

**HEALTH AND HOUSING SCRUTINY COMMITTEE  
28 AUGUST 2024**

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**HEALTH PROTECTION ASSURANCE**

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**SUMMARY REPORT**

**Purpose of the Report**

1. The purpose of the report is to update the Health and Wellbeing Scrutiny Committee on health protection arrangements in Darlington.

**Summary**

2. The protection of the health of the population is one of the legally mandated responsibilities given to local authorities as part of the Health and Social Care Act 2012. The Director of Public Health is responsible for the discharge of the health protection functions delegated to Darlington local authority.
3. The Director of Public Health produces a health protection assurance report annually to provide an overview of health protection arrangements and any relevant activity in the Borough of Darlington.

**Recommendation**

4. It is recommended that: -
  - (a) Scrutiny receives and note the contents of the report.
  - (b) Scrutiny is aware of the shared responsibility for Health Protection.
  - (c) Note that the Director of Public Health has the assurance that the health protection arrangements are appropriate and effective in dealing with the various aspects of health protection in Darlington.

**Lorraine Hughes  
DIRECTOR OF PUBLIC HEALTH**

**Background Papers**

No background papers were used in the preparation of this report.

Council Plan	This report supports the council plan priority of living well as good health protection arrangements and high uptake of screening and immunisation programmes are important to people's health and wellbeing.
Addressing inequalities	This report considers health protection arrangements, including availability and uptake of screening and immunisation programmes. Inequalities in uptake are considered where data is available, to inform future priorities and / or identify any areas of concern.
Tackling Climate Change	There are no implications arising from this report.
Efficient and effective use of resources	This report has no impact on the Council's Efficiency Programme.
Health and Wellbeing	This report has an impact on the Health and Wellbeing of the borough through the provision of the legal duties related to the protection of the health of local communities through preventing harm from communicable and infectious disease.
S17 Crime and Disorder	There are no implications arising from this report
Wards Affected	All
Groups Affected	This report is relevant to the population of Darlington
Budget and Policy Framework	This report does not recommend a change to the Council's budget or policy framework
Key Decision	No
Urgent Decision	No
Impact on Looked After Children and Care Leavers	This report has an impact on LAC as the authority has a statutory duty to ensure access to related services such as immunisations for children who are Looked After

## MAIN REPORT

### Information and Analysis

5. Health protection describes activities and arrangements that seek to protect the population from risks to health arising from biological, environmental or chemical hazards. It includes:
  - (a) Prevention
  - (b) Surveillance
  - (c) Control
6. Timely, accurate and authoritative communication is an essential element of effective health protection. Through good communication accountability can be demonstrated and confidence can be provided, which is especially important when responding to an incident. It underpins all prevention, surveillance and control activities.
7. Directors of Public Health (DsPH) and local authority Public Health teams also have roles in supporting health protection work, as defined by the Health and Social Care Act (2012). Although the Director of Public Health is not responsible for the commissioning of health protection services directly, the Act mandates DsPH maintain an 'oversight' function to ensure that health protection arrangements are robust for their local population.
8. The Department of Health's Health and Social Care Act 2012 guidance states that DsPH should:
  - (a) Provide strategic challenge to health protection plans/arrangements produced by partner organisations.
  - (b) Scrutinise and as necessary challenge performance.
  - (c) If necessary, escalate concerns to the local health resilience partnership (LHRP).
  - (d) Receive information on all local health protection incidents and outbreaks and take any necessary action, working in concert with UK Health Security Agency (UKHSA) and the NHS.
  - (e) Contribute to the work of the Local Health Resilience Partnership (LHRP), possibly as lead DPH for the area.
9. DsPH also have a wider health protection role in supporting UKHSA with the management of outbreaks and incidents within their local authority area.
10. Responsibilities for aspects of health protection are shared across the system including:
  - (a) NHS England is responsible for the commissioning of screening and immunisation programmes.

