



NORTH YORKSHIRE HEALTH PROTECTION ASSURANCE GROUP ANNUAL REPORT 2025-6

CONTENTS

Introduction

Update on 24/25 priorities

Infectious diseases

Screening and Immunisations

Infection Prevention and Control (IPC)

Tuberculosis (TB)

Antimicrobial resistance (AMR)

Sexual health

Environment

Seasonal health

Climate change

Air quality

Regulatory services

Emergency Preparedness, Resilience and Response

Resilience & Emergencies / Local Resilience Forum

Exercise Pegasus

Incidents and outbreaks

Communications

Summary

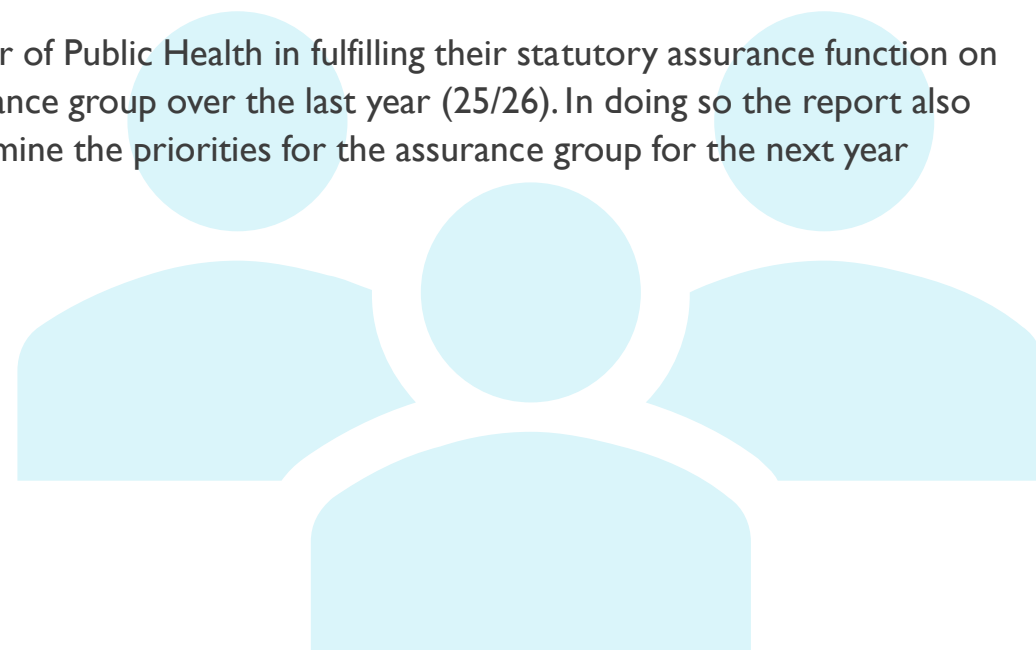
Appendices

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 (25/26). 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 (26/27) as set out at the end of the report.



UPDATE ON 24/25 PRIORITIES

Priority	Update
Continue ongoing work from 24/5, including IPC service implementation, Air Quality strategy development, seasonal health communications, and military health liaison group	Discussions are ongoing between HNY ICB and HDFT about the IPC service. NYC Air Quality Strategy development is progressing through the AQ Steering Group, with a target completion date of March 2027. Seasonal health communications packages were developed for summer and winter health, with a comms steering group being established as part of the Seasonal Health Partnership. A further military health session was held, although a more formal meeting schedule needs to be established.
Assess local health protection work against the ADPH What Good Looks Like for Health Protection framework	An assessment of the local health protection system against the ADPH Framework took place, which identified that NY is generally performing well in terms of health protection assurance measures in place.
Prepare for, and participate in, Exercise Pegasus (national pandemic exercise, autumn 2025)	NY Local Resilience Forum (LRF) led the local engagement with Exercise Pegasus, which involved colleagues from across health protection organisations. NYLRF participated in all 3 phases of Exercise Pegasus, including as one of 6 national 'focus areas' for phase 2 looking at Containment.

UPDATE ON 24/25 PRIORITIES

Priority	Update
Specialist Sexual Health Service Section 75 Partnership extension	A 4-year extension has been signed between NYC and York & Scarborough Teaching Hospitals Foundation Trust (YSTHFT), coming into force 1 st April 2026. This will allow us to build on the strong existing partnership between NYC and YSTHFT and further develop the high-performing service in North Yorkshire.
Support the ongoing development of regional health protection arrangements, in the context of wider system challenges	Partners have continued to provide input into the HNY ICB outbreak task & finish group, which is developing operational guidance on health protection, a specific commissioned service for additional health protection clinical requirements, and a MOU on how agencies will work together to support health protection incidents.
Support implementation of the revised national immunisations schedule	Several changes have been made to the routine childhood immunisations schedule this year, including the addition of chickenpox (varicella) vaccination to the MMR, and a change in MMR vaccination timings. This work has been led by the NHSE Screening and Immunisation Team and supported by other partners, including communications following a national increase in measles cases in the first part of 2026.



