



NORTH YORKSHIRE HEALTH PROTECTION ASSURANCE GROUP ANNUAL REPORT 2023-4

CONTENTS

Introduction

Update on 23/24 priorities

Screening and Immunisations

Screening

Seasonal Immunisations

Childhood Immunisations

Health Inequalities project

Infection Prevention and Control (IPC)

Antimicrobial resistance (AMR)

Sexual health

Environment

Seasonal health

Climate change

Air quality

Environmental health

Migrant health

Emergency Preparedness, Resilience and Response

Incidents and outbreaks

Influenza A (H1N2)v

Tuberculosis (TB)

Avian flu

Measles

Support to early years and education settings

Support to care settings

Communications

Summary

Appendices

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. 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; and NHS partners including NHS England, Humber North Yorkshire Integrated Care Board (HNY ICB), and the Community Infection Control Team (CICT).

The purpose of the HPAG annual report is to 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 (23/24). 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 (24/25) as set out at the end of the report.

This is the second HPAG annual report, following on from the first report for 22/23. During 23/24 the group has also set up quarterly operational meetings in between 6-monthly strategic HPAG meetings to support governance arrangements. Operational group meetings allow partners to meet to share latest data and service updates, identify risks and issues to escalate to HPAG, and horizon scan for future issues or collaboration opportunities such as upcoming communications campaigns.

UPDATE ON 23/24 PRIORITIES

Priority	Update
Review of service specifications and contract for community IPC and TB services	<p>Review has focused on the IPC contract, with more work to be done on TB. A multi-agency IPC workshop, hosted by NYC in November, looked at IPC capabilities across all organisations, including gaps and challenges and how partners could better work together.</p> <p>A new place-based IPC AMR Board for North Yorkshire is being set up by HNY ICB, which will include multi-agency partners.</p>
Implementation of new School Aged Immunisation Service (SAIS) contract	<p>Vaccinations UK started as the new provider of SAIS services in September 2023. Partners have held regular meetings with VUK, which has supported the successful transition to the new service. VUK also joined the multi-agency measles exercise.</p>
Particular focus on screening programmes as part of Screening & Immunisation work	<p>Cervical screening has now been embedded in the YorSexualHealth service. Screening rates for North Yorkshire remain above national average although there have been decreases in some programmes. Supported national screening awareness campaigns.</p>
Further collaboration across environmental health, public health, trading standards and LRF following LGR	<p>There is regular engagement with the LRF from public health and regulatory services, both in terms of routine meetings and as part of response. Public Health also attend regulatory services team meetings and there is close working on key topic areas such as air quality. There was also close collaboration between all teams as part of the local response to H1N2(v), with team members co-located at the Tactical Coordinating Centre at County Hall.</p>

UPDATE ON 23/24 PRIORITIES

Priority	Update
Update and exercise Emergency Preparedness Resilience & Response plans covering pandemics and emerging infectious diseases	A new LRF Infectious Diseases Plan has been written and exercised, covering both the key national risks of pandemics and emerging infectious diseases. Local Authority level plans are also being reviewed to cover operational responses to the broad range of infectious diseases issues, not just pandemic flu.
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	An antiviral prophylaxis plan for avian flu has been written by the ICB medicines management team, to be signed off by the ICB. Community swabbing will be included as part of the CIPC service specification review.
Co-ordinated communications across partners including proactive public messaging and joint webinars for education settings	There have been a range of communications shared between agencies and with the public, with particular multi-agency messaging on measles and winter health. Joint schools webinars have been held between NYC and SAIS for education settings.
Strengthen previous partnership working on antimicrobial resistance (AMR) and with military health colleagues	HNY ICB has set up an AMR Board, and will shortly be setting up a local sub-group for NY Place. UKHSA are looking to restart the military health liaison group, and there has been ongoing reactive work with military colleagues in response to incidents and through the LRF.
Incorporate sexually transmitted infections (STIs) into HPAG monitoring and assurance, including outbreak management	Reviewing sexual health data is included as part of HPAG operational group meetings, and sexual transmission is specifically considered as part of the infectious diseases plan.

SCREENING AND IMMUNISATIONS

SCREENING

Cancer screening indicators for North Yorkshire are consistently above the England average. However, recent trends show a decrease in uptake across most cancer screening programmes with the exception of bowel cancer.

Work is currently ongoing to increase the uptake of cervical screening for all ages. NYC is working with partners to draft a letter increasing awareness of cervical screening amongst young people who get the HPV vaccine. We also supported Cervical Screening Awareness month in January, and Bowel Screening Awareness month in April.

With regards to breast cancer screening, NYC shared resources with partners in the autumn to coincide with Breast Cancer Awareness month in October. The NHSE screening and immunisations team (SIT) and NYC have also supported one of our breast cancer screening providers with issues around one of the mobile testing unit locations. Colleagues from the Cancer Alliance regularly attend public health led meetings and public health have regular representation at monthly Cancer Alliance meetings.

Indicator	Period	North Yorkshire			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Cancer screening coverage: breast cancer New data	2023	↓	63,464	73.2%*	66.2%*	34.3%		78.9%
Cancer screening coverage: bowel cancer New data	2023	↑	102,006	78.1%	72.0%*	53.3%		79.5%
Cancer screening coverage: cervical cancer (aged 25 to 49 years old) New data	2023	↓	67,689	75.5%	65.8%*	42.4%		75.9%
Cancer screening coverage: cervical cancer (aged 50 to 64 years old) New data	2023	↓	53,879	78.6%	74.4%*	55.1%		87.7%

SEASONAL IMMUNISATIONS – FLU AND COVID-19

Flu vaccination uptake increased across most cohorts in 23/4, particularly in 2- and 3-year-olds, young people in secondary schools and pregnant women.

