

**Cabinet**

**15 July 2015**

**Health Protection Assurance Annual  
Report 2013-14**



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**Report of Corporate Management Team**

**Anna Lynch, Director of Public Health, County Durham**

**Councillor Lucy Hovvels, Cabinet Portfolio Holder for Adult &  
Health Services**

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**Purpose of the Report**

1. This report provides an overview to Cabinet of health protection assurance arrangements in County Durham and updates on relevant activity from April 2013 to March 2014.

**Background**

2. In the context of health system reforms brought about by the Health & Social Care Act 2012, new health protection responsibilities are in place across the various bodies established in the new system (NHS England, Public Health England and Clinical Commissioning Groups). Also, specific additional health protection responsibilities have been allocated to local authorities as part of their remit for public health. The protection of the health of the population is one of the five mandated responsibilities given to local authorities as part of the Act. The national Public Health Outcomes Framework includes indicators in relation to health protection.
3. The Director of Public Health (DPH) for County Durham is responsible under legislation for the local authority's new public health functions. The DPH also has responsibility for "the exercise by the authority of any of its functions that relate to planning for and responding to, emergencies involving a risk to public health".
4. Durham County Council's new responsibilities for public health include ensuring that local arrangements to protect the health of the population are robust and fit for purpose. Threats to the health of the public include infectious diseases, chemicals and poisons, radiation and emergency response and environmental health hazards.  
The main issues include:
  - Implementation of robust Emergency Preparedness, Resilience and Response of both major and smaller scale incidents
  - Robust Environmental Health services

- Implementation and Quality Assurance of Immunisation Programmes
  - Implementation and Quality Assurance of Screening Programmes.
5. New arrangements were established in Durham during 2013-14 to support the assurance role and to ensure information and intelligence is available on a timely basis and is monitored. During 2013-14 there was a strong focus on bringing the new organisational arrangements fully up to speed. Arrangements were tested through a number of incidents such as the measles outbreak in England and Wales. The current assurance arrangements are detailed in paras 9 to 13 of this report.
  6. The North East Public Health England centre continues to deliver the functions delivered by former Health Protection Agency staff pre the 2013 changes.
  7. NHS England is responsible for commissioning all of the screening and immunisation programmes that were formerly the responsibility of PCTs.
  8. Regular liaison between Directors of Public Health and the Centre Director of Public Health England, and the Head of Public Health for NHS England has been established via the monthly North East DPH meeting.

#### **Assurance arrangements in County Durham**

9. PHE established the County Durham & Darlington Health Protection Group and this brings together organisations involved in protecting the health of the population (terms of reference attached at Appendix 2). A DCC Consultant in Public Health attends and provides assurance to the DPH in relation to general health protection issues. More detailed information regarding PHE's role is detailed in a briefing at Appendix 3.
10. NHS England established the Durham, Darlington and Tees Screening and Immunisations Oversight Board with sub groups that consider specific screening or immunisations programmes. The Oversight Board is attended by a DCC Consultant in Public Health who provides assurance to the DPH in relation to screening and immunisation programmes. The management of incidents and the quality assurance for screening programmes are reported separately to the DPH.
11. The arrangements detailed in para 10 are under review due to the re-structure of NHS England locally to become a sub-regional office covering Cumbria and the North East. A draft assurance framework has been presented to the DsPH network and will be progressed by NHS England.
12. The DsPH for County Durham and Darlington established the County Durham and Darlington Healthcare Acquired Infections Assurance Group in 2013. This has wide membership from all provider organisations (terms of reference attached as Appendix 4). This enables both DsPH to have a clear line of sight to all providers in County Durham and Darlington.
13. NHS England established the County Durham & Darlington and Tees Local Health Resilience Partnership in 2013. One of the responsibilities of the

LHRP is to provide the DPH with assurance that the health sector has well tested plans to respond to major incidents that contribute to multi-agency emergency planning. The current terms of reference are attached as Appendix 5 although these are currently under review due to the NHS England restructure.

