

Cabinet

19 April 2023

Health Protection Assurance Annual Report

Ordinary Decision



Report of Corporate Management Team

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Cllr Hood Portfolio Holder for Adult & Health Services

Electoral division(s) affected:

Countywide

Purpose of the Report

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

Executive summary

- 2 The Health Protection Assurance and Development Partnership (HPADP) meets bimonthly and seeks assurance on five main strands of health protection activity, in addition to data and communications which are threaded throughout:
 - (a) Screening programmes;
 - (b) Immunisation programmes;
 - (c) Outbreaks and communicable diseases;
 - (d) Strategic regulation interventions;
 - (e) Preparedness and response to incidents and emergencies.
- 3 Key issues identified in last year's report include:
 - (a) The restoration of screening and immunisation programmes following the impact of the COVID-19 pandemic. Significant work has been undertaken this year to secure the restoration and sustained recovery of the delivery of these programmes. This

report highlights areas where low uptake rates remain and outlines current work to address this;

- (b) Addressing unwarranted variation in vaccination delivery and uptake. The leaving no-one behind approach, developed during the pandemic, using local data, community engagement and use of community assets to provide pop-ups clinics has been expanded to enhance the delivery of this autumn winter Covid-19 and flu vaccination campaign, including a 2–3-year flu pilot programme delivering the vaccinations within the nursery to raise uptake rates;
- (c) Assurance of emergency preparedness during a period of significant organisational change. Multi-agency delivery of several well received 'Table Top' exercises to 'operationalise' plans and protocols with partners from across the Local Resilience Forum (LRF), with further exercises planned for the future;
- (d) The development of Sexual Health Strategy for County Durham. This strategy is underway and will be presented to the Health and Wellbeing Board later this year.

4 Additional achievements overseen by HPADP in the last year include:

- (a) Collaborative work with UK Health Security Agency (UKHSA) to address emerging health protection concerns including the mpox outbreak and subsequent vaccination programme delivery (with significant involvement from the Local Authority and commissioned services), polio detection in waste water, diphtheria cases amongst asylum seekers and refugees arriving in the UK, and an increase in invasive Group A Strep cases;
- (b) Flu vaccination rates in County Durham have continued to be favourable and in every major target group, exceed the rates for England;
- (c) Completion of the Cervical Screening Health Equity Audit and forward programme of forward work led by NHSE working with local partners;
- (d) Effective implementation of the local avian flu and seasonal flu (care home settings) anti-viral prescribing pathways facilitating the provision of medication to those identified as contacts to prevent transmission of these communicable diseases;
- (e) Development of Surge Response Plan and Surge Escalation Plan providing robust arrangements for response and workforce provision in the event of an outbreak or sustained emergency event;
- (f) Continued efforts to sustain established working relationships with UKHSA and NHS England (NHSE), and build effective partnerships within the new infrastructure of the Integrated Care

- System/Board (ICS/B) to provide ongoing assurance of health protection governance and public health related emergency preparedness during organisational change and enabling effective response to several non-covid outbreaks and incidents;
- (g) Implementation of Community Protection Service (CPS) Workforce Development and Staff Retention Plan 2021-2026 has been developed and implemented from April 2022;
 - (h) Joint delivery (DCC and UKHSA) of the Health Protection Training Course accessed by all the DCC Public Health team and five other Local Authorities and very positively evaluated.

5 Areas for improvement and further assurance include:

- (a) Continuing to progress the collaborative work with Harrogate and District Foundation Trust, NHSE and schools, including addressing issues of equity of access, to ensure that at least the efficiency standard (80% coverage) required to control disease and ensure patient safety is achieved across all programmes, and ambition to achieve the optimal performance standard (90% coverage);
- (b) Working collaboratively with NHSE as commissioners, providers and community partners to expedite improvements, harnessing the local authorities' ability to assess their own communities and address specific, local issues and inequalities and amplify local communications to increase uptake rates for breast cancer screening, diabetic eye screening, abdominal aortic aneurysm screening, chlamydia detection rates and HIV testing coverage within County Durham;
- (c) Working collaboratively with NHSE and primary care to continue to improve the uptake of certain vaccinations including shingles and pneumococcal;
- (d) Utilising the skills and expertise developed in the COVID-19 granular data analysis and the development of the Leaving No-one Behind approach to further understand and address variation in access to services by sociodemographic characteristics;
- (e) Continuing ongoing work with County Durham and Darlington Foundation Trust (CDDFT) and key stakeholders to support high quality infection prevention and control measures.

Recommendation(s)

6 Cabinet is recommended to:

- (a) note the content of the report;

- (b) note that the report provides broad assurance that effective processes are in place for each of the key strands of health protection activity;
- (c) note and the areas for improvement and further assurance;
- (d) note the revised health protection governance arrangements aligning the robust Covid assurance arrangements with wider health protection governance.

Background

- 7 The protection of the health of the population is one of the five mandated responsibilities given to local authorities as part of the Health and Social Care Act 2012. The Director of Public Health (DPH) for County Durham is responsible under legislation for the discharge of the local authority's public health functions.
- 8 The health protection element of these statutory responsibilities and the mandatory responsibilities of the DPH are as outlined below:
 - (a) the Secretary of State's public health protection functions;
 - (b) exercising the local authority's functions in planning for, and responding to, emergencies that present a risk to public health;
 - (c) such other public health functions as the Secretary of State specifies in regulations;
 - (d) responsibility for the local authority's public health response as a responsible authority under the Licensing Act 2003, such as making representations about licensing applications;
 - (e) a duty to ensure plans are in place to protect their population including through screening and immunisation.
- 9 Within Durham County Council, the remit for health protection is delivered by Public Health in conjunction with the Community Protection Service (CPS) and the Civil Contingencies Unit (CCU). The Integrated Care Board (ICB) has responsibilities for elements of health protection including, for example, the quality and uptake of immunisations. The ICB also employs an Infection Prevention and Control Team (IPCT) through an agreement with Public Health.
- 10 UKHSA's core functions include protecting the public from infectious diseases, chemicals, radiation, and environmental hazards and supporting emergency preparedness, resilience, and response. Teams responsible for delivering these functions in the North East sit within the UKHSA Centre and also provide access to national experts in these fields.
- 11 In October 2022, a new Centre for Climate and Health Security was launched within UKHSA to lead efforts to protect health in the context of a changing climate and provide a focus for partnerships and collaborations with academia, local authorities and other public sector organisations.
- 12 NHSE is responsible for commissioning and quality assuring population screening and immunisation programmes. This includes a team covering the Cumbria and the North East.
- 13 Regular liaison between Directors of Public Health (DsPH) and the Centre Director of UKHSA in the North East occurs via biweekly North East

