

Health Protection Assurance report

1. Summary

This report provides an update on health protection responsibilities within City of York Council and builds on the report from November 2021.

Health and Wellbeing Boards are required to be informed and assured that the health protection arrangements meet the needs of the local population.

2. Background

The scale of work undertaken by local government to prevent and manage threats to health will be driven by the health risks in the Local Authority area and includes:

- National programmes for vaccination and immunisation
- National programmes for screening, including those for antenatal and newborn; cancer (bowel, breast and cervical); diabetic eye screening and abdominal aortic aneurism screening
- Management of environmental hazards including those relating to air pollution and food, these are the responsibility of other departments in the Council and are not included here.
- Health emergency preparedness and response, including management of incidents relating to communicable disease (e.g. COVID-19) and chemical, biological, radiological and nuclear hazards
- Infection prevention and control in health and social care community settings
- Other measures for the prevention, treatment, and control of the management of communicable disease as appropriate and in response to specific incidents.

Main/Key Issues to be considered

3. Sexual Health.

Chlamydia detection rate per 100,000 aged 15 to 24 (2021) in York (1,134) remains below the England (1,334) and regional (1,464) average.

As part of ongoing contract monitoring reporting the sexual health service and Public Health audits the Yorscreen programme. Current knowledge shows that we have a higher-than-average positivity rate for men than women (16.7% compared to 7.2%) however we need to compare this with our on-line offer through Preventx¹. As a national provider of on-line services preventx data is not easy to split by gender but this breakdown has been requested.

We screen more women than men, but we have a higher positivity rate in men, this has been the case for some time and we continue to work with our provider to understand the reason for this. Our large student population probably contributes to the high rate of chlamydia screening but the detection rate as always been lower.

Year	<u>Information Team (April-March)</u>		<u>Preventx (Jan – Dec)</u>	
	Tests	Positivity	Tests	Positivity
2019-20	6313	6.73%	2178	6.6%
2020-21	2377	5.34%	2469	7.1%
2021-22	3271	5.25%	2509	7.3%

4. Late HIV diagnosis.

HIV late diagnosis in people first diagnosed with HIV (2019 to 2021) in York (85.7%) is well above the England (43.4%) and Regional (50.2%) average. The target for this is to have 25% or less late diagnosis.

HIV in York continues to be in very small numbers and so any increase in rates is exacerbated in data. It is worth noting that the (PHOF) data is over a 3-year period for the late HIV diagnosis. Due to the low number of cases, data swings hugely year on year.

¹ [Preventx - Innovative healthtech that makes remote testing accessible to all](#)

Further analysis from the specialist service shows:

	CD4 > 350	CD4 200-350	CD4 < 200
2019	8	2	4
2020	2	0	4
2021	2	3	2

CD4 count is a measure of the health of your immune system. A CD4 count above 500 is considered 'normal', one below 350 shows that HIV has damaged your immune system and a count below 200 means that your risk of serious infections becomes much higher.

Following scrutiny of the data, many of the cases we see in York fall into the characteristics of being heterosexual men, who are older, and infected abroad. Approximately a third of cases of York patients were heterosexual men in their 40's and 50's. Some of these cases had seen their GP with weight loss, lethargy and fatigue, as many as 10 times before being tested and diagnosed, with the majority not diagnosed until they are in ICU or hospital unwell. This group profile tends to be unlikely to attend sexual health services unless their symptoms are classic GU presentations.

The service has been proactive in working with GPs providing educational sessions to highlight HIV testing guidance, missed opportunities and other presentations.

York is a long way from the point of requiring routine testing and therefore finding cases is likely to remain difficult. They are a small proportion of the population, not necessarily identifying as classical at-risk groups, and as soon as they have symptoms of a clinical infection, they are likely to be classified as a late diagnosis.

Regional work has commenced looking at how we can encourage groups who do not identify as 'at-risk' to HIV infection, to come forward. The results of this are not due until 2023.

5. Immunisations and Vaccinations.

The table below shows the PHOF immunisation and Vaccination data where York is not in line with England or Y&H rates.

PHOF Indicator	England (% previous report) (% most recent data)	Yorkshire and the Humber	York
MMR 2 doses (5 years). Target >95% (2019/20) (2020/21)	86.8 86.6%	89.8 90%	89.5 89.4%
Flu primary school aged vaccination (2021)	60.4% 57.4%	60.8% 58.2%	55.0% 61.0%
HPV Vaccinations – 2 doses (13/14 years) female. Target >90% (2019/20) (2020/2021)	64.7 60.6%	71.9 79.2%	53.0 Unavailable at this time
Flu vaccinations for at risk individuals. Target >75% (2019/20) (2021/22)	44.9 52.9%	45.0 54.9%	44.3 57.3%
Shingles Vaccination (71 years). Target >60% (2018/19) (2019/20)	49.1 48.2%	51.4 49.3%	47.7 42.7%