14. Durham County Council Internal Audit has undertaken a review of the health protection assurance arrangements and preliminary feedback indicates no obvious gaps or deficiencies.

## **Performance**

15. Both PHE, NHS England and the lead nurse for healthcare acquired infections have produced annual reports for 2013/14 (these are the latest available). These are available on request from the DPH.
16. PHE's annual report covers the NE geography and includes details of the prevention and surveillance of communicable diseases, the control of specific diseases such as meningococcal meningitis and septicaemia, their response to communicable disease outbreaks and incidents; emergency preparedness, resilience and response, environmental issues and quality and health inequality issues in health protection.
17. The annual report is supplemented by quarterly reports to the DPH that detail outbreaks and issues in County Durham.
18. Overall, there are no issues that the DPH has concerns about in relation to the health protection function discharged by PHE. Communications are very robust and effective and PHE keeps the DPH well informed of contemporary issues impacting on the Durham population.
19. NHS England's annual report covers County Durham, Darlington and Tees and is supplemented by geographical data and information presented to the Screening and Immunisation Oversight Board. This information is also provided directly to the DPH. The data provided is not adequate to enable local variations to be identified and therefore hides health inequalities. This is being progressed with NHS England by DsPH.
20. Overall, the universal immunisation programme demonstrates high uptake rates across County Durham, higher than the NE and England averages for most programmes.
21. There are three cancer screening programmes (breast, cervical and bowel cancer), six antenatal and newborn screening programmes and the two further non cancer screening programmes for diabetic eye and abdominal aortic aneurysm screening (AAA) delivered to the County Durham population.
22. Performance for the three cancer screening programmes demonstrated good uptake rates for the County Durham population, higher than the NE and England averages.

23. Where data is available for the six antenatal and newborn screening programmes, performance for the County Durham population is good although there are data reporting issues with providers that NHS England expects to resolve. This will ensure that data is provided for all antenatal and newborn screening programmes in the future.
24. The providers delivering the diabetic retinopathy screening achieve the national quality standard attendance rate of 70% but no published data for the AAA screening is available for 13/14. The National Screening Programme has put in place a quarterly data collection process for 14/15.
25. The annual report of the Lead Nurse for infection prevention and control details the range of support and interventions initiated to reduce healthcare acquired infections and reports in year activity details.

This information is reported directly to CCGs and action plans are put in place to address identified issues. These are reported to the CCGs' Governing Bodies as part of the quality reports.

## **Conclusion**

26. The health protection functions delivered by a range of organisations in County Durham demonstrates good performance and effective arrangements are in place that assure the DPH that the health of the population is adequately protected.
27. Good communication exists between the commissioners of the various programmes and the DPH and remedial and corrective interventions are instigated when necessary. Escalation procedures are in place in the event the DPH needs to raise concerns.

## **Recommendations**

Cabinet is requested to:

- Note the content of the report
- Note that the performance is generally higher than the NE and England averages for most immunisation and screening programmes.
- Note that the DPH is satisfied that effective assurance processes are in place, that issues or concerns can be escalated appropriately and Internal Audit has confirmed this.
- Note that the DPH discharges the health protection responsibilities on behalf of the Secretary of State for Health and the local authority.

## **Background Papers**

- 1 Health Protection Group Terms of Reference. (Appendix 2)
- 2 Health Protection Assurance Document. February 2015. (Appendix 3)
- 3 Health and Social Care HCAI Group, Terms of Reference. (Appendix 4)

- 4 Durham, Darlington & Tees Local Health Resilience Partnership, Membership and Terms of Reference. (Appendix 5)

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## **Appendix 1: Implications**

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### **Finance**

No implications from this report.

### **Staffing**

No implications from this report.

### **Risk**

No implications from this report.

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

No implications from this report.

### **Accommodation**

No implications from this report.

### **Crime and Disorder**

No implications from this report.

### **Human Rights**

No implications from this report.

### **Consultation**

No implications from this report.

### **Procurement**

No implications from this report.

### **Disability Issues**

No implications from this report.

### **Legal Implications**

No implications from this report.