



# Northumberland County Council

Health and Well-being Board

Thursday, 11 January 2024

## Northumberland Health Protection Assurance and Development Partnership

**Report of Councillor(s)** Veronica Jones, Cabinet Member for Improving Public Health and Wellbeing

**Responsible Officer(s):** Gill O'Neill, Executive Director for Public Health (DPH), Inequalities & Stronger Communities

### 1. Link to Key Priorities of the Corporate Plan

- **Achieving value for money:** Partnership working will focus resources to ensure we are achieving value for money at a system level through effective health protection arrangements. An effective health protection response will improve people's health and economic contribution and potentially reduce demand and impact on services.
- **Tackling inequalities:** There are recognised inequalities in the effects of health protection related issues. These often follow similar patterns to other inequalities. A focus of the Health Protection Assurance and Development Partnership is to better understand these inequalities in Northumberland and work with stakeholders to minimise their impact.
- **Driving economic growth:** Robust health protection arrangements help improve health, thereby supporting residents to be in the best place to be economically active.

### 2. Purpose of report

To provide an update on multiagency activity to develop a Health Protection Assurance and Development Partnership in Northumberland

### 3. Recommendations

- 3.1 The Health and Wellbeing Board is invited to note and comment on the Health Protection Assurance and Development Partnership, including the proposed scope and terms of reference.

- 3.2 The Health and Wellbeing Board is invited to consider and comment on the proposal of the Health Protection Assurance and Development Partnership to present a report to HWB annually.

#### 4. **Forward plan date and reason for urgency if applicable**

N/A

#### 5. **Background**

- 5.1 Health protection is described as preventing or reducing the harm caused by communicable or infectious diseases and minimising the health impact of environmental hazards. There is a broad range of communicable diseases that can be transmitted between people or acquired from other sources with examples including respiratory infections, measles, meningococcal disease, hepatitis A, B and C, tuberculosis and gastrointestinal infections such as norovirus and salmonella. Examples of environmental hazards include extreme weather, indoor and outdoor air quality and contaminated land. There is a broad range of interventions which minimise health protection associated impacts including ensuring good standards of housing, food and water, implementing infection control measures and securing high uptake of vaccinations.
- 5.2 Health protection is delivered through a system-wide approach which involves a range of health and social care partners, including NHS organisations in primary and secondary care, and Directorates within Northumberland County Council. The United Kingdom Health Security Agency (UKHSA) North East Health Protection Team (HPT) delivers a specialist regional health protection response including information and advice, incident and outbreak management. In addition, NHS England commissions some public health services known as Section 7A services, including immunisation and screening programmes.
- 5.3 There are recognised health inequalities related to infectious diseases and environmental hazards. Examples include lower vaccination uptake in more socio-economically disadvantaged people, higher incidence of hepatitis B and C associated with drug use and higher incidence of meningococcal infection associated with socioeconomic disadvantage<sup>1</sup>. Poor air quality has been associated with higher rates of childhood asthma. The COVID-19 pandemic highlighted the association between inequalities in wider determinants of health and the disproportionate distribution of the impact of communicable diseases. The UKHSA has recently set out a strategic vision to contribute to tackling inequalities in its Strategic Plan 2023 to 2026<sup>2</sup>.
- 5.4 Northumberland County Council has a health protection duty, under section 6C of the National Health Service Act 2006. This duty is fulfilled by the Director of Public Health who is responsible for the Council's role in planning for and responding to incidents which present a threat to the public's health. In practice, health protection measures are undertaken collaboratively by multi-agency partners, and the Director of Public Health's role is to seek assurance that appropriate arrangements are in place, that these are implemented and are responsive to local health needs. Prior to COVID-19, assurance was achieved through a range of reports and partnership

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<sup>1</sup> European Centre for Disease Prevention and Control (2013) Health inequalities, the financial crisis, and infectious disease in Europe.

<sup>2</sup> UKHSA Strategic Plan 2023-2026 [UKHSA 3 year strategy \(publishing.service.gov.uk\)](https://www.ukhsa.gov.uk/publications/ukhsa-3-year-strategy)

meetings. Some of these groups, such as Screening and Immunisation Oversight Groups (SIOGs) no longer meet.

