

Health Protection Annual Report 2024

Introduction

1. This report provides an update on health protection responsibilities within City of York Council and builds on the report from November 2023.
2. 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 and non communicable disease as appropriate and in response to specific incidents.

Main Issues considered within this report.

3. The report contains the following sections:
 - **Screening programmes**
 - **Vaccination and Immunisation**
 - **Sexual health:**
 - **Health Care acquired Infections (HCAI)**
 - **Non-communicable Disease:**
 - **Environment:**

- **Air Quality**
- **Environmental Health:**
- **Environmental permits**
- **Land contamination**
- **Migrant Health**
- **Communicable disease activity UKHSA**
- **Emergency Preparedness, Resilience and Response (EPRR)**
- **Control of Major Accident Hazards (COMAH)**
- **Incidents and Outbreaks**

Screening Programmes

4. NHS public health functions agreements set out the arrangements under which the Secretary of State delegates responsibility to NHS England for certain public health services (known as Section 7A services). The services currently commissioned in this way are:
 - National immunisation programmes
 - National cancer and non-cancer screening programmes
5. The Public Health Programme Team support the commissioning and delivery of consistent, resilient and high-quality national screening and immunisation programmes, providing leadership, support and oversight in order to achieve high uptake rates and reduce inequalities.

Screening data

6. Taken from the Public Health Outcomes Framework produced by OHID (Office of Health Improvement and Disparities) the table below shows a generally improving picture apart from cervical cancer screening in the lower age group.

Indicator	Lower threshold ¹	Standard ²	Key			Geography	2020/21	2021/22	2022/23
			< 75	75 - 85	≥ 85				
C24e - Abdominal Aortic Aneurysm Screening Coverage	75	85	< 75	75 - 85	≥ 85	York	17.5	38.9	65.3
						England	55.0	70.3	78.3

Indicator	Lower threshold	Standard	Key			Geography	2021	2022	2023
			< 70	70 - 80	≥ 80				
C24a - Cancer screening coverage: breast cancer	70	80	< 70	70 - 80	≥ 80	York	64.8	71.7	72.5
						England	64.1	65.2	66.2
C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	80	N/A	< 80	≥ 80		York	67.2	67.1	64.6
						England	68.0	67.6	65.8
C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	80	N/A	< 80	≥ 80		York	74.7	74.9	74.9
						England	74.7	74.6	74.4
C24d - Cancer screening coverage: bowel cancer	55	60	< 55	55 - 60	≥ 60	York	71.7	75.5	77.1
						England	66.1	70.3	72.0

7. The NHS Long Term Plan (LTP) published in 2019 set out ambitions and commitments to improve cancer outcomes and services for England over the next ten years. The NHS has responsibility for these programmes but Public Health work closely with colleagues in the NHS and are members of the HNY Cancer Screening group led by the Cancer Alliance which works to increase uptake and reduce health inequalities. As such we have several collaborative work programmes around the cancer screening, but Public Health lead on and commission many preventive programmes supporting people to adopt healthier lifestyles including stop smoking support, weight management, drug and alcohol support services – which are beyond the scope of this report.

Breast screening

8. Those who are registered with a GP and eligible for screening are invited to attend for a mammogram from 50 years of age every 3 years until the age of 71, when automatic invitations cease but can continue by request. The target for this programme is 70% and the uptake in York is above this at 72.5%. There are pockets of hidden inequality and a regional Health Equity Audit (HEA) has been completed and there is ongoing targeted work with the programmes and actions from HEA.
- Call clients who need additional support before booking their appointment.

- Calling clients who have missed their appointment. The overwhelming majority of people have informed us that the reason they did not attend is that they forgot.
- Text reminders. These are being sent to all screening clients 3 days before their appointment – this was to reduce barriers for clients that can't access the standard written letters.
- Work with York Gypsy Traveller Trust and York Refugee Hub
The screening programme have visited groups within the community several times. Topics such as accessibility for people that can't read, nervousness around the unknown or the thought of getting bad news, and not being able to receive letters were raised..

Collaborative working with the Local Authority, ICB place leads and the Cancer Alliance takes place as part of the HNY Cancer Screening group.

A new static site for Breast Screening opened at the Magnolia Centre at York District Hospital in 2024 giving the people of York an easy access screening site.

