



# **County Durham Health Protection Assurance Annual Report 2023- 2024**

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## 1. Introduction

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.

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.

The delivery of robust health protection functions relies on effective partnership working between several local, regional, and national agencies. These include Local Authority (Public Health, Civil Contingencies Unit and Community Protection), UK Health Security Agency (UKHSA), North East and North Cumbria Integrated Care System (ICS), Integrated Care Board (ICB), NHS England (NHSE), County Durham and Darlington Foundation Trust (CDDFT), Local Resilience Forum (LRF) voluntary and community sector (VCS) organisations. This report reflects the contributions that all partner agencies make towards the health protection agenda.

This report provides a summary of the assurance functions of the County Durham Health Protection Assurance and Development Partnership (HPADP) and reviews performance for the previous year for the County Durham Health and Wellbeing Board.

Data provided within this report are collated from numerous sources. The health protection scorecard is attached at Appendix 1 and compiles the latest publicly available data. It is presented by financial year (2022/23) or calendar year (2023), depending on the reporting arrangements for each programme which is determined nationally. Where possible the most up to date and timely data is used, however, there is a known lag in data being quality assured, benchmarked and published for all local authorities. Some data is confidential and not in the public domain and therefore not included in this report.

## **2. Executive Summary**

County Durham benefits from the strong collaborative working relationships in place with key stakeholders to ensure there are clear lines of sight, escalation and governance arrangements in place to provide continued health protection assurance which seek to reduce health inequalities and maximise opportunities for improved population health outcomes.

### **2.1 Key achievements**

There are a number of significant improvements and achievements to be highlighted in this report, these include:

- (a) Improved uptake in a number of screening programmes including bowel and abdominal aortic aneurysm (AAA) screening;
- (b) Sustained performance across all but one of the 0-5 year old childhood vaccinations (>95% coverage);
- (c) Co-ordinated approach to the oversight, management and control of outbreaks of communicable diseases including Group A Streptococcal (GAS) infections and invasive pneumococcal disease (IPD), both in vulnerable and high-risk population groups;
- (d) Significant work to progress the inclusion of health in the climate change agenda, leading to increased reference to the adaptations needed to mitigate the impact of climate change on health in the revised Climate Emergency Response Plan (CERP 3);
- (e) The inclusion of Community Resilience within this report, reflecting the developments in this area most notably the Community Champions and Welcome Spaces programmes.

## 2.2 Risks

Whilst the health protection functions delivered by a range of organisations in County Durham continue to demonstrate good overall performance, this report identifies the following areas for improvement and increased assurance, these include:

- (a) HIV testing and chlamydia screening rates are both significantly worse than the England average, remedial work is needed to improve performance;
- (b) The breast screening programmes continue to be below the acceptable level of 70%. This programme was significantly affected by the pandemic and there is ongoing work across partners to address this;
- (c) The uptake of the second dose of the MMR vaccine has dipped to 94% and below the required 95% coverage for herd immunity. The report highlights ongoing work to address this especially in light of the resurgence of measles cases;
- (d) The reduction in the uptake of adolescent vaccinations is a major cause for concern and risk for the coming year. The performance of the new school aged immunisation service (SAIS) has been escalated to NHS England as commissioners of the service and public health is seeking to work closely with all parties to increase uptake;
- (e) There is ongoing work to understand and address the increased incidence of syphilis and gonorrhoea in County Durham. This remains a priority area of work in the coming year with both a strategic group convened to understand patterns of transmission of infections across the region and a local operation group established within County Durham;
- (f) The increase in healthcare associated infections (HCAI) particularly in the CDDFT hospital estate continue to be closely monitored. Recent escalation of these concerns has led to a meeting with external partners to seek support and the agreed recommendations are to be presented via the appropriate governance arrangements.

## 3. Health Protection Assurance Arrangements

### 3.1 Organisation roles and responsibilities

The roles of the UKHSA, local government and the NHS in the public health system are complementary. The organisations work closely as part of a single public health system to deliver effective protection for the population from health threats.

**UKHSA's** core functions include protecting the public from infectious diseases, chemicals, radiation, and environmental hazards and supporting emergency preparedness, resilience, and response. Through its consultants in health protection the agency leads epidemiological investigations and specialist health protection response to public health outbreaks or incidents. They have responsibility for declaring a health protection incident, major or otherwise and are supported by local, regional, and national expertise. UKHSA is neither a healthcare provider nor a healthcare commissioning organisation.

**NHSE** is responsible for commissioning and quality assuring population screening and immunisation programmes. This includes a team covering Cumbria and the North East. NHSE are also responsible for the management and oversight of the NHS response to any health protection incident and ensuring that their contracted providers deliver an appropriate clinical response.

The **ICB** is responsible, through contractual arrangements with provider organisations, for ensuring that healthcare resources are made available to respond to health protection incidents or outbreaks (including screening, immunisations, diagnostic and treatment services). ICBs are responsible for ensuring that appropriate standard operating procedures and governance arrangements are in place to enable provider organisations to respond urgently to health protection cases/incidents (both during and outside of normal working hours) and that there is adequate supply and arrangements for dispensing of any antimicrobial treatment or vaccination required.

**Local Authorities** through the Directors of Public Health or their designate have overall responsibility for the strategic oversight of an incident or outbreak which has an impact on their population's health. The DPH must be assured that the local health protection system response is robust and that risks have been identified, mitigated against, and adequately controlled.

The Civil Contingencies Act 2004 places a duty on local authorities to cooperate with other agencies including emergency and health services, to assess risk and maintain plans to prevent emergencies and reduce, control and mitigate their effects, including risks which pose a threat to human life.

As a 'category 1' responder under the Act, local authorities are required to share information and co-operate with other organisations which may respond to emergencies. To facilitate this, the Act established multi-agency LRFs, co-terminus with police force areas. Durham is covered by the County Durham and Darlington LRF and the council plays a full and active part in the LRF and its various planning and working groups. Threats to public health from disease, infection and adverse weather are considered and assessed through the LRF's Risk Assessment Standing Group and coordinated with the work of the HPADP and its Winter Pressures Planning Group.

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 LRF and have a duty officer on call at all times.

The LRF 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.

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.

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.

The **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.



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. In addition, 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.

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.

### **3.2 Health inequalities**

Health protection issues, such as low vaccine uptake, infectious diseases (e.g., Tuberculosis (TB) and Hepatitis C) and antimicrobial resistance (AMR), disproportionately affect those living in deprived communities and inclusion health groups (e.g. some migrant groups, people in contact with the criminal justice system, those who are homeless) or other at-risk groups who already experience health inequities (e.g. based on ethnicity or sexual orientation). In regards to health protection and environmental hazards, vulnerable populations are at greater risk, due to where they live or behavioural risk factors.

The HPADP and wider system partners recognise their fundamental role in understanding and addressing the health needs of deprived communities and inclusion health groups. Achieving health equity requires identifying and addressing inequalities and inequities, wherever they exist. It is complex process, requiring system-wide solutions and innovative thinking, examples of how this has been applied locally are included in this report.

## **4. Governance and Interdependencies**

### **4.1 Health Protection Assurance and Development Partnership (HPADP)**

The HPADP provides assurance to the County Durham Health and Wellbeing Board that adequate arrangements are in place for the prevention, surveillance, planning and response to communicable diseases, environmental hazards and emergency preparedness.