- 5.5 A Northumberland Health Protection Board was convened in 2020 to coordinate delivery of the multiagency COVID-19. This was overseen by the Director of Public Health and stood down in spring 2022 when remaining national control measures were eased. However, partners agreed that the opportunity should be taken to continue the effective collaborative working of the COVID-19 response by developing a Health Protection Assurance group which could focus on place-based issues.
- 5.6 Development sessions were held with stakeholders in spring and summer 2023 to explore the commitment and capacity of partners to support the Northumberland Health Protection Assurance and Development Partnership (HPADP), propose terms of reference and scope. Discussion at the development sessions emphasised the need to describe the additional value of this partnership and it was agreed that there should be an explicit emphasis on understanding and reducing health inequalities related to health protection in Northumberland. Partners agreed that the HPADP should be a forum for partners to work collaboratively, using information to identify and agree developments to strengthen the health protection response in Northumberland.
- 5.7 Partners agreed that the proposed purpose of the Northumberland HPADP should be to support the Director of Public Health's statutory oversight and assurance role of health protection. In turn, the HPADP could provide a mechanism for assuring the Northumberland Health and Wellbeing Board that adequate arrangements are in place for the prevention, surveillance, planning and response required to protect the health of the local population. In its proposed form, the HPADP can provide a link between the Health and Wellbeing board and partner organisations which have roles in the delivery of health protection functions. Proposed draft terms of reference for the Health Protection Assurance and Development Partnership are attached.
- 5.8 Routinely available data provides an overview of key health protection across Northumberland at a county level. However, a key theme to emerge from discussions was the limitations of available data which mask variation within Northumberland and do not provide an insight into associated inequalities. The HPADP provides the opportunity to explore how datasets held by various organisations might be used in different ways to understand the effect of inequalities at a local level and influence action to minimise impact.
- 5.9 Partners agreed that the HPADP should usefully consider the following broad topic areas:
  - a) Prevention and control of communicable diseases
  - b) Immunisation
  - c) Cancer and non-cancer screening
  - d) Health and social care associated infections in community settings
  - e) Emergency Preparedness, Resilience and Response
  - f) Environmental Hazards

- 5.10 Prevention and control of communicable diseases. The HDADP includes key partners that contribute to prevention and control of communicable diseases. These include the UKHSA North East Health Protection Team which provides specialist regional response including surveillance and response to outbreak and cases of certain communicable diseases, representatives from the Northumbria Healthcare Foundation Trust Infection and Prevention Control team, Cumbria, Northumberland and Tyne and Wear NHS Foundation Trust and Northumberland County Council's Public Protection Team.
- 5.11 Immunisation. Immunisation is one of the most effective interventions which protects residents from the impacts of a range of communicable diseases. The United Kingdom has a comprehensive vaccination programme for children and adults, comprising of universal and targeted elements. Figures 1 and 2 show the uptake of key vaccinations in Northumberland. Although at county level, uptake for most childhood and adult vaccinations is similar or better than the regional and national average, publicly available data does not provide insights into variation and inequalities. The HPADP membership includes key partners from the NHS England Public Health Programmes Team which commissions immunisation and screening programmes for Northumberland, the North East and North Cumbria ICB at Northumberland Place and primary care, affording the opportunity to work collaboratively to explore and understand vaccination uptake and associated inequalities within the county.

