



NORTH YORKSHIRE HEALTH PROTECTION ASSURANCE GROUP END OF YEAR REPORT 2022-3

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Report produced by NYC Public Health team, April 2023

INTRODUCTION

The North Yorkshire Health Protection Assurance Group (HPAG) is a multi-agency forum providing strategic oversight across the individual parts of the health protection system in North Yorkshire (NY). The group is chaired by the Director of Public Health, who has a statutory role to maintain assurance on health protection issues across the County.

Other members of HPAG include the UK Health Security Agency (UKHSA) who provide the regional and national capacity to respond to threats to health, the local authority public health, environmental health and resilience and emergencies teams, NHS England, Humber North Yorkshire Integrated Care Board (HNY ICB), and the Community Infection Control Team (CICT).

In recent years much of the health protection capacity has been directed towards the COVID-19 pandemic. The wider system has also been affected by the multiple organisational changes over the last 18 months, including:

- Disbanding of Public Health England, with functions split between the UK Health Security Agency, Office for Health Improvement and Disparities (OHID), and NHS England (NHSE)
- Merger of CCGs into Integrated Care Systems (ICS)

- Local government reorganisation (LGR) involving the replacement of North Yorkshire County Council (NYCC) and the seven district councils with a single unitary authority (North Yorkshire Council)

Despite these challenges, all organisations have continued to fulfil their roles as part of the health protection system.

The purpose of the HPAG annual report is provide evidence to support the Director of Public Health in fulfilling their statutory assurance function on health protection for North Yorkshire, whilst summarising the work of the wider assurance group over the last year (22/23). In doing so the report also highlights the key risks, challenges and gaps across the system, which in turn help determine the priorities for the assurance group for the next year (23/24) as set out at the end of the report.

Priority areas for 22/23:

- Vaccination uptake with a particular focus on inequalities
- Continue pandemic planning and response, including winter planning
- Review of IPC/TB provision
- Avian flu

SCREENING AND IMMUNISATIONS

SCREENING

Screening services commissioned by NHS England as part of Section 7A arrangements include breast, cervical and bowel cancer screening, abdominal aortic aneurysm (AAA) screening, diabetic eye screening and antenatal & new-born screening. Public health support the NHSE Screening and Immunisations Team (SIT) to ensure these programmes are running effectively both for the general population and for targeted groups as part of action to address health inequalities.

The latest data (2021/22) show that uptake rates in NY across breast, cervical and bowel cancer and new-born hearing screening programmes are above the England average. However, uptake in North Yorkshire is below the England average for the AAA programme. The delivery of the AAA screening was affected by the pandemic but, even though the delivery has since recommenced, uptake rates have not reached pre-pandemic levels.

Importantly, when considering trends, the data indicates that uptake rates for breast and cervical cancer screening particularly for women aged 50 to 64, and AAA screening are decreasing.

Increasing uptake of bowel cancer screening amongst people with learning disabilities (LD)

NHSE have done significant work to introduce systems and processes to increase uptake of bowel cancer screening for people with LDs, particularly through work with primary care. This involves encouraging primary care colleagues to provide additional support to eligible patients with LDs to participate in the screening programme.

Other actions have included:

- Promoting training and resources with stakeholders, individuals, groups, and voluntary organisations
- Building Vaccine and Screening Confidence Training Programme
- Promotion of Cancer Champion Training to increase confidence in discussing the signs and symptoms of cancer
- Presentation to self-advocates at NY Health Task Group and sharing easy read leaflets, and videos
- Key Ring meetings and newsletters for self-advocate groups in NY
- Bowel Screening Roadshow Health Promotion for people with LD



SCREENING DATA – NORTH YORKSHIRE

● Better 95%
 ● Similar
 ● Worse 95%
 ○ Not applicable

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



Indicator	Period	N Yorkshire		Region England		England		Best
		Recent Trend	Count	Value	Value	Value	Worst	
Cancer screening coverage: breast cancer	2022	↓	61,993	73.0%*	67.4%*	64.9%*	33.4%	78.9%
Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	2022	➔	68,380	77.0%*	70.3%*	67.6%*	42.1%	77.6%
Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	2022	↓	53,342	78.7%*	76.2%*	74.6%*	53.7%	88.2%
Cancer screening coverage: bowel cancer	2022	↑	98,885	76.3%*	72.2%*	70.3%*	51.2%	77.6%
Abdominal Aortic Aneurysm Screening Coverage	2021/22	↓	2,452	58.6%*	67.8%*	70.3%*	10.5%	90.2%
Newborn Hearing Screening: Coverage	2021/22	➔	5,082	99.3%	98.6%*	98.7%*	82.1%	100%
Newborn and Infant Physical Examination Screening Coverage	2021/22	—	4,976	96.9%	96.2%*	96.6%*	92.0%	100%