INFECTIOUS DISEASES



SCREENING AND IMMUNISATIONS

SCREENING

Cancer screening indicators for North Yorkshire are higher (better) than the England average. The uptake of non-cancer screening, such as newborn hearing screening, is also better, or similar, to the England average.

An area to watch however is around cervical screening, especially in the younger age cohort. Trends since 2010 show a decrease in cervical cancer screening in 25 to 49 year olds; 73,256 (79%) to 68,362 (75.8). There has also been a slight decrease in the % uptake for 50 – 64 year olds in the same period (82.3% to 78.5%), although actual numbers of individuals attending screening has increased in this group from 44,134 to 53,977.

Alongside partners, information about cancer screening and awareness of signs and symptoms has been shared throughout the year. Cancer Alliance’s Cancer Champions Awareness training sessions have been promoted across the network - training highlights key facts, statistics, symptoms and NHS screening programmes, equipping participants with the knowledge to engage in conversations to reduce risk and promote early diagnosis.

GP practices across North Yorkshire have taken part in a joint funded initiative by NHSE and HNY cancer alliance to contact and support all those who have not attended cervical screening, this has enhanced awareness and attendance for screening. HNY cancer alliance and partners have also engaged with beauty salons and nail bars during cervical cancer awareness week and many owners of these shops have also engaged in cancer champion training.

● Lower 99.8% ● Similar ● Higher 99.8% ● Best ● Worst ○ Not applicable
 Quintiles: Low ● ● ● ● ● High ○ Not applicable

Recent trends: - Could not be calculated → No significant change ↑ Increasing ↓ Decreasing

Indicator	Period	Humber and North Yorkshire ICB - 42D		Humber and North Yorkshire ICB - QOQ		England		England	
		Count	Value	Value	Value	Worst/Lowest	Range	Best/Highest	
Proportion of GP registered populations by age group	2025	147,270	25.9%	22.6%	18.0%	9.1%		28.8%	
Deprivation score (IMD 2025)	2025	-	-	20.86	21.81	-	Insufficient number of values for a spine chart	-	
New cancer cases (Crude incidence rate)	2023/24	3,290	743	678	557	319		830	
Cancer: QOF prevalence	2024/25	29,153	5.1%	4.5%	3.8%	1.8%		6.0%	
Screening									
Breast screening coverage: aged 53 to 70 years old	2024/25	60,365	78.3%	77.3%	72.2%	54.4%		82.4%	
Breast screening uptake: aged 50 to 70 years old	2024/25	27,115	77.7%	77.8%	72.0%	53.4%		81.5%	
Cervical screening coverage: aged 25 to 49 years old	2023/24	46,195	75.7%	72.4%	67.5%	55.7%		77.3%	
Cervical screening coverage: aged 50 to 64 years old	2023/24	36,695	78.2%	76.6%	74.9%	67.7%		78.7%	
Bowel cancer screening coverage: aged 60 to 74 years old	2024/25	92,755	78.9%	76.5%	72.9%	59.7%		79.9%	
Bowel cancer screening uptake: aged 60 to 74 years old	2024/25	45,205	77.4%	74.7%	70.3%	56.8%		78.1%	

SEASONAL IMMUNISATIONS

Vaccination UK (commissioned by NHS England) provides the school aged immunisation service (SAIS), including influenza vaccinations, to pupils across North Yorkshire. Since taking on the contract in 2023, Vaccination UK have seen a steady increase in response rates for vaccinations against flu. Vaccination UK have worked hard to achieve these improved uptake figures – providing pop-up clinic services within community settings, running catch-up clinics in schools and webinar/Q&A sessions for parents, as well as taking a proactive approach to contacting non-responding parents/guardians by text or phone call.



NYC Staff Flu Vaccinations

North Yorkshire Council Staff Flu Vaccination Programme (2025) aimed to reduce flu transmission and protect vulnerable residents by offering free onsite flu vaccinations to frontline staff who were not eligible for NHS vaccination. NYC has provided workplace flu vaccinations for over 11 years, using varying approaches (clinics, vouchers, pharmacy reimbursement). Uptake has historically fluctuated (46–605 vaccinated per year).

2025 delivery model:

- Pharmacist led pop up clinics across 8 locations (with 2 days in Northallerton)
- Clinics scheduled for 16–23 October, timed to align with early flu season
- Online booking system used but walk-ins accepted
- Option to receive vaccination at community pharmacies and reclaim costs

Eligible cohort: Frontline health and social care staff directly involved in patient/client care, aligned with JCVI guidance along with the North Yorkshire Seasonal Health Strategy and Implementation Plan (maintaining health and winter preparedness) and the Target Operating Model (specifically connected to continuity & delivery of essential services by ensuring staff wellbeing).