**Figure 1. Childhood and school age vaccination uptake in Northumberland**

Indicator	Period	Northum'land		Region England			England		Best/ Highest
		Count	Value	Value	Value	Worst/ Lowest	Range		
Population vaccination coverage: Dtap IPV Hib (1 year old) <span>New data</span>	2021/22	2,571	95.7%	95.6%	91.8%	64.0%		98.4%	
Population vaccination coverage: MenB (1 year) <span>New data</span>	2021/22	2,584	96.2%	95.4%	91.5%	64.5%		98.3%	
Population vaccination coverage: Rotavirus (Rota) (1 year) <span>New data</span>	2021/22	2,556	95.1%	94.3%	89.9%	61.7%		97.6%	
Population vaccination coverage: PCV <span>New data</span>	2019/20	2,755	96.4%	96.4%	93.2%	74.8%		98.7%	
Population vaccination coverage: Hepatitis B (2 years old)	2021/22	0	-	*	*	-	-	-	
Population vaccination coverage: Dtap IPV Hib (2 years old) <span>New data</span>	2021/22	2,583	94.5%	96.0%	93.0%	70.6%		99.1%	
Population vaccination coverage: MenB booster (2 years) <span>New data</span>	2021/22	2,562	93.7%	93.7%	88.0%	60.2%		97.7%	
Population vaccination coverage: MMR for one dose (2 years old) <span>New data</span>	2021/22	2,587	94.7%	94.5%	89.2%	65.4%		97.7%	
Population vaccination coverage: PCV booster <span>New data</span>	2021/22	2,594	94.9%	94.3%	89.3%	64.3%		97.6%	
Population vaccination coverage: Flu (2 to 3 years old)	2022/23	3,056	53.0%	45.0*	43.7%	24.3%		61.7%	
Population vaccination coverage: Hib and MenC booster (2 years old) <span>New data</span>	2021/22	2,593	94.9%	94.4%	89.0%	61.6%		97.7%	
Population vaccination coverage: DTaP and IPV booster (5 years) <span>New data</span>	2021/22	2,920	90.8%	90.6%	84.2%	56.1%		95.3%	
Population vaccination coverage: MMR for one dose (5 years old) <span>New data</span>	2021/22	3,147	97.9%	96.3%	93.4%	83.0%		97.9%	
Population vaccination coverage: MMR for two doses (5 years old) <span>New data</span>	2021/22	2,942	91.5%	91.7%	85.7%	58.9%		95.6%	
Population vaccination coverage: Flu (primary school aged children)	2022	14,917	63.6%	58.2*	56.3%	20.2%		77.0%	
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)	2021/22	1,418	85.3%	64.3%	69.6%	34.3%		93.2%	
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male)	2021/22	1,388	78.0%	56.6%	62.4%	27.8%		92.3%	
Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 years old) (Female)	2021/22	1,450	90.2%	60.5%	67.3%	0.0%		91.6%	
Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	2021/22	2,942	88.4%	78.5%	79.6%	48.2%		100%	

**Figure 2. Annual vaccination uptake (adults)**

Indicator	Period	Northum'land			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Population vaccination coverage: Flu (aged 65 and over) (Persons, 65+ yrs) <75% ≥75%	2022/23	↑	59,550	85.6%	82.5%*	79.9%	59.6%		86.8%
Population vaccination coverage: Flu (at risk individuals) (Persons, 6 months-64 yrs) <55% ≥55%	2022/23	↑	23,110	59.4%	51.6%*	49.1%	32.7%		59.9%
Population vaccination coverage: Shingles vaccination coverage (71 years) (Persons, 71) <50% 50% to 60% ≥60%	2021/22	–	2,080	48.8%	49.9%	44.0%	22.3%		
Population vaccination coverage: PPV (Persons, 65+ yrs) <65% 65% to 75% ≥75%	2020/21	→	61,792	74.8%	73.7%	70.6%	49.9%		81.0%

5.12 Cancer and non-cancer screening. National screening programmes in the UK include those for cancer (breast, bowel, cervical cancer) non-cancer (e.g. abdominal aortic aneurysm, diabetic eye screening, newborn hearing screening) and infectious diseases in pregnancy (HIV, hepatitis B and syphilis). Routinely available screening data has limitations. Coverage (the proportion of eligible population tested) is reported at local authority level but uptake (the proportion of those invited who are screened) is reported by screening provider which usually includes several local authority areas. Figure 3 shows coverage of key screening programmes in Northumberland. Coverage in Northumberland in 2021/22 was below the regional and national averages for abdominal aortic aneurysm, breast cancer and the newborn and infant physical examination, although coverage for the latter exceeded 95%. Coverage for bowel cancer and newborn hearing screening exceed regional and national averages. It is important to note that many screening programmes were disrupted during the COVID-19 pandemic and the impact of recovery measures may not yet be reflected in data.

5.13 Inequalities in uptake have been well-described in literature including lower breast screening uptake in areas of social disadvantage. However, the more granular level data required to understand local variation and the impact of inequalities is not publicly available.

**Figure 3. Coverage of selected cancer and non-cancer screening programmes**

Indicator	Period	Northum'land			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Abdominal Aortic Aneurysm Screening Coverage (Male, 65)	2021/22	↓	1,536	66.0%	71.7%*	70.3%*	10.5%		90.2%
Cancer screening coverage: breast cancer (Female, 53-70 yrs)	2022	↓	28,467	62.7%	67.1%*	65.2%*	40.9%		78.9%
Newborn Hearing Screening: Coverage (Persons, <1 yr)	2021/22	→	2,514	99.4%	99.1%*	98.7%*	82.1%		100%
Newborn and Infant Physical Examination Screening Coverage (Persons, <1 yr)	2021/22	–	2,425	95.7%	96.1%*	96.6%*	92.0%		100%
Cancer screening coverage: bowel cancer (Persons, 60-74 yrs)	2022	↑	54,991	77.3%	72.5%*	70.3%*	51.2%		77.6%

With the exception of infectious diseases in pregnancy screening, cancer and non-cancer programmes would not usually be included within the commonly used definition of health protection. However, following discussion with other stakeholders, it was identified that currently there is not an alternative established forum for scrutinising and providing assurance about screening at local authority level. It was agreed that the HPADP had appropriate membership to include screening within its scope and this approach has been taken by other local authorities in the region.