- MMR2** – By the time children reach the age of 5 they are usually attending an educational setting and parents are back at work so access maybe restricted. The uptake of MMR1 by 5 years is 96% so there doesn't seem to be an issue with parents accepting the MMR vaccine per se but further investigation into the low up take of MMR2 is required. Non-recurrent funding has been received from NHSE to identify the barriers parents face to getting their child immunised. We anticipate this will be via direct contact with parents from a health professional asking key questions, signposting to vaccination clinics and dispelling any myths, whilst collecting valuable insight.
- Primary school age flu** – Provisional monthly data for Primary school age Flu (September 2020 to 31 January 2021) indicated that this has risen to 74.9 in York whilst remaining static for both the regional and England average. The School Aged Immunisation Service (SAIS) have held primary age flu clinics and have offered

community-based clinics for those children who are schooled at home.

- **HPV** – Human Papilloma Virus. Covid impact on school closures, pupils not being in school when the team attended, together with schools reluctance to have visiting teams in school during the pandemic have all had an impact on uptake. Work continues to mitigate against the low up take with a programme of catch-up clinics and this has been further supported by a more favourable response from schools. The School Aged Immunisation Service will also be delivering DTP (Vaccination for Diphtheria, Polio and Tetanus) to year 9 from January to March 2023 and MenACWY to year 8 from April to July 2023.
- **Flu vaccination for at risk individuals.** This cohort are identified and vaccinated via primary care services. Over the last few years GPs in York have delegated this responsibility to NIMBUSCARE. This year there is a mixed delivery model where some GP's are delivering this themselves and some have delegated this to NIMBUSCARE. Nimbus is delivering flu vaccinations to care homes, the housebound and doing outreach sessions. Public Health in CYC have funding some of these outreach sessions through a specific flu grant. These outreach sessions are taking place during October and will visit several foodbanks across the city, the Migrant Hub and the Ukrainian Café. Other at-risk groups are being covered in a system wide approach:
 - GP practices in York are vaccinating frail/elderly patients who can't travel
 - We have a comprehensive Community Pharmacy offer across the city
 - York Medical Group are delivering vaccinations to the homeless
 - York practices are looking at pooling 2–3-year-old nasal vaccinations to offer 'at scale' clinics – there have been some issues with the amount of supply available for this cohort.
 - PCN's are vaccinating care home residents as a matter of priority through out October, however some may be vaccinated after this due to COVID infections and closures.
 - Across all cohorts – where applicable – co administration of COVID and flu vaccination is being offered – this also dependant on supply.

- **Shingles.** York continues to be below the national and regional average in the coverage of Shingles vaccination at 71 years of age. The target for this vaccination is 60% uptake. York is the second worst performing local authority for this vaccination uptake. Public health have secured a small grant to fund investigative work into why the uptake of Shingles is low. The funding, from NHSE, will allow us to find out why there is a reluctance and identify ways to mitigate against this.

6. Childhood vaccinations

Summary of Childhood Vaccination Uptake in York – Target 95%

Indicator	Period	York %	England %	York: RAG rating v national target
Dtap / IPV / Hib (1 year old)	2020/21	93.5%	92.0%	Amber
MenB (1 year)-(Data statistic is showing children who have completed a Men B course at any time by their first birthday)	2020/21	94.7%	92.1%	Amber
Rotavirus (Rota) (1 year)	2020/21	92.4%	90.2%	Amber
PCV	2019/20	95.3%	93.2%	Green
Dtap / IPV / Hib (2 years old)	2020/21	95.6%	93.8%	Green
MenB booster (2 years)	2020/21	92.0%	89.0%	Amber
MMR for one dose (2 years old)	2020/21	93.3%	90.3%	Amber
PCV booster	2020/21	93.1%	90.1%	Amber
Flu (2 - 3 years old)	2020/21	67.9%	56.7%	Green
Hib / MenC booster (2 years old)	2020-21	92.9%	89.8%	Amber
DTaP/IPV booster (5 years)	2020-21	88.3%	85.3%	Red
MMR for one dose (5 years old)	2020-21	96.0%	94.3%	Green
MMR for two doses (5 years old)	2020-21	89.4%	86.6%	Red
Flu (primary school aged children)	2020	77.3%	62.5%	Green
HPV vaccination coverage for one dose (12-13 year old Female)	2019/20	93.7%	59.2%	Green
HPV vaccination coverage for one dose (12-13 year old Male)	2019/20	83.8%	54.4%	Amber
HPV vaccination coverage for two doses (13-14 years old Female)	2019/20	19.7%	64.7%	Red
Meningococcal ACWY conjugate vaccine (MenACWY) (14-15 years)	2019/20	86.8%	87.0%	Amber

Source: OHID – Health Protection Profile. 27.5.22

The table above gives some indication regarding the success of the childhood vaccination programme in York. By targeting the MMR2 vaccination for 5-year-olds we will also have an opportunity to discuss the DTaP/IVP booster which is aimed at the same cohort.