Uptake for 23-24 compared to 22/23 (N.B. eligibility changed in 2023-24 for older adults from 50+ to 65+):

Cohorts	2 years	3 years	Primary	Secondary	Pregnant women	At risk under 65	65+
Uptake 23/24 (%)	59.4	57.3	63.7	53.7	41.7	49.8	83.3
Uptake 22/23 (%)	42.3	45.1	65.9	46.7	35.0	49.1 (under 50s), 62.4 (50-65)	79.9

Even though overall uptake amongst primary school children fell slightly, uptake in Scarborough district (the NY area with lowest uptake, where targeted multi-agency effort is in place to support increasing immunization rates) increased by c.3%.

There is more work to be done to achieve the WHO recommended threshold of 75% but these signs are positive, and indicative of the Health Protection led, multi-agency work that has been going on in the district for the last 18 months.

Data sources: [UKHSA Seasonal Flu Vaccine Uptake GP 2023-2024 2024-1-January LA.ods \(live.com\)](#), [Vaccinations in North Yorkshire | Coronavirus in the UK \(data.gov.uk\)](#), [Adult social care in England, monthly statistics: March 2024 - GOV.UK \(www.gov.uk\)](#)

This year nearly 400 NYC staff were vaccinated against flu, COVID or both. This is very similar to last year's numbers when 398 NYC staff were vaccinated against flu – 389 staff through clinics, and 9 claimed through the MyView expenses system.

	Clinics	MyView
Flu	394	5
COVID-19	192	0
Total	591	0

However, overall adult social care staff across North Yorkshire had low uptake of seasonal vaccinations in 23/24, with 11.3% staff in older adult care homes receiving an autumn COVID-19 booster and 12.3% receiving a flu vaccine.

Uptake for the COVID-19 vaccination fell across all eligible cohorts.

Age	65-69	70-74	75-79	80-84	85-89	90+
Uptake %	72.6	79.5	82.4	83.6	82.9	79.6

CHILDHOOD IMMUNISATIONS

With regards to childhood immunisations, North Yorkshire's overall coverage is consistently above England. The WHO threshold of over 95% coverage is achieved for many vaccination programmes, particularly in early childhood.

However, and in line with national trends, the coverage for the second dose of the MMR (measles, mumps and rubella) vaccination at 5 years old and the coverage for the DTaPIPv (diphtheria, tetanus, pertussis and polio) have fallen and are now below the lower WHO threshold of 90%.

There is ongoing work to address these issues.

- The public health team are working closely with NYC CYPS colleagues and early years settings to ensure that parents receive information about these vaccinations.
- Work is also ongoing with primary care to understand issues in terms of vaccine hesitancy and find solutions.
- UKHSA data has been shared with ICBs to identify practices with the lowest MMR vaccination rates to support targeted intervention measures including PPE training for staff who may see cases.
- NYC public health and SIT are also working with the School Age Immunisation Service who, although not responsible for these vaccinations, are commissioned to give the MMR vaccination opportunistically.

[Health Protection - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

Case study – Scarborough Screening & Immunisations Group

The multi-agency group, first established by the NYC public health team in summer 2022, is still meeting regularly to progress work around the uptake of screening and immunisations in Scarborough.

The close collaboration of numerous local partners has led to continuous promotion of resources to increase awareness. The group continues to work closely with the School Age Immunisation Service and primary care colleagues and supports both with dissemination of information. Partners from this group regularly attend community events in Scarborough and link with local communities to understand their concerns.

The partnership approach has also led to further collaborations across the system. Clinics organised by primary care have been promoted through the group. Training courses around increasing confidence in immunisations and talking to people about cancer screening have been shared with the group and cascaded widely, thereby increasing local capacity and capability to talk about these issues. The group also sought help from the NYC Behavioural Science team to review and revise invitation letters to screening and immunisation appointments to try to reduce the number of non-responders.

Work has also been undertaken to engage with local communities to understand vaccine hesitancy and other relevant issues around healthcare which will now be used to address some of the concerns and develop bespoke communications to raise awareness amongst different communities. Encouragingly, local data show increases in uptake and feedback from partners about this group is very positive. Although there is more work to be done, this collaboration has made some headway in addressing health inequalities in Scarborough.

HEALTH INEQUALITIES PROJECT

Increasing the uptake of immunisations and supporting mental wellbeing amongst underserved populations

In Spring 2023 NYC was successful in obtaining funding from HNY ICB to expand on previous engagement work around immunisations and general healthcare issues faced by migrant communities in NY.

The aims of this project were to explore:

- Vaccine hesitancy issues
- Healthcare issues
- Preferred communication methods

A second element of this project was to identify emotional wellbeing and peer support needs of various marginalised communities and support the development of community champions who could provide low-level advice and signposting information to people who need it.

Partnership working helped to facilitate engagement with different populations. Partners disseminated and supported people to complete a survey which explored knowledge and experiences of healthcare in the UK, attitudes towards immunisations, preferences around communications and experiences of maternity services. The survey was drafted with the help of colleagues with behavioural science training.

Fifty-three responses were received from people mainly from an Eastern European background living in Scarborough. The findings provided significant insights into people's experiences and issues with accessing primary and secondary care in the UK. The findings show that vaccine hesitancy is a significant issue for the COVID-19 vaccination but not for any others. However, issues around access and availability of appointments, trust (or lack thereof) in the UK healthcare system and lack diagnostic tests were dominant in the survey.

In addition, people felt that information about vaccination and other healthcare matters should be provided by doctors but in people's own languages. From these findings, we are planning to develop bespoke communication materials to provide information on immunisations. We are also planning to share these findings with partners so that other areas of public health can use the insights gathered.