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:

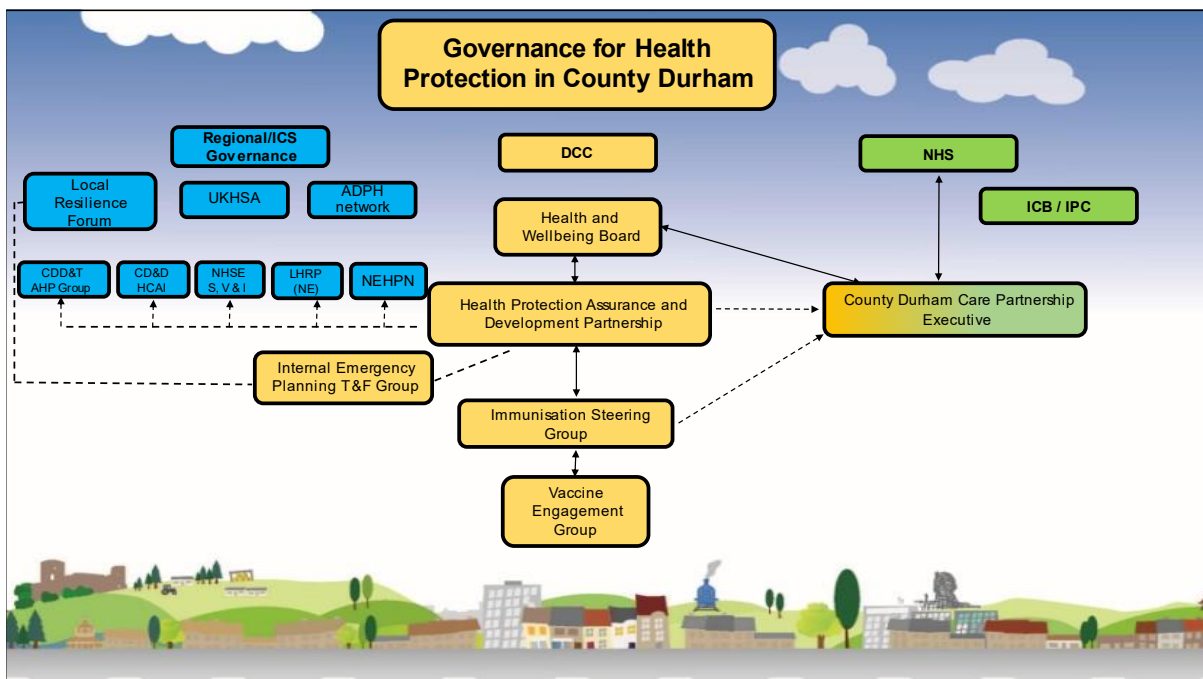
- (f) Screening programmes;

- (g) Immunisation programmes;
- (h) Outbreaks and communicable diseases;
- (i) Strategic regulation interventions (management of environmental hazards);
- (j) Preparedness and response to incidents and emergencies.

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 1). 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.

This report is informed by updates from the implementation of the health protection action plan, which is overseen by the HPADP.

Figure 1: Governance: Health Protection in County Durham



## 4.2 Interdependencies

The North East, including County Durham, benefits from strong, collaborative working arrangements across the health protection system. Regular liaison between Directors of Public Health (DsPH) and the North East Centre Director of UKHSA occurs via the fortnightly North East ADPH Network. There is a lead DPH for Health Protection. The NHSE

Screening and Immunisation Lead (who is a Consultant in Public Health) in Cumbria and the North East also attends as required.

The roles of local authorities and UKHSA are complementary, and both are needed to ensure an effective response. In practice this means that there must be early and ongoing communication between the HPT, environmental health officers and DPH regarding emerging health protection issues to discuss and agree the nature of response required and who does what in any individual situation.

Regular communication between the HPT and relevant LA teams is also facilitated via a range of groups (detailed in Figure 1 above) including:

- ADPH NE network – UKHSA attend to provide a regular update on any key issues. The DPH has become the Policy Advisory Group Lead for ADPH for Health Protection and took an active role in the development of the new National Vaccination Strategy updated policy position statement for ADPH and is also contributing to whole system design for health protection.
- County Durham, Darlington and Tees Area Health Protection Group (CDD&T AHP) – whose role it is to ensure that appropriate operational arrangements remain in place for outbreak response, learn from lessons identified; provide a forum where cross-boundary and cross-organisational issues can be discussed and solutions identified, and identify any joint training and development needs.
- County Durham and Darlington Health Care Associated Infections (CD&D HCAI) Group – is chaired by a DPH, enabling them 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.
- Local Health Resilience Partnership (LHRP) - chaired by an Executive Director of the ICB and the County Durham DPH is vice-chair, the partnership provides a strategic forum for local organisations to facilitate health sector preparedness and planning for emergencies at Local Resilience Forum (LRF) level.
- North East Health Protection Network (NEHPN) - bi-monthly meetings provide regional oversight of health protection multi-agency response

and consider Sector Led Improvement activities as part of its role in system-wide working to strengthen health protection.

- 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.

### **4.3 Infection Prevention and Control Team**

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 County Durham 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.

The IPCT works with partners to coordinate and undertake actions to achieve the NHSE gram-negative blood stream infection (GNBSI) targets for all acute trusts. Significant work is ongoing locally captured in a detailed action plan. The team are members of the Hydration Improvement Network, a key prevention activity.

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.

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.

All work undertaken by the IPCT is reported back through the County Durham and Darlington Health Care Associated Infections Group. 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.

## **5. Increase equitable uptake of screening programmes**

Screening remains one of the most effective public health interventions for protecting individuals and the community from serious illness. Following the transition of responsibilities from Public Health England (PHE) to NHS England (NHSE) in October 2021, publication of screening data for the 11 NHS Screening Programmes is now predominantly carried out by NHS England. In addition to the routine antenatal and newborn screening programme, selective screening programmes are offered to individuals reaching a certain age or with underlying medical conditions or lifestyle risk factors such as abdominal aortic aneurysm (AAA) and bowel, breast, cervical and diabetic eye screening.

It should be noted that access to sub-county level data is limited to GP practice variation. This does highlight that there is variation in coverage and uptake within County Durham communities. The HPADP and Cancer Locality Groups provide the opportunity to analyse and address any within County Durham variation. This issue of lack of data by patient residence has been escalated nationally to support the increased availability of this data.

### **5.1 Organisation roles and responsibilities**

NHSE is responsible for the routine commissioning of national screening programmes under the Section 7a agreement of the Health and Social Care Act 2012. They commission services provided through regional screening centres, general practice, school nurses, and maternity services to deliver the complete routine screening schedule. They are responsible for ensuring local providers deliver against the national service specification and meet agreed population uptake and coverage levels as specified in the Public Health Outcomes Framework and Key Performance indicators.

The Director of Public Health is responsible for monitoring local screening uptake rates and providing independent scrutiny, where necessary challenging local arrangements and providers to increase equitable uptake among their local populations.

PCN and General Practice continues to play a key role in the delivery of screening programmes, including education, promotion and delivery for patients.

NECS is responsible for the Cervical Screening Administration Service and supports the National Cervical Screening Programme by providing Prior Notification Lists (PNLs) of patients eligible for screening to GP practices, sending out call and recall letters to patients eligible for cervical screening tests and notifying patients of test results once received from laboratories. Sexual Health Services also carry out cervical screening.

## 5.2 Antenatal and newborn screening programmes

Antenatal screening programmes aim to detect genetic disorders and infectious diseases (such as HIV, Hepatitis B and Syphilis) that can be passed on to the unborn baby, along with foetal anomalies. Following the birth babies are screened to assess the wellbeing (hearing, physical examination and blood spot). The aim of antenatal and newborn screening is to spot any problems early so that treatment can be started as soon as possible.