7. Influenza.

For the last 2 years during the coronavirus (COVID-19) pandemic we have had the largest NHS influenza vaccination programmes ever. We have also seen some of the best influenza vaccine uptake levels ever achieved in many of the cohorts, with more people vaccinated than ever before.

As a result of non-pharmaceutical interventions in place for COVID-19 (such as mask-wearing, reduced social interactions and reduced international travel) influenza activity levels were extremely low globally in 2020 to 2021 and at present continue to be low. A late increase in activity cannot be ruled out this season. As social contact returns to pre-pandemic norms there is likely to be a resurgence in influenza activity in winter 2022 to 2023 to levels similar to or higher than before the pandemic. The potential for co-circulation of influenza, COVID-19 and other respiratory viruses could add substantially to pressures in the NHS in 2022 to 2023, by addition, or by prolongation of the overall period for which respiratory viruses circulate in sequence.

A recent article in [The Lancet](#) notes that the return of influenza as a major public health issue is inevitable and learning from the southern hemisphere indicated that the flu season will start earlier than usual and at much higher infection rates. The sharp increase in rates in the southern hemisphere was probably driven by relaxation of measures put in place to mitigate the COVID-19 pandemic and the low proportion of the population vaccinated against influenza. In addition, there has been little natural influenza infection for the past 2 years. As a result, herd immunity against currently circulating viruses is probably substantially lower compared with previous years, a situation exacerbated by the entire cohort of children younger than 2 years who have never been exposed to influenza.

Groups eligible for influenza vaccination are based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI). The programme aims to provide direct protection to those who are at higher risk of influenza associated morbidity and mortality and to reduce transmission to all age groups through the vaccination of children.

The expanded influenza vaccination programme that was introduced last year will continue in 2022 to 2023 as we are likely to see both

influenza and COVID-19 in circulation. This means that the following additional cohorts will be included:

- secondary school-aged children focusing on Years 7, 8 and 9 and any remaining vaccine will be offered to years 10 and 11, subject to vaccine availability. This is commissioned via the school aged immunisations service – which for York is delivered by Harrogate and District NHS Foundation Trust.
- those aged 50 to 64 years old not in clinical risk groups (including those who turn 50 by 31 March 2023)

The table below gives the number of individuals who are eligible for a free flu vaccination, the numbers vaccinated and the percentage for City of York Council area (2021).

Cohort Name	Count of Individuals	Vaccinated	% Vaccinated /Individuals
50 - 64 year olds	39,661	22,783	57.4%
65 + not at risk	21,456	17,834	83.1%
65 + at risk	17,583	15,683	89.2%
School age children reception to ye	25,203	13,366	53.0%
Other - 18 to 49	4,733	4,733	100.0%
50-64 at risk	6,114	4,511	73.8%
NHS and social care Worker	6,057	4,092	67.6%
18-49 at risk	6,101	3,199	52.4%
2-3 year olds	3,490	2,237	64.1%
0 to 15 at risk	815	541	66.4%
Pregnant women	742	133	17.9%
16 to 17 at risk	278	128	46.0%
Other - 0 to 17	123	123	100.0%

NIMMS Flu vaccination portal.

8. Overview of COVID vaccination in York.

The numbers of COVID cases per 100,000 population changes daily and is available on [York Open data](#). This platform also shows vaccination rates:

Vaccinations for People aged 16+ (1st dose, 2nd dose and Booster)

- As at 2.10.22 a total of **158,935** CYC residents aged **16+** have had the first dose of the vaccine. This represents **89.1%** of the estimated (**16+**) population of York.

- As at 2.10.22 a total of **153,246** CYC residents aged **16+** have had both doses of the vaccine. This represents **85.9%** of the estimated (**16+**) population of York.
- As at 2.10.22 a total of **125,756** CYC residents aged **16+** have received the booster vaccine. This represents **70.5%** of the estimated (**16+**) population of York.

Vaccinations for People aged 12-15 (1st and 2nd dose)

- As at 2.10.22 a total of **5,638** CYC residents aged **12-15** have had the first dose of the vaccine. This represents **67.3%** of the estimated (**12-15**) population of York.
- As at 2.10.22 a total of **4,523** CYC residents aged **12-15** have had both doses of the vaccine. This represents **54.0%** of the estimated (**12-15**) population of York.