DsPH meeting (as well as via the Public Health Oversight Group). There is a lead DPH for Health Protection. The Head of Public Health for NHSEI in Cumbria and the North East also attends as required.

- 14 On 1st July, the Integrated Care Board (ICB) for the North East and North Cumbria (NENC) became a new statutory NHS organisation, taking on the responsibilities of the eight clinical commissioning groups (CCGs) in the region. Local integration is via Central Integrated Care Partnership (ICP) covering County Durham, Sunderland and South Tyneside. The ICB has a new role as a Category One responder for Emergency Planning, Preparedness and Response. Work is ongoing to ensure protocols and procedures are in place providing consistency of approach across the NENC footprint.
- 15 Working with UKHSA, NHSE and the newly constituted ICB has taken place over the course of 2022/23.
- 16 UKHSA attends the ADPH NE network and provides a regular update on any key issues. These have included the transition arrangements from covid-19, monkeypox (now referred to as mpox), avian influenza and influenza outbreaks.
- 17 The Local Health Resilience Partnership has been stood back up chaired by and Executive Director of the ICB and the County Durham DPH is vice-chair. The partnership carried out some learning from covid-19 and completed the annual NHS assurance process with NHSE with some key recommendations for 2023/4 to build into plans including evacuation. UKHSA are a key member of the LHRP which is helping join up across organisations in the system. Mpox was also raised via the LHRP in terms of plans to ensure capacity within sexual health services and access to vaccination.
- 18 The DPH has become the Policy Advisory Group Lead for ADPH for Health Protection and took an active role in raising concerns in relation to capacity and funding for mpox. This work is also contributing to whole system design for health protection, vaccination strategy and an updated policy position statement for ADPH.

Health protection governance arrangements in County Durham

- 19 The review of the health protection governance arrangements as part of the Covid-19 Transition Plan is now complete. The Health Protection Assurance and Development Group (HPADG) has become a partnership group to reflect deepened relationships and collaborative working arrangements resulting from the Covid-19 response. 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.

- 20 The Immunisation Board has become a steering group and is co-chaired by the Director of Public Health (DPH) and an ICB Place Clinical Lead. The Vaccine Engagement Group, a sub-group of the Immunisation Steering Group has responsibility to address issues of vaccine inequalities across all vaccination programmes. Harnessing the learning from the Covid-19, developing innovative interventions, including pop-up clinics and piloting new models of vaccination delivery, working directly with communities, assets such as community settings and VCSE partners, Community Champions and comprehensive and targeted communications plans to increase engagement and access in areas of low uptake.
- 21 The HPADP's work is outlined in a detailed action plan built on five pillars of health protection, in addition to data and communications, which are threaded throughout:
 - (a) Screening programmes;
 - (b) Immunisation programmes;
 - (c) Outbreaks and communicable diseases;
 - (d) Strategic regulation interventions;
 - (e) Preparedness and response to incidents and emergencies.
- 22 The action plan is supported by a scorecard that includes a range of appropriate health protection indicators and outcomes (see the health protection scorecard attached in Appendix 2). The HDADP also receives a regular data update to monitor in-year trends and inform the action plan. These data updates can contain sensitive data and usually consist of quarterly updates to key indicators, provider Key Performance Indicators and where available, within county variation.
- 23 This report is informed by updates from the implementation of the health protection action plan, which is overseen by the HPADP.

Health protection assurance arrangements in County Durham

- 24 Maintaining a focus on high quality in health protection services is more important than ever in order to protect and improve the public's health. Local public health organisations and leaders operate in an increasingly complex national policy and commissioning environment and are required to maintain their effectiveness to protect and improve health in the face of multiple interrelated challenges.
- 25 The move to an integrated system approach through ICB/ICPs and the learning from place-based delivery of the Covid-19 vaccination

programme afforded the opportunity to enhance the way the NHSE Public Health Programme Team work jointly across the system, strengthening partnerships to support delivery, develop initiatives and reduce inequalities across s.7A vaccination and immunisation programmes and screening programmes.

- 26 Following a consultation with key partners including the Directors of Public Health (DsPH), the NHSE Public Health Programme Team has been restructured to facilitate work at place. These revised partnership and assurance arrangements via the locality links attendance at the HPADP also removed the need for the Screening and Immunisation Oversight Groups (SIOGs) which have been stood down. In addition, the management of incidents and the quality assurance for screening programmes are reported separately to the DPH. Programme boards have been established for each of the screening and immunisation programmes.
- 27 NHSE work and communicate with the DPH at a number of levels to enable the DPH to be assured across the wide range of screening and immunisation programmes. These include: programme-specific programme boards covering North East and North Cumbria; notification of serious incidents to the DPH; publication of NHSE Screening Quality Assurance Reports; annual learning and sharing events for screening and immunisations; regularly sharing data on screening and immunisations; attendance at local health protection and other screening or immunisation groups; and providing assurance on specific topics as necessary.
- 28 UKHSA continues to lead the Tees, County Durham and Darlington Area Health Protection Group, and this brings together organisations involved in protecting the health of the population. Prior to the pandemic, the group met quarterly, attended by a Consultant in Public Health. The purpose of the group is to provide a forum to discuss strategic and operational health protection issues; review outbreaks and incidents (local, regional, and national) and learn from lessons identified; provide a forum where cross-boundary and cross-organisational issues can be discussed, and solutions identified; identify local priorities alongside implementing national policy and guidance and identify any joint training and development needs.
- 29 Recognising the significant role of Local Government in protecting the health of the population and the deepened collaborative working relationship between UKHSA and LAs, UKHSA have convened a multiagency North East Health Protection Network to provide regional oversight of health protection multi-agency response in the North East as well as consider Sector Led Improvement activities (led by Local Authorities) as part of its role in system-wide working to strengthen health protection. The network is a formally constituted subgroup of the North