IMMUNISATIONS

- Immunisation programmes start in early childhood, continuing in school-age children and during adulthood.
- The most recent data for our immunisation programmes available on [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk) show that NY is broadly similar to, or better than the England average.
- Comparisons with previous data show that there have been some improvements to uptake, particularly in vaccinations offered to children up to 2 years old.
- However, some of the programmes, whilst above average, are still not achieving the national target thresholds required for population herd immunity against particular diseases.
- Uptake rates are under the target threshold set for the following immunisations:

Vaccine	Target threshold	NY uptake
DTaP/IPV booster	90%	89.3%
MMR second dose	90%	89.8%
HPV for females (dose 2)	80%	75.6%
MenACWY	80%	75.7%

Tackling screening and immunisations inequalities in Scarborough

A whole-system approach has been developed to tackle screening and immunisations related health inequalities in Scarborough.

In 2022 we established a multi-agency group, led by NYC Public Health in collaboration with NHSE, with other partners including the NY School Age Immunisations Service (SAIS), HNY ICB, local PCNs, GP practice managers, NYC Early Help, Stronger Communities, NYC libraries, local VCSE organisations, and additional partners as required.

Through Stronger Communities, organisations in Scarborough were identified that are able and willing to promote resources around screening and immunisation programmes to increase awareness.

We also identified that schools could be doing more to promote uptake of immunisations and support SAIS. The group arranged a joint webinar for schools to support practical ways of increasing uptake of immunisations.

Our partnership approach has led to further collaborations across the system, for example SAIS supporting primary care to vaccinate refugee and asylum seeker families in NY. Further work has been undertaken on engaging with communities to understand vaccine hesitancy (see next page).

Encouragingly, primary care data shows improvements in uptake when comparing 2021/22 to 22/3. Although there is more work to be done, this collaboration has made some headway in addressing health inequalities in Scarborough.

Understanding barriers / hesitancy issues that might be preventing vulnerable migrants from seeking or consenting to immunisations in North Yorkshire

Improving uptake of immunisations amongst vulnerable migrants involves understanding potential barriers or hesitancy issues that might be preventing them from seeking or consenting to immunisations.

NYC public health team worked on a brief project to improve our understanding of the issues. We approached colleagues who already had relationships with these populations and gave them some generic questions to understand migrants' attitudes towards immunisations, any access barriers that they are facing and general healthcare issues relevant to immunisations.

We worked with colleagues in Early Help, Stronger Communities and Primary Care to gather feedback in several ways, including meeting with colleagues to discuss issues they had picked up, and receiving written feedback from colleagues who had visited migrant families. We also conducted a brief desktop exercise to identify recent research evidence on key issues.

This approach generated lots of information around vaccine hesitancy and other barriers to immunisation to inform our approach, e.g. access to interpreters, trusted peers etc. We will now work with the NYC behavioural science unit to use the information we gathered so far, as well as further planned engagement, to co-produce appropriate materials in various formats (as needed by our migrant communities). These will include accurate information around different vaccination programmes and details of when and how to seek vaccinations.

We have also shared this information with regional colleagues for inclusion in their wider system work on inclusion health and vaccine hesitancy.

Challenges

- Screening and immunisations providers that cover NY also cover areas e.g. Bradford, the North East, or Hull that have significant health inequalities. This means that NY is not often considered in targeted intervention schemes as, broadly speaking, NY has better data despite containing pockets of significant inequalities.
- Capacity to support screening and immunisation programmes with changes to NHSE structures and staffing, particularly as the new SAIS contract is announced.

Priorities for screening and immunisations for 23/4:

- Continue inclusion health work (inc. looked after children, migrant children and young people, Gypsy, Roma & Traveller (GRT) communities)
- Implement next SAIS contract
- Target programmes and population groups with lower uptake across both screening and immunisation programmes
- Continue working with partners to address health inequalities in Scarborough

COVID-19 AND FLU SEASONAL VACCINATION PROGRAMMES

Respiratory illnesses (such as flu and COVID-19) are a main cause of excess winter deaths. Vaccination is the best way to ensure protection against both preventable diseases.

For the 2022-23 COVID-19 autumn boosters, eligible cohorts were: people over 50 years old, residents in care homes, people over 5 years old in clinical risk groups and front-line health and social care staff. Eligibility was similar for the free flu vaccine with the additions of: toddlers aged two and three, pregnant women, all primary and some secondary school age children.

The NHS led the delivery of vaccination programmes, supported by public health and partners to ensure a smooth delivery and a focus on areas of need and inequality.

NY had the highest uptake for the COVID-19 autumn boosters in Y&H, although there were variations between age groups:

Age range	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90+
Uptake%	55.1	66.2	75	83	87.3	89.2	90.2	89.9	88

Uptake for the flu programme was lower compared to previous years:

Cohorts	2 years	3 years	Primary	Secondary	Pregnant women	At risk groups	50-65 at risk	50-65 no risk	65+
Uptake%	42.3	45.1	65.9	46.7	35	49.1	62.4	40.6	79.9

NYCC staff flu vaccinations

North Yorkshire County Council (NYCC) runs an annual flu programme to support access to vaccination for their staff and the wider health and social care workforce.