- (b) UKHSA's Health Protection Teams (HPT) are responsible for the provision of expert functions to respond directly to incidents and outbreaks and to support the Council in understanding and responding to threats. Darlington has an identified link Consultant in Health Protection.
  - (c) Local Authority DsPH have responsibility for the health protection of the local population and a local leadership role in providing assurance that robust arrangements are in place to protect the public's health.
11. A range of groups, information flows and reports are in place to support health protection arrangements. This system provides part of the assurance to the Director of Public Health that the health protection system is functioning as it should. These groups and sources of information include:
- (a) A regional Programme Board for each screening and immunisation programme.
  - (b) An Area Health Protection Group which provides a forum for discussion of strategy, policy and implementation across County Durham, Darlington and Tees Valley.
  - (c) The County Durham and Darlington Local Resilience Forum (LRF) which co-ordinates responding bodies to help them provide the most effective and efficient response to civil emergencies when they occur.
  - (d) The Northeast Local Health Resilience Partnership (LHRP) which facilitates the production of sector-wide health plans to respond to emergencies and contribute to multi-agency emergency planning.
  - (e) A range of surveillance reports which may be weekly, monthly, quarterly or annual reports (depending on the topic), supplemented by NHS England dashboards, Fingertips resources made available by the Office for Health Improvement and Disparities and UK Health Security Agency briefings.
12. Given the responsibilities of local authorities for health protection, the Director of Public Health focuses on the following:
- (a) DPH assurance;
  - (b) Supporting system planning to mitigate against health protection risks;
  - (c) Providing public health advice, professional scrutiny and challenge to system plans and incident response;
  - (d) Keeping a watching brief, reviewing data and reports from key stakeholders;
  - (e) Communicating health protection risks to stakeholders and the public as necessary.

13. It is important to recognise that whilst the DPH has a key role in seeking assurance that robust plans are in place to protect the health of our residents, there is a reliance on partner agencies to effectively discharge their responsibilities, including the commissioning and delivery of the related services.

## **Performance and Activity**

### **Prevention**

14. Immunisation:

- (a) Immunisation programmes help to protect individuals and populations from specific diseases. There are programmes for children and adults as follows:
  - (i) The national universal childhood immunisation programme offers protection against thirteen different vaccine preventable diseases.
  - (ii) The adult immunisation programme is offered to people in certain age groups and/or those who may be at particular risk due to underlying medical conditions or lifestyle risk factors.
  - (iii) The selective immunisation programme targets children and adults needing protection against specific diseases such as TB, hepatitis B and pertussis in pregnancy.

### **Routine childhood immunisations**

15. The latest data on immunisation uptake rates for Darlington in 2023 shows a mixed picture. For childhood vaccinations, the uptake rates for key vaccines has generally remained stable, though there are some areas of concern where coverage has not met the desired target of 95% to ensure herd immunity.
16. The uptake of one dose of MMR vaccine uptake by the age of five years is above 95% (95.1%) however the uptake of one dose at two years at 93% does not meet the herd immunity threshold. The uptake of other vaccines particularly in older school aged children are also of concern, with the uptake of one dose of the Human Papilloma Virus (HPV) vaccine to protect against cervical cancer in girls aged 12 -13 years falling from its peak of over 95% in 2013/14 to 71.2% in 2021/22.
17. The NHS who commissions these vaccination programmes have taken specific actions in an effort to improve these rates, including public campaigns aimed at raising awareness about the importance of vaccinations (often informed by behavioural insights research) and addressing vaccine hesitancy. The authority is supporting these efforts through the Public Health and communications team working with NHS colleagues to ensure these campaigns reach those local communities with the most needs.

18. Vaccinations for infants and preschool children are provided by local GP practices in Darlington. The school-based vaccination programme is provided by a specialist vaccination team commissioned by NHS England. They work directly with schools and other NHS partners to arrange clinics in schools and other opportunities to ensure children and young people of school age are provided with on offer for the schedule of vaccines they are eligible to receive, including those they may have missed at a younger age.
19. NHS England has recently undertaken a regional procurement process which resulted in a change of provider for Darlington and Tees Valley school age immunisation service. The provider is now a healthcare company called IntraHealth.
20. The local authority is included in the governance of this contract through representation at regional and subregional meetings, led by NHS England in relation to the vaccination programme.