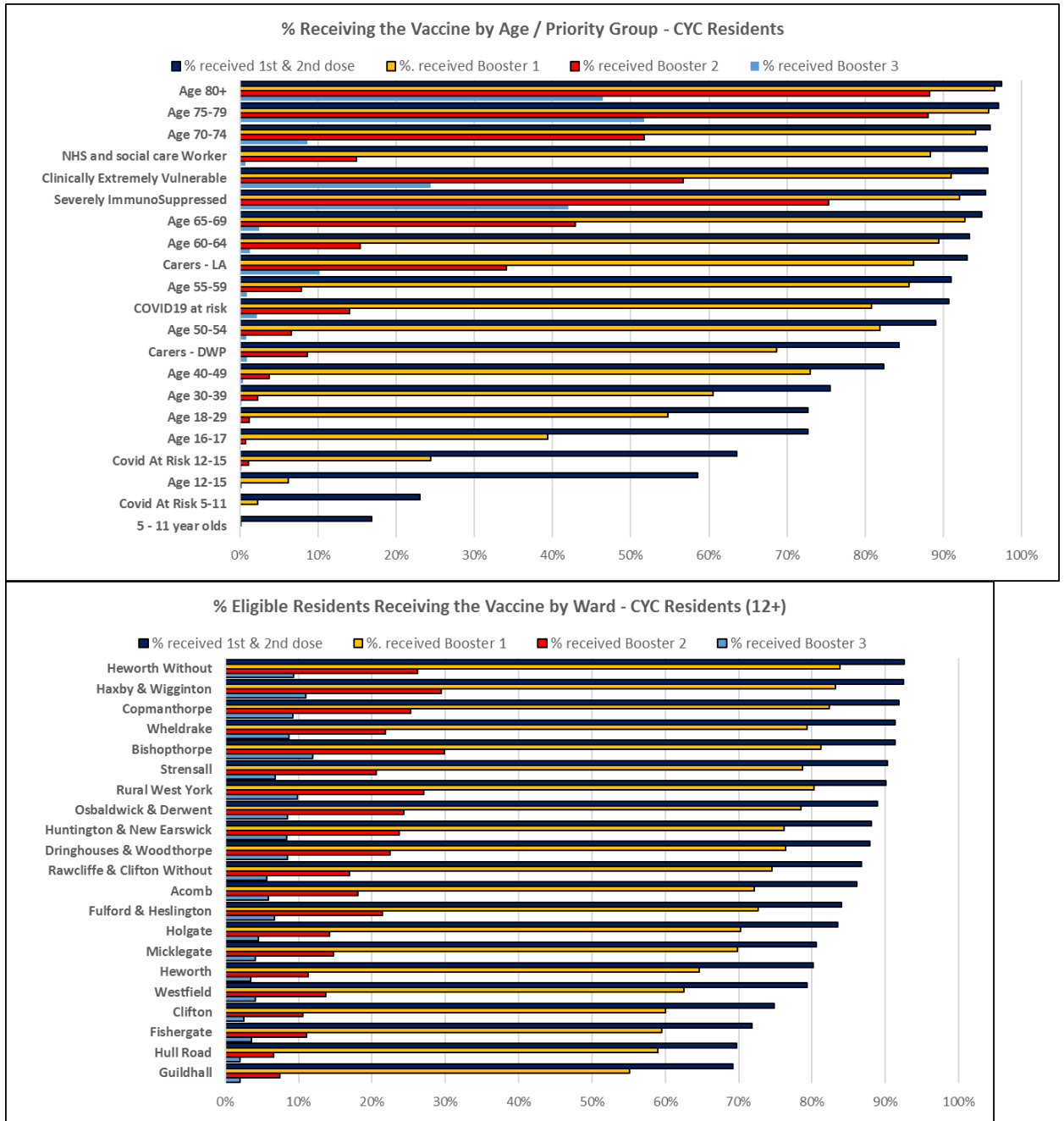
Vaccinations for People aged 5-11 (1st dose)

- As at 2.10.22 a total of **2,871** CYC residents aged **5-11** have had the first dose of the vaccine. This represents **19.1%** of the estimated (**5-11**) population of York.

Source: PHE Covid-19 Situational Awareness Explorer.

Vaccinations by Age / Category and Ward

The first chart below shows the percentage of CYC residents in each priority category who have had the vaccine. Please note, a person can be counted more than once in the chart e.g. an NHS or Social Care Worker who is aged 55-59 would appear in the total for both of these categories. The second chart shows the percentages by ward for people aged 12+.



Source: NHS NIMS Covid Vaccine Uptake Report

9. Monkeypox The World Health Organisation (WHO) report a worldwide reduction in the number of cases of Monkeypox which is reflected nationally. This has largely been as a result in lifestyle changes within the most affected demographic, supported by a national vaccination programme to those who are most vulnerable. Cases in York have remained in single figures, but the work required to respond has been a strain on the sexual health service.

