education and skills, and intergenerational inequalities – with particular effects on children (including vulnerable children), families with children and young people.	Review and update COVID Health Impact Assessment	Continue to treat to confirm the review has been updated.

### Workstream 4 – Funding

RISKS	MITIGATION	CONCLUSION
COMF funding ceased. Outbreak management incorporated into the PH Grant allocation.	We have identified a contingency allocation to be access by CMT	The current controls are considered adequate.

## Workstream 5 – Escalation and surge response

RISKS	MITIGATION	CONCLUSION
BAU and staff capacity and wellbeing,	Continued oversight at HPADG, support as required and escalate through regional and national system.	The current controls are considered adequate.
LTP operations ceased, no corporate commitment re surge staffing arrangements	A Surge / Escalation Options Appraisal paper to CMT	The current controls are considered adequate and monitor the outcomes of the CMT report.
LRF / surge testing / testing stock and contingency need to be considered.	A Surge / Escalation Options Appraisal paper to CMT	The current controls are considered adequate and monitor the outcomes of the CMT report.

## Recommendations

### Recommendations

Recommendations	Who	When
<b>Oversight and Governance</b>		
Health Protection Governance review to increase system working and strategic and operational assurance.	SM Protecting Health / Programme Manager	May 2022
Revise HPADG governance arrangements to: <ul style="list-style-type: none"> <li>align Covid (HPAB) to HPADG</li> <li>enhanced support for other communicable diseases.</li> </ul>	SM Protecting Health / Programme Manager	May 2022
Scope development of specific Covid strategies such as Sustained Covid Exit and Strategy for CEV.	HPADG	September 2022
Regular review and alignment of local plans with regional (LA7, ICS, UKHSA, NHS) programme of Covid-19 work.	HPADG	March 2023
<b>Strengthened system collaboration and partnership working</b>		

Continuation of the Community Settings and Oversight Group with reviewed terms of references to embed Covid-19 learning and Wider Health Protection work into: <ul style="list-style-type: none"> <li>• Better Health At Work Award</li> <li>• Healthy Settings Frameworks</li> <li>• Wellbeing Principals etc</li> </ul>	Strategic Manager, Protecting Health / chair of CSOG	May 2022
Strengthen enhanced networks and relationships with a Public Health presence in service networks and meetings across LOMP settings. <i>(inc Early Years, Education, Care Homes, Extra Care, Children's Residential, Secure settings, Infection Prevention Control, Community Protection, Partnerships).</i>	DCC Public Health SMT	May 2022
Share our local learning and good practice with UKHSA and regional reviews to inform future joint management/working arrangements / strategies.	HPAB/HPADG	Aug 2022
<b>Tackling Increased inequalities and disproportionate impacts</b>		
Consider reviewing and updating COVID Health Impact Assessment or contribute if appropriate to other pieces of Public Health work.	PHSMT	June/July 2022
Develop a Long COVID initial piece of analysis - mini Health Needs Assessment / Rapid Review. Or contribute if appropriate to other pieces of Public Health work.	Research & Public Health Intelligence Manager / CCG/ NHS	June/July 2022
Provide a COMF evaluation report to define outcomes / achievements (including budget prioritisation process and monitoring arrangements) / recommendations.	Programme Manager	June 2022
Develop a sustainable 'leaving no one behind' strand to current vaccination programmes.	Immunisation Board	March 2023
<b>Better information (data, dashboards, evidence base, training/education) A more informed population (Professionals, and Public)</b>		
Develop public facing information on wider health protection themes to sit on Durham Insight and inform communication campaigns.	PHI / All partners Comms Teams	June 2022

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.	Research & Public Health Intelligence Manager (Joint Strategic Needs Assessment Board)	Aug 2022
Invest in and develop health protection training programme to upskill identified workforces.	DCC Protecting Health	Aug 2022 and ongoing
Retain and continue to update the communications teams health protection skills to support strategic and operational development, activity and system support.	All partner Communication Teams	March 2023
Using data and intelligence to inform and drive service response and communications across the wider public health communications calendar.	PHI, PH and all partner Comms Teams	establish by end of May 2022
<b>Empowering communities</b>		
County Durham Together (workforce workstream) to be informed by lessons learnt and Hub / Local Tracing Partnership legacy report.	County Durham Together Partnership	July 2022
Continued investment in the Champions programme and broaden work programme to support wider PH/CCG/NHS community engagement and community resilience.	County Durham Together Partnership	Ongoing
Embed Making Every Contact Count (MECC) approach across vaccination programmes and develop vaccination champions.	Immunisation Board	Aug 2022
<b>Emergency Response</b>		
Provide a Surge / Escalation Options Appraisal paper.	CDT Strategic Manager / SM Executive Support / PH Advanced Practitioner	September 2022
Propose a Public Health Section as part of organisational business continuity.	HPADG organisations	March 2023
Maintain and review a local surge plan for Covid-19.	Local Resilience Forum (LRF)	March 2023

# Appendices

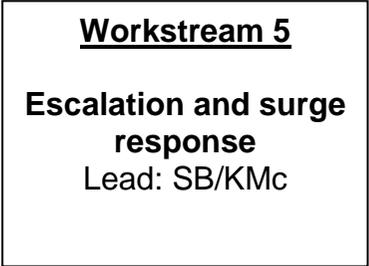
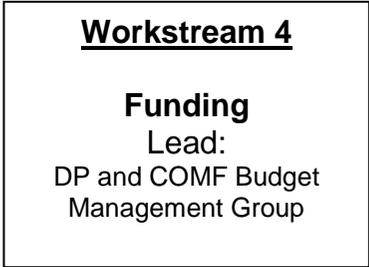
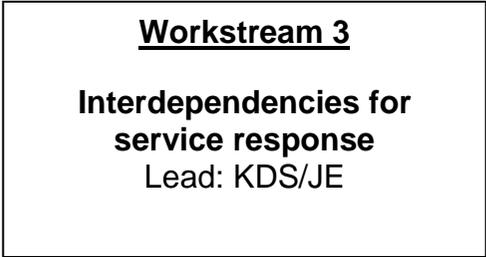
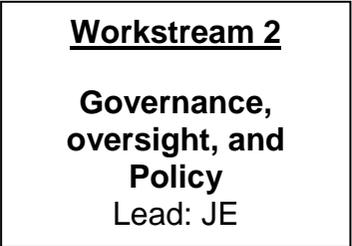
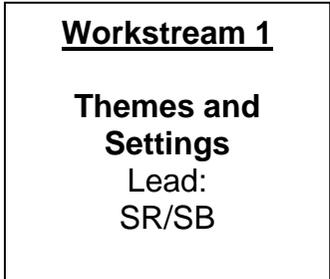
## Appendix 1 – Transition Plan Governance



### Key

----- Progress reporting relationship

\_\_\_\_\_ Working relationship



## Appendix 2 – Health Protection Assurance Governance

Please note Terms of Reference are being revised and the frequency of meetings as we transition to Covid being a part of the wider Health Protection Assurance and Development Group (HPADG) agenda.