### **Infection prevention and control in care homes**

21. Care home residents are amongst the most vulnerable in our population. The closed setting nature of care homes makes them susceptible to transmission of infectious diseases and the development of outbreaks. Outbreaks of infections such as COVID-19, influenza, norovirus and Salmonella can cause significant morbidity to care home residents.
22. Outbreaks can be prevented, or their severity reduced by good Infection Prevention and Control measures. The COVID-19 pandemic has highlighted the importance of maintaining a high standard of Infection Prevention and Control (IPC) in care homes.
23. In Darlington care homes are supported by the Public Health protection Officer who works with arrange of partners including the Commissioning, Performance and Transformation Team, NHS commissioners and the Care Quality Commission and provides technical advice, information and guidance to support them in their oversight of and regulation of care homes.
24. The Public Health Protection Officer also supports care home management and staff through the provision of technical advice and support including audit, sharing best practice and dissemination of information across the sector.
25. Outbreaks of infectious disease are managed by UKHSA, in line with national guidance. An outbreak control team will be convened by the UKHSA if they decide that an outbreak or situation in a care home has potential to cause significant morbidity. A representative from the public health team would join the OCT.
26. In the current year the focus of health protection work from the Public Health Protection Officer has been to ensure providers maintain (or improve if required) good standards of IPC through regular communications, providing advice, support, training and audit.
27. The Public Health Protection Officer has introduced an online app to help staff in settings to systematically and consistently collect data for IPC and ensure compliance with policies and procedures.

## Screening Programmes

28. A screening programme is a systematic process designed to identify individuals within a population who may be at an increased risk of a particular health problem or condition. The goal is to offer early treatment or intervention to those identified, which can lead to better health outcomes.
29. Screening programmes aim to detect potential health risks before there are any symptoms so that early treatment or information can be provided to individuals, thereby supporting individuals to make informed decisions about their health.
30. Early detection and treatment can contribute towards reducing the incidence and or mortality of a specific health condition within the population, although it is important to note that screening tests are not diagnostic but are used to identify individuals who may benefit from additional testing or intervention.
31. The UK National Screening Committee advises on which screening programmes to offer, ensuring they are beneficial and minimise potential harm, and are commissioned by NHS England. These programmes are aimed towards a number of conditions including some cancers, such as breast and cervical, as well as a range of non- cancer conditions such Abdominal Aortic Aneurysm (AAA).
32. The uptake of both cancer and non-cancer screening programmes in Darlington remains comparatively good both compared to England and the North East. The latest data shows that for Breast Cancer screening Darlington's rate for eligible women at 71.7% is statistically better than both England and the North East region.
33. For Cervical Cancer screening the latest data shows that Darlington's uptake is also statistically better compared to both England and the North East region, with 73.2% of eligible women aged 25 to 49 years being screened.
34. An example of a non-cancer screening programme is the Abdominal Aortic Aneurysm (AAA). This is a condition that usually has no symptoms where the aorta, the largest blood vessel that runs from the heart through the chest and abdomen, develops a bulge in its lower part. This bulge can be dangerous because it may grow large enough to rupture, leading to life-threatening internal bleeding.
35. Screening for this condition is undertaken in men aged 65 to 74 years who are identified as most at risk. The uptake for Darlington for eligible men at 82.6% is statistically better uptake compared to both England and the North East region.
36. Although Darlington compares well to both England and the North East region for the uptake of the majority of both cancer and non-cancer screening programmes there is evidence of a long term decline in uptake in screening from historical levels nationally. This has been seen both at a national and regional level.

37. NHS England as commissioner of these programmes is working with the screening services and other partners including GPs, NHS trusts and local authorities to improve the uptake of many of the screening programmes. For example, the Public Health team has been involved in a regional programme which aimed to work with local hairdressers to target messaging around cervical screening to women in Darlington.

## **Surveillance**

38. UKHSA Northeast Health Protection Team has a national and local surveillance system for communicable diseases and produces 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.
39. 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 infections including flu, invasive pneumococcal disease (IPD), Group A strep, scabies, syphilis and gastrointestinal infections.
40. Effective surveillance systems are essential to identify trends in, and outbreaks of, communicable diseases and to monitor the outcome of control actions.
41. Good surveillance data is needed to be able to quickly identify and rapidly respond to cases, clusters and outbreaks.
42. The Public Health team works closely with the UKHSA's Health Protection Team, and the Environmental Health Team in the identification and investigation of cases and outbreaks of infectious diseases, particularly food borne, which are notified by GPs, the public, businesses and other local authorities.