East Association of Directors of Public Health (ADPH). By concentrating primarily on issues of relevance to all parts of the region, the network supplements, rather than replaces, existing locality structures such as Area Health Protection Groups.

- 30 UKHSA North East's bespoke surveillance system for communicable diseases produces daily and weekly alerts for exceedances and identification of linked cases. The DPH is informed of outbreaks, incidents, and exceedances via email alerts. The DPH is represented at all local outbreak control meetings and outbreak reports are also shared. In addition, the DPH has direct access to national surveillance systems set up for the collection and analysis of COVID-19 related data including vaccinations.
- 31 The DsPH for County Durham and Darlington established the County Durham and Darlington Healthcare Acquired Infections (HCAI) Assurance Group in 2004. This group is chaired by a DPH and has wide membership from all provider organisations, enabling the DsPH to have a clear line of sight to all providers in County Durham and Darlington. HCAI information is also reported directly to the ICBs at Place level where action plans are put in place to address identified issues. These are reported to the ICBs' Governing Bodies as part of the regular quality reports.
- 32 County Durham ICB Place has retained an in-house team of Infection Prevention and Control nurses. The Infection Prevention and Control Team (IPCT) provide a service to both County Durham and Darlington to support both Primary Care and Social Care within residential settings, and, since September 2020, the service has been extended to schools providing for children with Special Educational Needs and Children's Residential Homes in outbreak to bolster their Infection Prevention and Control Support in County Durham.
- 33 In 2021, NHS England announced new gram-negative blood stream infection (GNBSI) targets for all acute trusts. Working with partners, the IPCT has undertaken a significant amount of work and detailed action plan to address this target. The team are members of the Hydration Improvement Network, a key prevention activity.
- 34 The IPCT is notified of all alert organisms reported to UKHSA affecting residents in care homes and offers the appropriate advice to the staff to help manage the resident safely.
- 35 The IPCT support and work with colleagues in the local authorities' adult social care commissioning team, escalating concerns observed during visits to care homes, delivering both planned and opportunistic training to this sector.

- 36 All work undertaken by the IPCT is reported back through the County Durham and Darlington Health Care Associated Infections Assurance group chaired by the DsPH. The IPCT annual report details the range of support and interventions initiated to reduce HCAI and reports in year activity details. This report also includes the work plan for the IPCT for the upcoming year.
- 37 NHSE and ICBs have a duty to cooperate with local authorities on health and well-being under the NHS Act 2006. This includes cooperating on health protection, including the sharing of plans. The 2012 Health and Social Care Act makes clear that it is a duty of both NHS England and the ICBs to obtain appropriate advice in the protection of the public's health. NHS bodies are also under a statutory duty to cooperate with other organisations on civil contingency planning matters under the Civil Contingency's Act 2004.
- 38 The Civil Contingencies Unit (CCU) is the local authority's point of contact for emergency planning and business continuity both internally and externally in response to incidents and emergencies. The CCU is also a conduit for information for multiple agencies through the Local Resilience Forum (LRF) and have a duty officer on call at all times.
- 39 CCU holds a community risk register which provides assurance to the DPH about key risks to the community including: pandemic influenza; flooding; adverse weather; emerging infectious disease; fuel shortage; widespread long duration electricity network failure; animal disease and building collapse.
- 40 The CCU produce extensive emergency preparedness plans which are shared on 'Resilience Direct' and work with the LRF to co-ordinate training and exercising of these plans. The unit also provides training and exercising to local organisations including schools, housing providers, the university and community groups.
- 41 All internal plans are reviewed on a regular basis. The DPH is involved in the initial development of relevant plans and is sent updates once plans are reviewed. Access to LRF plans is through 'Resilience Direct' from the LRF or the CCU. The DPH is a member of the LRF strategic board.
- 42 The DCC Community Protection Service (CPS) provides assurance to national regulators including Department for Environment, Food and Rural Affairs (DEFRA), Food Standards Agency (FSA) and Health and Safety Executive (HSE) through the implementation and regular reporting on their air quality strategy; contaminated land strategy; food safety plan; food hygiene plan; annual enforcement programme; various licensing and enforcement policies and disease contingency plans. Services provided by

CPS are regulated nationally by the FSA, HSE and DEFRA to provide further assurance on the quality of service provision.

- 43 An Annual Status Report (ASR) is produced to determine whether specific areas of the county meet National Air Quality Standards for various air pollutants including nitrogen dioxide and particulates.
- 44 In addition to above, a Local Air Quality Management Area currently exists within Durham City. Air Quality action and implementation plans are in place to reduce Nitrogen Dioxide emissions and improve air quality standards within that area.
- 45 The Health, Safety and Wellbeing Safety Strategic Group (HSWSG) is in place in DCC to ensure that suitable priority is given to the management of Health, Safety and Wellbeing across the Council. This includes representation from Public Health.

Updates on key areas

- 46 Data provided below are collated from numerous sources. The health protection scorecard is attached at Appendix 2 and compiles the latest publicly available data. It is presented by financial year or calendar year, depending on the reporting arrangements for each programme which is determined nationally. There is a known lag in data being quality assured, benchmarked and published for all local authorities however, the pandemic has had an impact on the production and timeliness of some indicators which is improving.