Uptake:

- 269 staff vaccinated (260 in clinics, 9 via community pharmacy)
- Average clinic capacity booked: 84.7%; actual attendance: 81.3%
- Highest attendance: Malton & Harrogate; lowest: Richmond & Skipton
- Slightly lower uptake than 2024 (290 vaccinations)

HEALTH INEQUALITIES

Scarborough Screening and Immunisation Group:

This multi-agency group was first established by NYC's Health Protection team in 2022 in response to lower uptake of the routine NHS screening and immunisation offer across Scarborough District; a contributing factor to the poorer health outcomes and greater inequalities experienced by the population here, when compared to the rest of North Yorkshire.

The group convenes every two months, and the meetings provide an opportunity for partners from commissioning, community development and the voluntary sector to share information and discuss new approaches that support early cancer diagnosis and promote vaccination where uptake is low.

The meetings have shown clear impact at a local level: at a recent bingo event, a Cancer Alliance awareness talk prompted an attendee to attend an overdue breast screening, leading to timely diagnosis and treatment. Others have similarly acted on brief conversations and finally attended long-delayed screenings.



INFECTION PREVENTION AND CONTROL

- The IPC team have continued to provide both proactive and reactive support to care settings and primary care on a range of infection prevention and control issues.
- The IPC team have continued to release bulletins to providers on topics including scabies, Preparing for Winter, spring cleaning etc.
- All Care Home resources have also been updated in 2025, with free to download IPC Policies, IPC audit tools, Annual IPC Statement, IPC Risk Assessment Template, General IPC and IPC Lead Job Description
- Training sessions have been held for care settings, including Half Day Housekeeping IPC Training and the popular Light Box Tour 2025-6 in line with World Hand Hygiene Days. A Care Home and Domiciliary Care IPC Study Event was held on 13th January, which received positive feedback.
- The IPC team has continued to participate in system training events, including the York and NY IPC Antimicrobial Resistance (AMR) Collaborative Meeting. AMR and sustainability are now standard items on team meetings, with presentations on both topics delivered at study events and with electronic resources now available.

Healthy Homes

The Community IPC team was nominated for HSJ and Nursing Times awards for their Healthy Homes work.

Healthy Homes is a nurse led, proactive model aligned to the NHS England IPC educational framework with a strong focus on culture change around IPC in care homes, not just compliance. The programme is built around 6 key areas: awareness of IPC support, education & training, IPC champions, IPC audits, policies & procedures, and meeting CQC requirements.

The programme has had clear benefits, including evidence of improved communication, routine audits, staff confidence and visibility of IPC processes. 100% of pilot care homes now have a designated IPC lead, and feedback shows increased confidence and preparedness around IPC.

Next steps include offering all care homes in NY&Y a 'Healthy Homes' evaluation, growing the IPC peer champions network, and sharing tools, templates and educational resources.



TUBERCULOSIS

- The community TB team at Harrogate District Foundation Trust continues to support individuals with active and latent TB, including both adults and children.
- A catch-up programme has been undertaken providing BCG vaccinations for eligible children. BCG vaccinations across NY are now up to date, with further clinics scheduled as required when further eligible children are identified.
- Proactive work continues with organisations working with underserved groups including primary care, social workers, refugee services, and children in care services. The team also has a close working relationships with military health providers and provides screening to eligible new recruits.
- The community TB team, HNY ICB, UKHSA and wider partners were involved in a multi-agency response to a TB incident during summer 2025 that involved the follow up of a large number of potential contacts.

Tuberculosis National Report

In March 2025, the Getting It Right First Time Projects Team at the Royal National Orthopaedic Hospital (RNOH/GIRFT) published the [Tuberculosis National Report](#).

NHS England developed an Implementation Framework Programme to support delivery of the recommendations from this review, and visited ICBs across the country as part of the embedding process.

There are a number of recommendations in the Report for organisations to implement, including providers, ICBs, local authorities and regional NHS teams.

Work is already underway at a local level to address these recommendations, and a helpful Virtual Summit was held in February 2026 to discuss some of the issues and responses further.

Work to respond to the GIRFT report will continue into 2026/7.

ANTIMICROBIAL RESISTANCE

Work continues to support the reduction in duration of antibiotic treatment courses where clinically appropriate, as this reduces side effects from antimicrobials and also reduces the risk of antimicrobial resistance (AMR) developing.