We provide a pharmacist-led NYCC staff flu vaccination programme in venues across North Yorkshire. The programme is free of charge for Health and Adult Service and frontline Children and Young People's staff.

Staff are also able to access flu vaccination through community pharmacy and can claim vaccine costs and travel expenses. Working in conjunction with NHS colleagues we monitored flu vaccination uptake in our 400+ care settings and services across the county.

We provided communications regarding the flu and COVID vaccination programmes to the adult social care sector (e.g., MythBusters, information about clinics, how to access the vaccinations).

We are completing an evaluation of the flu programme delivered in 2022/23 to establish plans for the new authority.

Data Sources:

COVID Vaccinations in North Yorkshire | Coronavirus in the UK (data.gov.uk)

Flu <https://www.gov.uk/government/collections/vaccine-uptake#seasonal-flu-vaccine-uptake:-figures>

INFECTION PREVENTION AND CONTROL

Community Infection Prevention and Control (IPC) services for North Yorkshire are jointly commissioned by HNY ICB (lead commissioner), NYC and City of York Council (CYC), and are delivered by Harrogate District Foundation Trust (HDFT) alongside community TB services. The IPC service provides advisory, responsive, investigative and educational IPC support for North Yorkshire & York (NY&Y) providers of health and social care in the community. The NY&Y service also contributes to a continuous reduction in the burden of infectious disease, including healthcare associated infection (HCAI), in all NY&Y community health and social care settings.

The IPC service has a vital role in supporting settings with infection prevention and control – currently this is targeted at health and social care settings although during COVID-19 there was some coverage into other high-risk settings e.g. special schools. The IPC team works closely with partners including UKHSA, public health and adult social care.

The majority of workload around care homes has been supporting COVID-19 outbreaks, with most input carried out virtually via phone consultation. Support has also been provided on norovirus, flu and scabies outbreaks.

The team has also provided support around c.difficile cases, including undertaking root cause analyses, and supporting around Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia.

In light of the lessons learned and good practice developed during the pandemic in relation to infection prevention and control, the current service specification for IPC will be reviewed in 2023/4 to make sure that the service aligns with the ongoing needs of our population.

Priority for 23/4:

- Review of service specifications and contract for community IPC and TB services

SEXUAL HEALTH

Overall sexual and reproductive health outcomes in North Yorkshire are good, frequently better than England, the Yorkshire and Humber region and our CIPFA neighbours.

Key achievements 2022/23

- Completion of the Sector Led Improvement piece for sexual health with clear areas for development identified.
- Completion of regional report, reviewing Sexually Transmitted Infections (STI) outbreak approaches at Local Authority(LA) level and identifying evidence based good practice recommendations to be considered for implementation.
- Led regional insight project identifying factors contributing to low uptake of Pre-exposure prophylaxis (PrEP) in under-represented groups.
- Refreshed Sexual Health Needs Assessment with interactive elements to target future interventions.
- Developed new reporting frameworks for GP Long-Acting Reversible Contraception (LARC) and Community Pharmacy Emergency Hormonal Contraception (EHC) activity to provide better understanding of trends and potential issues at county, district and provider level.

YorSexualHealth(YSH) service

The LA is mandated to provide open access sexual health services for anyone who wishes to use them. In NY this is delivered through a Section 75 Partnership Agreement with York and Scarborough NHS Teaching Hospitals Foundation Trust (branded YorSexualHealth-) which went live on the 1st April 2022. The service offers the full range of contraception, STI testing and treatments, HIV testing and the HIV wellbeing service, (PrEP), sexual health counselling, training for a range of professionals, cervical screening, Hepatitis A & B and HPV vaccination and the Clinical and Community Outreach Team.

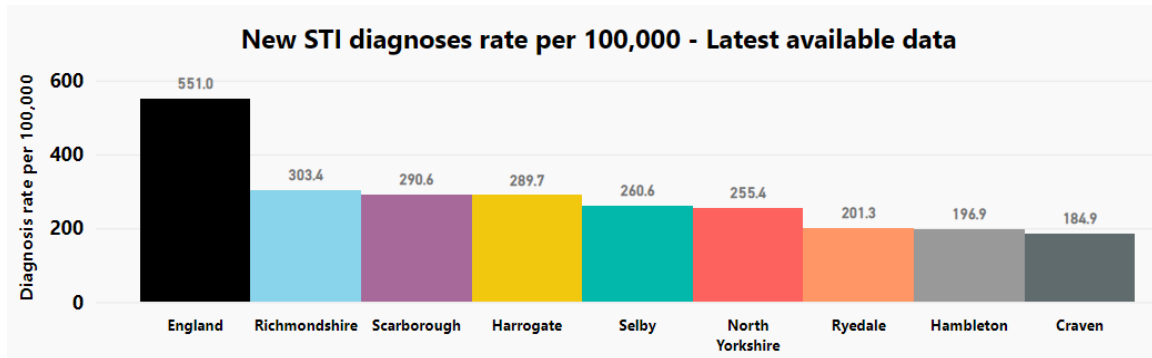
The first year of the partnership (22/23) has been very positive with significant progress on service improvement, including completion of a North Yorkshire Sexual Health Needs Assessment with interactive dashboard, YSH delivering additional cervical screening via NHSE contract, and outbreak response (including screening, testing, treatment and vaccination) to Mpox.