Screening and immunisations

Screening

- 47 In 2022, coverage rates in County Durham for cervical and bowel cancer, have continued to exceed efficiency standards and national averages. In 2022:
 - (a) Cervical screening coverage in County Durham (25-49 years) was 75.8% compared to a national average of 67.6%;
 - (b) Bowel cancer coverage in County Durham was 72.5% compared to a national average of 70.3%.
- 48 Breast cancer screening was negatively affected by the COVID-19 pandemic and nationally, regionally and locally, coverage and uptake remains below pre-pandemic levels. In County Durham coverage has increased compared to the previous year and has returned to above efficiency standards (70%). Coverage for 2022 is statistically significantly

higher than the England and North East averages, coverage in County Durham was 70.1% compared to a national average of 64.9%.

“Coverage” in breast screening is a combined function of improved timeliness of screening within the three yearly round length and uptake of offers. Both of these have improved in the service providers.

- 49 Performance in County Durham against key indicators for the non-cancer screening programme. Newborn Hearing, shows sustained achievement above national efficiency standards with a coverage for 2021/22 of 98.9%. The provision of Local Authority level data for the Newborn and Infant Physical Examination (within 72 hours of birth) shows that although the efficiency standard (95%) was met for this screening at 95.3% for 2021/22, this is statistically significantly below the England coverage of 96.6%. County Durham, along with Darlington are outliers in the region with coverage significantly lower than the North East average of 96.1%.
- 50 Screening coverage for infectious diseases in pregnancy, sickle cell and thalassaemia and Newborn blood spot screening show sustained achievement across the North East in 2021/22. Quarterly Screening KPI reports are published on provider performance and as at Q4 2021/22 CDDFT and County Durham CCG met the standard for the aforementioned indicators.
- 51 Abdominal Aortic Aneurysm screening coverage has improved compared to the previous year. Levels have however not recovered to pre-pandemic levels or above the efficiency standard of 75% nationally, regionally or locally. Between 2020/21 and 2021/22 in County Durham there was an increase of over twenty percentage points and 71.2% of eligible men were screened. Across the North East coverage for 2021/22 was 71.7% and for England, 70.3%.
- 52 Diabetic Eye Screening coverage has increased regionally and nationally in 21/22. For the North East, coverage of 76.8% is above the efficiency standard of 75% however screening remains significantly below the national average and below pre-pandemic levels of 81.6% or more. To note, the quarterly KPI provider performance reports for the County Durham and Darlington Diabetic Eye Screening Programme shows coverage at 78.7% for quarter 4 2021/22 (annual rolling figure). These data partly reflect the fact that, at that time, the diabetic eye screening programmes were still recovering their screening round length and that patients will have been attending, but not within the 12-month cut-off period for the KPI.
- 53 COVID-19 has impacted on delivery of most adult screening programmes, this is due both to service pressures, challenges in securing venues, and the health conditions of those who would be presenting for screening

increasing reluctance to attend. The recovery status of the programmes is as follows following services currently recovering:

- (a) Abdominal Aortic Aneurysm - the current forecast is to complete by July 2023;
- (b) Diabetic Eye Retinopathy - the target to have invited the backlog was achieved by March 2022. The programme now has an additional "Health Inequalities" module on their IT systems which will allow health equity audit and further improved targeting and to help improve uptake further;
- (c) Bowel cancer screening - the services have done well to recover and further to significantly expand capacity to deliver the "Age Extension", which will be implemented in year-bands 21/22 until 2024/5. This means an increase of c.85% on top of the previous 60-74 yrs target age range;
- (d) Breast cancer screening - clinic throughput was necessarily paused for a protracted period and so there has been a long restoration time, which NHSE have been working with providers to reduce. NHSE has invested heavily in staff and equipment to improve uptake and screening round length.

54 Cervical cancer screening services have been restored and the completion of the Health Equity Audit by NHSE outlines actions to tackle issues that pose a challenge in their local areas, Antenatal and Newborn Screening services have been largely unaffected by the pandemic and continued as business as usual with the exception of Newborn Hearing which slowed for a short time in the Spring of 2020 and then rapidly recovered.

Immunisations

55 Overall, the universal 0-5 years childhood immunisation programmes demonstrate very high uptake rates across County Durham, with rates above the national averages and the optimal performance standard (95%) and (see Appendix 2) for 2021/22. This includes the following coverage:

- (a) 97.5% of the combined diphtheria, tetanus, whooping cough, polio and Haemophilus influenzae type b (Dtap / IPV / Hib) vaccine at 1 year
- (b) 98.2% of the Dtap / IPV / Hib vaccine at 2 years;
- (c) 96.8% of the PCV booster at 2 years;
- (d) 96.5% for one dose of MMR at 2 years;
- (e) 96.8% for the Hib / Men C booster at 2 years;
- (f) 97.7% for one dose of MMR at 5 years;
- (g) 95.6% for two doses of MMR at 5 years.

56 The school age immunisation programme delivers three routine immunisations to adolescents. In 2020/21 and 2021/22 the delivery of the programmes continued to be disrupted by the response to the COVID-19 pandemic due school closures, phased secondary school reopening and lower attendance rates.

57 The human papillomavirus (HPV) vaccination coverage for females and males continues to decline and remains below the optimal performance target (90%) and efficiency standard (80%) for the period 2021/22. In 2021/22 the coverage for females was:

- (a) 57.8% for one dose at 12-13 years;
- (b) 44.7% for two doses at 13-14 years.

58 For 2021/22 the coverage for males was:

- (a) 45.3% for one dose at 12-13 years;
- (b) 38.1% for two doses at 13-14 years.

Please note these figures do not appear in Appendix 2. The data had been published by UKHSA on the GOV.UK website. At the time of writing, they have not been updated on OHID's Fingertips platform which is the data source for the scorecard.