A steady performance is noted and current performance in North Yorkshire is approaching the target for the use of antibiotics in line with [UK Access, Watch and Reserve classification for antibiotic prescribing in primary care](#) which focuses on choice of antimicrobial agent.

The NHS Oversight Framework for 2025/2026 provides an updated oversight framework with metrics on which Integrated Care Board (ICB) performance will be assessed. The framework includes a new Patient Safety metric supporting delivery of both the second UK five-year national action plan and the NHS delivery of high-quality safe care: Percentage of children prescribed antibiotics in primary care. North Yorkshire has one of the lowest rates for prescribing in this cohort.



UK Access, Watch and Reserve classification for antibiotic prescribing in primary care

Select Organisation Grouping
NORTH EAST AND YORKSHIRE COM..

Show Old Boundaries
No - current locations only

Location
NHS HUMBER AND NORTH YORKSH..

PCN/Cluster
All

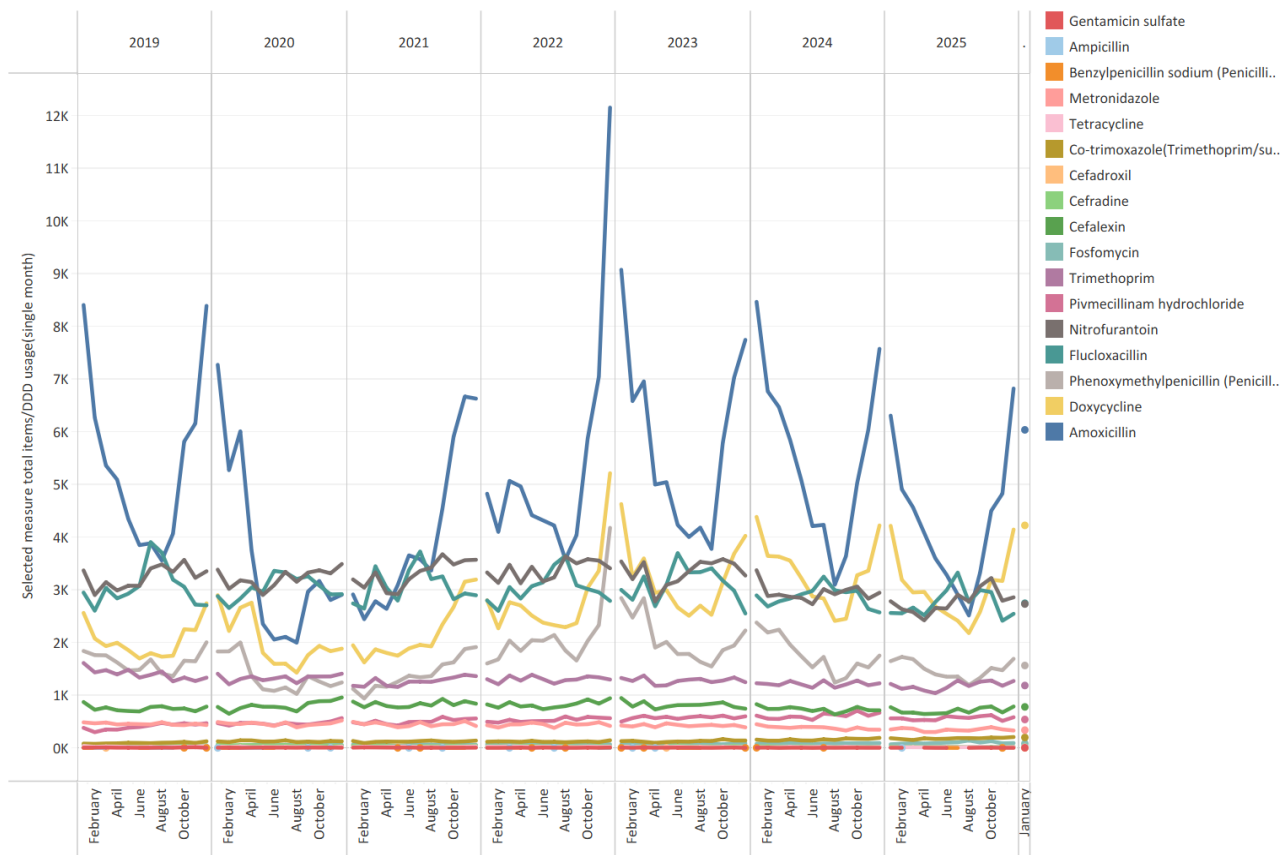
Practice
All

Select Monthly Prescribing Type
single month

Select Measure Items/DDDs
Items

Age Band Years
All

Total number of ACCESS items prescribed by Antibiotic over time (single month)



SEXUAL HEALTH

North Yorkshire has good sexual health outcomes compared to England, the Yorkshire and Humber Region and Chartered Institute of Public Finance and Accountancy (CIPFA) neighbours. Although sexual health spans all domains of public health, from a health protection perspective, the main changes in the most recent publicly available data is as follows:

- **Gonorrhoea diagnoses** increased to **35.9 per 100,000** (trend: *increasing and getting worse*) but remain **substantially below England's 124.5 per 100,000**.
- **New STI diagnoses (excluding chlamydia)** rose to **199.2 per 100,000** (trend: *increasing and getting worse*) and remain **well below England's 482.3 per 100,000**.
- **Syphilis diagnostic rate** remains stable at **5.74 per 100,000** (*no significant change*) and **much lower than England's 16.53 per 100,000**.
- **Chlamydia detection (females 15–24)** is **1,263.6 per 100,000**, below England's **1,589.4**, with **no significant change** locally.
- **Chlamydia screening coverage (females 15–24)** is **15.72%**, below England's **17.98%**.

Cervical Screening at YorSexual Health – Nursing Times Award Nominee (Public Health, 2025)

In 2023, YorSexual Health received NHS England funding to train five experienced LARC-fitting nurses in cervical screening. The aims were to increase screening uptake among people who do not access GP services, expand the number of trained screeners, improve access for vulnerable groups, and introduce flexible delivery models such as walk-in clinics and outreach sessions.

A new cervical screening pathway was created for patients without a GP or recall status, and targeted clinics were developed for people living with HIV, trans and non-binary communities, NHS staff, and outreach settings. Walk-in and wait clinics were rolled out across multiple sites, supported by targeted social media messages.

The programme delivered a major rise in screening activity—from three tests in February 2022 to 113 by February 2025. Staffing capacity nearly doubled, enabling consistent availability across all sites. GP practices also promoted the service as an alternative for patients struggling to book appointments. Feedback from service users was highly positive, highlighting convenience and reduced stress.

Key learning included the effectiveness of walk-in models for people with unpredictable schedules or appointment anxiety, the value of clinical leadership in maintaining quality, and the importance of social media for flexible, real-time communication.

Future plans include expanding the offer further, supporting primary care with recall and non-attender follow-up, and sharing learning and pathways regionally and nationally, particularly around screening for NHS staff.



ENVIRONMENT



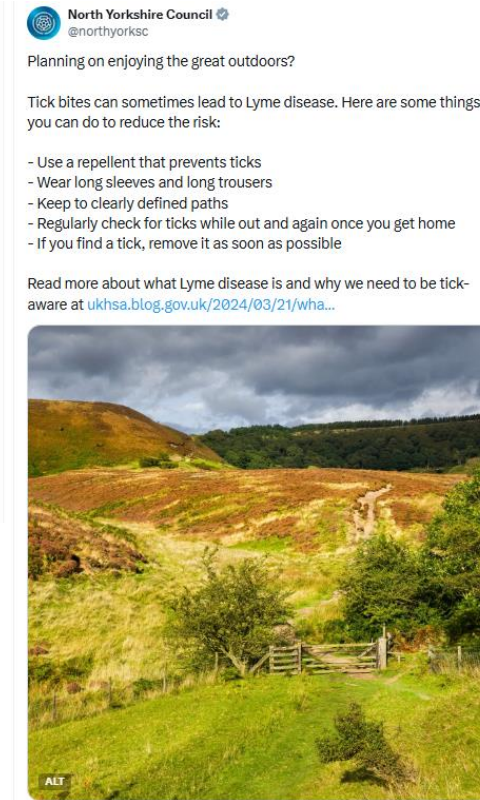
SEASONAL HEALTH

The Seasonal Health Partnership, chaired by North Yorkshire Fire and Rescue and supported by the NYC public health team, continued to meet and collaborate. Communications remained an area of focus for the partnership and a Task and Finish group was recently established to work on streamlining communications across all partners.

A range of seasonal health communications campaigns was shared during 25/26, including:

- Ticks & Lyme Disease Awareness: seasonal reminders were delivered on how to spot, prevent, and safely remove ticks, and raise awareness of Lyme disease risk
- Petting Farm Safety: public messaging was shared to promote good hygiene and safe practices when visiting petting farms, particularly during peak spring and summer visit periods.
- We have local websites sharing key resources, such as [Avoiding infection on farm visits | North Yorkshire Council](#)

A seasonal health event was held jointly across North Yorkshire and York in October 2025, supported by both Directors of Public Health, focused on preparing partners for the winter season.



The Seasonal Health Strategy (2021-26) will be reviewed in 2026 to ensure it is up to date, maintains alignment with key seasonal health issues and sustains engagement across partners.

CLIMATE CHANGE

NYC colleagues continue to support work in line with the [NYC Climate Strategy](#). This includes participation in the corporate Beyond Carbon Board, providing updates on directorate climate action plans.