10. Health Care Acquired Infections (HCAI's)

To support the management and prevention of Health Care Acquired infections (HCAIs) a multi-disciplinary partnership group, chaired by Public Health meets regularly to:

- Through a multi-agency approach, manage Healthcare Associated Infection (HCAI) across the healthcare system aimed at the consistent reduction of all HCAI in the population of the Vale of York.
- Ensure that lessons for preventing future HCAI are learned from the review of current and previous cases.
- Ensure the lessons are shared across all sectors of healthcare
- Ensure completion of identified actions to implement the learning from these reviews.

Notification, outbreaks and deaths associated with Clostridium difficile (C.Diff or C.Difficile or CDI) and methicillin-resistant Staphylococcus aureus (MRSA) are all investigated in line with the ICB/CCG Serious Incident policy. The group makes recommendations for improvement, disseminates, and demonstrates the learning for these investigations by illustrating common root causes, themes and trends.

The group examines antibiotic prescribing across primary and secondary care and makes recommendations to improve practice in line with prescribing guidelines.

As the NHS landscape has changed from CCG to ICS/ICB this work will sit in the wider context of Infection Prevention Control which has yet to be determined.

11. Oral Health

Over the last year the Public Health team have responded to the increase in public attention and interest in Oral and Dental health. The OHAG (Oral Health Advisory Group) is a strong working group with membership from key stakeholders across the dental network including dental commissioners, NHS, Local Dental Network and Health Education England. CYC and NYCC are both represented on the group and work closely together to reduce the health inequalities related to poor dental health.

One of the most positive outcomes has been the procurement of an Oral Health promotion service via a competitive tender process. Harrogate and District NHD Foundation Trust won the three-year contract to provide a wide range of Oral health promotion opportunities across the two local authorities. This includes:

- All special schools in York and North Yorkshire will be invited to take part in a supervised toothbrushing programme. This includes training for staff, provision of resources and equipment and support for parents.
- Training packages aimed at some of our key staff groups, e.g. Healthy Child Service, Social Workers, etc to promote good oral health and support access to dental provision.

This three-year contract will also provide supervised toothbrushing in a limited number of mainstream schools and early years settings that have been identified as having a specific need. Remaining schools and settings will have access to a 'universal' offer of support via training packages etc.

Public health has been working with NHSE colleagues – who commission dental services – to facilitate access to those most in need of dental services. Via a programme called 'flexible commissioning' NHS dental practices are able to accept patients with significant dental issues onto their patient case load if referred by a Healthy Child Practitioner or Social Worker. Small steps have been made but they have been successful and NHSE have recently looked for other NHS practices who would like to take part on flexible commissioning.

PHOF data shows that York, compared with England average has poorer access to dental services in 2020/21 (England 77.0% successful access, York 75.0%%). Nationally access to dental provision has decreed over the last few years and York is no exception to this.

12. Screening:

The NHS provides five national screening programmes for adults: abdominal aortic aneurysm (AAA), diabetic eye, Bowel cancer, breast cancer and cervical cancer. The COVID-19 pandemic and subsequent lock downs resulted in all programmes being

significantly affected as they were temporally suspended during the early stages of the pandemic. However, restoration of these programme has been working across England and the regions to address this and many screening programmes are now back to pre-pandemic levels.

- **AAA – Abdominal Aortic Aneurysm.** In England, screening for AAA is offered to men during the year they turn 65. The AAA screening is a concern with screening rates in York at 17.5% which is well below the regional (56%) and national average (55%). However NHSE report that the AAA screening team have been working hard to manage significant backlog within their programme as a result of Covid and staffing capacity specifically. This programme is on the relevant risk registers and NHSE are in the process of securing non-recurrent funding to enable facilitation of additional clinics by enabling an increase in staffing capacity. (Caveat: Although Fingertips is the published data NHSE continue to monitor quarterly performance and have noted improvements over the last year).
- **Breast** - The North Yorkshire and York Breast Screening programme is currently working on how to reach populations who don't normally come forward. Public Health has assisted in this and will continue to address inequalities in access. Additional funding to help the NY Breast screening programme, which is run by Y&STHFT, has been awarded to assist with the programme team developing strategies to support hard to reach groups accessing breast screening. Breast Screening coverage in York in 2021 (over pandemic) was 64.8% which is higher than the regional (64.3%) and national average (64.1%). (Fingertips) Uptake is monitored by NHSE at the programme update meetings on a 4-6 weekly basis and improvement is noted month on month
- **Bowel** - NHS bowel cancer screening programme is available to everyone aged 60 or over. In 2021 the programme expanded to include 56-year-olds. Harrogate, Leeds and York (HLY) bowel cancer screening programme are rolling out an age extension. There are capacity issues in endoscopy at Y&STHT. NHSE monitors delivery and performance with the HLY programme manager and SQAS and is working with the overall service to maintain programme standards. Bowel cancer

screening in York (70.1) is above the National (65.2%) and regional (66.8%). Access and support with taking up bowel cancer screening in those with a learning disability is being progressed across HNY, NHSE is working with partners to support work to address this, noting there has been some delays with the data sharing arrangements in place.