- **Newborn Hearing** shows sustained achievement above national efficiency standards with a coverage for 2022/23 of 98.2%. **Newborn and Infant Physical Examination** (within 72 hours of birth) screening coverage shows that the efficiency standard (95%) was not met for this screening at 94.6% for 2022/23 and this is statistically significantly below the England coverage of 96.2%. County Durham is one of three local authorities in the region with coverage significantly lower than the North East average of 95.8%. Key Performance Indicator reports for our local maternity provider CDDFT show that performance increased to above 95% in the second half of 22/23 and has been maintained for Q1 23/24 (96.2%).
- Screening coverage for **infectious diseases in pregnancy (hepatitis B, syphilis and HIV), sickle cell and thalassaemia and newborn blood spot** screening show sustained achievement across the North East in 2022/23. Please note as these indicators are not included in the scorecard as they are only available at regional level. Quarterly screening KPI reports are published on provider performance and as at Q4 2022/23 CDDFT and County Durham CCG met the standard for the aforementioned indicators.

## 5.3 Adult Screening Programmes

Men and women aged 60-74 years are currently invited to participate in the national **bowel screening programme** every 2 years. This is gradually being extended to include everyone aged 50 to 59 years by April 2025. In 2023, bowel screening coverage rates were statistically significantly higher compared to England 74.6% compared to a national

average of 72.0% and continuing to exceed the national efficiency standard.

Women aged 50-71 are currently invited to participate in the national **breast screening programme** every 3 years. In County Durham breast screening coverage in 2023 was 69.4%. Falling below the acceptable level of 70%, and a decrease of -0.7 percentage points compared to the previous year (70.1%). Coverage for 2023 is statistically significantly higher than the England (66.2%) and North East (67.1%) averages, County Durham had the sixth highest coverage in the North East region out of 13 local authorities. Of those 13, County Durham is one of nine where the 70% standard was not met. "Coverage" in breast screening is a combined function of improved timeliness of screening within the three yearly round length and uptake of offers.

Women aged 25-49 are currently invited to participate in the national **cervical screening** programme every 3 years. In 2023, coverage in County Durham was 74.8% compared to a national average of 65.8%. Women aged 50-64 are currently invited to participate in the national cervical screening programme every 5 years. In 2023, coverage in County Durham (50-64 years) was 76.6% compared to a national average of 74.4% (both coverage rates were statistically significantly higher compared to England and exceeded efficiency standards).

Health equity audits for both breast and cervical screening for the North-East and North Cumbria have recently been published, lead by colleagues in the Office for Health Improvement and Disparities (OHID) and NHSE respectively. These audits recommend actions at national, regional and local level actions to tackle issues that pose a challenge and will inform the HPADP action plan for the coming year.

**Abdominal Aortic Aneurysm (AAA)** screening is offered to men aged 65, the screening detects weakness in aorta (the main blood vessel that runs from the heart through your abdomen), which can then be treated to prevent the vessel bursting and causing death. Abdominal Aortic Aneurysm screening coverage has improved for the second year in a row. This signals a recovery to pre-pandemic levels and achievement above the efficiency standard of 75% and this is also the case for national and regional averages. Between 2021/22 and 2022/23 in County Durham there was an increase of over ten percentage points and 81.7% of eligible men were screened. Across the North East coverage for 2022/23 was 77.7% and for England was 78.3%.

Everyone with diabetes who is 12 years old or over is invited for **diabetic eye screening**. If diabetic retinopathy is not found at the preceding two tests, those eligible are then invited every 2 years. Those with diabetic retinopathy will be screened at more regular intervals. DES uptake has slightly increased regionally and nationally in 22/23 compared to the previous year. For the North East, coverage of 77.6% 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. Please note this indicator is not included in the scorecard as it is only available at regional level. To note, the quarterly KPI provider performance reports for the County Durham and Darlington Diabetic Eye Screening Programme shows coverage at 80.4% for quarter 4 2022/23 (annual rolling figure).

## **6. Increase equitable uptake of immunisation programmes**

Immunisation remains one of the most effective public health interventions for protecting individuals and the community from serious infectious diseases. The national routine childhood immunisation programme currently offers protection against 13 different vaccine-preventable infections. In addition to the routine childhood programme, selective vaccinations are offered to individuals reaching a certain age or with underlying medical conditions or lifestyle risk factors.

In February 2023, the North East and North Cumbria (NENC) ICB allocated funding for local areas to address health inequalities in vaccine uptake. Durham County Council received £55,000 which has been used to support the delivery of vaccine pop-up clinics to low uptake areas, 2–3-year nurse pilot clinics and pop-ups, learning disabilities insight work and vaccination engagement training for adult social care staff.

### **6.1 Organisational roles and responsibilities**

NHSE is responsible for the routine commissioning of national immunisation programmes under the Section 7a agreement of the Health and Social Care Act 2012. They commission services provided through general practice, school aged immunisation services, pharmacies and maternity services to deliver the complete routine immunisation schedule. NHSE is responsible for ensuring local providers deliver against the national service specification and meet agreed population uptake and coverage levels as specified in the Public Health Outcomes Framework and Key Performance indicators.



The Director of Public Health is responsible for monitoring local vaccine uptake rates and providing independent scrutiny, where necessary challenging local arrangements and providers to increase equitable uptake among their local populations.

PCN and General Practice continues to play a key role in the delivery of vaccination programmes, including education, promotion and delivery for patients.

Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. Each year from September through to March the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations. Regarding COVID-19 vaccinations, the majority of community pharmacies have been vaccinating patients and health and care workers under a Local Enhanced Service against coronavirus alongside hospitals, and GP and PCN sites.

Other key partners who contribute to the delivery of immunisations include school aged immunisation service, sexual health service and occupational health services.

## **6.2 Childhood vaccinations**

Overall, the universal 0-5 years childhood immunisation programmes demonstrate high uptake rates across County Durham, with rates above the national averages. Coverage met the performance standard (95%) for all except two doses on MMR by 5 years old for 2022/23 (see Appendix 1). This includes the following coverage:

- (a) 96.6% of the combined diphtheria, tetanus, whooping cough, polio and Haemophilus influenzae type b (Dtap / IPV / Hib) vaccine at 1 year
- (b) 97.8% of the Dtap / IPV / Hib vaccine at 2 years
- (c) 96.3% of the PCV booster at 2 years
- (d) 96.3% for one dose of MMR at 2 years
- (e) 96.3% for the Hib / Men C booster at 2 years
- (f) 97.0% for one dose of MMR at 5 years
- (g) 94.0% for two doses of MMR at 5 years

In light of the predicted (and now present) measles outbreaks in England and informed by a previous study within County Durham of variation in

MMR2 vaccine uptake and the publication of the [Measles: risk assessment for resurgence in the UK - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/100000/Measles_risk_assessment_for_resurgence_in_the_UK.pdf), the Director of Public Health requested an MMR rapid assurance exercise be completed for County Durham. This work reviewed and shared current best practice within primary care noting the significant effort to encourage vaccine uptake and engage those hardest to reach. It also recommended targeted work to under-vaccinated and susceptible cohorts within the population, these include the Gypsy Roma and Traveller community (GRT), asylum seekers and recent migrants, students, prison populations and maintaining high 0-5 years vaccination coverage.

In January 2024, due to rising measles case numbers in England the UKHSA declared a national incident. The above work was a timely intervention and has informed further local enhanced work. Significant work is ongoing across system partners to prevent and ensure preparedness to respond to cases. Locally, the public health team is working closely with NHSE, NHS, UKHSA, School Aged Immunisation Service (SAIS) and community partners via a coordinated communications and engagement plan to raise public awareness and maximise MMR uptake amongst residents.