The public health team also continues to progress work against the Public Health action plan, with the Director of Public Health chairing the Health & Adult Services (HAS) Directorate Sustainable Futures Board.

Climate work has continued beyond NYC, with colleagues providing input into work done by the Mayoral Combined Authority on climate (including adaptation and retrofit strategies), and also producing a regional resource that provides a 'menu of actions' for local public health teams to support their role in tackling the climate emergency.

Training has also been delivered at a HAS Leadership Forum to senior managers.

Climate Change support for North Yorkshire schools and Early Years providers

NYC's Healthy Schools team in partnership with the Climate Change team are providing ongoing support to school and early years staff to develop Climate Action Plans and take action to adapt and respond to climate change. Following the DfE's [sustainability and climate change strategy for education](#), Climate Action has been added as a new topic on the Healthy Schools website. Schools and nurseries can upload their Climate Action Plans for review and to gain a Climate Action logo and certificate to show their plan is in place.

- 8 Schools and 5 Early Years providers have uploaded Climate Action Plans to the Healthy Schools website and achieved a logo and certificate in the first round of applications.
- Two in-person and two online teacher training events were held in 2025 on developing Climate Action Plans. 183 school staff signed up to these events.
- Support for Early Years providers around developing their Climate Action Plans was delivered at online Leadership forum meetings.

Future plans

- Continue to develop resources on Healthy School website
- Run a primary schools Climate event at Allerton Waste Recovery Centre (Autumn 26)
- Send out termly climate change e-news
- Establish a database of schemes and support that schools are involved in (sustainable travel, community energy, waste, rethink food etc)
- Continue to highlight free opportunities to schools from external providers

AIR QUALITY

NYC Environmental Health and Public Health teams, along with internal partners, have established an Air Quality Steering Group that continues to meet regularly. The group provides an opportunity for a number of colleagues from different service areas across the Council to come together and talk about projects which aim to improve air quality across the county.

It also provides an opportunity to get updates on the Air Quality Action Plan, which outlines specific actions in Air Quality Management Areas across North Yorkshire.

We continue to support national air quality campaigns, such as [World Ventil8 Day](#) in November, which raises awareness about the importance of ventilation for health and wellbeing.

Priority for 2026/2027: Deliver the Air Quality Strategy

Work is currently underway to draft North Yorkshire Council's Air Quality Strategy. In collaboration with colleagues in Environmental Health, we have started gathering information and bringing relevant partners together to work on the development of the strategy. This will be a strategic document which will highlight air quality work undertaken by the Council and how this work will develop going forward to deliver on our ambitions.

There are many service areas in the Council working on air quality, both indoor and outdoor including housing, NYC properties, environmental health, active travel and EV infrastructure. The strategy will provide the overarching vision for improved air quality in the county through a set of goals/ambitions. It is hoped that the strategy will be adopted by the Council in 2027.



REGULATORY SERVICES

SCIENTIFIC TEAM

Air Quality

NYC published its Annual Status Report, which summarises all monitoring within NY and current compliance status against statutory air quality objectives and summarises major developments and traffic measures. This year the number of Air Quality Management Areas (AQMAs) in North Yorkshire is being reduced from 4 to 3 (down from 8 in 2024). Revocations take place after 5 years of continuous compliance with UK statutory air quality objectives – further improvements may allow us to decrease AQMAs down to 2 later in 2026. The NYC Air Quality Action Plan is being reviewed following these additional AQMA revocations.

The Scientific Team have worked closely with public health on a number of air quality initiatives, including:

- Providing real-time monitoring data to inform the public health and wider LRF response to the Langdale/Fylingdales moorland wildfire.
- Assisting public health with the production of an Air Quality Strategy for NYC with input from members of the Air Quality Steering Group and other partners.
- Working with public health colleagues to support campaigns including Clean Air Day and Clean Air Night, the latter focusing on the health risks associated with wood burning stoves.

Planning and permitting

- The team have worked with Planning colleagues to produce guidance to reduce the impact of cumulative development upon air quality.
- The team continues to respond to environmental permitting requests. All required industrial and business permitting applications, variations and inspections processed and undertaken as required under the Pollution Prevention and Control Act. UK Pollutant Release and Transfer Register (PRTR) data sets from NY determined and reported to DEFRA.

Contaminated land

- A standardised risk assessment tool and mapping system is being explored to enable the production of the first NYC Contaminated Land Strategy.
- There is ongoing provision of consultation responses to Planning to ensure land to be developed is suitable for its intended use and does not pose an unacceptable risk to human health or the environment.