- **Cervical** – All women and people with a cervix aged 25 to 64 are invited to screening by letter via their GP. NHSE are aware of occasional capacity issues in primary care to deliver timely appointments, where this is the case NHSE and ICB “place” Quality Leads are supporting practices where necessary with discussions with these GP practices. CYC commissioned Integrated Sexual Health (ISH) Services have expressed an interest in working with NHSE to extend their delivery of cervical screening – in the current service specification the service provides this opportunistically. Colposcopy at York and Scarborough NHS Foundation Trust has been given additional funding which will help maintain timely clinics for the York and Scarborough population as an increase in referrals has been noted following the introduction of HPV screening. Cervical screening for VoY CCG for 21/22 Q4 was better than the regional and national average:
 - 25-49yr olds coverage 71.9%, regionally 71.8%, nationally 68.6%
 - 50-64 yr olds coverage 77.4%, regionally 76.3% , nationally 75%
- **Diabetic Eye** - Diabetic eye screening is a test to check for eye problems caused by diabetes. People aged 12 or over and have diabetes are invited via letter to have their eyes checked annually. Take up of Diabetic eye screening in Yorkshire and the Humber is 68.9% this is above the national average of 67.9% but below the performance threshold. North Yorkshire Diabetic Eye screening programme (NY DESP) have worked hard to restore their programme. NHSE report that they have no outstanding issues, and they continue to monitor performance and escalate risks as required. Their uptake is continuing to improve when NHSE review monthly.
- **Ante natal and New-born screening (ANNB).** Maternity services are experiencing ongoing difficulties around workforce

and recruitment but continue to work hard to deliver screening services. BCG remains to be an issue, with limited staff trained to give the vaccination within the 4 weeks. This is raised within the NHS Trust and escalated/monitored through NHSE internal governance processes.

13. Infection, Prevention and Control (IPC).

Infection Control measures are the actions aimed at preventing or stopping the spread of infections within a setting. Infection Control and Prevention measures help ensure the setting is as safe as possible for residents, patients, and staff. These measures include an assessment of how infections can be spread and how they can be stopped as well as more detailed recommendations for known pathogens.

The Public Health team in CYC work with the ICB via a section 75 agreement for the provision of community and Primary care IPC through Harrogate and District IPC Team. IPC for secondary care is the responsibility of York Hospitals Foundation NHS Trust and is delivered in house.

The overall governance of the wider IPC delivery across health and social care sits within the ICB of which CYC Public Health is a member for York Place.

14. Consultation

The writing of this report has included input from Business Intelligence from CYC, Director of Public Health and the Nurse Consultant in Public Health. Data on screening and Immunisation programmes has been provided by Screening and Immunisation Co-ordinator from Yorkshire and the Humber NHS England/Improvement. Primary care data and information has been provided by the ICB and sexual health from our commissioned provider York and Scarborough NHS Foundation Trust. School aged vaccination data is from the Schools Aged Immunisation Team (SAID).

15. Options

The Health and Wellbeing Board are asked to accept this report as an accurate representation of health protection assurance in CYC, noting the risks and implications detailed within.

16. Analysis

The COVID pandemic changed the way we work and how services are offered. Our specialist sexual health services have moved to a more digital offer to support access by young people. This will be further expanded as we are currently in the process of re-procuring this service. The current contract with York and Scarborough NHS Trust terminates in July 2024 and a steering group is working on the re-procurement process required for an open and comprehensive tendering process.

COVID-19 alongside influenza continues to be a Public Health concern as uptake of both vaccinations have had a slow start in the season 2022/23. However, a national campaign to increase this is due to commence in November particularly targeting social care providers, care home staff etc. The slow uptake may be due to vaccination fatigue but also as a result of misinformation and circulating myths regarding the vaccine. System wide partners are working together to address this.

The non-pharmaceutical measures we embraced during COVID – face coverings, social distancing, and lockdown measures, have resulted in some staff fatigue regarding the same messages. Anecdotally staff in some care settings are questioning the continued need for such measures and have become complacent in complying with IPC measures. Work continues with our partners to give consistent messages and the reasoning behind their importance.

Recruitment difficulties in this sector remain a concern. A high turnover of staff, staff sickness levels and staff looking for alternative employment has exacerbated this situation. A [national recruitment campaign has been launched](#).

17. Strategic/Operational Plans

Good Health and Wellbeing for our population is a consistent theme that runs through all our Strategic and Operational Plans. As we move back to business-as-usual restoration of NHSE screening and immunisation programmes have been a priority and we are assured that NHSE has been working to do this as soon as it is possible.

We are working alongside NHSE and the ICB to identify and close any gaps which have been identified because of covid and inequalities across York.