Priorities for 23/4:

- Establish North Yorkshire Sexual Health Network
- Develop Sexual Health Framework for North Yorkshire
- Develop a local approach to managing STI/HIV outbreaks in NY

SEXUALLY TRANSMITTED INFECTIONS

The rate of new STI diagnoses in North Yorkshire has consistently been significantly better than England, with a decreasing trend.



Chlamydia is the most commonly diagnosed STI in North Yorkshire; however, national data is showing a recent increase in gonorrhoea rates. More information on STIs in North Yorkshire is available in the [sexual health JSNA](#).

Some bloodborne viruses can also be spread through sex as well as by other routes, e.g., hepatitis B, hepatitis C. Some gastro-intestinal infections, can also be spread faecal-orally during sexual activity: these are called sexually transmissible enteric infections (STElS) e.g., hepatitis A and Shigella.

As 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.

HIV

Free and effective antiretroviral therapy (ART) in the UK has transformed HIV from a fatal infection into a chronic but manageable condition. People living with HIV in the UK can now expect to have a near normal life expectancy if diagnosed promptly and they adhere to treatment. In addition, those on treatment are unable to pass on HIV, even if having unprotected sex (undetectable=untransmissible [U=U]).

The number of new HIV diagnoses in North Yorkshire was 13 in 2021. The prevalence of diagnosed HIV per 1,000 people aged 15 to 59 years in 2021 was 0.7, better than the rate of 2.3 in England. The rank for HIV prevalence in North Yorkshire was 147th highest (out of 150 UTLAs/UAs).

In North Yorkshire, in the three-year period between 2019 - 21, the percentage of HIV diagnoses made at a late stage of infection amongst those first diagnosed in the UK (all individuals with CD4 count ≤ 350 cells/mm³ within 3 months of diagnosis) was 46.4%, similar to 43.4% in England.

ENVIRONMENT

SEASONAL HEALTH



The seasonal health strategy, led by the seasonal health partnership, steers actions to improve the health and wellbeing of North Yorkshire residents during seasonal temperature variations, with a focus on reducing excess winter deaths but also acknowledging the impact from extreme heat.

July 2022 saw a significant period of hot weather, with the Level-4 heatwave on 18/19th July the first ever to be declared in the UK. Temperatures in North Yorkshire peaked at 40.3° C with night-time highs of 24° C. Lessons learnt from the heatwave resulted in the establishment of an overarching extreme weather plan, rather than separate heatwave/cold weather plans, acknowledging the occurrence of concurrent and extreme weather events as a result of our changing climate.

An annual progress report has been produced to document work done by partners linked to the strategy and influenced by co-existing challenges including the COVID-19 pandemic, the war in Ukraine, global fuel cost challenges, and the cost-of-living crisis. Work covered includes the 'Warm and Well' approach, green energy grants, severe weather planning, flu vaccinations, and partner updates e.g. Fire & Rescue Service (FRS) Safe & Well checks.

The partnership has completed a strategic review to ensure the breadth of the strategy is met by the partnership group. The annual report forms the basis of the recommendations for priority focus into 2023/24.

Warm & Well in North Yorkshire

The provision of a single point of contact in North Yorkshire, Warm and Well, aims to provide advice around cold homes, fuel poverty and energy efficiency to those most vulnerable.

An additional £40,000 funding has been provided across 22/3 and 23/4 to help the service manage the significant increase in demand seen due to the cost of living crisis (e.g. increase in referrals in Q2 from 287 in 21-2 to 1028 in 22-3).

In 22/3 there were 5442 clients advised by phone, email and in person, with £1,766,174 financial gain achieved for clients including financial support, income maximisation and energy efficiency measures.

Priority for 23/4:

- Winter planning group with NHS colleagues
- Build on lessons learned from annual report and 2022 weather events
- Develop suite of communications to share health messages as required in weather events

CLIMATE CHANGE

Climate change is an emergency with multiple adverse consequences that will worsen health inequalities. Climate change will directly influence health through: changing exposure to heat and cold; air pollution due to increased ground level ozone and particulates; increased aeroallergens due to extended pollen seasons; increase in food-borne/water-borne/vector-borne infections and emerging infections disrupting health services; flooding-induced injury, infection and mental health impacts; increased exposure to UV radiation.