One of the areas of concern for many people was maternity care and mental health. For this reason, and working with colleagues from the Public Health team who lead on perinatal and infant mental health, we are planning to work with maternity services to develop appropriate training and deliver it to people who are interested in becoming community champions. These champions will then be able to provide low level support and advice and signpost people appropriately. Training in other public health areas may also be provided, should there be interest from the community.

INFECTION PREVENTION AND CONTROL

Community Infection Prevention and Control (IPC) services for North Yorkshire and York are delivered by Harrogate District Foundation Trust (HDFT).

This year the IPC team has provided face to face training events for care homes and domiciliary care staff, and for GP and dental practices, which have received positive feedback. Presentations have been given at Care Connected sessions, and the team also presented on preventing urinary tract infections at the Achieving Excellence Together in Health and Social Care Conference in York in December. Care Home Study Events held 4-5th March.

The team continues to respond to a range of IPC issues in care settings, including outbreaks of COVID 19, flu, scabies and gastroenteritis. The team has also undertaken root cause analyses for c.difficile cases. Support was also provided for viral swabbing as part of a suspected avian influenza incident.

A review of the IPC specification and provision for North Yorkshire and York remains ongoing, with updated service arrangements due to be in place during 24/25.

Priorities 24/25:

- Complete implementation of new IPC contract and service specification
- Further develop timely intelligence sharing between partners

Infection Prevention and Control workshop

In November 2023 North Yorkshire Council hosted a workshop on Infection Prevention and Control, bringing together individuals from a range of teams and organisations whose roles involve IPC to look at the current landscape of IPC provision across NY, identify any challenges, gaps and system needs, and provide an opportunity to reconnect with colleagues. The workshop also explored five scenarios requiring IPC support, to identify which services would be involved in which settings. Participants included the Community IPC Team, UKHSA Health Protection Team, NYC (public health, environmental health, health & safety, adult social care), CYC, and HNY ICB.

Areas in need of further development included:

- Agreed pathways for swabbing for infectious diseases
- More joined-up working, including regular information sharing, a forum for discussing issues and lessons learned from incidents, clear routes of escalation including roles and responsibilities
- Links with other partners engaged in IPC e.g. Health & Safety Executive, occupational health, pharmacies
- Clarity around support for settings such as hostels and dentistry

ANTIMICROBIAL RESISTANCE

The emergence of drug-resistant pathogens (Antimicrobial Resistance - AMR) is a significant health threat. Tackling AMR in human health involves preventing infections, developing new antimicrobial drugs and ensuring that existing drugs are prescribed appropriately. HNY ICB has set up an AMR Board at ICB level, and is due to set up an AMR/IPC group at Place level in the near future.

There are three key indicators for primary care on AMR:

- **Total prescribing of oral antibiotics in primary care** – during the early pandemic (2020-22) North Yorkshire and Vale of York met the target threshold to reduce antibiotic use; however, since then antibiotic prescriptions have risen again above the target threshold (although NY Place has second lowest prescription rate for HNY ICB)
- **Prescription of broad spectrum antibiotics as a proportion of total antibiotic prescribing in primary care** – prescribing is below the national target of 10%, but there is still work ongoing to improve further
- **Amoxicillin prescriptions of 5 days (instead of 7 days)** – the majority of amoxicillin prescriptions are now for 5 days rather than 7 days

From a secondary care perspective, the main challenge continues to be the number of healthcare associated (hospital onset) *clostridioides difficile* cases seen across North Yorkshire, particularly in Scarborough. Antibiotic exposure almost always precedes *c.difficile* infection; antimicrobial stewardship programmes are a key intervention to preventing *c.difficile* infections, alongside other IPC measures such as appropriate PPE, decontamination and isolation.



Priority 24/25:

- Set up the NY Place AMR/IPC group

SEXUAL HEALTH

Key achievements in 2023/24 from 2022/23 priorities:

- Established a North Yorkshire Sexual Health Network (now integrated with York) and meets 6 monthly.
- Developed a system-wide Sexual, Reproductive Health and HIV Strategic framework for North Yorkshire with 6 key priority areas.
- Integrated STI/HIV monitoring and assurance into local Health Protection Assurance Board.
- Maintained robust monitoring and reporting of STI/HIV via the S75 Partnership Board.
- Annual report published: [North Yorkshire Sexual Health Report, 2022 to 2023 \(datanorthyorkshire.org\)](https://www.datanorthyorkshire.org)

Priorities for 24/5:

- To complete the Sexual, Reproductive Health and HIV action plan to sit alongside the strategic framework.
- To finalise the local Infectious Disease plan section for sexual health.

Cervical Screening via YorSexualHealth (YSH) Service

NHS England established an NHS Cervical Screening Programme in a sexual health setting Specification. This was to improve access for eligible people in addition to the well-established General Practice (GP) service. Access through Sexual Health Services is to benefit those people who would not access General Practice or are not registered with a GP Practice.

YSH signed a contract to deliver the specification in March 2023 and since then has been extremely successful. Funding from NHS England enabled 5 members of YSH staff to undergo training to be able to increase the offer.

Targeted clinics have been operating across both North Yorkshire and York

Prior to the NHSE contract the Local Authority commissioned opportunistic cervical screening.

1st April 2022-2nd March 2023 **opportunistic offer only** - 57 screens.

