

## **Health Protection Board Annual Assurance Report 2024**

### **Summary**

1. The purpose of the report is to provide members of the Health and Wellbeing Board with an update on the health protection assurance arrangements in York and health protection activities over the past year.
2. A copy of the Health Protection Annual Report is attached at Annex A

### **Background**

3. The protection of the health of the population is one of the mandated responsibilities given to local authorities as part of the Health and Social Care Act 2012. The Director of Public Health (DPH) for City of York Council is responsible under legislation for the discharge of the local authority's public health functions.
4. The health protection element of these statutory responsibilities, and the responsibilities of the DPH are set out below:
  - a) The Secretary of State's public health functions
  - b) Exercising the local authority's functions in planning for, and responding to, emergencies that present a risk to the public's health
  - c) Such other public health functions as the Secretary of State specifies in regulations
  - d) Responsible for the local authority's public health response as a responsible authority under the Licensing Act 2023, such as making representations about licensing applications

- e) A duty to ensure plans are in place to protect their population including through screening and immunisation.
5. Within City of York Council, the remit for health protection is delivered by the DPH in partnership with the Public Protection and Emergency Planning teams.
  6. The Humber and North Yorkshire Health and Care Partnership (Integrated Care Board or ICB) has responsibilities for health protection including, for example, arrangements for delivery of Infection Prevention and Control services in York through a joint agreement with York and North Yorkshire Public Health Teams.
  7. The UK Health Security Agency (UKHSA) core functions include protecting the public from infectious diseases, chemicals, radiation and environmental hazards and supporting emergency preparedness and response. The team responsible for delivering these functions sit at regional level and facilitate access to national experts in this field. In addition, a new Centre for Climate and Health Security has been launched within UKHSA to lead efforts to protect health in the context of a changing climate and provides a focus for partnerships and collaborations with academia, local authorities and other public sector organisations.
  8. NHS England is responsible for commissioning and quality assuring population screening and immunisation programmes with the exception of COVID vaccination which is commissioned by HNY ICB.
  9. The Humber and North Yorkshire ICB is a statutory NHS organisation and has a role as a Category One responder for Emergency Planning, Preparedness and Response. A Humber and North Yorkshire Local Health Resilience Partnership (LHRP) is established which brings together NHS provider organisations, the Local Resilience Forum's, UKHSA and local authority Public Health to ensure protocols and procedures are in place providing consistency of approach across the Humber and North Yorkshire footprint.
  - 10. Health Protection Arrangements in York**
  11. One of the lessons learnt from the COVID-19 pandemic is that maintaining a focus on high quality and responsive health protection services is vitally important to protect and improve the health of people living in York. Local health and care organisations and leaders are operating in an increasingly complex national policy and commissioning environment and are required to maintain their

effectiveness to protect and improve health in the face of multiple challenges.

12. York has a York Health Protection Committee which brings together the key partners across the health protection system to work collaboratively on actions to protect the health of the local population. This Committee is chaired by the DPH and the Terms of Reference and Membership can be found as an Annex to this report.
13. The work of the Health Protection Committee is driven by the health needs of local residents and includes both communicable and non communicable disease and environmental threats to health
  - a. National programmes for vaccination and immunisation
  - b. National screening programmes for antenatal and newborn, cancer (bowel, breast and cervical), diabetic eye screening and screening for abdominal aortic aneurysm
  - c. Management of environmental health hazards, including those related to air pollution and food
  - d. Health emergency preparedness and response, including management of disease outbreaks and chemical, biological, radiological and nuclear hazards
  - e. Infection prevention and control in health and social care community settings
  - f. Other measures for the prevention, treatment and control of communicable disease and in response to specific incidents

### **Main/Key Issues to be Considered**

14. The Health Protection Annual Report 2024 provides an overview of health protection activities over the past year and identifies a number of priorities for the coming year which are summarised below:

#### Screening

- a. A regional (NEY) Health Equity Audit (HEA) has been completed by the Breast Screening Service and there is ongoing targeted work with the programmes and actions from HEA. Alongside this there is a national campaign/promotion to increase uptake

- Cervical Screening – identify opportunities missed to support young women to attend for screening.
  
- b. Uptake in the Abdominal Aortic Aneurysm (AAA) screening has improved as capacity has returned to normal within the programme and there is an improving picture with increased capacity. Regional discussions are ongoing with regard to promotional approaches.
  