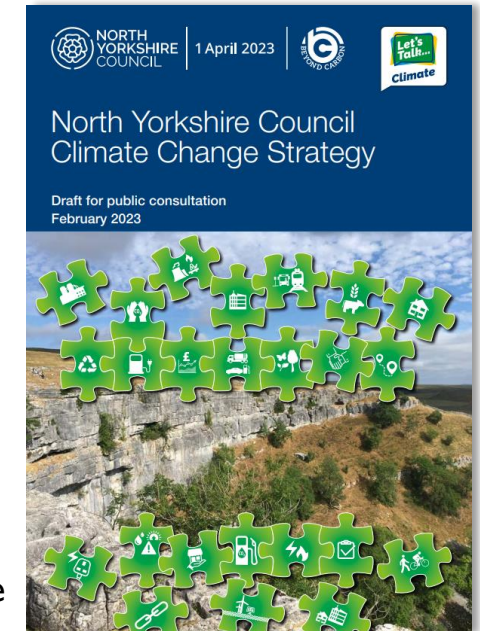
NYC public health developed a Climate Action Plan for the Health and Adult Services (HAS) directorate, and a team-specific action plan for public health, setting out how we will respond to the climate emergency following on from the NYC Climate Strategy.

The Public Health action plan focuses on:

1. Developing the evidence base and data for the climate impact within North Yorkshire
2. Addressing the wide range of health impacts of climate change
3. Strengthening the climate resilience and environmental sustainability of the local health system, commissioned services, strategies, and interventions
4. Promoting the health co-benefits of climate change mitigation in other areas

In addition to wider actions on e-learning, service-level plans, and pursuing a 'climate in all policies' approach, the HAS action plan recommends implementing a HAS Climate Board that will report into NYC's Beyond Carbon Board and provide oversight and accountability.

Public health and adult social care already feed directly into Beyond Carbon, and also made sure health impacts of climate change (and health-based solutions) were included in the draft NYC Climate Change Strategy, which is currently out for public consultation.



Tick Borne Encephalitis (TBE)

One impact of climate change is changes to the geographical distribution of particular diseases. In 2022 the first confirmed case of TBE was identified in the UK – UKHSA have [updated information and guidance](#) on preventing tick-borne infections, which has also been shared with partners and the public by NYC as we enter spring/summer.



AIR QUALITY

Improving indoor air quality (IAQ) is one of the key lessons learned from the COVID-19 pandemic, both to prevent the spread of infections but also having other health benefits e.g. reducing mould and damp, and improving attendance and concentration in schools.

Work has focused on education settings initially, including guidance development and webinars, as part of a package of support for schools to allow them to work towards improving IAQ.

The inaugural 'World Ventil8 Day' took place on the 8th November 2022, aiming to raise awareness of the importance of ventilation as a crucial part of enabling health and wellbeing of people. The event was shared with schools across the County, and highlighted via an internal article and blog. <https://www.worldventil8day.com>



NYC environmental health and public health teams will work together in a new specialist interest group on air quality (AQ) (both indoor and outdoor AQ), including identifying higher risk locations and potential vulnerable groups.

Priority for 23/4:

- Supporting improvement of IAQ in care homes

IAQ action in education settings

- Developed guidance documents on IAQ – provides clear, step-by-step advice on simple measures, as any action (even small steps) will help to improve ventilation and IAQ.
- Hosted webinars jointly with Health and Safety and North Yorkshire Net (Nynet), which provided information on the types of ventilation that can be employed in classrooms, information on CO2 monitoring, and the Nynet pilot (see below). Webinars also covered the challenges from cold weather and the need to reduce energy costs, and provided an opportunity to feedback on how public health can best support.
- Working with Nynet, on a pilot project to create a single platform for schools around CO2 monitoring, using a Red Amber Green (RAG) alert system via email to let schools know where ventilation is poor and mitigating action (e.g. opening windows) is needed.
- Encouraging participation in the Schools' Air Quality Monitoring For Health & Education (SAMHE) project, which offers free sensors to schools to monitor IAQ as well as an app to record data <https://samhe.org.uk/>
- Liaising closely with the schools Health & Safety team, who have subsequently incorporated IAQ and ventilation measures into the schools' inspection checklist.

ENVIRONMENTAL HEALTH

In 2022/23 most of the collective work of the North Yorkshire Chief Environmental Health Officer/Trading Standards Group has focussed on preparing for LGR in the County. For the last 18 months representatives from each District and Borough Council and NYCC's Trading Standards team have met fortnightly to prepare NYC's new regulatory services to be "safe and legal". It is a credit to all participants that this aim has been achieved. However, the transformation programme has just begun.