REGULATORY SERVICES

FOOD, FARMING AND HEALTH

- In March / April 2025 the team undertook site visits to prominent petting zoos in the county to assess their management of zoonotic illness plans and to issue best practice guidance.
- The team continue to monitor local outbreaks of infectious disease. One such example occurred over Christmas 2025 after the press reported several clusters of norovirus at a Harrogate hotel. Officers engaged the hotel management to assess response plans, linking in with public health and UKHSA to share best practice and to mitigate any further spread.
- Environmental Health and Trading Standards officers maintain close links with the Food Standards Agency and respond to 'Food alerts for action' when there is potential risk and harm to consumers. Examples include facilitating a recall of chilled and frozen desserts from North Yorkshire hospitals and health care settings due to the presence of listeria; a recall of chocolate imported from Belgium due to the presence of salmonella; and the recall of other chocolates sold locally with undeclared allergens present.
- The team are prepared to respond to any local outbreaks of zoonotic and non zoonotic notifiable disease and in February 2026 exercised the NYC Zoonotic Disease plans in conjunction with the NYC Public Health and the Resilience and Emergencies teams and the Animal and Plant Health Agency (APHA).
- Since October 2025, North Yorkshire has seen six outbreaks of avian influenza amid 95 outbreaks across the UK, and the local authority has worked with APHA to undertake disease surveillance and monitoring in the government control zones around each of the infected premises to minimise spread. This work is in parallel with enforcing the national avian influenza prevention zone which brings additional bio-security requirements and the national mandatory housing requirement for keepers of more than 50 birds.



EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE



RESILIENCE AND EMERGENCIES

- North Yorkshire Local Resilience Forum continues to deliver against its [strategy](#), which provides the strategic direction for partners over the next five years.
- The [Forum’s Community Risk Register](#) continues to shape how partners warn and inform members of the public about the risks affecting York and North Yorkshire.
- The wildfire at Fylingdales was the largest major incident in the county in the last ten years. Recovery is still ongoing, and the debrief process continues.
- The emergency planning cycle for 2025/26 was successfully delivered, with priorities focused on Exercise Pegasus and the National Power Outage programme.

A quarterly NYLRF newsletter is produced, which provides further details

Priorities for 26/7 include:

- Embedding the learning from the Fylingdales incident
- Undertaking the annual review and exercise of multi-agency emergency plans
- Further developing the compliance and assurance process,
- Working with the UK Resilience Academy to support the ongoing development of skills.

Incident	Locality	Date
Storm Bert	County-wide	22/11/2025
Storm Darragh (amber)	Kirkby Mills & Keldhome areas of Kirkbymoorside	08/12/2025
Amber snow warning	County wide	03/01/2025
Avian Influenza outbreak	Sutton on the Forest	22/01/2025
Airwaves radio outage	County wide	10/03/2025
Vessel collision in North Sea	East coast	11/03/2025
Unexploded munition – River Ure	South of Ripon	25/03/2025
Unexploded munition	Malton	16/04/2025
Unexploded munition	Flaxton	13/05/2025
Potential chemical incident	Scarborough	03/06/2025
Drought escalation	County wide	19/06/2025
Langdale fire	Langdale	26/06/2025
Road traffic collision	Harrogate	18/07/2025
Langdale fire (Fylingdales)	Langdale (Fylingdales)	12/08/2025
Missing child	Richmond	16/08/2025
Residential fire	Spofforth – Harrogate	19/08/2025
Hydrochloric acid spill	Masham	10/09/2025
Amber snow warning	East side of the County	19/11/2025
Fire in industrial unit	Northallerton	25/11/2025
Road traffic collision	Tadcaster	01/12/2025
Residential Fire	Danby Whitby	19/01/2026

EXERCISE PEGASUS

Exercise PEGASUS was a Tier 1 exercise (defined as a national-level exercise involving ministerial participation and Cabinet Office Briefing Rooms (COBR) activation) led by the Department of Health and Social Care (DHSC) with UKHSA support, aimed at rigorously assessing the UK's preparedness, capabilities, and response strategies in the context of a pandemic arising from a novel infectious disease.

The exercise played across the UK (4 nations) throughout Autumn 2025.

The exercise involved a data-driven simulation focusing on 3 pivotal time points, with various levels of play required as set out below:

- 1. Emergence phase:** Operational + Tactical (22-23 September)
- 2. Containment phase:** Operational + Tactical + Strategic (13-14 October)
 - Phase 2 involved a "focused" level of play based on a bespoke scenario specific to North Yorkshire. Activity included a simulated Tactical Coordination Group (TCG) and Strategic Coordination Group (SCG) as well as accompanying cells.
- 3. Mitigation phase:** Operational + Tactical (3-4 November)

During each of the three phases, **North Yorkshire Local Resilience Forum** (NYLRF) received a 'workbook' containing questions and challenges to work through with 48 hours to complete.