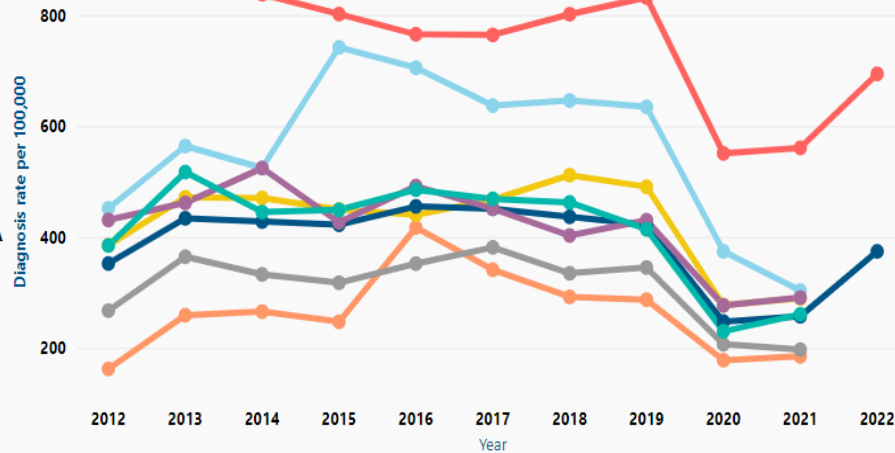
1st March 2023-31st Dec 2023 – NHS E offer - 356 cervical screens including a few trans males.

SEXUALLY TRANSMITTED INFECTIONS DATA

New STI Diagnoses rate per 100,000

This is a summary figure of all new STI diagnoses. The rate of new STI diagnoses in North Yorkshire has consistently been significantly better than England, diagnoses have increased in 2022. Data is only available for districts up to 2021. In 2021, Richmondshire has the highest rate of new STI diagnoses, Scarborough, Harrogate and Selby are also above the average for North Yorkshire.

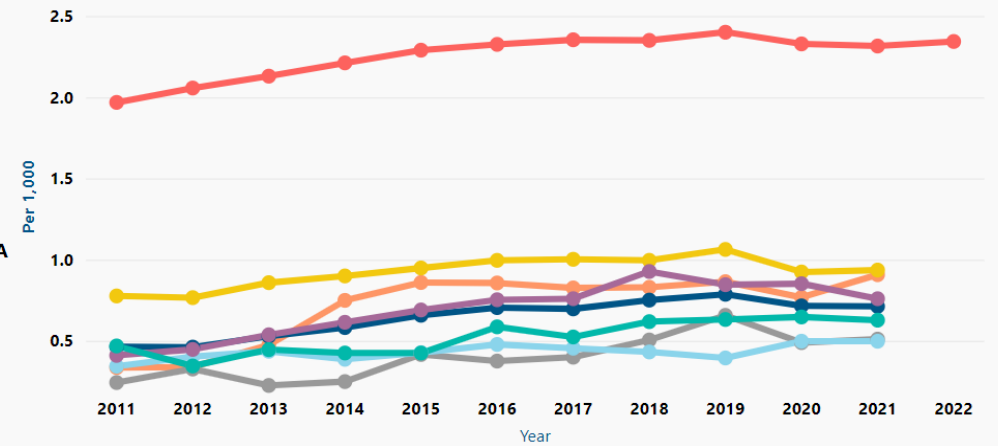
- Area Name
- Craven
- England
- Hambleton
- Harrogate
- North Yorkshire UA
- Richmondshire
- Scarborough
- Selby



HIV diagnosed prevalence rate per 1,000 aged 15 to 59

New HIV diagnosis is not synonymous with incidence; however, it provides a timely insight into the onward HIV transmission in a country and consequently allows targeting efforts to reduce transmission. Although the majority of HIV diagnoses are made in genitourinary medicine (GUM) services, HIV testing has been introduced in a variety of different medical services and non-medical settings, including the expansion of self-sampling/self-testing. The rate of new HIV diagnosis in North Yorkshire is significantly better than England in 2022. There is no significant change in the recent trend of new diagnoses in North Yorkshire. Data for districts is only available up to 2021, in which they show fluctuations. This indicator only reports on HIV diagnoses first made in the UK (which excludes those previously diagnosed with HIV abroad).

- Area Name
- Craven
- England
- Hambleton
- Harrogate
- North Yorkshire UA
- Richmondshire
- Scarborough
- Selby



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. Throughout 2023/24 much of the focus of the Partnership has been on re-aligning priorities in line with the Strategy to ensure partners are covering all elements of the strategy. This has included re-aligning membership and providing more opportunity for all to provide updates to quarterly meetings.

In April 2023, UKHSA published a combined Adverse Weather and Health Plan replacing the separate Cold Weather Plan, and Heatwave Plan for England. These plans have been adapted locally and the North Yorkshire Health and Adult Services plan has been established to prepare the sector and directorate for adverse weather.

As we moved into Winter 2023/24 a clear priority was alignment of winter communications activity to create a 'one-stop-shop' for messaging. The NYC ['Keep Well and Warm this Winter'](#) page was created to host this information. This page brought together messaging co-owned by the partnership on preparing for and keeping well during winter, weather information, travel advice, looking out for others, vaccination, help and financial support, and wider signposting.

Warm & Well in North Yorkshire

Warm & Well, run by Citizen's Advice on behalf of the Seasonal Health Partnership, provides advice around cold homes, fuel poverty, and energy efficiency to those most vulnerable to cold weather impacts. During 23/24 there has continued to be an increasing number of referrals received by the service. In September 2024 Warm & Well hosted the annual Seasonal Health Partnership Conference, titled 'Preparing for Winter'. The conference gave the opportunity for partners to come together to explore key issues for the upcoming season including Strategic working, winter health, warm spaces, funding, reaching Eastern European communities, and communications.

Priorities for 24/5:

- Cross-partnership working to establish shared messaging
- Wider engagement from NHS

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

This year we have established the HAS Sustainable Futures Board, chaired by our Director of Public Health to hold the directorate accountable and develop our climate actions. We are in the process of finalising a set of core Key Performance Indicators.