- c. All screening programmes are working to address inequalities and access targeting persistent non-attenders and those experiencing health inequalities in access.

### Vaccination and Immunisation

- a. Increase the uptake of seasonal flu and covid vaccination in all eligible groups. Offer occupational seasonal flu vaccination to CYC staff who are not eligible on the NHS
  
- b. Support the introduction of the RSV vaccination programmes for older adults and pregnant women.

### Sexual Health

The provision of free, comprehensive, open access sexual health and contraceptive services is a mandated Public Health function of local authorities, as part of the Health and Social Care Act 2012. The sexual health service in York is delivered through YorSexualHealth, provided by the York and Scarborough Teaching Hospitals NHS Foundation Trust. However, the public health grant has not increased with inflation and, in real terms, is 30% smaller since 2015 – which was when the service was first commissioned by CYC. This has created a significant pressure on the budget, in order to match services to the budget available requires us to make changes to service delivery. The changes include staged service reductions over a 12-month period and were agreed following an extensive consultation process which took place between July and September 2024.

- a. New contractual arrangements have proved complex and as a result the current contract has been extended for up to 12 months – 30 June 2025 – with the hope that the new contract will commence by 1 April 2025.

- b. Continual development of a service delivery model which reduces inequalities and improves access to services ensuring a 'no wrong door' approach is delivered. This continues to be developed as part of the on-going challenges the budget poses to the service. Consultation on delivery model changes was helpful and has helped to develop the service specification.
- c. Introduce call and recall to improve uptake of annual HIV testing in men who have sex with men. Improvement of HIV testing is an aspiration and continues to be a difficult target to achieve both locally and Nationally. The introduction of the HIV Action Plan has supported this work but in York and across Y&H we are seeing more late diagnosis in heterosexual women and those who are HIV positive when they enter the country
- d. Relaunch the condom distribution scheme.

### Oral Health

- a. Continue the roll out of the supervised toothbrushing programme in more early years settings, dependent on continued funding. The supervised toothbrushing offer, commissioned by Public Health, is now taking place daily in 5 nursery schools, three primary and both special schools which means over 720 children are now brushing their teeth daily as part of the programme. Feedback from staff has been positive with many reporting improved brushing techniques – including brushing “at the back” and a number of settings have commented that they were proud to be able to add the supervised toothbrushing as part of Ofsted inspections
- b. Continue the development of the workforce training offer and development of support resources for those who are not part of the targeted supervised toothbrushing programme but wish to be involved, dependent on continued funding. In September 2023, Humber and North Yorkshire Health and Care Partnership introduced a Toothbrushing and fluoride varnish programme. This is being rolled out across H&NY and the first schools in York were recruited in September 2024. This programme works along side local dental practitioners offering Prevention, Access and Treatment (PAT) for primary school children. Volunteer dental professionals visit schools on a bi-annual basis providing toothbrushes and toothpaste together with dental examinations and fluoride varnish to help prevent dental decay. Children and

their families have on-going access to dental care if they do not already have a dentist.

### Winter Resilience

The winter planning meeting, led by public health had the aim of developing a collaborative approach to tackling the challenges that winter brings to the health and care system. It was identified that other multi-agency meetings exist in both healthcare sectors and within communities to prepare and protect citizens. For instance, winter pressures will be discussed daily at system escalation meetings including staff from the hospital, social care alongside other partners. These meetings provide an integrated system response to help relieve pressures and provide ongoing support in the community.

The winter planning meetings are now part of a winter communication group in collaboration with NYCC, YAS and NYFRS. The group shares expertise and resources to achieve better outcomes for the population across the region. For example, a suite of communications is currently being developed to share consistent health messages as required in weather events, commencing with specific winter health messaging such as Stay safe, stay warm, stay well.

### Air Quality

- a. A public consultation was held on York's fourth Air Quality Action Plan (AQAP4) at the same time as the Local Transport Strategy (LTS) consultation, between 22 November 2023 and 4 February 2024. AQAP4 aims to reduce levels of air pollution in the city to meet the health based Government Air Quality Objectives and to aim towards the World Health Organisation (WHO) Air Quality Guidelines in the longer term, thereby improving the health and quality of life of residents and visitors to York. Over three quarters (79%) of respondents agreed that the council should continue to reduce air pollution, with between 67% and 87% of respondents indicated support for all priority actions. AQAP4 was adopted by CYC's Executive in July 2024.
- b. Little progress has been made with feasibility work to address first/last mile delivery of light goods in York mainly due to the withdrawal of the Council's delivery partner.