### **6.3 Adolescent vaccinations**

This year NHSE completed the procurement of the SAIS contract. This resulted in a change of provider from Harrogate and District Foundation Trust (HDFT) to IntraHealth on 1st September 2023.

The school age immunisation programme delivers three routine immunisations to adolescents. The human papilloma virus (HPV) vaccine is offered in two doses in Year 8 pupils (dose 1) and Year 9 (dose 2) to protect against different types of cancers and genital warts (please note below the change to one dose). Year 9 pupils are offered the final booster for diphtheria, tetanus and polio vaccine and they are also offered the Meningitis vaccine (MenACWY) to protect against strains A, C, W, & Y of the disease.

HPV vaccination coverage for females and males has increased compared to last year for 1 dose for 12-13 year olds although remains below the optimal performance target (90%) and efficiency standard (80%) for the period 2022/23. In 2022/23 the coverage for females was:

- (a) 68.6% for one dose at 12-13 years (10.8 percentage point increase on previous year);
- (b) 43.6% for two doses at 13-14 years.

For 2022/23 the coverage for males was:

- (a) 60.4% for one dose at 12-13 years (15.1 percentage point increase on previous year);
- (b) 31.8% for two doses at 13-14 years.

Please note these figures do not appear in Appendix 1. 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.

In August 2022, the Joint Committee on Vaccination and Immunisation (JCVI) recommended that, following a detailed review, the evidence is now very strong that one dose provides similar protection to that induced by 2 doses. Therefore, from 1 September 2023, **the HPV vaccine programme** changed from a 2 dose to a one dose HPV vaccine schedule for eligible adolescents.

The latest available data for the **Meningococcal groups A, C, W and Y (MenACWY) vaccine** is for the academic year 2021/22. The coverage figure provided is for the eligible cohort who in 2021/22 were 14-15 years, this means they have been eligible for the routine and catch-up programmes. County Durham achieved coverage of 73.0%. This is the lowest coverage achieved to date for the County and is below the England average of 79.6% and the efficiency standard for the programme.

The latest data for the **tetanus, diphtheria and polio (Td/IPV) adolescent vaccine** (also known as the 3-in-1 teenage booster) is again 2021/22. The coverage figure provided is for the eligible cohort who in 2021/22 were 14-15 years, this means they have been eligible for the routine and catch-up programmes. County Durham achieved coverage of 73.0%. This is the lowest coverage achieved to date for the County and is below the England average of 79.5%. Please note these figures do not appear in Appendix 1 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.

The lag in the publication of more recent data for both MenACWY and Td/IPV is to be noted and within the pandemic period which had a significant impact on vaccination uptake. However, unpublished data shows that coverage for latest year for these vaccinations has increased.

Throughout 2023 public health worked closely with NHSE, the previous SAIS provider HDFT, now IntraHealth, and schools to identify and address the concerns regarding low rates of vaccine coverage in the school aged vaccination programmes. Key learning from the previous contract with HDFT included increased frequency of meetings with data collection and analysis with commissioners and with local partners, web-based and paper-based consent processes, increasing the number of accessible, community catch-up clinics and enhanced communications with school via the Headteacher briefings were all shared with the new provider. However, during the transition period the new providers experienced some challenges including staffing and the development of new delivery models. Public health has escalated these concerns to the commissioner and remedial actions are in place to improve performance going forward.

#### 6.4 Flu vaccinations

Seasonal influenza (flu) is an unpredictable but recurring pressure that the NHS faces every winter. Vaccination offers the best protection. For most healthy people, flu is an unpleasant but usually self-limiting disease with recovery generally within a week. However, there is a particular risk of severe illness from catching flu for older people, the very young, pregnant women, those with underlying disease or long-term conditions and those who are immunosuppressed. It is those at-risk cohorts who are offered the free flu vaccine each year between September and February.

Provisional **flu vaccination** rates for the 2022/23 season were reported last year. The confirmed coverage figures are provided below. For adults, in County Durham coverage has continued to be favourable and achieved rates which were significantly higher than for England as follows:

- (a) Over 65s 83.6%
- (b) Under 65s in clinical risk groups 54.1%

For children and young people, 2-3 year old coverage was significantly higher than England however the proportion vaccination has fallen since the peak achieved in 2020/21. Coverage amongst primary school aged children increased in 2022 compared to 2021, is similar to England and also remains below the peak achieved in 2020.

- (g) 2-3 year-olds 49.2%
- (h) Primary school (age 4 to 11 yrs) 56.5%

The leaving no-one behind approach informed the 2–3-year flu vaccination pilots, testing a more flexible delivery model. Flu vaccination clinics were

located in 15 nurseries as well as in community venues in areas of low uptake or areas of deprivation. 308 vaccinations were given at these clinics, with nurseries being the most effective model for delivering vaccinations. Uptake increased for this age group compared to the previous year, the highest performing in the region.

**Case Study: Horden Nursery School Flu Clinic**

*In October 2023 we welcomed the opportunity to hold a 2-3 year flu clinic on site within the nursery, located in an area of consistently low flu vaccine uptake. We worked closely with the Early Years team in Durham County Council, Public Health, ICB Place and Durham Dales Health Federation to organise a vaccination clinic in our nursery. This provided us with the opportunity to talk positively to the parents and children to alleviate any concerns, talk about the benefits of the vaccine, what was going to happen, and it really put them at ease.*

*We got a great response - 38 children vaccinated. Parents fed back that having the clinic at nursery was very convenient as they had found it difficult to get appointments and didn't want to take their child out of nursery to attend. It was also a really good way to support our working parents.*

*Children who had additional needs were able to have the vaccination in an environment that they knew and felt comfortable in. This was a really positive experience, and we would welcome the opportunity to continue to hold the clinic again next year.*

The **Durham County Council staff flu vaccination** implemented a number of improvements informed by the Better Health at Work Group's review of the 2022-23 programme. This resulted in an increase in uptake in 2023/24 to 2764 (2319 onsite, 445 pharmacy site) from 2163 (1823 onsite, 340 pharmacy site) the previous year. The changes included increased efforts to improve ease of access and widespread and effective communications.

The three main elements of flu programme are; an occupational health offer to staff teams that routinely provide personal care to vulnerable clients; an NHS offer to adult social workers co-located with NHS staff; and a community pharmacy offer to staff aged 18-64 years (including to DCC-maintained schools and onsite offers at DCC buildings).

## 6.5 Older Adults Immunisations

Coverage for the **pneumococcal polysaccharide (PPV) vaccine** for those aged 65 years and over is achieving the standards set and

increasing over time. In 2022/23 the level of coverage achieved in County Durham was the highest achieved to date:

- (a) 74.6% for County Durham;
- (b) 75.1% for the North East NHS Commissioning Region;
- (c) 71.8% for England.

The routine shingles vaccination programme in 2022/23 was available to those aged 70 years, and they remain eligible until their 80<sup>th</sup> birthday (please note that the eligibility has changed in 2023 and people turning 65 will also be able to get the vaccine after their birthday from 1<sup>st</sup> September 2023). The latest data shows coverage has improved compared to the previous year and has met the efficiency standard of 50%, signalling the continued recovery of the programme, improvements include increasing capacity and successful communications at place. Coverage is measured in those aged 71 and for this cohort in 22/23 the following coverage was achieved:

- (d) 52.8% for County Durham;
- (e) 54.6% for the North East NHS Commissioning Region;
- (f) 50.8% for England.

Please note both the shingles and PPV coverage figures do not appear in Appendix 1. The figures have not yet been published by UKHSA and have been provided to Durham County Council by the national vaccination team for use in this report.