Cervical Screening

9. Cervical screening is available to women and people with a cervix and those eligible will be invited by letter if they are registered with a GP. People aged between 25 and 49 are offered screening every 3 years and those between 50 and 64 every 5 years. The uptake in the 25 to 49 year olds is particularly low at 64.6%, below the Yorkshire and Humber region at 70.3%. Public health commissioning managers and Public Health Programme Team place leads monitor performance, identify areas of need and provide support.
10. Development of cervical screening offer in Integrated Sexual Health for all eligible, including LGBTQ+ and trans which has received excellent Service User feedback. Monkgate clinic now has colposcopy service as well as main hospital site
11. The early cancer diagnosis Direct Enhanced Specification also supports initiatives to improve uptake of cervical screening and

recommends PCNs to link with Public Health commissioning and the Cancer Alliance – these include

Primary care- call script for admin staff to use to contact those who haven't taken up CS and book into appt- GPs have expressed an interest and will be supported financially according to eligible cohort size.

A Birthday card for 25yr olds is under development.

Collaborative work with Cancer Alliance to plan for Cervical Screening awareness month in January 2025.

Bowel Cancer screening

12. Bowel screening is offered every 2 years to men and women aged 54-74, this is gradually being reduced to those over 50 years. Uptake in York has continued to increase and is above the England (72%), it is important to recognise that in some Wards and areas of deprivation, there are likely to be lower rates of uptake. The Harrogate, Leeds and York Bowel cancer screening programme are working on initiatives to support awareness and improving uptake in areas of greatest need.
13. Targeted work to support people in our communities living with a Learning Disability, working with GP patient data and resources to better support access to the programme is now embedded.
14. Extensive health promotion work across the county including promotional videos at sporting events including York races, shopping centres and in GP surgeries. Attendance to community space for travellers to discuss Bowel Screening.
15. Future plans - Health inequalities audit- continue to audit our HP activity and use this to consider our activities moving forward- we are doing this by tracking 10 lowest uptake GPs per quarter and logging improvement

Abdominal Aortic Aneurysm (AAA)

16. AAA screening in England is offered to men aged 65 and over who are registered with a GP. The regional programme had significant

capacity issues which have now been resolved and as a result the uptake has improved.

The uptake rate for York is 65.3%, a significant improvement from the previous years uptake of 38.9%. The England % uptake rate is 78.3%.

Priorities for 2025/26

- Continue the work with HNY Cancer screening group to monitor uptake and reduce health inequalities within cancer screening programmes
- Cervical screening – identify opportunities missed to support young women to attend for screening.
- Understand and target Persistent DNAs and those who experience health inequalities.

Vaccination and Immunisation

17. The vaccination and immunisation schedule in England starts at 8 weeks old and continues through the life course, with vaccines being targeted not only at age groups but at key life course moments, for example vaccinations in pregnancy and for those who are in ‘at-risk’ groups.
18. Public Health work collaboratively with NHSE, HNY ICB, SAIS and NYCC to monitor vaccination programmes and identify opportunities and initiatives to improve uptake and target inequalities through Operational groups, targeted meetings and the regional vaccination board.
19. The Public Health Outcomes Framework data set indicated that York is below the required target of 95% to support herd immunity for the following:

Vaccination	England average	York value	Target
MMR second dose	84.5%	86.5%	Above 95%

Last years project work with Nimbuscare to increase MMR uptake highlighted data issues which affect the uptake statistics. There is ongoing work to promote data cleansing with primary care.

20. From 1 September 2023 a new provider, Vaccinations UK, delivered the School Age Immunisation Service (SAIS). Collaborative working is ongoing with the service Vaccination UK, Public Health and Education Services to monitor and improve consent and uptake. The SAIS deliver the HPV, adolescent vaccination, and the seasonal flu programme in schools and in community clinics, MMR vaccination is also offered opportunistically. Home educated children are also offered vaccination.
21. Provisional data shows an improvement in all adolescent vaccination and the current seasonal flu vaccination programme uptake is higher than it was at this point last year.

22.	All primary school age	All secondary school age in Y7 to Y11	All school age children (age 4 to 16 years)
York	62.2	55.5	59.3
England	55.11	42.8	49.9

[Seasonal influenza vaccine uptake in children of school age: winter season 2023 to 2024 - GOV.UK](#)

23. There are challenges with reaching some groups including the Travelling community and electively Home Educated children and work is ongoing to try and overcome these
24. Vaccination UK are also offering support to the vaccination programme in Stay City
25. **Changes to the Shingles vaccination programme** . From 1 September 2023 the national shingles immunisation programme changed to offer vaccination routinely at 60 years of age, and offered to immunocompromised individuals aged 50 and over. Individuals who will become eligible for the Shingrix vaccine from 60 years of age in a phased implementation over a 10-year period starting with those turning 65 and 70 years of age. To increase uptake, from the 1 September 2023 practices will be required to have a call/recall system in place. Published data will not yet reflect the changes to the programme.