18. Implications

There are no specialist implications from this report.

19. Risk Management

The COVID response moves into to its 'Living with COVID' phase as we being to see COVID as another respiratory disease, this is due to the success of the vaccination programme but there is some evidence of vaccination fatigue, therefore further resources and campaigns have been promoted nationally and locally to reinforce the importance of both the seasonal flu vaccination and the autumn COVID booster.

Understanding and influencing the wide range of factors that determine health outcomes and impacts on the most disadvantaged and tackling these remain a priority for Public Health in York.

Future funding of commissioned mandated services remains a concern. Service transformations have taken place over the last few years due to the significant reduction in budgets for these services. Tendering for a Sexual health service for 10 years without any increase in the current funding could result in an unsuccessful tendering process. The service, which is a clinical service, cannot be brought 'in-house' and we continue to see those who experience poor sexual health and teenage conceptions to be disproportionality affected and within the most deprived neighbourhoods and continue the legacy of health inequalities

20. Recommendations

- i. The Health and Wellbeing Board are asked to receive the report.

Reason: To keep the Health and Wellbeing Board updated in relation to health protection arrangements

Contact Details

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Wards Affected: All

Annexes:

Glossary for H&WBB November 2022		
Abbreviation	In full	Explanation
CDI	Clostridium difficile	Also known as CDI, C. difficile or C. diff, is a bacteria that can infect the bowel and cause diarrhoea. The infection most commonly affects people who have recently been treated with antibiotics.
ANNB	Ante-Natal and New born screening	The screening tests you will be offered in pregnancy include; Haemoglobin disorders such as Sickle Cell and Thalassaemia. Infectious diseases such as HIV, Hepatitis B and Syphilis. Foetal anomaly screening for Down's, Edward's and Patau's Syndrome.
CD4 Count	CD4	CD4 count is a measure of the health of your immune system. A CD4 count above 500 is considered 'normal', one below 350 shows that HIV has damaged your immune system and a count below 200 means that your risk of serious infections becomes much higher.
COVID or COVID-19	Coronavirus disease (COVID-19)	Coronaviruses are a large family of viruses with some causing less severe disease, such as the common cold, and others causing more severe disease, such as Middle East respiratory syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) coronaviruses. They are a different family of viruses to the Influenza viruses that cause the seasonal flu.

DHSC	Department of health and Social Care	The Department of Health and Social Care (DHSC) is the UK government department responsible for government policy on health and adult social care matters in England. The department develops policies and guidelines to improve the quality of care and to meet patient expectations.
DPH	Director of Public Health	Directors of public health are responsible for determining the overall vision and objectives for public health in a local area or in a defined area of public health, such as health protection. They are accountable for delivering public health objectives and reporting annually on the outcomes and future work. They may be from any background, but must be qualified specialists in public health and registered with the General Medical Council or General Dental Council or UK Public Health Register
DTP	Vaccination for Diphtheria, Tetanus and Polio	The teenage booster, also known as the 3-in-1 or the Td/IPV vaccine, is given to boost protection against 3 separate diseases: tetanus, diphtheria and polio. The 3-in-1 teenage booster is free on the NHS for all young people aged 14, as part of the national immunisation programme. It's routinely given at secondary school (in school year 9) at the same time as the MenACWY vaccine.
GU	Genito Urinary medicine	Genitourinary medicine (GUM) is the medical specialty that deals with the diagnosis and management of sexually transmitted infections, genital infections and conditions, as well as the complications of infection. It includes the detection of HIV infection as well as the care and management of people living with HIV.
HCAI	Health Care Acquired Infections or Health Care Associated Infections	These are infections that occur in a healthcare setting (such as a hospital) that a patient didn't have before they came in. Factors such as illness, age and treatment being received can all make patients more vulnerable to infection.
HIV	Human Immunodeficiency Virus	HIV (human immunodeficiency virus) is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome).
HPB	Health Protection Board	The aim of the Board is to provide assurance to City of York Council and the City of York Health and Wellbeing Board about the adequacy of prevention, surveillance, planning and response with regard to health protection issues
HPV	Human papillomavirus	HPV is the name of a very common group of viruses. They do not cause any problems in most people, but some types can cause genital warts or cancer. In England, girls and boys aged 12 to 13 years are routinely offered the 1st HPV vaccination when they're in school Year 8. The 2nd dose is offered 6 to 24 months after the 1st dose.