5.14 Health and social care associated infections in community settings. The development session discussions about scope considered health and social care associated infections in acute and community settings. Partners agreed that there is

comprehensive review and governance of healthcare associated infections in acute settings through established processes within Northumbria Healthcare NHS Foundation Trust and the NENC ICB. It was agreed that infections in acute settings should be out of the scope of the HPADP as further review would duplicate existing arrangements without adding value.

- 5.15 Partners agreed that the HPADP could add value by considering health and social care associated infections in community settings, such as care and educational settings. In order to provide assurance and identify potential areas for development, related to this topic area, it was proposed that the HPADP would be the appropriate forum to annually review local progress against implementation of the Northumberland and North Tyneside Infection Prevention and Control Strategy.
- 5.16 Emergency preparedness, resilience and response. As a category one responder under the Civil Contingences Act (2004) Northumberland County Council contributes to a multi-agency risk assessment process across nine categories including, human, animal and plant diseases and, natural and environmental hazards. The HPADP will provide a local forum to discuss arrangements for relevant key risks such as pandemic, emerging infectious diseases, low temperatures and snow, high temperature and heatwave. The HPADP also provides a link between NCC's community resilience workstream and the corporate priority to address inequalities within our communities. This is in harmony with the National Resilience Framework which sets out three key themes of, improved risk assessment, prevention being better 'than cure' and a whole of society approach. This National Framework set the direction of travel for policy from now until 2030.
- 5.17 Environmental Hazards. The HPADP includes representation from the NCC Public Protection Team and other stakeholders who are well-placed to explore health protection issues associated with environmental hazards, some of which are closely with with the emergency preparedness, resilience and response theme. It was noted that whilst this should be included within the scope it was an area for development.
- 5.18 Partners proposed that the HPADP meet every two months to focus on one of the key topics included within the scope. The partnership will provide strategic oversight of the health protection system across Northumberland including health protection intelligence, highlighting risks, inequalities, areas of good practice and areas where performance could be improved. Partners will work collaboratively to identify opportunities to improve local health protection arrangements, and liaise with operational partners to identify and oversee appropriate development activity. It is proposed that the HPADP will produce an annual report which could be presented to the Health and Wellbeing Board.
- 5.19 It is proposed that the partnership includes the appropriate membership to lead the local strategic response to a significant health protection incident and if required, HPADP members would coordinate initial additional operational response from their respective organisations. The HPADP would provide the core membership if a multiagency health protection group was required, for example in response to a pandemic.

## 6. Options open to the Council and reasons for the recommendations

- 6.1 It is recommended that the Council endorses the establishment of the multiagency Health Protection Assurance and Development Partnership and suggested reporting arrangements to the Health and Wellbeing Board. The rationale is that this partnership will support the Executive Director of Public Health, Inequalities and Stronger Communities to fulfil their statutory health protection assurance function and help to achieve the corporate plan objective of tacking inequalities.

## 7. Implications

<b>Policy</b>	None identified
<b>Finance and value for money</b>	No additional funding required
<b>Legal</b>	The Health Protection Assurance and Development Partnership will support the Executive Director of Public Health, Inequalities and Stronger Communities fulfil NCC's health protection duty, under section 6C of the National Health Service Act 2006
<b>Procurement</b>	None identified
<b>Human resources</b>	None identified
<b>Property</b>	None identified
<b>The Equalities Act: is a full impact assessment required and attached?</b>	No <a href="#">Click to explain reasons if EIA not required before making the decisions recommended in the report, or to add a summary of and/or reference to the EIA (e.g. an appendix number).</a>
<b>Risk assessment</b>	N.A
<b>Crime and disorder</b>	None identified
<b>Customer considerations</b>	No positive or negative impacts identified
<b>Carbon reduction</b>	None identified
<b>Health and wellbeing</b>	This report is relevant to improving the health and wellbeing of residents

<b>Wards</b>	(All Wards);
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**8. Background papers**

Northumberland Health Assurance and Development Partnership draft Terms of Reference

**9. Links to other key reports already published**

Northumberland and North Tyneside Community Infection Prevention and Control Strategy 2023-2028 Health and Wellbeing Board 14 September 2023

**10. Author and Contact Details**

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