Priorities for 2025/26

- Continue to support the promotion of vaccination programmes through collaborative working .
- Support the new SAIS to increase uptake of school aged vaccinations.

Seasonal vaccination programmes

Covid-19, seasonal influenza and RSV (respiratory syncytial virus) vaccination

Covid 19 - JCVI advises that with the close of the autumn 2022 vaccination campaign, the offer of a pandemic booster dose (in place since 2021) for persons aged 16 to 49 years who are not in a clinical or other high risk group should close. Since the end of the spring 2023 campaign, vaccination has become a targeted offer only to those at higher risk of severe COVID-19. This offer is expected to continue in future seasonal campaigns, aimed at reducing the burden of COVID related admissions on the NHS during periods of pressure due to other viruses and cold weather. Until the seasonality of COVID-19 infection is more predictable, an additional campaign will be offered in the spring.

Cohort eligibility for COVID Autumn 2024 campaign include adults aged 65 years and over, residents in a care home for older adults, individuals aged 6 months to 64 years in a clinical risk group, frontline NHS and social care workers, and those working in care homes for older people.

Seasonal Flu

26. As can be seen the uptake of flu vaccinations varied across many cohorts in 2023/24 although remained higher than the England average. (Red = lower, Amber = equal, green = higher)

Category	65 and over	Under 65 at risk	Pregnant women	2 yr olds	3 yr olds
York	82.5	46.3	43	56.5	56.6
England	77.8	41.4	32.1	44.1	44.6

[Seasonal influenza vaccine uptake in GP patients: monthly data, 2023 to 2024 - GOV.UK](#)

27. Both flu and COVID vaccinations have now commenced for all eligible cohorts.

28. Vaccination is an essential part of protecting the public and staff and the approach being taken to support coadministration to maximise clinical protection and therefore the resilience of health and care

services over winter when flu and COVID are likely to be at their most prevalent. Supporting coadministration increases opportunities to achieve greater efficiency in delivery.

29. It is acknowledged nationally that there are issues with the data around vaccination in pregnant women and as a response to this a 'Vaccination in Pregnancy' group including NHSE, ICB, Midwifery services and Local Authorities has recently been established.

RSV (respiratory syncytial virus)

30. Following **JCVI** advice the **RSV** immunisation programme commenced in September 2024. The NHS started vaccinating pregnant women and older adults, including those turning 75 on or after 1 September. There will also be a one-off 'catch-up' offer for everyone aged 75 to 79 years old to ensure the older age group are protected as the winter months approach.

Priorities for 2025/26

- Increase uptake of flu vaccination across cohorts.
- Support the implementation of the RSV programme

Sexual Health

YorSexualHealth (YSH) service

31. The Integrated Sexual Health Service, (ISHS) is commissioned by City of York Council and provided by York and Scarborough Teaching Hospitals NHS Foundation Trust (Y&STHFT).

32. The ISHS delivers many aspects of sexual and reproductive healthcare and advice including, routine and complex testing, treatment and advice for sexually transmitted infections and contraception, HIV social support for people living with HIV and their family/carers, sexual health counselling, clinical and community outreach for most at risk populations, Condom Distribution Scheme, National Chlamydia Screening program, teaching, and training.

33. Within the ISHS, there are a number of services such as counselling and HIV social support for people living with HIV and Community Outreach services for most at risk populations, along with a number of community and pop-up clinics/provision as well as

bespoke clinical interventions offered in services and to individuals in the community.

Priorities for 2025/26

- Section 75 agreement to be in place from 1st April 2025 with Y&STHFT
- Based on the consultation which took place between July and Sept 2024 service will be implemented to bring this in line with the budget

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. The public health grant has not increased with inflation and, in real terms, is 30% smaller since 2015. If it had kept pace with inflation, an extra £2m would have been available to fund public health services in York, and this has created a significant pressure on the budget. We have to match services to the budget available, and to do so requires us to make changes.