59 The latest available data for the Meningococcal groups A, C, W and Y (MenACWY) vaccine is for 2020/21 where the programme was disrupted due to school closures in response to the pandemic. The coverage figure provided is for the eligible cohort who in 2020/21 were 14-15 years, this means they have been eligible for the routine and catch-up programmes. County Durham achieved coverage of 83.9%. This is the highest coverage achieved to date for the County and is above the England average of 80.9% (Appendix A). However, unpublished data shows that coverage for the latest year has fallen and it has been challenging to meet the programme efficiency standard for the first year of eligibility, which is 80% at 13-14 years.

60 The latest data for the Tetanus, diphtheria and polio (Td/IPV) adolescent vaccine (also known as the 3-in-1 teenage booster) is again 2020/21 where the programme was disrupted due to school closures in response to the pandemic. The coverage figure provided is for the eligible cohort who in 2020/21 were 14-15 years, this means they have been eligible for the routine and catch-up programmes. County Durham achieved coverage of 84.9%. This is the highest coverage achieved to date for the County and is above the England average of 80.3%. However, unpublished data shows that coverage for the latest year has fallen. Please note these figures do not appear in Appendix 2 as the data has

been published by UKHSA on the GOV.UK website rather than OHID's Fingertips platform, which is the data source for the scorecard

- 61 Public health are working with NHSE, Harrogate and District Foundation Trust and schools to identify and address the concerns about low rates of vaccine coverage in the teenage, school aged vaccination programmes. To date, the agreed interventions include increased frequency of meetings with data collection and analysis with commissioners and with local partners, web-based and paper based consent processes, increased the number of accessible, community catch-up clinics and enhanced communications with school via the Headteacher briefings.
- 62 Unpublished data show that coverage for these cohorts has been improved and this data will be available in due course.
- 63 Flu vaccination rates for the 2022/23 season in County Durham have continued to be favourable and in every major target group, exceed the rates for England as follows:
 - (a) Over 65s 83.4 % > 79.4%;
 - (b) Under 65s in clinical risk groups 53.8% > 48.6%;
 - (c) Pregnant women 36.4% > 34.7%;
 - (d) 2-year-olds 46.7% > 41.7%;
 - (e) 3-year-olds 51% > 44.5%;
 - (f) Primary school (age 4 to 11 yrs) 56.4% > 55.9%;
 - (g) Secondary school (age 11 to 14 yrs) 45% > 40.2%.
- 64 In 2021/22 the DCC staff vaccination programme once again included all staff (including schools, but not academies). The uptake was slightly below levels in previous years. Insight work and vaccine engagement training is planned for the forthcoming year to reverse this trend.
- 65 NHSE has already led a review of the 2022/23 Covid-19 and flu vaccination programme, and this will inform the autumn/winter vaccination programme for 2023/24. County Durham has also been allocated £55,000 from the NENC Health Inequalities Fund to address Vaccine Inequality. Plans are in place to use this funding to support the delivery of vaccine pop-up clinics, 2–3-year nurse pilot pop-up, learning disabilities insight work and vaccination engagement training for Adult Social Care staff.
- 66 Sustained collaborative efforts have supported the delivery of an effective COVID-19 vaccination programme with high levels of uptake across all eligible groups. The leaving no-one behind approach analysed Lower Super Output Area (LSOA) data showing spatial variation in vaccine uptake; variation below county level by deprivation, gender and age. This data, triangulated with context specific information and in-depth local knowledge from multi-agency collaborators, informed the identification

and selection of trusted and accessible community venues for mobile pop-up vaccination clinics and the design of a locally appropriate vaccination offer.

- 67 An evaluation of the mobile pop-up vaccination clinics showed 10, 253 vaccinations were delivered between May and November 2021. This shows increases ranging between 257% -1,194% compared to the 7-day average in those LSOAs.
- 68 The leaving no-one behind approach also informed the 2–3-year flu vaccination pilots. This initiative seeking to learn from Covid with more flexible delivery models delivered flu vaccination to 2–3-year-olds in six walk in clinics 15 nurseries identified in areas of low uptake or areas of deprivation. 308 vaccinations were given at these clinics, increasing uptake for this age group compared to the previous year.
- 69 There has been no 2021/22 data published on the Pneumococcal polysaccharide (PPV) vaccination coverage for those aged 65 years and over. In the first half of 21/22 there was a continued shortage of pneumococcal vaccine covering twenty-three strains of the bacteria that may have impacted on uptake.
- 70 In 20/21 the delivery of the shingles vaccination programme was disrupted due to the response COVID-19 pandemic and in particular the specific guidance for elderly groups to shield. In line with England, the shingles vaccine coverage amongst 71-year-olds in 20/21 declined from the previous year and in County Durham was 42.3% (England average was 42.1%). In the latest year coverage has improved, signalling a recovery of the programme however remaining below the efficiency standard of 50%. Coverage for 71-year-old cohort in 21/22 was:
 - (a) 48.9% for County Durham;
 - (b) 48.4% for the NHS Local Team North East and Yorkshire (Cumbria and North East);
 - (c) 44% for England.
- 71 NHSE had paused work on shingles due to capacity issues. However, national communications to invite those eligible to attend has been disseminated and amplified at place with primary care colleagues and County Durham residents.
- 72 Please note these figures do not appear in Appendix X. The figures have been published by UKHSA on the GOV.UK website. At the time of writing, they have not been updated on OHID's Fingertips platform which is the data source for the scorecard.