## **Health Care Associated Infections**

43. The term Health Care Associated Infection (HCAI) covers a wide range of infections. Infections that are resistant to routine antibiotic treatment are of a particular concern which include methicillin-resistant *Staphylococcus aureus* (MRSA), *Clostridium difficile* (C. difficile) and Carbapenemase-Producing Enterobacteriaceae (CPE).
44. UKHSA monitors the numbers of HCAIs through routine surveillance programmes and also monitors the spread of antibiotic resistant infections and advises healthcare professionals about controlling antimicrobial resistance.
45. NHS Commissioners and providers have a whole system approach to preventing and controlling HCAIs across the local health economy. They undertake a programme of actions to ensure that the risks of healthcare acquired infections are minimised. These include:
  - (a) Undertaking root cause analysis
  - (b) Monitoring antimicrobial prescribing



- (c) Undertaking regular audits
- (d) Reviewing policy, procedures and guidelines
- (e) Supporting continuous improvement through training, reviews and lessons learned to identify opportunities for improvement.

46. The Health and Housing Scrutiny Committee monitors various performance indicators, including those related to antimicrobial resistance.

## **Control**

- 47. The responsibility for planning and implementing measures to control infectious diseases in the population sits with UKHSA. The Northeast Health Protection Team receives notifications of any episode of any potentially infectious disease from members of the public, GPs or hospital doctors or labs.
- 48. The UKHSA team will then assess the risk and impact of the disease and take the appropriate actions related to the control of the specific infectious disease(s) to protect the health of the local population.
- 49. This advice can include providing information to the individuals affected, directing doctors or healthcare staff to take specific actions or convening an Outbreak Control Team meeting to manage the outbreak. There is a call system available, which is active 24 hours a day, 7 days a week.
- 50. The Director of Public Health will be a member of the Outbreak Control Team or nominate a member of the Public Health team to attend on their behalf. The local authority Environmental Health team will usually be represented in the case of a suspected food-borne outbreak.
- 51. Outbreaks of infectious diseases are relatively common. The most common outbreaks are of vomiting/diarrhoea in closed settings such as care homes, nurseries and schools caused by infections such as norovirus or as a result of a food borne infection due to eating contaminated or unsafe foods.
- 52. On occasion there have been episodes of more serious infections in Darlington including Hepatitis, Tuberculosis and M-Pox.
- 53. Over the past year there has also been an increase in the number cases of vaccine-preventable diseases including Measles and Pertussis (Whooping Cough) across the UK and the Northeast which has resulted in a coordinated response led by the UKHSA at a national, regional and local level. The local authority, led by the Director of Public Health, has provided support to the local response where required.