Notwithstanding the above, NY's Districts and Borough have continued to deliver "Business as Usual" and made great progress in implementing COVID-19 recovery plans. This has especially been in the case in addressing huge backlogs in food hygiene inspection work.



Following LGR, all North Yorkshire Environmental Health Services, which were previously delivered by 7 Districts/Boroughs, are now part of the new North Yorkshire Council (NYC). The initial priorities of this service will be to consolidate and start the transformation process to deliver effective and efficient integrated regulatory services across the county. An important part of this process will be to further strengthen and embed joint-partnership working with colleagues from NYC's Public Health Service and NY Local Resilience Forum.

With the above overall objective in mind, we will:

- Support and provide Environmental Health input into relevant food, air quality and infectious disease control strategy sub-groups
- Assist with any review and update of North Yorkshire's Outbreak Control Plan, following the merger of 8 local authorities into one
- Review and update our Business Continuity Plans, as part of the Council's overall emergency preparedness, resilience and response

ENVIRONMENTAL PERMITS

UKHSA receive Environmental Permit Applications from the Environment Agency for input regarding potential public health impacts. UKHSA shares the application notices and their response with the Director of Public Health (DPH), who may also choose to submit additional information. The UKHSA responses form part of the local assurance process on health protection.

In 22/3 there were 7 environmental permit applications shared with the DPH by UKHSA relating to farming/food production, hydrogen generation, and waste incineration. Whilst UKHSA did make some recommendations there were no significant concerns identified.

National Strategic Infrastructure Projects (NSIPs)

The DPH also receives notifications from the Office of Health Improvement and Disparities (OHID) regarding (NSIPs). OHID provide feedback on the health & wellbeing impacts of NSIP proposals (which the DPH is invited to feed in to), whilst UKHSA respond regarding any environmental and chemical impacts. The Local Authority (i.e. NYC) is also a statutory consultee for NSIPs.

NSIPs can take many years to progress (for example HS2). In February 2023 a [national action plan](#) was released to improve the NSIP process, in light of the increased number and complexity of NSIP applications as well as the time delays around the application process.

In 22/23 the DPH has been notified of three projects at Development Consent Order (DCO) stage (Yorkshire Green Project, A66 Northern Trans-Pennine Project, Drax Bioenergy with Carbon Capture and Storage Project), one project at Section 42 stage (Humber Low Carbon Pipeline) and one at scoping stage (Helios Renewable Energy Project).

Unlike with environmental permit applications, OHID do not share their input into NSIP consultations directly with the DPH. Further work is therefore required to make sure we are assured that sufficient public health input has been made into NSIP applications by partner organisations, alternatively whether further direct DPH input is required.

MIGRANT HEALTH

Since 2021 there has been an increase in the number of refugees and asylum seekers housed in North Yorkshire, following programs including Homes for Ukraine and the Afghan Relocations and Assistance Policy (ARAP).

Refugees and asylum seekers are at high risk of having significant health issues, whilst also facing additional challenges around accessing appropriate care. Many of the key health issues faced by migrant groups relate to health protection, including communicable disease transmission, vaccinations, oral health, and sexual health.

Partners including the local authority, UKHSA, HNY ICB, OHID and NHS England have been working together to identify and support the health needs of these groups, particularly in relation to contingency accommodation sites.

Actions during 22/23 have included:

- Regular multi-agency strategic migrant health meetings for North Yorkshire & York
- Health Needs Assessment on displaced populations (asylum seekers, refugees)
- Escalation of concerns to regional and national migrant health groups
- Working with HNY ICB on a collective approach to migrant health
- Participation in contingency accommodation partnership meetings
- Specific work on vaccinations and oral health (including funding bid for support on screening & immunisations and mental health)

National Challenges: risks around contingency accommodation e.g. spread of infectious disease, general health workforce not being used to/trained to manage very complex health needs as experienced by displaced populations, recent decrease in per capita funding for asylum seeker health service provision, significant current pressures on health services (particularly primary care) and lack of access to dental care, different funding models and different healthcare entitlement for different arrivals schemes. Additionally, where people are unable to access safe routes of entry they resort to unsafe routes, which place them at greater risk of poor health outcomes and destitution.

Additional Local Challenges: Further challenges in North Yorkshire include workforce/service capacity in key areas e.g. community TB service and mental health, and no single agreed provider for asylum seeker/refugee healthcare.

EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE

Local Resilience Forum (LRF) update

North Yorkshire LRF is about to commence the penultimate year of its 2021-25 aims & objectives. One of this year's aims for the LRF focuses on health, including the creating of an emerging infectious disease plan and review of the pandemic influenza plan. Both of these plans will be exercised in Q3 or Q4.

In 2022-23 priorities included mass fatalities & casualties capabilities, severe weather plan and fuel disruption plans. These were exercised during different events between October and February.