The contract with the York and Scarborough Teaching Hospitals NHS Foundation Trust was renewed in July, and following Executive approval was extended for an additional 12-month period. Both organisations have worked closely together to review the service and its partnership, as part of the re-procurement of the service for the next 10 years.

A report was taken to an Executive meeting in June to outline what these changes could mean, before going out to consultation. The consultation highlighted the need for a number of changes, following this a number of changes have now been agreed to the way sexual health services are provided in York,

The changes include these staged service reductions over a 12-month period:

1. A reduction in the number of clinic hours the service is open for:
The council and York and Scarborough Teaching Hospitals NHS Foundation Trust listened to feedback on the Saturday closure proposals, which was unpopular with respondents. We have revised our

thinking on this and are looking at closing the service at a different time to lessen the impact. Instead, the clinic will now close on a Wednesday morning.

2. A further cap on activity relating to Preventx for York residents.

(online STI testing): The service will now offer an ‘enhanced triage’ or clinician recommended approach, to ensure that service users get the right test for them, which is better for both the service user and the cost efficiency of the service. This also brings the online testing provision in line with the testing that is offered when attending the service in person.

3. A cap on activity relating to LARC (Long-Acting Reversible Contraception) including contraceptive coils and contraceptive implants:

York has a high number of LARC fitted per head of population, well above the national average. This means we are building from a strong position in access to contraception in the city, and need to ensure that this remains a specialist service available to those who need it. However, last year over 3,000 people attended for basic contraception needs, which GPs and Pharmacists can support with. Pharmacists can also issue repeat contraception and initial contraception. Our contraception activity will be focussed and prioritised according to need.

Sexually Transmitted Infections.

34. The table below shows the rates per 100,000 population of new STI rates in York and England in 2022 to 2023

Rates per 100,000 population of new STIs in York and England: 2022 to 2023

Diagnoses	2022	2023	% change 2022 to 2023 [†]	Rank among 16 similar UTLAs/UAs [†]	Rank within England: 2023 [†]	Value for England: 2023
New STIs	589.6	588.6	-0.2%	5	70	703.6
New STIs (exc chlamydia aged <25)	342.2	352.5	3.0%	7	96	519.9
Chlamydia	343.7	327.5	-4.7%	6	62	341.4
Gonorrhoea	107.1	90.9	-15.1%	9	95	149.2
Syphilis	5.9	8.3	41.7%	12	90	16.7
Genital warts	46.4	48.9	5.3%	5	42	45.8
Genital herpes	35.7	42.0	17.8%	6	76	47.6

35. Chlamydia is the most commonly diagnosed STI in York, nationally and regionally there has been a recent increase in the number of

Syphilis rates and locally we have also seen increase. The service is working to raise awareness and around the risk and prevention within the most-at-risk communities and with system partners. Prevention work will be done via robust partner notification, timely access to first line treatment and by targeted campaigns and events.

36. Sexual Health services offer a range of vaccines for prevention of infections such as Hep A, B, Human Papilloma Virus (HPV) and MPox Virus (MPV) Eligibility for vaccinations is largely based on risk associated with sexual orientation and/or exposure through lifestyle, life events and country of origin.

Mpox

37. At the time of writing, four lined cases of Clade 1 mpox have been diagnosed in England. It is different from mpox Clade II that has been circulating at low levels in the UK since 2022. The risk to the UK population remains low and there are currently no actions for Local Pubic Health.

Health Care Acquired Infections (HCAI's)

38. We are in the process of moving away from the HCAI review process which tracks individual patients to a process which looks at themes and trends to identify areas of risk. The new meeting will bring together key stakeholders across health and social care from the York and North Yorkshire Care Partnerships, with the ambition of local delivery of key targets as described in the UK 5-year action plan for antimicrobial resistance 2019 to 2024 and any subsequent updates, and promote excellence in infection prevention and control (IPC).

The Collaborative will focus on antimicrobial prescribing and stewardship and measures to recognise, treat, prevent and control infections, including those acquired in primary and secondary health care and social care settings and ensure a coordinated response to infection-related health protection incidents.