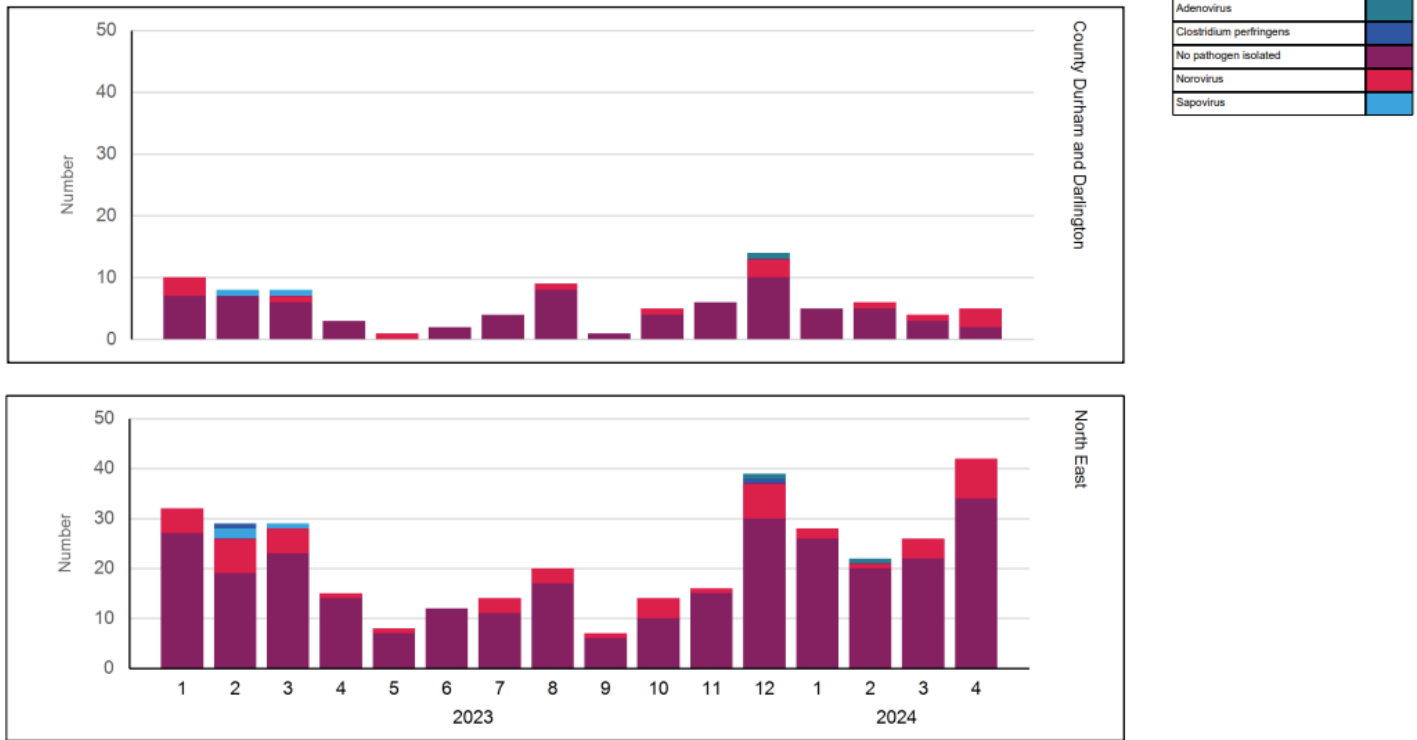
Key metrics

**Figure 1** Number of gastrointestinal outbreaks in care homes by month\* and by Local Authority

Year	Month	County Durham	Darlington	All Other North East LA	North East Total
2023	January	10	0	22	32
	February	7	1	21	29
	March	7	1	21	29
	April	3	0	12	15
	May	0	1	7	8
	June	2	0	10	12
	July	2	2	10	14
	August	5	4	11	20
	September	1	0	6	7
	October	4	1	9	14
	November	5	1	10	16
	December	10	4	25	39
	<b>Total</b>		<b>56</b>	<b>15</b>	<b>164</b>
2024	January	5	0	23	28
	February	6	0	16	22
	March	4	0	22	26
	April	5	0	37	42
	<b>Total</b>	<b>20</b>	<b>0</b>	<b>98</b>	<b>118</b>

\* Refers to month outbreak started

**Figure 2** Number of gastrointestinal outbreaks in care homes by Year and Month and organism isolated. Top: County Durham and Darlington and bottom: North East Region