Local Government Reorganisation

North Yorkshire Council launched on 1st April, combining eight authorities into one unitary council, which is geographically the largest council in England. This has required significant work, including from the resilience and emergencies team, to ensure all teams across all Councils were prepared. This included reviewing business continuity documentation and bringing it in line with the new Council structure and updating internal command structures to support responses to incidents.

Priorities for 23/4:

- Update LRF plans covering pandemics, emerging infectious diseases and chemical, biological, radiological and nuclear (CBRN) incidents
- Embed prevention into ways of working across LRF partners
- For North Yorkshire Council to further develop and embed its emergency planning & business continuity arrangements

Exercise Lilac

In February, a multi-agency exercise took place to test the LRF Mass Fatalities plan. This plan is triggered to respond to a major incident where there are a large number fatalities within North Yorkshire that may overwhelm mortuary capacity.

The exercise looked at how local mortuary arrangements would be able to support a no-notice incident. This identified that existing mortuary arrangements are currently under extreme pressure and therefore cannot be guaranteed to be available in the event of a mass fatalities incident in North Yorkshire.

As a result of Exercise Lilac, immediate work has commenced with partners from health, local authority, Bradford Mortuary and the LRF to seek alternative solutions and working practices.

INCIDENTS AND OUTBREAKS

COVID-19

The UK moved to a 'living with COVID-19' approach in April 2022. However, work has continued to support key settings, particularly care settings, with management of cases and outbreaks and revision of local guidance. During the year this has been integrated into a more 'business as usual' approach in terms of IPC, UKHSA and NYC support.

COVID-19 rates remain high across the country, with new variants arising and decreased mitigations in place. Work has continued to support vaccination for eligible cohorts, with new work undertaken to encourage and educate around ventilation in terms of future prevention and resilience to airborne pathogens.

NYC also arranged a series of tree planting memorials across the county to remember those whose lives were lost or significantly impacted by COVID-19.



Tree planting at Meadowfields Extra Care housing, Thirsk

Director of Public Health (DPH) Annual Report

This year's [DPH Annual Report](#) focused on lessons learned from COVID-19. Key health protection recommendations included:



- Review system resilience and pandemic preparedness measures
- Improve local health protection assurance processes
- Promote uptake of COVID-19 vaccination and all routine immunisations
- Highlight the benefits of clean air, both indoors and outdoors, and share knowledge on how to improve air quality
- Work with partners to develop healthy indoor spaces that are accessible, climate resilient and minimise the risk of disease transmission
- Continue to focus on health inequalities, including championing inclusion health for key groups such as vulnerable migrants and Gypsy, Roma, and Traveller communities

MPOX

Mpox is a zoonotic infection, caused by the monkeypox virus, that occurs mostly in West and Central Africa. Prior to 2022, cases diagnosed in the UK had been either imported from countries where mpox is endemic or contacts with documented epidemiological links to imported cases. Detection of cases of mpox infection acquired within the UK were confirmed in England from 6 May 2022. The outbreak has mainly been in gay, bisexual, and other men who have sex with men without documented history of travel to endemic countries.

Up to 31 December 2022 there were 3,732 confirmed and highly probable mpox cases reported in the UK. Of these, 3,553 were in England, 34 were in Northern Ireland, 97 were in Scotland and 48 were in Wales. In 2023 (up to 31 March 2023) there have been a further 9 cases of mpox reported in the UK. Of these, 8 were in England (4 cases were presumed to have acquired mpox in the UK and 4 were imported cases in returning travellers) and one was in Scotland (an imported case in a returning traveller).

Fortunately confirmed cases in North Yorkshire have been low (less than 5), YorSexualHealth have played a significant role in identification and screening of possible mpox cases and more recently organising and administering pre-exposure vaccinations (1st and 2nd doses) to the most at risk populations. The vaccination work continues until supply ends in June 2023.

GROUP A STREPTOCOCCAL INFECTIONS

In November/December 2022 there was a significant increase in infections caused by Group A streptococcal bacteria, including scarlet fever and invasive Group A Strep (iGAS). A high number of outbreaks were reported in education settings, including complex outbreaks where scarlet fever was co-circulating with viral infections such as chickenpox, which leads to a higher risk of more severe outcomes.

Letters from UKHSA were shared with early years and education settings providing advice on signs and symptoms, and when to seek further medical advice. The number of paediatric presentations meant there was significant pressure on health settings, particularly primary care and emergency departments, at a time when pressures from COVID-19 and flu were also high.

Rates of scarlet fever have now decreased from the December peak, although still remain at comparatively high levels for the time of year.