We have delivered a series of Lunch and Learn sessions to the wider team, totalling over 3-hours of additional Climate CPD, and attended a variety of webinars and further learning on Climate Change.

We have also supported the corporate roll out of the Climate Change Strategy including supporting consultation on the upcoming Pathway. Public health and Adult social care feed directly into the NYC Beyond Carbon Board.

In February 2024 we delivered a team away day session for the public health team focused on 'Preparing for the Future' where the team explored the potential future impacts of climate change on public health practice and worked collaboratively to develop ways forward.

Priorities 24/25:

- Engagement and roll-out of HAS action plan
- Embed climate practice into all roles



(Foot)steps to climate action

Public health team away day: preparing for the future

AIR QUALITY

Building on our identified priority for this year on ‘Supporting improvement of indoor air quality (IAQ) in care homes’, work has focussed on developing an Indoor Air Quality Pilot for Care Settings, using CO2 monitors as a ‘proxy’ measure for the quality of the air within a setting.

Our approach was to explore existing inspection and audit protocols as a means of highlighting and advising on IAQ and ventilation, and to support this by developing a range of guidance and training materials.

NYC environmental health and public health teams are exploring ways of working together to support work on air quality (both indoor and outdoor) including developing a NYC Air Quality Strategy. NYC are in the process of developing a combined Air Quality Action Plan for NY for Air Quality Management Areas.

Clean Air Day, the UK’s largest air pollution campaign, took place on Thursday 15 June. The campaign aims to improve public understanding of air pollution and build awareness of how air pollution affects our health. NYC supported this campaign via communications activity.



<https://www.actionforcleanair.org.uk/campaigns/clean-air-day>

Priorities for 24/5:

- Evaluate existing Indoor Air Quality work
- Development of Air Quality Strategy and action plan

Care settings IAQ quality pilot

Broad aims:

- Identify areas in care settings which may be more prone to poor IAQ
- Provide the right advice and support where needed to help bring about improvements to IAQ, and
- Support care setting staff in understanding the importance of good IAQ and how to improve ventilation.

Work so far:

- Developed an IAQ briefing to care settings on the importance of good IAQ, providing an overview of the Pilot, and the use of CO2 monitors.
- Developed guidance for our Quality and Nursing teams on using CO2 monitors during scheduled visits, to provide a ‘snapshot’ of the IAQ in a communal area within a setting.
- Developed detailed guidance on how to improve ventilation within a setting, providing a range of practical solutions. The guidance included a description of the range of CO2 readings, RAG rated green/amber/red, with appropriate measures for each zone. Also included advice on ventilation measures in extreme weather, and additional support and resources.
- Delivered training for the teams and provided a digital mechanism for data to be recorded.
- Continued review of data collected so far, next steps to be developed.

ENVIRONMENTAL HEALTH

North Yorkshire Environmental Health Officers maintain a risk-based inspection programme to ensure all 8000 North Yorkshire food producing premises are monitored for compliance with food hygiene legislation. Reactive intelligence led activity targets particular premises types, sample types, cooking methods and/or organisms of interest, maintaining close links with the UK Health Security Agency for testing purposes.

For example;

- **Food** – which might be ready to eat, raw, outbreak or incident related food stuffs.
- **Water** – which could be potable, swimming pool and other recreational waters.
- **Environmental** – including the hygiene of surfaces, pathogen testing, investigation of outbreaks.

Clearly when food, water and environmental safety controls fail, serious illness and even death can result. As such Environmental Health Practitioners will investigate what went wrong and look for ways to prevent it happening again. They also take action to prevent illness spreading in the community.

Sometimes, investigating a complaint at a local level can reveal a bigger problem and when this happens officers work with the Food Standards Agency to issue a food hazard warning, ensuring people across the UK are aware of the problem and all affected product is removed from shops and restaurants.

Examples of activity across 2023/24;

- In April 2023, a large number of guests who had attended a wedding reported sickness and diarrhoea symptoms. An outbreak investigation commenced, speaking with the bride and groom and guests to identify symptoms, inspecting the food premises to assess food hygiene practices, identifying environmental factors which could be a source of potential food poisoning and submitting faecal samples for testing. Through collaboration with the UKHSA it was found the likely outcome was a suspected gastroenteritis virus from an already sick wedding guest who had attended whilst symptomatic.
- In March 2024, NYC was contacted after a consignment of 20 tonnes of cheese was stopped by the Imports Team at the port of Calais due to the presence of mould. The cheese was subsequently returned to the manufacturer with EHOs isolating 21 blocks due to contamination.
- Following an increase in cryptosporidium cases nationally, UKHSA required enhanced surveillance questionnaires to be completed for all new cases. Intelligence suggested some cases had visited a large tourist destination in North Yorkshire and that they had used the pool facilities whilst onsite. Testing of the water quality in the pool was undertaken and samples submitted for testing. Thankfully, everything was satisfactory at the pool.