**Figure 3** Childhood Immunisations in Darlington

Indicator	Period	Darlington		North East	England	England		Best
		Recent Trend	Count	Value	Value	Value	Worst	
Population vaccination coverage: Hepatitis B (1 year old)	2022/23	—	3	100%	*	*	-	-
Population vaccination coverage: Dtap IPV Hib HepB (1 year old)	2022/23	→	1,029	94.1%	95.1%	91.8%	67.8%	97.6%
Population vaccination coverage: PCV	2022/23	→	1,041	95.2%	96.9%	93.7%	73.0%	98.2%
Population vaccination coverage: Hepatitis B (2 years old)	2022/23	—	-	*	*	*	-	-
Population vaccination coverage: Dtap IPV Hib HepB (2 years old)	2022/23	→	1,001	95.2%	96.1%	92.6%	70.8%	98.5%
Population vaccination coverage: Hib and MenC booster (2 years old)	2022/23	→	976	92.8%	94.0%	88.7%	63.4%	97.2%
Population vaccination coverage: PCV booster	2022/23	→	970	92.2%	94.0%	88.5%	67.7%	97.0%
Population vaccination coverage: MMR for one dose (2 years old)	2022/23	→	978	93.0%	94.6%	89.3%	68.1%	97.3%
Population vaccination coverage - Hib / Men C booster (5 years old)	2017/18	→	1,178	96.0%	95.1%	92.4%	79.5%	97.6%
Population vaccination coverage: MMR for one dose (5 years old)	2022/23	→	1,155	95.1%	95.5%	92.5%	81.2%	97.4%
Population vaccination coverage: MMR for two doses (5 years old)	2022/23	→	1,103	90.8%	90.4%	84.5%	56.3%	94.4%
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old)	2022/23	↓	458	71.2%	70.5%	71.3%	22.9%	92.7%
Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	2021/22	→	907	71.8%	78.5%	79.6%	48.2%	100%

**Figure 4** Seasonal Influenza vaccination uptake in >65s North East comparison

[www.gov.uk/government/statistics](https://www.gov.uk/government/statistics)

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
<b>England</b>	↑	8,563,418	79.9		79.8	79.9
North East region (statistical)	↑	436,082	82.5*		82.4	82.6
Northumberland	↑	59,550	85.6		85.3	85.9
Redcar and Cleveland	↑	26,362	84.3		83.9	84.7
North Tyneside	↑	33,508	83.7		83.4	84.1
County Durham	↑	88,640	83.6		83.4	83.9
Stockton-on-Tees	↑	27,868	82.4		82.0	82.8
Gateshead	↑	34,343	82.0		81.7	82.4
Darlington	↑	18,740	82.0		81.4	82.4
Sunderland	↑	46,782	81.0		80.7	81.3
Newcastle upon Tyne	↑	37,675	80.9		80.5	81.2
South Tyneside	↑	26,156	80.3		79.9	80.8
Hartlepool	↑	15,293	79.3		78.7	79.9
Middlesbrough	↑	21,165	78.5		78.0	79.0

Source: NHS England

**Figure 5 Population Coverage Pneumococcal vaccinations over 65yrs**

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
<b>England</b>	↑	7,506,242	71.8	71.8	71.8
North East region (statistical)	↑	415,613	75.1	75.0	75.2
Gateshead	↑	31,930	80.3	79.9	80.7
Darlington	↑	17,833	78.3	77.8	78.8
South Tyneside	↑	24,002	77.4	76.9	77.8
Sunderland	↑	42,291	77.0	76.6	77.3
Newcastle upon Tyne	↑	33,906	76.7	76.3	77.1
Northumberland	↑	64,973	75.2	74.9	75.5
County Durham	↑	85,392	74.6	74.3	74.8
Stockton-on-Tees	↑	28,894	74.0	73.5	74.4
North Tyneside	↑	30,955	73.8	73.4	74.2
Redcar and Cleveland	↑	23,918	72.7	72.2	73.1
Middlesbrough	↑	19,197	71.5	71.0	72.1
Hartlepool	→	12,322	64.1	63.5	64.8

Source: UK Health Security Agency (UKHSA)