Communicable disease control and outbreaks

- 73 Throughout the past year the Local Authority has worked closely with colleagues at UKHSA, in their lead role, to address a number and range of non-Covid infections including mpox, diphtheria, flu, Group A strep and syphilis. There has been a resurgence of gastrointestinal infections since Covid-19 restrictions have eased resulting in a number of norovirus outbreaks and Outbreak Control Teams have been held to oversee campylobacter and cryptosporidium outbreaks in venues across County Durham.
- 74 The mpox outbreak, following in the wake of the Covid-19 pandemic, placed considerable pressure on the partners across the health protection system. UKHSA led the national and local response to the mpox outbreak response overseeing both case management and contact tracing. The commissioned sexual health services undertook extensive work to engage with the members of the communities particularly at risk from this outbreak and provided assessment and care to patients.
- 75 The public health team also made a significant contribution to the prevention, management and control of this outbreak, including:
- (a) working closely with the commissioned sexual health services to cascade briefings and support the services to align their triage, assessment and care of those affected accordingly;
 - (b) developing and amplifying communications to reach vulnerable population groups;
 - (c) working across boundaries with colleagues in other Local Authorities and implicated venues;
 - (d) working with CDDFT to develop a Standard Operating Procedure for the delivery of the pre-exposure vaccination to priority groups and staff;
 - (e) involvement in the negotiations with NHSE regarding the prioritisation of vaccines when stocks became scarce and managing expectations within the affected communities as stock availability issues impacted delivery.
- 76 Collaborative work across with system partners has also facilitated the development of the season flu (care homes) anti-viral prescribing pathway, avian flu framework and anti-viral prescribing pathway and a number of lessons learned exercises to improve practice.
- 77 The TB Contact Tracing service within County Durham and Darlington is experiencing increased demand due to an increased number of new entrants to the UK post pandemic, resulting from international staff recruitment exercises and arrivals from the Ukraine, asylum seekers and

refugees. Work is currently underway to review this contract to ensure optimal levels are achieved in future service provision.

- 78 In May and June 2022 DCC and UKHSA jointly delivered the Health Protection Training Course. The course's aims were to equip the public health workforce with the underpinning theory, evidence and skills for the competencies and experience gained, particularly by Local Authority Public Health teams, as they supported the Covid-19 pandemic response. The training also broadened knowledge and understanding of a wide range of health protection issues and the management arrangements with key partners including UKHSA, Environmental Health, Civil Contingency Unit and Infection, Prevention and Control Teams. Feedback from the event was overwhelmingly positive, with a strong desire expressed for similar events in the future.
- 79 The presence of several prison establishments in Durham presents challenges in the management of infectious diseases, particularly respiratory viruses (including flu and COVID-19), blood borne viruses and tuberculosis. The Public Health team continues to work collaboratively with UKHSA to support both proactive and responsive work in these settings, including attendance at Outbreak Control Team meetings of which there have been several managing COVID-19 outbreak this year.
- 80 The Public Health team have worked together with partners across DCC, UKHSA and the ICB to meet the health and wellbeing needs of Ukrainian arrivals, asylum seekers and refugees, including documents supporting GP registration, pathways to vaccination and screening programmes and mental health and trauma support and services, now included in the 'arrivals pack'.
- 81 Several meetings have been held with stakeholders including CDDFT, UKHSA, IPC and Public Health to support and strengthen the delivery of the IPC action plan to address the clusters of health care acquired infection reported over the last 12 months.
- 82 High levels of gonorrhoea and syphilis infections are considered a marker of risky sexual behaviour. In County Durham, diagnosis rates of these infections are significantly lower than England and the North East in 2021:
 - (a) Gonorrhoea diagnostic rate of 39.8 per 100,000 in County Durham compared to 90.3 per 100,000 across England as a whole;
 - (b) Syphilis diagnostic rate of 3.9 per 100,000 in County Durham compared to 13.3 per 100,000 across England as a whole.
- 83 Chlamydia is the most commonly diagnosed bacterial STI in England and the rates are substantially highest amongst young adults. As part of the

National Chlamydia Screening Programme (NCSP) Local authorities are set a detection rate benchmark for young people aged 15-24 years. The detection rate of the infection in County Durham has consistently been below the benchmarks set. These benchmarks have been adjusted as in June 2021 it was announced that the focus of the NCSP was changing to reducing reproductive harm of untreated infection in young women. Many local authorities in the North East and wider, including County Durham need to work to increase the detection rate of chlamydia amongst young women to a new benchmark of 3,250 per 100,000 for 2022 onwards. In 2021 the County Durham detection rates were:

- (a) For all aged 15-24 years, 1,182 per 100,000, significantly worse than the England average of 1,334 per 100,000;
- (b) For females aged 15-24 years, 1,588 per 100,000, significantly worse than the England average of 1,762 per 100,000.

- 84 In County Durham both the prevalence rate of people diagnosed with HIV and the rate of new HIV diagnoses each year is low compared to England.
- 85 Reducing late diagnosis is key to improving in the morbidity and mortality of those with HIV infection and can indicate that HIV testing access needs to be improved. The rate of late diagnoses for the time period 2019-2021 in County Durham was 33.3% which is statistically similar to that across the North East (40.1%) and England (43.4%) as a whole. There is a national ambition to reduce this to a benchmark of 25% however 95% of local authorities did not meet this ambition in the latest time period.
- 86 The number of new diagnoses is related to testing rates. The testing of those accessing SHSs and therefore increased knowledge of HIV status is vital to improve survival rates and reduce the risk of onward transmission. This in an area that requires improvement in County Durham. HIV testing coverage across England, including the North East was impacted by the reconfiguration of sexual health services during the Covid-19 pandemic. Coverage fell by around twenty percentage points in England from 65% in 2019 to 46% in 2020, the comparative figures were similar for County Durham with a drop from 67% to 42%. In most local authorities in the North East, the testing coverage recovered to some degree in 2021. However locally coverage fell by a further 10 percentage points and is 32% for 2021 and significantly worse than the North East (44.1%) and England averages (45.8%) and below the efficiency standard of 50%.
- 87 Actions to date to address the low testing uptake for both chlamydia and HIV include focused communications campaign to raise awareness and reduce stigma, the mapping of the availability of testing offers wider than

the sexual health service and the recovery of walk-in clinics, post-pandemic, to increase access to testing.