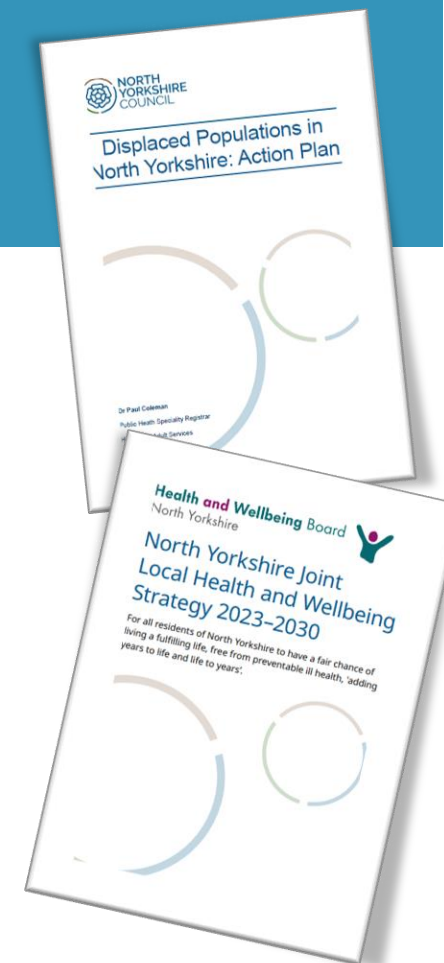
MIGRANT HEALTH

The North Yorkshire Strategic Migrant Health Group has continued to meet bi-monthly throughout 2023/4. Whilst work has predominantly focused on refugee programmes and contingency accommodation sites for asylum seekers, there has also been wider engagement through partners such as POMOC on a range of health issues. One of the key issues has been encouraging uptake of MMR vaccinations, with migrant populations at higher risk of measles infections and outbreaks due to lower vaccination levels. The ICB has worked on site-specific plans for vaccination uptake alongside the Screening and Immunisations Team. Similarly, UKHSA is also working on developing site-specific outbreak plans for all contingency accommodation sites.

Refugees, asylum seekers and vulnerable migrants are key populations as part of Inclusion Health work. Inclusion health features strongly in the new North Yorkshire Joint Strategic Needs Assessment as part of work to tackle health inequalities. NY work on migrant health work is also linked into the broader inclusion health agenda at both a local and regional level.

During 2023/4 an Action Plan was developed to support the recommendations in the Displaced Populations Health Needs Assessment. Responsibility for delivering the action plan sits with the Strategic Migrant Health Group. Key themes include improving access to services (including primary care, mental health, and maternity services), increasing uptake of prevention measures such as screening and immunisations, increasing cultural awareness among service providers and increasing knowledge of the local health system among displaced population groups.

Multi-agency work on migrant health in North Yorkshire has been shared as examples of good practice in several forums. The Action Plan and work on better understanding challenges around immunisations and access to health care have been presented at regional migrant health meetings, and the Strategic Migrant Health Group approach was also shared at a regional CPD event on migrant health. Copies of the HNA and action plan, and findings from the accessing immunisations work, have also been requested and shared with other local authorities and wider partners.



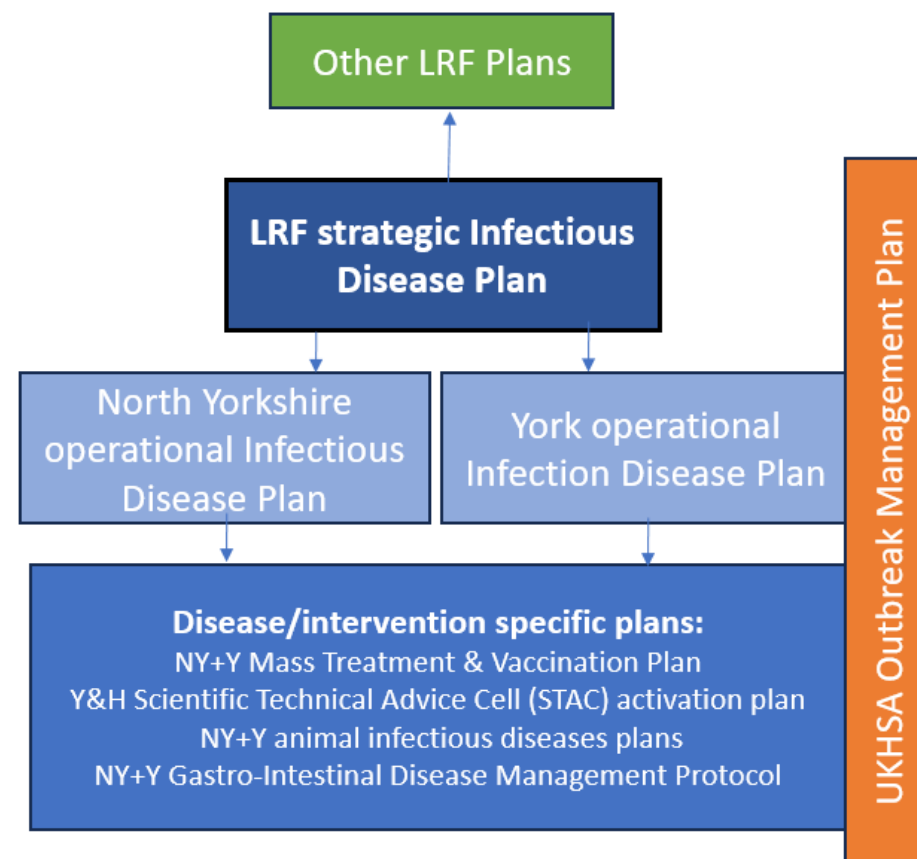
EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE

EPRR PLANS UPDATE

This year we have developed the Local Resilience Forum (LRF) Infectious Diseases Plan, which looks holistically at infectious diseases including emerging infectious diseases and pandemics. The plan replaces previous separate plans for Pandemic Flu and COVID-19 and emphasises the role of the LRF in response, building on lessons learnt and established ways of working from the Pandemic response. The plan was formally exercised in February 2024 (Exercise Tussio) and adopted.

Exercise Tussio

In February NY LRF hosted a multi-agency exercise to test the new LRF Infectious Diseases Plan. The exercise was chaired by NHS England and held virtually on Teams, although facilitators and a small number of participants joined from the Tactical Coordinating Centre (TCC) in Northallerton. The exercise included an overview of the plan, a case study and lessons learned from the recent H1N2(v) incident, and two scenarios looking at avian flu and measles. These highlighted to wider LRF partners aspects of the usual health responses to infectious diseases incidents and also identified triggers for when LRF escalation would be required, including around communications.