NYLRF established an **Exercise Pegasus Working Group** made up of a range of representatives from core agencies (NYC, CYC, UKHSA, ICB, YAS, NYFRS and NYP) with the expertise to deal with most questions. In addition, representatives were identified for **specialist cells**, taking on more detailed questions.

Exercise PEGASUS was based on a novel enterovirus originating from a fictional island. Enteroviruses are a group of viruses that usually cause mild illnesses but can lead to serious conditions such as meningitis or acute flaccid paralysis.

NYLRF participated in all three phases and captured learning in debrief reports to highlight what worked well, what could be improved and recommendations that the local tier can progress.

It should be noted that the national debriefing activity is ongoing and will be considered once available.

A fourth phase (recovery) is planned to be exercised in 2026.

INCIDENTS AND OUTBREAKS

There have been a number of national outbreaks of infectious disease in 25/6 that have also required a local response, for example sharing communications messages in light of increased measles cases in London and the invasive meningococcal disease situation in Kent. Notwithstanding the national situation, North Yorkshire has seen occasional cases of these and other diseases across the year, which have required a local response.

The 25/6 flu season began earlier than usual, with cases rising initially through October and November before peaking in December, with cases particularly seen in children and young people in the early phase. Partners have also responded to outbreaks of flu and other respiratory diseases in care settings, as well as norovirus and scabies. Environmental health colleagues have supported hospitality settings with norovirus, and public health teams have supported education settings with a range of childhood infections.

The most significant of the environmental incidents to occur this year was the Langdale/Fylingdales moorland wildfire, which required a protracted response through the LRF and included public health, environmental health, HNY ICB and UKHSA colleagues. Key aspects of the response from a health perspective included monitoring air quality and providing public health advice, supporting the ongoing delivery of health services in the area, participating in humanitarian response planning for potential evacuations, and continuing to provide support into the recovery phase of the response.

In addition to standing up LRF tactical and strategic meetings for the wildfire, HNY ICB also stood up a Health Coordination Group (HCG) to co-ordinate health input and feedback. The HCG mechanism has been valuable in a number of incidents this year, including the wildfire, TB and others across the ICB area. Lessons learned/debriefs have also been co-ordinated through both the LRF and the ICB EPPR team for significant incidents to help improve local processes.

This year saw the completion of the **NYC Infectious Diseases Plan**, which provides operational guidance for NYC staff on managing responses to incidents and outbreaks of infectious diseases. The plan compliments the strategic NYLRF Infectious Diseases Plan (also reviewed and updated this year), and links with wider guidance such as the UKHSA Communicable Disease Outbreak Management Guidance and forthcoming NHS operational response plans from HNY ICB/Local Health Resilience Partnership.

COMMUNICATIONS

A range of communication campaigns and messages were shared in 25/26, including:

- Clean Air Day: campaign messages were shared with schools to help raise awareness of air pollution and encourage small changes that support cleaner, healthier environments.
- Clean Air Night was promoted through our Beyond Carbon newsletter, highlighting the health impacts of woodburning and ways to reduce exposure.
- Key winter health messages were shared with schools, including a practical winter ventilation poster to help keep classrooms healthy through the colder months.
- There are also local websites sharing key resources, including [Keep well and warm this winter | North Yorkshire Council](#)
- Reactive messaging for awareness-raising on particular diseases, including measles
- UKHSA communications were shared via NYC with schools following on from the Kent meningitis outbreak



SUMMARY

This year many partners across the health protection system have continued to experience the impacts of ongoing organisational change, including ICBs, UKHSA and NHS England. This has included loss of staff as well as changing responsibilities and boundaries.

Despite this, partners have come together to respond to a range of incidents, including infectious diseases and environmental issues such as the Fylingdales wildfire, as well as engaging in exercises including the national Exercise Pegasus.

Responses have been underpinned by close working relationships, with many formal arrangements also progressing such as the regional MOU and the completion of the NYC Infectious Diseases Plan.

Auditing the health protection system against the ADPH What Good Looks Like Framework has suggested good performance generally, although there is scope to improve information sharing pathways, which will be particularly important to maintain through ongoing organisational changes.

There are several areas of work that have been started during 25/26 that are due for completion in 26/27, including the Air Quality and Seasonal Health strategies. In addition, a number of national reports

and plans have been published during 25/26 (including on HIV and TB) which will be responded to as part of the 26/27 workplan.

Priorities for 26/27

- Refresh the Seasonal Health Strategy
- Complete the NYC Air Quality Strategy
- Embed the national HIV Action Plan locally
- Implement new IPC contractual arrangements
- Implement local actions based on the tuberculosis “Getting it Right First Time” (GIRFT) Report
- Support the completion of regional health protection agreements including MOU
- Strengthening information sharing pathways between organisations to support assurance and response