Antimicrobial resistance (AMR)

- 88 Antimicrobial resistance (AMR) continues to be a growing threat to public health. County Durham CCG is the highest prescribing area in the country for antibiotics. Antibiotic prescribing is increasing but this is in line with the national picture. Strep A and the increase in respiratory illness over the winter months has increased the volume of antibiotic prescribing nationally.
- 89 In response to this, ICB County Durham have included Antimicrobial Resistance within the risk register and have a robust plan, involving a whole system approach which started in 21/22 but will continue into 22/23. To implement this a 'Plan on a Page' is being developed with the local authority public health team to support systemwide AMS.
- 90 Work that has been carried out including audits, peer reviews with Gopal practices and patient reviews in primary care. In addition, audits and discussions have taken place with Urgent Care, extended care providers and secondary care. Five out of the eight highest prescribing antibiotic practices have been visited by the ICB Medicines Optimization team to provide additional education and support. DAP reports (Decreasing Antimicrobial prescribing) which are bespoke practice level reports to enable behavioural change with prescribing have been developed and are being shared with all practices and this will continue into 2023/34.
- 91 The ICB MO team have submitted a bid for funding for the wider rollout of CRP machines and to consider the availability of additional point of care testing to support clinical consultations for infections.
- 92 Funding has been agreed by the ICB and a working group has been established to roll out across the North East and North Cumbria the public awareness 'Seriously' resistant campaign across the region from April 2023. This campaign aims for wider education and messages to patients and the public through a social media campaign. There is also ongoing work through schools to encourage a cultural change in the public belief of antibiotic being required for viruses and how we need to protect antibiotics for serious illness.

Strategic regulation intervention

- 93 The Community Protection Service (CPS) delivers key frontline services which are mainly regulatory in nature and encompass environmental health, trading standards and licensing functions. The service is adopting

a more strategic and risk-based approach to regulation and works closely with a range of key partners to achieve better regulatory outcomes which protect and promote the health and wellbeing of local communities. The Service is now responsible for community safety, including Anti-Social behaviour and the Horden Together Partnership which supports the delivery of placed based, multi-agency locality services. Working with a range of partners including the community and voluntary sector to strengthen partnerships for people and places and help build thriving communities as well as enable individuals to better access a variety of support services including addictions, mental health, alcohol and drug misuse and crisis services.

- 94 This work supports are centred around the Making Every Adult Matter (MEAM) framework the principles of the County Durham Together initiative which will provide a new way of working with our communities towards achieving the County Durham Vision 2035.
- 95 Community Navigators have already had an overwhelming response within the first 12 months of operation and are working with the community and individuals in the area to promote conversation and positive engagement as well as deliver the co-production of future services.
- 96 Initial investment in the Horden project has been identified until 2024 and further funding opportunities are currently being explored to extend the project and potentially increase the establishment of more place-based teams in other areas of high multiple deprivation across the County.
- 97 In relation to service priorities, as well as maintaining the Council's statutory functions around food safety and wellbeing, occupational safety and health, pollution prevention and control, private sector housing standards and other health protection interventions, the CPS has been an integral part of the Council's COVID-19 Pandemic response in relation to outbreak management and regulation of relevant health protection legislation and implementation of local COVID-19 restrictions.
- 98 The CPS team has had long term capacity issues which has been further compounded by the COVID-19 response and Brexit transition. This coincides with national shortages of suitably qualified Environmental Health and Trading Standards professionals which has presented difficulties with ongoing recruitment as well as staff retention and succession planning.
- 99 A Workforce Development and Staff Retention Plan 2021-2026 has been developed and implemented as from April 2022. In addressing the growing skills and expertise gap and the plan focusses on three key areas for actions namely RETAIN, RECRUIT and TRAIN and will provide an

essential framework to support the development of all CPS employees. The plan will assist in ensuring the council is equipped to provide the best, most cost-effective CP service through a flexible and skilled workforce and will be implemented over the next 5 years to ensure business.

100 In addition, the CPS has a number of specialist teams which provided an enhanced COVID-19 response in relation to local COVID-19 outbreaks, workplace health and safety, nuisance, and anti-social behaviour. As part of our graduated approach to compliance and enforcement, some enforcement actions will need to be escalated to the specialist CP teams as and when necessary. The Community Protection Service Teams have a range of enforcement powers and civil sanctions to deal with non-compliance issues associated with current restrictions and other matters which may be related to local restrictions including:

- Fixed Penalty Notices;
- Prohibition Notices;
- Improvement notices;
- Abatement Notices;
- Community Protection Notices;
- Directions to close premises, events, or public places;
- Initiation of formal criminal proceedings leading to formal caution, fine and/or imprisonment.

101 The CPS continues to provide advice and guidance to businesses to promote better compliance with current legislation. The Better Business For All Team provides enhanced business advice services to support start-ups and diversification as well as premises audits and training. The team works closely with public health practitioners in the design and delivery of targeted campaigns including Allergens and the Healthy Options Takeaway.

Preparedness and response to incidents and emergencies

102 Partner organisations involved in public health have continued to play a major role in preparing for and responding to public health incidents this year.

103 Partners have continued to respond to COVID-19 in line with the local outbreak management plan and in response to the planned lifting of national controls and the withdrawal of testing infrastructure. A key priority has been delivering and supporting local vaccination programmes including pop-up and mobile vaccination clinics to increase take-up amongst hard-to-reach groups.