NYLRF COMMUNITY RESILIENCE PROJECT

During 23/24 NYLRF have undertaken a project to help “*NY communities to be whole society resilient to emergencies in ways which best meet their specific needs and the needs of the LRF.*” The aim of the project was to take a strong, strategic and co-ordinated approach to supporting and enabling communities to become “whole society resilient” to current and future emergencies.

The project focussed on three main areas: Community, Voluntary Community Sector (VCS) and Partnership.

The project ran until the 31st March 2024, with the End of Project Summary and Recommendations Paper shared with LRF Executive Board. The Community Resilience Group will be assessing the recommendations to determine next steps to be shared externally.

Additionally, funding has been sourced to deliver a Yorkshire and Humber regional ‘Yorkshire Ready Together’ [Hello Lamp post intuitive AI system](#), which is an interactive public tool to help warn and inform people via an AI conversation about the risks people face and what they can do to mitigate them.

Community emergency plan templates have also been updated to be more of a multi-agency collaboration, as previously they were centred just around the local authority. This will also include the offer of training and exercises in local communities as part of better, more prolonged community engagement.

The NYLRF [Website](#) and [Community Risk Register](#) have also been updated / relaunched this year.

Next steps for 24/5:

- Replace Regional Emergency Mortuary Arrangements (REMA) kit to support mass fatality capabilities
- Vulnerable people data sharing exercise
- Regional capabilities event to highlight organisational capabilities that partner agencies might not be aware of e.g. drones

INCIDENTS AND OUTBREAKS

INFLUENZA A H1N2(V)

In November 2023 UKHSA detected a single case of influenza A (H1N2)v in North Yorkshire. This is not a known circulating strain of influenza in humans in the UK, but is similar to viruses detected in pigs. The individual visited their GP with a respiratory illness and had a swab taken as part of national surveillance sampling. The individual had no known exposures to animals, indicating there was potentially human-to-human transmission.

Local partners including the UKHSA regional team, NHS, and North Yorkshire Council (public health, environmental health, communications, and resilience and emergencies teams) supported the national UKHSA investigation, including participating in national Incident Management Team meetings. Co-location at the Tactical Coordinating Centre (TCC) in Northallerton was important to facilitate joint working.

Whilst fortunately only one confirmed case was identified, this incident was a good opportunity to demonstrate local assets and capabilities to the national team, including local authority animal health links, and the crucial role of the regional UKHSA team in joining up local and national efforts. It also highlighted capacity challenges at a local level, in particular clinical capabilities around mass testing both through swabbing and serology.

TUBERCULOSIS (TB)

The latest national data shows that TB rates in England were stable in 2022 compared to 2021. However, additional provisional data suggests that TB cases in England rose 10.7% in 2023 compared to 2022. The proportion of TB cases among people born outside the UK has been steadily rising for a number of years. However, the increase in TB in 2023 has now been seen in both UK born and non-UK born populations in England.

In North Yorkshire there has been an increased number of complex cases in 22/23 managed by the community TB team. The team has restarted screening of new entrant populations, which had previously been paused. This will be important to help detect latent TB cases in new entrant populations.

AVIAN INFLUENZA

In August 2023 a large number of dead birds were washed up on beaches in the Scarborough and Filey area. Recent testing results from the same area had indicated the presence of H5N1 avian influenza, which has caused significant mortality in global bird and mammal populations in recent years.

North Yorkshire Council worked with partners including UKHSA, APHA (Animal and Plant Health Agency) and the NHS to safely remove and dispose of the carcasses, issue communications to the public, and manage individuals who had close exposure to the birds as part of the disposal process.

Challenges were identified around swabbing, availability of fit testing and appropriate PPE, and antiviral prophylaxis; however, all of these were managed as part of outbreak response. There were also difficulties in obtaining testing results from DEFRA to confirm the H5N1 diagnosis.



PUBLIC NOTICE

If you find any dead or dying birds, **do not touch them.**

Please report them to DEFRA by calling **03459 33 55 77** or scanning the QR code below.



- ⊗ Do not handle sick/dead birds, or pick up any feathers
- ⊙ Adhere to any cordons in place
- ⊙ Keep dogs on leads



MEASLES

Measles rates have increased nationally during 23/24, with particular increases in London and the West Midlands. A multi-agency exercise was held in July 2023 to test our preparedness for responding to measles outbreaks, with a further scenario carried out as part of Exercise Tussio in February 2024.

UKHSA, the NHS and the local authority have all undertaken significant communications and awareness around measles to a range of audiences, including education settings, health and care staff, and the general public.

Work is ongoing to support vaccine uptake in low-uptake communities, including tackling issues around access, vaccine hesitancy and language barriers.

SUPPORT TO EARLY YEARS AND EDUCATION SETTINGS

Partners have continued to provide support to education settings across the county. COVID-19 and IPC guidance for education settings has been developed and shared with all settings. Members of the public health team regularly attend Headteachers' briefings and provide verbal updates on health protection issues. Recently, briefings have been used to increase awareness around measles, including both health and business continuity risks, and particularly emphasising the importance of MMR vaccination.

Webinars have been used to communicate vaccination related matters to education settings. Most recently, joint webinars with partners including SAIS focused on addressing Gillick competence and its significance for vaccination of young people. Targeted multi-agency support is also provided to schools and other education settings with low vaccination uptake.

In addition to preventative work, partners have supported education settings with outbreak management when needed (e.g. COVID-19, gastroenteritis, advice around IPC).