## **7. Prevention of communicable disease and outbreak management**

### **7.1 Roles and responsibilities**

UKHSA are the lead agency for communicable disease and outbreak management. UKHSA are responsible for the surveillance, including receipt and analysis of formal 'notifications of infectious diseases'. All registered medical practitioners must notify UKHSA when they suspect cases of notifiable diseases. Laboratories performing primary diagnostics must notify UKHSA when they confirm the presence of a notifiable organism. UKHSA collects these notifications and analyses them to detect anomalies which may represent an outbreak, such as more cases being reported than would be expected, or multiple cases of the same infection with exposure to the same venue.

Local authorities have a mandated function to provide, or secure the provision of, open access sexual health services in its area. This means that Durham County Council are responsible for screening and treatment for Sexually Transmitted Infections (STI's) and HIV, partner notifications, contraceptive services and some elements of Psychosexual Counselling.

Integrated Care Boards (ICB) are responsible for commissioning Termination of Pregnancy services, sterilisation and vasectomy, non-clinical aspects of Psychosexual Counselling, maintaining the infrastructure of Primary Care and providing direct communication with GPs and Pharmacy.

Health protection system partners also provide support as detailed in section 2.1 above.

## **7.2 Surveillance arrangements and notification pathways**

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.

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 flu, invasive pneumococcal disease (IPD), Group A strep, scabies, syphilis and gastrointestinal infections.

## **7.3 Group A Streptococcal (GAS) infections**

During winter 2022/23 there was a significant increase in the number of scarlet fever and **Group A Streptococcal (GAS) infections**. Although scarlet fever is usually a mild infection, the high prevalence gave rise to a greater number of severe infections, and sadly, nationally, a small number of children died. In County Durham, the learning and processes developed during the pandemic were used to share public health advice, support and control measures with parents, schools and children's services.

The Public Health Team worked closely with the UKHSA Health Protection Team (HPT), ICB Place and education colleagues to manage and control an outbreak of GAS within a group of vulnerable and high-risk children at a special educational needs school in the county.

#### 7.4 Invasive pneumococcal disease (IPD)

An outbreak of **invasive pneumococcal disease (IPD)** in a County Durham care home in January 2024 required significant support from the health protection system partners. The regional HPT led the management and response as per agreed processes. Public Health supported both the HPT, social care commissioning and the care home as appropriate. This outbreak tested the new ICB anti-viral pathway in the provision of medication for the identified cohort. Pneumococcal vaccination, required for all those in receipt of antibiotic prophylaxis, was provided by primary care and the IPCT also provided advice.

#### 7.5 Scabies

**Scabies** is not a notifiable infection, however, there have been a number of outbreaks reported in care homes in County Durham in the past year. At times, due to the numbers implicated within the care homes and a shortage of the treatment, oversight of these outbreaks has been a challenge. Strong system working arrangements and relationships helped to swiftly resolve issues and access the required treatment in a timely manner.

#### 7.6 Tuberculosis

The **Tuberculosis (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 migration including asylum seekers, refugees students and international staff recruitment exercises. The Public Health team worked collaboratively with colleagues in both UKHSA and the ICB to understand the epidemiology of TB in County Durham and the current service provision and future demand. This will be used to inform the NENC ICB wide review which is currently underway to ensure optimal levels are in place.

#### 7.7 Avian influenza

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 local Avian Influenza Framework has been developed including the production of a range of communications materials to display at affected sites and locations.



## **7.8 Prisons**

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 and the NHSE Health and Justice team to support both proactive and responsive work in these settings.

Regular outbreak meetings have been held throughout the year which include 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.

## **7.9 Migration, asylum seekers and refugees**

Regionally, the North East Migrant Health and Well Being Group has been established, DCC Public Health are a member. The purpose of the group is to provide regional coordination and expertise on migrant health and promote an understanding of the healthcare needs and responses for asylum seekers and refugees in the North East region, and to seek to foster ways of working to secure adequate access and services for migrants, including health prevention, protection, and wider integration.

Locally, 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'.

## **7.10 University**

The UKHSA HPT, DCC Public Health and Durham University continue to work collaboratively to plan, prepare and respond to any health protection related outbreaks or incidents. This year has included ongoing work to increase GP registration amongst students, awareness raising of scabies, and measles and meningitis campaigns to increase awareness of symptoms and vaccination and culminated in the successful delivery of the tabletop exercise detailed below.

### **Case Study: Durham University Meningitis Response Exercise**

*Durham University worked alongside Public Health and UKHSA to produce and implement a response process for managing cases of invasive meningococcal disease. In December 2023, an outbreak incident response tabletop exercise was held to embed and validate these plans.*

*An exercise planning group, involving representatives from Durham University, Public Health, UKHSA, DCC communications, and the Claypath and University Medical Group was established to produce and facilitate the half-day exercise. The exercise was attended by over 50 DU colleagues and provided an opportunity to establish better understanding of the meningitis response process across the University, including those in operational, wellbeing, senior and executive roles. The importance of cross-partnership response was noted and reinforced and feedback following the exercise noted how the expertise and engagement between local agencies and key partners was invaluable.*

#### **7.11 County Durham and Darlington Foundation Trust**

Throughout 2023, CDDFT have experienced challenges with higher than target case numbers and rates of healthcare associated infections including CPE, MRSA bacteraemia and Clostridium difficile. Regular outbreak meetings have been held which include CDDFT, UKHSA, IPC and Public Health to support and strengthen the delivery of the IPC action plan over the last 12 months.

A further meeting was held in early 2024 with the above key stakeholders and including ICB colleagues to examine the concerns, identified issues and actions in place to address these challenges. A joint report is to be written following this, highlighting positive developments to date and areas for further improvement.

#### **7.12 Sexual Health**

As **sexually transmitted infections (STIs)** are often asymptomatic, frequent STI screening of groups with greater sexual health needs is important and should be conducted in line with national guidelines. Early detection and treatment can reduce important long-term consequences, such as infertility and ectopic pregnancy. Vaccination is an intervention

that can be used to control genital warts, hepatitis A and hepatitis B. However, control of other STIs relies on consistent and correct condom use, behaviour change to decrease overlapping and multiple partners, ensuring prompt access to testing and treatment, and ensuring partners of cases are notified and tested.

High levels of **gonorrhoea and syphilis** infections are considered a marker of risky sexual behaviour and a cause for concern. In County Durham, diagnosis rates of these infections in 2022 have risen to their highest ever recorded but remain significantly lower than England and the North East:

- (a) Gonorrhoea diagnostic rate of 103 per 100,000 in County Durham compared to 146 per 100,000 across England as a whole;
- (b) Syphilis diagnostic rate of 11.1 per 100,000 in County Durham compared to 15.4 per 100,000 across England as a whole.

**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 monitored on their chlamydia detection rate for young people aged 15-24 years. A benchmarking goal for females was set in June 2021 as 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 2022 the County Durham detection rates were:

- (a) For females aged 15-24 years, 1,953 per 100,000, significantly worse than the England average of 2,110 per 100,000;
- (b) For all aged 15-24 years, 1,182 per 100,000, significantly worse than the England average of 1,334 per 100,000;

A Chlamydia Care Pathway workshop, which includes a data audit, is being facilitated by UKHSA and attended by the public health team and the CDDFT sexual health service. This will support local action planning around the optimisation of population chlamydia care and local service improvement. The workshop is scheduled for April 2024.

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 and has seen no significant change over time.