Non-communicable disease

Oral Health

39. Tooth decay is the most common oral disease affecting children and young people (CYP) in England, yet it is largely preventable. While children's oral health has improved over the past 20 years, almost a quarter (23.5%) of five-year-olds still had tooth decay in 2019.
40. Tooth decay was the most common reason for hospital admissions in children aged six to ten years old in 2019-20. Dental treatment under general anaesthesia (GA), presents a small but real risk of life-threatening complications for children.
41. Although the experience of dental decay in 5-year-olds in both North Yorkshire (20%) and York (18.9%) (2019) is lower than both the Yorkshire and Humber (28.7%) and England averages (23.4%), wide geographical inequalities exist within CYC, with some wards experiencing significantly higher prevalence of dental decay.
42. In November 2022 City of York Council and North Yorkshire County Council entered into a collaborative agreement for the provision of an Oral Health Promotion Service. The contract for 3 years consisted of two core elements:
- Supervised toothbrushing programme
 - Oral Health training and development for the wider workforce.

Supervised Toothbrushing

43. 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.

Oral Health Training and Development

44. 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.

Priorities 2025/26

- Continue the roll out of the Supervised Toothbrushing programme in more early years settings.
- 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.
- Future plans for the Oral Health Promotion programme beyond 2025

Environment

Seasonal Health

45. Adverse weather matters for our health. Adverse weather events and seasonal temperature variations with periods of very hot or cold weather present a wide range of direct and indirect health risks. With global climate change, the UK is now experiencing fluctuating temperatures and an increasing number of adverse weather events.
46. Preparation, timely and appropriate responses to these challenges are vitally important. To support this, Heatwave and Cold Weather Plans are produced annually. These localised plans are based on guidance prepared by the UK Health Security Agency (UKHSA). This guidance has recently been combined into the [Adverse Weather and Health Plan](#) published in March 2024.
47. Resources and guidance for both heatwaves and cold weather are disseminated widely to key stakeholders within the City of York, including Aged Care providers, Early Years settings and pre-schools, organisations working with those sleeping rough and the homeless community.

Coping With Winter

48. The Coping with Winter initiative brought together a range of expertise and advice from teams across City of York Council to support the community and key stakeholders through the winter months. A partner Toolkit and Leaflet were developed which provided a range of advice and support to raise awareness across the population about the impacts of cold weather. This included

general health advice such as how to keep warm, getting flu vaccinations and stocking up on medications to heating your home, and where to get financial support if eligible.

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_x 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.

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 Health

Infectious Disease Control

- 49. We continue to investigate cases and outbreaks of foodborne illness. We are notified of cases that require investigation by UKHSA and return information to them as required for the purpose of outbreak management. With pathogenic bacterium it is important to identify the possible source and vector so as to prevent further cases and identify any commonality that may indicate an issue within a food business that requires further intervention.
- 50. Whilst dealing with the case we provide advice and guidance on controlling the spread of illness in the household and, in the case of those persons in risk groups, arrange faecal clearance samples to enable their return to work.

Legionella

51. We regulate the control of Legionella, a bacterium that can be found in water systems that causes legionnaires' disease, at premises within the city of York. We attempt to prevent issues arising by ensuring that businesses comply with the requirement to identify locations within their premises that are vulnerable to the risk of Legionella before implementing appropriate controls.
52. We investigate notified cases of legionnaires disease as may be required by UKHSA.

Smokefree England

53. We regulate the control of smoking within work premises and work vehicles and, where appropriate, issue fixed penalty notices for non-compliance. We investigate smoking related complaints and ensure that smoking shelters provided by businesses are compliant with the relevant guidance.

Control of Asbestos

54. In addition to the investigation of asbestos related complaints, we undertake site visits at premises when notifiable asbestos removal works are taking place. We ensure that appropriate controls, procedures, testing and decontamination facilities are in place. We provide guidance to both businesses and householders on the safety precautions required when they are considering non-notifiable asbestos works.

Health & Safety

55. Aside from safety hazards presented within the workplace, we investigate all health complaints and notified cases of occupational exposure to chemicals, smoke and dust etc. that causes associated illness. These matters include, but are not limited to:
 1. Occupational Asthma associated with flour dust in bakeries,
 2. Occupational dermatitis following exposure to chemicals and water in the workplace,
 3. Musculoskeletal problems caused by work practices,

4. Display screen assessments and ergonomics associated with office work.

Food Hygiene and Standards

56. We undertake both proactive and reactive visits to food businesses to ensure that appropriate food safety controls are in place. In addition to ensuring the safety of food we ensure that it is accurately described and that all allergens present are appropriately listed. This ensures the health of consumers is protected.