AVIAN FLU (AI)

There have been unprecedented levels of avian influenza circulating in England since 2021. The dominant subtype currently circulating in avian species across England is highly pathogenic avian influenza (HPAI) A(H5N1). In North Yorkshire there have been a number of infected premises where H5N1 has been identified in autumn/winter 22/3, although below the unprecedented levels seen in the 21/22 season. This year a national housing order for poultry was brought in earlier on 7th November 2022. There has also been a change to public health guidance for this season to remove the need for antiviral prophylaxis for those only exposed to H5N1 whilst wearing full personal protective equipment (PPE). Whilst options have been discussed during the year for a more robust arrangement regarding the prescription of antiviral prophylaxis and diagnostic swabbing, final agreement is still outstanding.

Colleagues from the UKHSA health protection team presented on lessons learned from the management of H5N1 Avian Influenza incidents in Yorkshire & Humber during winter 21/22 at the UKHSA conference in October 2022.

Priority for 23/4:

- Finalise plan for prescription of antiviral prophylaxis for avian flu, and for swabbing

TUBERCULOSIS (TB)

The TB service is a small, nurse-led team providing expertise on management of tuberculosis (TB) cases in the community. The team is provided by Harrogate District Foundation Trust alongside the IPC team, which are both jointly commissioned through HNY ICB, Bradford & Craven Health & Care Partnership, North Yorkshire Council and City of York Council. The community TB team is based in York and provides a service across North Yorkshire with direct access and support from Consultants in Communicable Disease Control (CCDC), UK Health Security Agency (UKHSA), Consultant Respiratory Physicians and Consultant Microbiologists.

There continue to be challenges both locally, regionally and nationally around TB service capacity, particularly in light of increasing numbers of people in at-risk populations such as refugee and asylum seekers.

SUPPORT TO EARLY YEARS AND EDUCATION SETTINGS

Support to early years and education settings has been a crucial part of the pandemic response in North Yorkshire, which has continued during 2022/3 although broadening the focus to health protection more generally rather than a specific focus on COVID-19. As already highlighted this has included particular work around indoor air quality and ventilation, as well as support around scarlet fever and concurrent infections such as chicken pox over the winter period. As well as direct support to individual settings, updated guidance to all has been provided through the cyps.info website and red bag system, as well as through webinars and headteacher sessions.

Priority for 23/4:

- Joint webinars for education and early years settings involving UKHSA, HDFT, and NYC

SUPPORT TO CARE SETTINGS

Support to care settings has continued to build on stronger relationships forged with the care sector during COVID-19, with IPC, UKHSA and NYC all working together to closely support settings with COVID-19 and other concerns. This has included support with outbreak management, infection prevention support including a focus on air quality work, tailoring guidance and supporting hospital discharge pathways.

NYC PH and IPC have attended Care Connected regularly and provided information on infection figures, recommendations, and practical advice on emerging issues including COVID-19, flu, norovirus, i-GAS, amongst others. Alongside the new Service Continuity team we have been able to transition our ongoing Care Settings COVID-19 work into business as usual business continuity and prevention work. A new survey has been created to allow settings to report into the public health, service continuity, and quality and improvement teams for infectious diseases broader than COVID-19 to include Flu, Norovirus and other infectious disease reporting. This survey allows system oversight and assurance, whilst enabling targeted support to be given by the service continuity team and specialist public health advice to be sought as necessary.

SUMMARY

Overall this report demonstrates that despite the shift away from acute COVID-19 pandemic response in April 2022, there has still been a significant amount of acute health protection work required during 22-3. However, progress has been made on proactive assurance work and prevention as well, with strategic oversight also expanded to cover new areas such as climate change.

Work will continue on all of the priority areas for 22/3 (vaccination update, pandemic preparedness, IPC/TB contract, avian flu) in 23/4, with additional priorities as identified in the report. Working to tackle health inequalities will always be a core feature of public health, including here a continuation of the work with asylum seeker/refugee and GRT communities as described above.

Progress will also continue towards the actions set out in the linked strategies/action plans noted in the report, including the Seasonal Health Strategy, DPH annual report, and climate action plan.

We will also continue to strengthen partnership working in light of recent organisational changes to local government, NHS and public health. This will include working together on important issues that have been less prominent in recent years such as antimicrobial resistance (AMR).

Priorities for HPAG in 23/4 (agreed at April 2023 meeting):

- Review of service specifications and contract for community IPC and TB services
- Implementation of new School Aged Immunisation Service (SAIS) contract
- Particular focus on screening programmes as part of Screening & Immunisation work
- Further collaboration across environmental health, public health, trading standards and LRF following LGR
- Update and exercise Emergency Preparedness Resilience & Response plans covering pandemics and emerging infectious diseases
- Joint work with the ICB on finding solutions to clinical gaps in health protection response measures e.g. community swabbing, antiviral prophylaxis for avian flu
- Co-ordinated communications across partners including proactive public messaging and joint webinars for education settings
- Strengthen previous partnership working on antimicrobial resistance (AMR) and with military health colleagues
- Incorporate STIs (including HIV) into HPAG monitoring and assurance, including outbreak management

→ All underpinned by ongoing focus on health inequalities