Reducing late diagnosis is key to improving 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 2020-2022 in County Durham was 27.8% which is statistically similar to that across the North East (42.1%) and England (43.3%) as a whole. There is a national ambition to reduce this to a benchmark of less than 25% however only 11 out of 152 upper tier local authorities met this ambition in the latest time period.

The number of new diagnoses is related to testing rates. The testing of those accessing specialist sexual health service (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 and has not recovered to date. Between 2021 and 2022 coverage increased by 4.8% locally to 35.6%. This remains significantly lower than the North East (55.5%) and England (48.2%) averages and the pre-pandemic local level of 67.1% in 2019. County Durham is the only local authority in the North East with testing coverage for all persons and women significantly below the England average.

CDDFT have investigated the low HIV testing uptake and coverage in their clinics. They have identified a coding issue in relation to defining patients where a HIV test offer is appropriate or not. Training has been delivered to staff in one area and this will be rolled out to all other areas in 2024. Monthly audits have shown improvements in the data.

The County Durham Sexual Health Strategy was approved by the Health and Wellbeing Board and recognised as a best practice exemplar strategy, noting the high-quality literature review and the consultation with the public, key stakeholders and experts which informed the strategy. The resulting action plans to implement the identified objectives of the strategy are being developed with multi-agency partners.

### **Case Study: County Durham Sexual Health Strategy**

*Public Health co-ordinated a multi-agency group of key stakeholders to develop the County Durham Sexual Health Strategy. The group included representatives from across the sexual health system including CDDFT, NENCICB, UKSA and the Voluntary and Community Sector (VCS).*

*The group worked closely with DCC's Consultation Officers Group (COG), utilising County Durham's Approach to Wellbeing Principles, to develop and implement a comprehensive 6-week public consultation that had a focus on ensuring the lived experiences of vulnerable and/or underrepresented groups were captured and used to inform strategy priorities for example focus groups were held with Age UK, local LGBTQ+ Health and Wellbeing Service and a number of youth projects across the County. The process was widely regarded as an example of good practice and received positive feedback from a number of community groups for its inclusive approach.*

### **7.13 Antimicrobial resistance (AMR)**

Antimicrobial resistance (AMR) continues to be a growing threat to public health. County Durham Sub-ICB location is one of the highest prescribing area in the country for antibiotics, although levels have decreased compared to last year, and inappropriate use of antibiotics is known to be a risk factor for AMR development.

It is recognised that many factors may impact on antibiotic prescribing levels, including factors that require a systemic response, including smoking levels, long term conditions and temperature, and as such the region may not meet national targets. However ongoing reductions are being seen in County Durham in-line with national trends.

AMR is included on the risk register for the ICB, and as such local implementation of regional workstreams has continued to support appropriate use of antibiotics in County Durham, in both primary and secondary care. System-wide working at a local level in County Durham has also continued, and a 'Plan on a Page' has also been developed with the local authority public health team and CDDFT to support systemwide AMS.

National priorities have been implemented in both primary and secondary care, including work encouraging appropriate course lengths in primary

care with a move to encourage 5 rather 7-day courses in many indications as per national guidance. This work will be continued in 2024-25 with the setting of regional ambitions. In secondary care work has been ongoing to reduce volumes of certain antibiotics to reserve them for urgent need, and to switch patients from intravenous to oral treatment where possible.

Ongoing work has taken place during World Antimicrobial Resistance Awareness Week in November 23 to raise awareness of the risk of AMR and the importance of appropriate prescribing across all stakeholders of the ICB. These messages were shared within County Durham by the Trust, primary care organisations and the local authority to ensure a consistent message, and with patients with a regional comms campaign "Seriously Resistant" during World Antibiotic Resistance Awareness week.

As the majority of prescribing takes place in primary care nationally (72%) the ICB medicines optimisation (MO) team have submitted additional bids to the ICB for funding to further support appropriate use of antibiotics in primary care in the NENC ICB, including the wider rollout of CRP machines and to consider the availability of additional point of care testing to support clinical consultations for infections and the roll-out regionally of the Decreasing Antibiotic Prescribing (DAP) reports that have previously been utilised in County Durham.

## **8 Protection from Environmental Hazards**

The focus of previous annual reports on strategic regulation intervention has been expanded to encompass wider mitigation and adaptation work in protecting health from environmental hazards. This includes the work of the Community Protection Service, climate change, air quality, housing standards, contaminated land, control of environment, food safety and food borne infections and the Safety Advisory Group.

### **8.1 Roles and Responsibilities**

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 Local Multi Agency Problem Solving Groups (LMAPS).

CPS services deliver a variety of statutory functions including food safety and wellbeing, occupational safety and health, pollution prevention and control, private sector housing standards and other health protection interventions.

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 outbreak management and emergency response.

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.

## **8.2 CPS Workforce Development**

The CPS team has had long term capacity issues which has been further compounded over recent years by the COVID-19 response and increasing demands for service. 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.

A Workforce Development and Staff Retention Plan 2021-2026 has been developed and was implemented as from May 2023. In addressing the growing skills and expertise gap 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 has supported workforce development through upskilling existing staff

as well as recruit new trainees and graduates into difficult to fill posts within the service.

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.

### **8.3 Climate change and health**

Climate change is an environmental and population health threat operating on a global scale, with international, national and local implications.

The negative impact of human activity on the environment is recognised worldwide. The United Nations (UN) state that ‘Human-induced climate change is the largest, most pervasive threat to the natural environment and societies the world has ever experienced.’

To tackle the local impact of human activity on the environment the County Durham Environment & Climate Change Partnership (ECCP), part of the County Durham Partnership, working strategically with other organisations and partners declared a climate emergency in 2019. This resulted in a Durham County Council (DCC) Climate Emergency Response Plan (CERP); the development of the ECCP vision and objectives; and the County Durham Climate Agreement.

Collaborative working has been strengthened in 2023 with colleagues in the Neighbourhoods and Climate Change directorate, advocating the co-benefits to climate and health. The work undertaken this year has driven strategic and operational public health actions in the CERP; the ECCP vision and objectives; and the County Durham Climate Agreement.

The negative environmental impacts on human health are also recognised worldwide. The World Health Organisation (WHO) reports that ‘Climate change is the single biggest health threat facing humanity, and health professionals worldwide are already responding to the health harms caused by this unfolding crisis.’

Nationally, a new Centre for Climate and Health Security was launched within UKHSA, in October 2022, 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. The [Climate change: health effects in the UK - GOV.UK](#)



[www.gov.uk](http://www.gov.uk) report provides information, evidence, analysis and recommendations based on climate change projections for the UK.

There is an indisputable evidence base documenting the threats posed by climate change, these are inextricably linked to human health and wellbeing and climate change is happening more quickly than previously feared. Environmental impacts on health have been recognised as contributing to the burden of disease and the quality of the health of the population.

Since the refresh of the Public Health Strategic Plan in 2022 the Protecting Health Team have taken on this strategic responsibility. The team have taken forward the development and delivery of actions to:

- Support the local climate change emergency plan/response with actions that contribute to carbon reduction plans across the whole system and reduce the impact of human activity on the environment.
- Introduce mitigation and adaptations actions to protect local population health from the effects of climate change, in a way that addresses public health challenges and improves local population health.
- Pro-actively influence and contribute to national strategies for climate change and health.

To support and be assured of climate change and health work the Health Protection Assurance Delivery Partnership is recommended to add this key area as a standing agenda item.