Bird (Avian) Flu

57. Through the implementation of animal health legislation, we ensure that outbreaks of bird flu are appropriately controlled. Although outbreaks may be unavoidable; response measures implemented ensure that viral spread is kept to a minimum.

Environmental Permits

Environmental Permits

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

Land Contamination

58. 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.
59. 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.
60. 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

All residents of contingency accommodation in York are registered with one of three GP practices promptly on arrival in York. Whilst awaiting a decision from the home office people are entitled to access primary care services including vaccinations and screening.

All babies and infants in the contingency accommodation site are invited for the full infant vaccination schedule. These invitations are sent by the GP in the same method that would be offered to any other resident of York.

Additionally, there is currently grant funding issued via the ICB to NIMCBUS care for catch up vaccinations for primary school age pupils living in York contingency accommodation. This is valuable as our experience shows that few children coming into the York are have any record of receiving vaccinations as infants. ICB funding for the onsite clinic to provide general acute care has been extended until April 2025, but presently the funding for the catch-up vaccination program is due to be used by December 2024 with no further funding secured at this time.

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.

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

Emergency Preparedness, Resilience and Response

62. Under the Civil Contingencies Act 2004 (CCA) City of York Council is defined as a Category 1 organisation.
 63. The CCA is the driver for how agencies prepares and plan for emergencies, working nationally, locally and co-operatively to ensure civil protection in the UK.
 64. The Act places a statutory duty on the City of York Council (CYC) to:
 - Assess the risk of emergencies occurring and use this to inform contingency planning.
 - Put in place emergency plans.
 - Put in place Business Continuity Management arrangements.
 - Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
 - Share information with other local responders to enhance co-ordination.
 - Co-operate with other local responders to enhance co-ordination and efficiency; and
 65. Provide advice and assistance to businesses and voluntary organisations about business continuity management (Local Authorities only).
 66. The Integrated Emergency Planning Cycle is co-ordinated for the Council by the CYC Resilience and Contingencies Manager assisted through a Collaboration Agreement with North Yorkshire Council Resilience and Emergencies Team (RET).
- To ensure we fulfil our statutory CCA responsibilities we need to understand our own organisational strategic priorities, working alongside all North Yorkshire Local Resilience Forum (LRF) partners to achieve our own and LRF strategic aims and objectives for 2023 to 2025.
 - CYC PH to note the agreed CYC Emergency Planning work plan

- for 2024/2025.
- CYC PH to receive a [link](#) to the quarterly report on the work carried out by the North Yorkshire Local Resilience Forum.

Control of Major Accident Hazard. (COMAH)

67. York now has a site which falls under the COMAH Regulations 2015. York and North Yorkshire Council and relevant partners have taken part in an exercise to ensure that this site complies with all regulations.

Incidents and outbreaks

68. Over the past year the Local Authority Public Health team and the Health Protection Team in UKHSA have continued to work closely to manage any outbreaks and incidents within the York locality.

Awaiting further update from UKSHA

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Annex A: Glossary

Abbreviation	In full	Explanation
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 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 in England. The department develops policies and guidelines to improve the quality of care.
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.
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 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	Integrated 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.
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.
JCVI	Joint Committee on Vaccination and Immunisation	The Joint Committee on Vaccination and Immunisation (JCVI) advises UK health departments on immunisation.
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. 2 doses of the MMR vaccine provide the best protection against measles, mumps and rubella.</p>
Mpox	Previously known as Monkey Pox	Mpox is a rare infection commonly found in west or central Africa. There has recently been an increase in cases in the UK, but the risk of catching it is low.
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).
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
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.
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 SAIS 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 the City of York. It is hosted by Vaccinations UK.
SHEP	Sexual Health Expert Partnership	The Sexual Health Expert Partnership Group will act as a system-wide support mechanism to collaborate and develop effective pathways providing ease of access to sexual health services across the city. The group brings together those with a vested interest in, responsibility for and a commitment to improving sexual health for residents of York and takes the lead in shaping and influencing service development in relation to sexual health.

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.
TB	Tuberculosis	Tuberculosis (TB) is an infection that usually affects the lungs. It can be treated with antibiotics but can be serious if not treated. There's a vaccine that helps protect some people who are at risk from TB.
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.
UKHSA	UK Health Security Agency.	<p>UKHSA is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats.</p> <p>UKHSA provides intellectual, scientific and operational leadership at national and local level, as well as on the global stage, to make the nation's health secure.</p>