- 104 Outbreak management and business continuity plans were reviewed as part of the council's COVID-19 transition plan which sets out how we will maintain key aspects of local outbreak management and control as 'business as usual' activities within the context of the winding down of national emergency response and controls in relation to Covid-19.
- 105 The civil contingencies unit liaised with UKHSA to decommission Covid-19 testing sites, which have all now returned to their previous use.
- 106 Partners have also been involved in responding to other major incidents which have impacted on public health. Following the winter storms which affected the county during November/December 2021 and January and February 2022, partners contributed to the review of the county's response and the development of corporate and multi-agency improvement plans to improve preparedness and response to these types of incidents. This has been extended to include planning for vulnerable people affected by the current cost of living crisis and also planning for rolling power outages in the event of national power shortages and or national power outages.
- 107 The council's corporate emergency plan was reviewed and updated, in the light of lessons learnt following Storm Arwen and a revised excess deaths framework prepared, within the context of new regional arrangements.
- 108 Public health partners took part in an exercise on severe weather and power outages (Exercise Ferris) and have contributed to multi-agency planning on wider winter pressures and industrial action affecting regional and local health services.
- 109 The council and its partners responded to the extreme heat incidents which affected the county in July 2022, coordinating efforts through the Local Resilience Forum. More recently, the council and partners have responded to a number of cold weather alerts in line with the council's Cold Weather Plan.
- 110 Plans are in place for the SABIC ethylene pipeline which runs through the county and for the two Control of Major Accident Hazards (COMAH) sites in Durham. An exercise for one of the sites was undertaken (Exercise Toucan) this year, with the plan for the other site having been exercised the year before (Exercise Mussel).
- 111 The Director of Public Health, along with other DsPH across the North East continue to be part of a Scientific and Technical Advice Cell (STAC) rota in a major incident when a STAC is called by the Strategic Co-ordinating Group the DPH will chair the STAC. The DPH is trained and competent to operate at Strategic Command Group (SCG) level and understands the working arrangements of STAC and the SCG.

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

Communications

113 In addition to the work detailed in this report, the importance of effective communications should also be emphasised. The sustained joint approach to communications across regional and system partners continues to enhance the health protection programme's proactive and reactive response.

114 A coordinated and consistent approach to communications allows planned UKHSA/NHS campaigns, such as warm and well, flu, COVID-19, and reactive information to the public including MMR, mpox, HIV, meningitis and avian flu to be distributed more widely, reach a greater audience and influence behaviours.

115 These campaigns have been shaped by behavioural insights work that inform the design, message, and mode of delivery of messages ensuring relevance to the target audience and facilitating community-based asset approaches to be strengthened.

116 To address the concurrent concerns of the rising cost-of-living, increases in energy prices and routine winter pressures across the health and social care system a winter planning group was convened. One outcome of this collaboration was the development of simple comms (animation and postcard) which was shared with 'on the ground' teams including community health and social care workers, clean and green, Fire and Rescue to encourage conversations with those most at risk in the community to ensure they are warm and well and can access help and support if needed.

Main implications

117 It is critical that the DPH receives assurance in relation to the health protection functions of screening; immunisation; outbreaks and communicable disease management; strategic regulation interventions and preparedness and response to incidents and emergencies.

118 The key areas for development outlined in this report inform the HPADP action plan and the forward plan for the meetings held bimonthly and reports to the HWB. The action plan is actively updated by key partners

providing assurance and detailing progress on current priorities and actions.

119 County Durham benefits from the strong collaborative working relationships in place with key stakeholders. It is critical that these are established within the emerging governance structures of the ICS, ICP and ICB to ensure continued health protection assurance and maximising opportunities for improved population health outcomes.

120 Health protection is a dynamic discipline, with new and emerging threats affecting the population of County Durham. Ongoing work across system partners seeks to ensure arrangements are in place to prevent, assess and mitigate risks and threats to human health arising from communicable diseases and exposure to environmental hazards. Investment in staff and their training is key to ensure a competent workforce with capacity to respond.

121 This report demonstrates areas of innovation, data-led interventions, local research activity and sharing of best-practice contributing to improving the quality of evidence underpinning the delivery of health protection services and interventions.

Conclusion

122 The health protection functions delivered by a range of organisations in County Durham continue to demonstrate good overall performance.

123 Good communication exists between the commissioners of the various programmes and the DPH; remedial and corrective interventions are instigated when necessary. Escalation procedures are in place in the event the DPH needs to raise concerns.

124 There has been significant change to health protection structures and processes during the COVID-19 pandemic. The governance review undertaken provides assurance following the transition to living with COVID-19, integrating the lessons learnt whilst remaining flexible and agile to respond and retaining the skills and competencies gained during this time.

125 The dynamic situation presented by the pandemic and other climate related emergencies have brought about beneficial reviews and changes to emergency response arrangements, including significant local developments including the Surge Response and Surge Escalation Plans.

126 There remain areas for improvement and increased assurance including:

- (a) continue to progress the collaborative work with Harrogate and District Foundation Trust, NHSE and schools to ensure equity of access and improved rates of vaccination amongst adolescents;
- (b) work collaboratively with NHSE as commissioners, providers and community partners to expedite improvements and amplify local communications to increase uptake rates for breast cancer screening, diabetic eye screening, abdominal aortic aneurysm screening, chlamydia detection rates and HIV testing coverage within County Durham;
- (c) work collaboratively with NHSE and primary care to continue to improve the uptake of certain vaccinations including shingles and pneumococcal;
- (d) utilise the skills and expertise developed in the COVID-19 granular data analysis and the development of the Leaving No-one Behind approach to further understand and address variation in access to services by sociodemographic characteristics;
- (e) continue ongoing work with County Durham and Darlington Foundation Trust (CDDFT) and key stakeholders to support high quality infection prevention and control measures.

Background papers

- None

Other useful documents

- None

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Appendix 1: Implications

Legal Implications

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

The steps that may be taken include:

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

Finance

This report has no implications for finance.

Consultation

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

Equality and Diversity / Public Sector Equality Duty

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

Climate Change

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

Human Rights

This report has no implications for human rights.

Crime and Disorder

This report has no implications for crime and disorder.

Staffing

This report has no implications for staffing.

Accommodation

Not applicable.

Risk

No risks are identified for the Council.

Procurement

Not applicable.

Appendix 2: Health Protection Scorecard

Attached as separate document