#### **8.4 Air quality**

The outdoor air we breathe contains harmful air pollutants, chemicals and particulate matter (PM10 and PM2.5), with the potential of severely damaging health if left untreated. Outdoor air quality in County Durham is good with the exception of a main throughfare through Durham from Neville's Cross junction through the city centre to Gilesgate, as a result of traffic congestion. This area of work is managed by the Corporate Air Quality Steering Group under an Air Quality Action Plan (AQAP). In October 2022 public health became a member of the group, contributing public health advice and expertise.

The Chief Medical Officer's (CMO) annual report 2022: Air Pollution highlights the positive improvements in outdoor air quality due to robust national actions. Conversely this then places a greater emphasis on indoor

air pollution as it becomes an increasing proportion of the air pollution problem, over 80% of a typical adult day is spent indoors.

Reducing emissions and concentrations of known pollutants and identifying other chemical indoor pollutants with significant health harms is an important public health intervention. Given the county's cultural and rural environment and areas of social deprivation, reducing indoor air pollutants from domestic heating, including burning of solid fuels, cooking, damp, mould, and poor ventilation could have a significant impact on health.

Public health will work with a range of DCC services to develop actions to raise awareness and reduce indoor air pollutants this will include a social marketing campaign to raise awareness of air quality and the impact on health.

### **8.5 Safety Advisory Group (SAG)**

SAGs provide a forum for advising on public safety at organised events. The aim is to help organisers with the planning, and management of an event and to encourage cooperation and coordination between all relevant agencies. The SAG is made up of members from Durham County Council, the police, fire and rescue service and the ambulance service along with any other appropriate agency relating to the event being discussed.

Public health advice and support is routinely provided to event organisers through SAG meetings via a list of advice via email, that event organisers should consider as part of their preparations to protect the health of both staff running the event and of those attending. The Public Health team continue to monitor planning for the event and will work with organisers as appropriate.

### **8.6 Horden Together**

The CPS leads the Horden Together Partnership which provides locality based services in the village of Horden on the East Coast of County Durham which is ranked in the top 2% of the most deprived areas in England and Wales and classified as a 'Left Behind Neighbourhood'.

The work of the Horden Together Partnership focusses on addressing the needs of individuals and the community as a whole. Taking a problem solving approach in addressing wider determinants of health and working collaboratively with others the focus is on prevention of crime and disorder and the promotion of better health and wellbeing.

Over 60 services / organisations are involved including local councils, the Voluntary and Community Sector, Central Government departments,

Policing and Criminal Justice, Primary and Secondary Health providers amongst many others. An added dimension of this approach is our focus on wider community engagement and restoration of cultural and social norms, promotion of inclusivity and building a sense of belonging.

This work is 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.

Community Navigators within Horden Together have developed pathways which enable clients to access voluntary and community sector and public sector services; aiming to connect people to the right help at the right time, they support and handhold clients to stabilise behaviours and emotions and break the cycle of crisis intervention.

Horden is just one of a number of villages which are seen as left behind and its issues are replicated to a greater or lesser extent in many other local communities within County Durham. Following an interim review of the project, it has been agreed to extend the scheme until 2027 and roll out the approach over the next 3 years into neighbouring villages.

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

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

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.

De-commissioning of UKHSA COVID-19 testing sites has been completed and a legacy store of PPE for use by the LRF has been established.

### **9.1 Adverse Weather Protecting Health Plan**

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 winter 2021/22 and the heatwave excessive temperatures experienced in summer 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 included a review of the LRF's multi agency incident procedures and severe weather protocol and the development by the council of a new Adverse Weather Protecting Health Plan helping to reduce the demand on health care services and to improve service and community resilience to adverse weather events.

Partners have also come together again as a Winter Planning Group. This multi-agency task and finish group has been convened over the last two winter seasons to oversee system preparedness for winter, reduce the impact of cold related ill-health on vulnerable individuals and identified groups, protect against surges in winter illnesses; prevent severe illness and hospitalisation and reduce the demand on healthcare and social care services.

Partners use a MECC approach and have developed and utilise a range of communication materials to prompt winter wellness discussions as part of their day-to-day interactions with vulnerable people to support them through the winter period.

#### **Case Study: Winter wellness webinar**

*In addition to the winter wellness webpage, animation and communication materials, this year saw the delivery of a local winter wellness webinar attended by over 60 frontline staff and volunteers covering:*

- *Forecasts and projections for the season ahead;*
- *Information on how cold weather affects health;*
- *Identification of priority locations and areas of highest need*
- *Available welfare and financial support*
- *A call to action and how frontline workers can help*
- *A refresh of the winter wellness and warm, well and well hydrated assets and materials*

*We received some great feedback from frontline staff .....*

*'Really interesting and some useful information that we can share with our communities. Thank you.'*

*'Excellent session and to be able to know the priority locations to target work in the east is so useful.'*

*'Really informative people friendly media campaigns, video, postcard and webpages. The welcome spaces, the help for homes, this all holds interest and can be easily shared and people can relate to it.'*

A 'lessons learned' meeting is part of the planned process to inform future delivery and ensure learning opportunities and sharing of best and/or good practice are developed into actions for the following winter season.

## **9.2 Plans and Exercises**

Following lessons learnt from the COVID-19 pandemic, a revised excess deaths framework has been developed for the county and greater regional collaboration and coordination is being achieved through a North East regional excess deaths group.

In March 2023, the council and other multi-agency partners took part in a UKHSA exercise on widescale water contamination in the region (Exercise Lynx) and also a tier 1 national emergency planning exercise on national power outage (Exercise Mighty Oak).

A key role for the council, alongside other category 1 and category 2 responders, is supporting vulnerable people in incidents, many of whom are vulnerable due to existing health-related conditions. The council have developed the multiple social vulnerabilities (MSV) dataset, which is a collection of data and indicators that can be used to inform the local authority and partners in preparation for planning and response such as natural disasters, epidemics, major industrial accidents and business interruptions and will support the prioritisation of support to our most vulnerable populations.

The council and CDDLRF are participating in a regional project (VIPER) supported by the Local Digital Fund to join-up and improve real-time access to different lists/registers of vulnerable people held by different organisations. Scoping work was undertaken in 2023 and this year the project is now moving towards the development of a prototype system, capable of wider roll-out, nationally.

The Directors of Public Health across the North East are trained and competent to operate at Strategic Command Group (SCG) level and understand the working arrangements of Scientific and Technical Advice Cell (STAC) and the SCG. The DsPH provide expert support to the STAC when responding to a major incident as required.

## **10 Community Resilience**

The CCU works with local communities and town and parish councils to develop local community resilience and emergency plans. During 2023/24, the unit has engaged with over 40 communities and groups. Initial meetings

have been held with 25 groups; 16 groups are being supported to develop community-led emergency plans; and a further nine groups have completed their plans and are at different stages of training and exercising.

The unit has also engaged with 32 town and parish councils and the County Durham Association of Local Councils on community-level emergency planning.

In addition, the unit has worked with Durham Community Action to advise the owners/managers of community venues on how they could use their buildings as local welfare and coordination hubs in the event of an emergency. This has included providing community venues with emergency support packs and equipment to support local community-led response.

This year, the council has also introduced a community resilience small grants scheme to help local community groups and organisations implement community resilience plans and has made three grant awards so far.

### **10.1 County Durham Together Partnership**

County Durham Together is about working with communities, especially those most in need, making sure they are at the heart of decision making, building on their existing skills, knowledge, experience and resources to support everyone to thrive and to live happy, healthy and connected lives.

The partnership is built around the County Durham Approach to Wellbeing. Two key aspects of this work that support the health protection agenda are outlined below (9.2 and 9.3).