- c. Following the introduction of the UK's first and only 'voluntary' Clean Air Zone (CAZ) for buses in 2020/21, CYC has worked in partnership with bus operators to introduce further zero emission electric buses to the York fleet, significantly reducing carbon, NO<sub>x</sub> and particulate emissions across the city.
- d. Discussions around extending the geographic area of the CAZ, including tour buses and other operators within the remit of the CAZ and further measures to reduce emissions from delivery vehicles have commenced.
- e. Work has continued with partners to raise awareness of and to deter unnecessary idling by stationary vehicles in line with CYC's existing 'Kick the Habit' anti-idling campaign.
- f. Upgrade has continued with our public electric vehicle charging network and finalised infrastructure upgrades at Hazel Court to facilitate the transition to an all-electric council fleet for vehicles under 3.5t. By February 2024, 41% of CYC's operational fleet (<3.5t) were electric vehicles.
- g. CYC's Low Emission Taxi Grant scheme continued so that by the end of March 2024, 38% of CYC licensed taxis were using low emission petrol hybrid or zero emission electric vehicles. The taxi licensing policy has been consulted upon to encourage the uptake of low emission taxis.
- h. Continued work to ensure that emissions and air quality impacts from new developments were appropriately assessed and mitigated, exposure to poor air quality was reduced via good design practices and that new private trips were minimised via the provision of sustainable transport opportunities. A new policy was introduced to reduce emissions from idling vehicles delivering or collecting from new developments.
- i. A DEFRA funded 'Fuel for Thought' campaign was launched in November 2023, to improve public awareness of domestic solid fuel burning practices, particulate emissions and associated health impacts. A DEFRA funded project was progressed to develop an online air pollution forecasting and notification service, York Air Alert, to allow residents and visitors to York to access information

that allows them to minimise their own exposure when pollution episodes are forecast.

### Environmental Permits

We continue to work with all process in York that have emissions to atmosphere to reduce their emissions.

### Land Contamination

- a. Following consultation with stakeholders, the council's Contaminated Land Strategy has been updated to incorporate recent changes in legalisation/guidance and to provide an update on progress.
- b. We continue to assess land contamination through the planning regime to ensure that new developments are safe and do not pose unacceptable risks to people, property or the environment.

We will continue to inspect any site as a matter of urgency if we suspect that there is a serious risk to human health or the environment.

### Migrant Health

- a. All residents of contingency accommodation in York are registered with one of three GP practices promptly on arrival in York.

The on-site catch-up vaccinations for primary school age children has had a measurable impact on improving vaccination rates, in particular MMR. In doing so it has reduced the risk of outbreak in this densely populated site. However, there is a near constant turnover of families in the contingency site, and so the proportion of non-vaccinated school age children will gradually rise without additional funding to extend the program or a replacement model.

This risk is also described in a paper that is due to go to the 'Integrated Care Board Executive Meeting' on 14th December.



- b. There remains good communication between public health and the clinical team on site in stay city.

#### The UK Health Security Agency regional health protection team

- a. As we progress through 25/26 we aim to move away from the proportion of work spent on reactive pieces and look more to proactive strategic work. We have undertaken quite a lot of work over the past year in York. We have worked together looking at migrant health plans and measles plans and had a collective meeting discuss ways of working between UKHSA and York City Council Public Health Team.
- b. Going forward a priority of the coming year will be to confirm the infection prevention control contract that is up for renewal. They are partners we work with very closely especially in terms of care home outbreaks and supporting infection control in care homes.
- c. Continue to build on the strong working relationships with different agencies across York.

#### **Options**

- 15. There are no options to consider. The production of a health protection report to provide the Health and Wellbeing Board with assurance is a statutory requirement.

#### **Strategic/Operational Plans**

- 16. There is a general link across to the York Joint Health and Wellbeing Strategy 2022-2032 and the City of York Council Plan 2023-2027 because of the health inequalities impacts of health protection and the need to protect the health of the local population.

#### **Implications**

- 17. There are no specialist implications in this report.

#### **Risk Management**

- 18. There are no risks associated with this report.

#### **Recommendations**

The Health and Wellbeing Board are asked to:

- i. Receive the report.

Reason: To be assured of the health protection arrangements to protect the local population.

**Contact Details**

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**Wards Affected:** All

**Annexes:**

Annex A – Health Protection Annual Report 2024