ICB/ICS	Integrates Care System and Integrated Care Board.	Each Integrated Care System (ICS) will have an Integrated Care Board (ICB), a statutory organisation bringing the NHS together locally to improve population health and establish shared strategic priorities within the NHS. When ICBs were legally established, the clinical commissioning groups (CCGs) were abolished.
ICU	Intensive Care Unit	Intensive care units (ICUs) are specialist hospital wards that provide treatment and monitoring for people who are very ill. They're staffed with specially trained healthcare professionals and contain sophisticated monitoring equipment. ICUs are also sometimes called critical care units (CCUs) or intensive therapy units (ITUs).
IPC	Infection Prevention and Control	IPC prevents or stops the spread of infections in healthcare settings. IPC practices are based on a risk assessment and make use of personal protective equipment that protect healthcare providers from infection and prevent the spread of infection from patient to patient.
LARC	Long Acting Reversible Contraception	Long-acting reversible contraception is contraception that doesn't depend on you remembering to take or use it to be effective. It's highly effective at preventing pregnancy.
MMR	MMR (measles, mumps and rubella) vaccine	<p>The MMR vaccine is a safe and effective combined vaccine. It protects against 3 serious illnesses: Measles, Mumps and Rubella (German measles). These highly infectious conditions can easily spread between unvaccinated people.</p> <p>Getting vaccinated is important, as these conditions can also lead to serious problems including meningitis, hearing loss and problems during pregnancy.</p> <p>2 doses of the MMR vaccine provide the best protection against measles, mumps and rubella.</p>
MRSA	Methicillin-resistant Staphylococcus aureus	MRSA is a type of bacteria that's resistant to several widely used antibiotics. This means infections with MRSA can be harder to treat than other bacterial infections. MRSA infections mainly affect people who are staying in hospital. They can be serious, but can usually be treated with antibiotics.
MSM	Men who have sex with men	Men, including those who do not identify themselves as homosexual or bisexual, who engage in sexual activity with other men (used in public health contexts to avoid excluding men who identify as heterosexual).
NCSP	National Chlamydia Screening Programme (NCSP)	The aim of the National Chlamydia Screening Programme (NCSP) is to reduce the harms from untreated chlamydia infection. The harmful effects of chlamydia occur predominantly in women so the opportunistic offer of asymptomatic chlamydia screening outside of sexual health services focuses on women, combined with reducing time to test results and treatment, strengthening partner notification and retesting.

NHSE/I	NHS England Improvement	From 1 April 2019, NHS England and Improvement became a new single organisation to better support the NHS to deliver improved care for patients. This new single operating model was designed to support delivery of the NHS Long Term Plan.
OHAG	Oral Health Advisory Group	The main purpose of the Oral Health Advisory group is to enable the Local Authority to fulfil their statutory duties with regards to oral health improvement and addressing oral health inequalities. This is delivered through the application of professional and clinical knowledge, insight and understanding and through collaboration across the dental care system.
OHID	Office for Health Improvement and Disparities (OHID)	OHID addresses the unacceptable health disparities that exist across the country to help people live longer, healthier lives and reduce the pressure on the health and care system as work is done to reduce the backlog and put social care on a long-term sustainable footing.
PHE	Public Health England	Disbanded on 1 October 2021 and replaced by UK Health Security Agency (UKHSA) and Office for Health Improvement and Disparities (OHID).
PHOF	Public Health Outcomes Framework	PHOF sets out a vision for public health, that is to improve and protect the nation's health, and improve the health of the poorest fastest. The focus is not only on how long we live – our life expectancy, but on how well we live – our healthy life expectancy and reducing differences between people and communities from different backgrounds.
SAIS	School Aged Immunisation service.	The Childhood Immunisation team is a nurse led service that provides routine childhood immunisations for children and young people aged 5-19 years living in or attending school in North Yorkshire and the City of York. It is hosted by Harrogate and District NHS Trust.
SHS	Sexual Health Services	sexual health clinics (which can also be called family planning, genitourinary medicine (GUM) or sexual and reproductive health clinics), offer support, advice and treatment on a range of sexual health issues from contraception to Sexually Transmitted Infections.
SQAS	Screening Quality Assurance Service.	SQAS is Screening Quality Assurance Service (now part of NHSE) who visit all screening programmes approx. 3-5 Yearly and make recommendations to the appropriate trust re quality and delivery .

UKHSA	UK Health Security Agency (UKHSA)	<p>The UK Health Security Agency (UKHSA), the nation's new public health body focused on health protection and security. UKHSA operates as an integral part of the public health system and the national security infrastructure.</p> <p>The immediate priority of UKHSA is to fight the COVID-19 pandemic. UKHSA will play a critical role in the route to developing vaccines effective against new and emerging variants. In the longer term, UKHSA will build on the infrastructure developed for COVID-19 to tackle and prevent other infectious diseases and external health threats.</p>
Y&SNHSFT	York and Scarborough NHS Hospital Foundation Trust.	York and Scarborough Teaching Hospitals NHS Foundation Trust provides a comprehensive range of acute hospital and specialist healthcare services for approximately 800,000 people living in and around York, North Yorkshire, North East Yorkshire and Ryedale - an area covering 3,400 square miles.