### **10.2 Making Every Contact Count (MECC)**

Making Every Contact Count (MECC) is an evidence-based approach to behaviour change that utilises the everyday interactions that organisations and individuals have with residents to help support them to make positive changes to their health and wellbeing. There is a focus on addressing lifestyle behaviours (e.g. smoking, physical inactivity) as well as wider social determinants of health (finance, housing etc).

Together with partners, Durham County Council has developed a number of training modules to provide people with the tools and confidence to begin those conversations, these include health protection topics including flu, COVID-19 vaccination and cancer awareness enabling the opportunistic delivery of consistent and concise healthy lifestyle information.

### **10.3 Community Champions**

The Community Champions programme (originally the Covid Champions) has been refreshed and relaunched during this year. Health protection guidance, information, and promotional messages continue to be provided to Community Champions, through monthly meetings, for dissemination across their communities or organisations.

This volunteering programme provides Community Champions with access to MECC training programmes to develop public health skills, including training in mental health, financial management, dealing with cancer, and the importance of vaccination and other subjects, making sure the Community Champions have the appropriate skills and knowledge for the role.

Community Champions played an invaluable part in the COVID-19 response and this continues, the Community Champions are currently key assets in the measles communication plan.

## **11. Communications**

In addition to the work detailed in this report, marketing and communications play a key role in the planning and delivery of health campaigns. Joint communications are established across regional and localised partners to enhance the health protection programme's proactive and reactive response.

An annual campaign planner is used to plan proactive campaigns that support the five key areas of; public health protection, healthy start, living and ageing well, healthy settings and County Durham Together. 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, HIV, and meningitis to be distributed more widely, reach a greater audience and influence behaviours.

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.

### Communication Examples

- National UKHSA and NHS campaign materials were used widely across County Durham this year in the response to measles.
- Collaborative regional work across vaccine and immunisation networks produced a highly successful 'Be Wise. Immunise' campaign.
- Local work to support the Winter Wellness campaign produced 'Warm, Well and Well Hydrated' postcards that are used as conversation starters and a MECC resource for frontline staff.



## 12. Recommendations for health protection in County Durham

The Health Protection Assurance Annual Report sets out the current situation with regards to communicable diseases, immunisations and screening programmes, environmental issues and community resilience, the following are recommendations for work to be commenced across the local system during 2024.

### Prevention of communicable diseases and outbreaks

- a) Work with the County Durham sexual health service to increase communication, testing, treatment and partner notifications of STIs, with a particular focus on syphilis and gonorrhoea in the context of local epidemiology.



- b) Support the implementation of the County Durham Sexual Health Strategy and action plan.
- c) Continue ongoing system working with County Durham and Darlington Foundation Trust (CDDFT) and key stakeholders to support high quality infection prevention and control measures.
- d) Provide support to system partners to meet the newly set national ambitions to reduce prescribing levels and increase anti-microbial resistance awareness.

### **Increase equitable uptake of immunisations**

- a) Complete the behavioural insights pilot work into adolescent immunisations with Belmont Academy and implement the findings of this work to maximise access to and uptake of school aged immunisations.
- b) Continue to progress the collaborative work with IntraHealth, 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).
- c) Collaborate with Maternity Services at County Durham and Darlington Foundation Trust Hospitals and the other NHS Foundation Trusts providing maternity services to County Durham to implement the new NENC maternity vaccination pathway to increase uptake of pertussis and flu vaccinations in pregnant women.
- d) Maximise the uptake of MMR vaccination across County Durham to provide the best protection to residents from the national increase in measles cases.

### **Increase equitable uptake of screening programmes**

- a) Work collaboratively with partners to implement the local actions identified in the (regional) Health Equity Audits on nationally led screening programmes to ensure health inequalities are being addressed through behavioural insights informed interventions.
- 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, chlamydia detection rates and HIV testing coverage within County Durham.

### **Protection from environmental hazards**

- a) To support and be assured of climate change and health work, Climate Change and Health to be included as a key element of the HPADP standing agenda.
- b) Following approval by Cabinet, implement the actions in the Climate Emergency Response Plan 3 (CERP 3).
- c) Review and update the Adverse Weather and Protecting Health Plan with all key stakeholders and partners.

### **Community resilience**

- a) Review, update and offer immunisation and screening training to MECC champions.
- b) Continue to provide Community Champions with resources providing advice, education and training to maximise opportunities to share health protection information across all County Durham communities and particularly targeted work to the most vulnerable communities and cohorts.
- c) Support the development of LRF 'Table-top' exercises to 'operationalise' plans to ensure staff are knowledgeable and competent to contribute to future incidents.

### 13. Glossary

AAA	Abdominal Aortic Aneurysm
ADPH	Association of Directors of Public Health
ADPH NE	Association of Directors of Public Health North East
AMR	Antimicrobial Resistance
AMS	Antimicrobial Stewardship
AQAP	Air Quality Action Plan
ASR	Annual Status Report
CCU	Civil Contingencies Unit
CDDFT	County Durham and Darlington Foundation Trust
CDDHCAI	County Durham and Darlington Health Care Associated Infections Group
CDDTAHP	County Durham, Darlington and Tees Area Health Protection Group
CDHWB	County Durham Health and Wellbeing Board
CERP	Climate Emergency Response Plan
CMO	Chief Medical Officer
CP	Community Protection
CPS	Community Protection Service
CRP	C-Reactive Protein
DAP	Decreasing Antibiotic Prescribing
DCC	Durham County Council

DEFRA	Department for Environment, Food and Rural Affairs
DES	Diabetic Eye Screening
DPH	Director of Public Health
DsPH	Directors of Public Health
ECCP	Environment & Climate Change Partnership
FSA	Food Standards Agency
GNBSI	Gram-Negative Blood Stream Infection
GP	General Practice
GRT	Gypsy Roma Traveller
GAS	Group A Streptococcal
HCAI	Health Care Associated Infections
HDFT	Harrogate and District Foundation Trust
HIV	Human Immunodeficiency Virus
HPADP	Health Protection Assurance and Development Partnership
HPT	Health Protection Team
HPV	Human Papilloma Virus
HSE	Health and Safety Executive
HSWSG	Health, Safety and Wellbeing Safety Strategic Group
ICB	Integrated Care Board
ICS	Integrated Care System
IPC	Infection Prevention and Control
IPCT	Infection Prevention and Control Team

IPD	Invasive Pneumococcal Disease
JCVI	Joint Committee on Vaccination and Immunisation
KPI	Key Performance Indicator
LA	Local Authorities
LHRP	Local Health Resilience Partnership
LMAPS	Local Multi Agency Problem Solving Groups
LRF	Local Resilience Forum
MEAM	Making Every Adult Matter
MECC	Making Every Contact Count
MMR	Measles, Mumps and Rubella
MO	Medicines Optimisation
MSV	Multiple Social Vulnerabilities
NCSP	National Chlamydia Screening Programme
NECS	North of England Commissioning Support Unit
NEHPN	North East Health Protection Network
NENC	North East and North Cumbria
NHS	National Health Service
NHSE	NHS England
OHID	Office for Health Improvement and Disparities
PCN	Primary Care Network
PCV	Pneumococcal Conjugate Vaccine

PHE	Public Health England
PM	Particulate Matter
PNL	Prior Notification Lists
PPE	Person Protective Equipment
PPV	Pneumococcal Polysaccharide Vaccination
SAG	Safety Advisory Group
SAIS	School Aged Immunisation Service
SCG	Strategic Command Group
SHS	Sexual Health Service
STAC	Scientific and Technical Advice Cell
STI	Sexually Transmitted Infection
TB	Tuberculosis
UKHSA	UK Health Security Agency
UN	United Nations
VCS	Voluntary and Community Sector
WHO	World Health Organisation