**Figure 6 Breast Cancer Screening coverage 2023 %**

Better 95% Similar Worse 95% Not compared

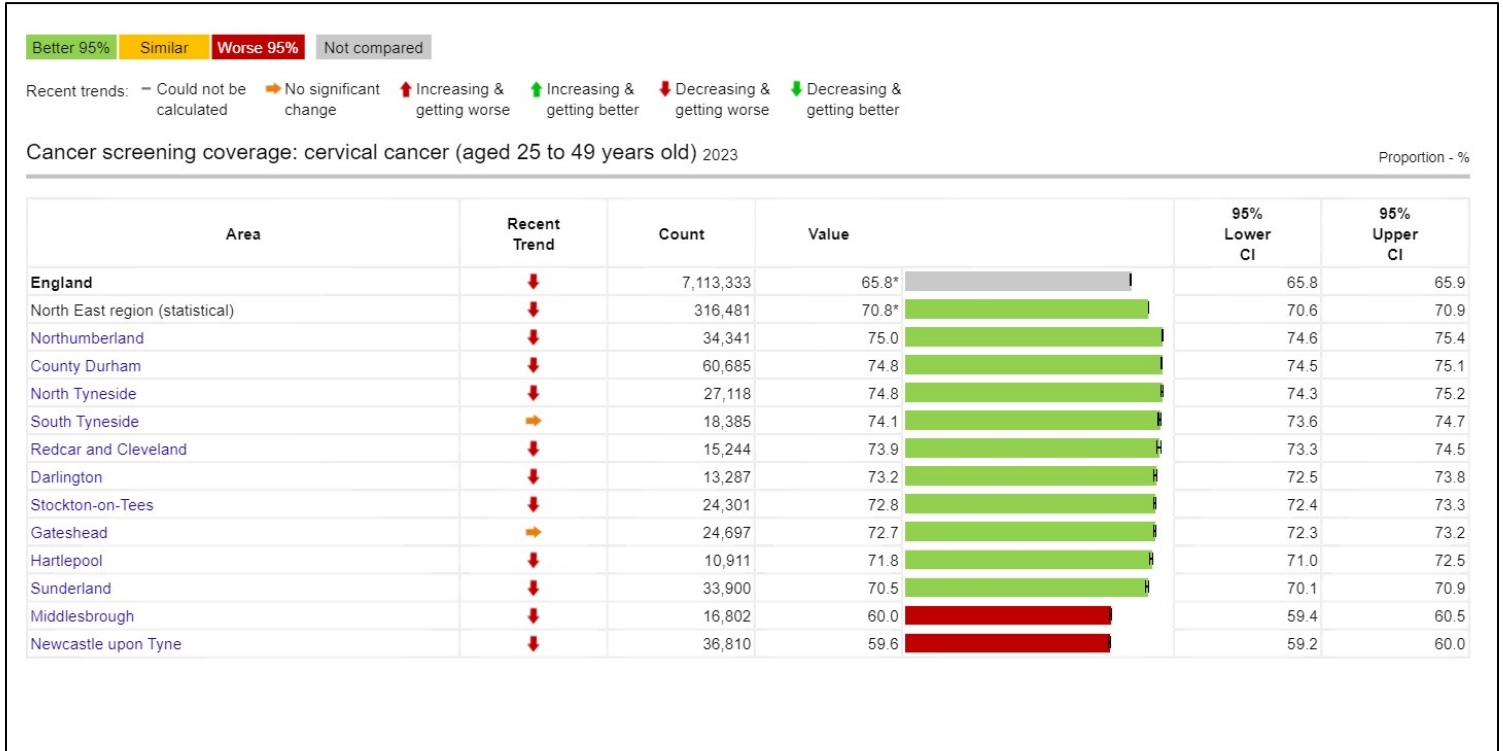
Recent trends: — Could not be calculated → No significant change ↑ Increasing & getting worse ↓ Decreasing & getting worse ↘ Decreasing & getting better

Cancer screening coverage: breast cancer 2023

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
<b>England</b>	↓	4,307,866	66.2*	66.2	66.3
North East region (statistical)	↓	221,019	67.1*	67.0	67.3
Darlington	↓	9,620	71.7	70.9	72.4
Sunderland	↓	24,620	70.9	70.5	71.4
Northumberland	↓	32,513	70.5	70.1	70.9
South Tyneside	↓	13,371	69.6	69.0	70.3
County Durham	↓	46,406	69.4	69.1	69.8
Stockton-on-Tees	↓	16,488	69.0	68.4	69.6
Gateshead	↓	15,839	67.6	67.0	68.2
Redcar and Cleveland	↓	12,154	66.7	66.0	67.3
Hartlepool	↓	7,835	65.6	64.8	66.5
Middlesbrough	↓	10,325	63.6	62.9	64.3
Newcastle upon Tyne	↓	16,873	58.0	57.4	58.6
North Tyneside	↓	14,975	57.2	56.6	57.8

**Figure 7** Cervical cancer screening coverage (aged 25-49 yrs) 2023 %



**Figure 8** Abdominal Aortic Aneurysm uptake (men aged 65-74yrs) 2022/23 %