SUPPORT TO CARE SETTINGS

Support to care settings has included both proactive advice on infection prevention and control and other issues, as well as reactive support when there have been incidents and outbreaks. Partners including UKHSA, CIPCT, ICB/NYC quality team, and NYC (adult social care, public health, health and safety) have all provided support, either as individual agencies or collaboratively through Incident Management Teams or more informal arrangements. This has covered a range of infections including COVID-19, flu, gastroenteritis, and scabies.

Partners have regularly contributed to Care Connected sessions with care home managers, highlighting changes to national guidance plus topics of interest or concern including COVID-19, flu, vaccinations (seasonal vaccines and MMR), and general IPC. Partners also supported the Achieving Excellence Together in Health and Social Care Conference in December 2023, including presentations on urinary tract infection management ('no dip' project) and air quality monitoring in care settings.

COMMUNICATIONS

There have been a range of proactive and reactive communications campaigns shared during 23/24.

Partners have worked together to share assets and collaborate on key campaigns such as promoting MMR vaccinations.

As well as social media assets, there have been a range of press releases and media interviews with key figures.

There are also local websites sharing key resources, including:

NYC Keep well and warm this winter: [Keep well and warm this winter | North Yorkshire Council](#)

HNY ICB Lets get vaccinated: [Get vaccinated - Let's Get Better \(letsgetbetter.co.uk\)](#)

MEASLES CASES ARE RISING

1 IN 15 CHILDREN DEVELOP SEVERE COMPLICATIONS

Make sure your child is up to date with their vaccinations

LET'S GET BETTER.

North Yorkshire Council @northyorksc - 26 May 2023
If you're enjoying the stunning #NorthYorkshire countryside, don't forget to #BeTickAware.

The tick bite risk is highest between April and June. If you get bitten, remove the tick quickly and correctly to reduce any potential risk of infection.

ukhsa.blog.gov.uk/2014/03/24/tip...

#BeTickAware

If you've spent time outdoors, check your skin and clothes for ticks when you get home. You should also check your children and pets.

UK Health Security Agency

GET WINTER STRONG

Get vaccinated

Flu and COVID-19 spread more easily in winter and can cause serious harm to you and your baby. If you're pregnant, book now at [nhs.uk/wintervaccinations](#)

OFFICIAL

YorSexual Health

Free and confidential services across North Yorkshire and York

Supporting PrEP Awareness Week

27th November to 3rd December 2023

NORTH YORKSHIRE COUNCIL

www.northyorks.gov.uk/flooding

Take extra care when driving in heavy rain.

UKHSA Yorkshire and Humber @UKHSA_YandH - 26 Feb
Norovirus is a stomach bug that causes vomiting and diarrhoea. If you have it, drink lots of fluids and stay at home for 48 hours after your symptoms clear.

UKHSA Yorkshire and Humber
9,419 posts

More info: [nhs.uk/conditions/nor...](#)

UK Health Security Agency

Norovirus

If you catch it, stay home for **48 hours** after your symptoms clear.

DO

- Wash clothes and bedding at 60°C
- Wash hands with soap, clean surfaces with bleach-based disinfectants

DON'T

- Go to work or school, visit care homes or hospitals
- Prepare food for others

LET'S GET BETTER.

NHS

Get ready

Keep warm and check on others

North Yorkshire Council @northyorksc - 1 Dec 2023
This #WorldAIDS Day, our sexual health providers @YorSexualHealth are helping to reduce the stigma of HIV and remember lives lost.

YorSexualHealth provides sexual health clinics, advice and support across #NorthYorkshire.

YorSexualHealth @YorSexualHealth - 1 Dec 2023
Since 1988, communities have stood together on #WorldAIDS Day to show strength and solidarity against HIV stigma and to remember lives lost.

People living with HIV and on successful treatment do not transmit HIV.

Show more

WORLD AIDS DAY

ROCK THE RED RIBBON

FOR PEOPLE LIVING WITH HIV

#ROCKTHERIBBON WORLDAIDSDAY.ORG

UK Health Security Agency

Very cold weather is forecast

Make sure you have sufficient food and medicine and take measures to reduce draughts in your home.

SUMMARY

During 22/23 HPAG member organisations have made progress across all priority areas. Some of the key actions have been completed (such as the LRF Infectious Diseases Plan), whilst others remain ongoing (such as the review of the IPC contract) and will continue as priorities into 24/25.

There have been a small number of significant health protection incidents during 23/24, in particular avian flu and H1N2(v). Both of these incidents highlighted the good partnership working across the system, as well as demonstrating areas in need of further attention around local capacities (particularly swabbing and antivirals). Lessons learned from both incidents have informed ongoing work such as the avian influenza protocol and the LRF Infectious Diseases Plan.

Several organisations have felt the continued impact of service reorganisations, including Local Government Reform and NHS organisational changes, which has presented challenges around capacity for transformation work. However, despite organisational changes working relationships between individuals across the system have remained strong.

Tackling inequalities remains at the heart of targeted health protection work, particularly recent work on immunisations. Inequalities are reflected in some of the current main health protection risks, for example

populations most susceptible to measles outbreaks and those at highest risk of TB. It will be important to continue this focus into 24/25, aligning with the inclusion health focus in the new North Yorkshire Joint Health and Wellbeing Strategy.

HPAG will also continue to develop formal and informal multi-agency working, which underpins the effectiveness of the local health protection system.

Priorities for HPAG 24/25:

- Complete IPC/TB contract/service specification review (continued from 23/24)
- Further develop timely intelligence sharing between partners
- Complete NY Infectious Diseases operational plan and Gastrointestinal Infection Plan
- Sign off Avian Influenza protocol
- Health inequalities focus for screening and immunisations
- Restart NY military liaison group
- Air Quality Strategy and single NY Air Quality Action Plan
- Link to inclusion health agenda around key risks e.g. TB
- Joint seasonal health communications plan