



## Health Protection Annual Report 2023

### Introduction

1. This report provides an update on health protection responsibilities within City of York Council and builds on the report from November 2022.
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 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**
    - Including COVID-19 and seasonal flu
  - **Sexual health:**

- Including; YorSexualHealth Service, Sexually Transmitted Infections, Mpox and HPV
- **Health Care acquired Infections (HCAI)**
- **Non-communicable Disease:**
  - Including Oral Health
  - Supervised toothbrushing
  - Oral health training and development
- **Environment:**
  - Including Seasonal health
  - Coping with winter
- **Air Quality**
- **Environmental Health:**
  - Including Infectious disease control
  - Legionella
  - Smokefree England
  - Control of asbestos
  - Health and Safety
  - Food hygiene standards
  - Bird (Avian) flu
- **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:**
  - Including COVID-19
  - Group streptococcal Infection
  - TB
- **Support for care homes**

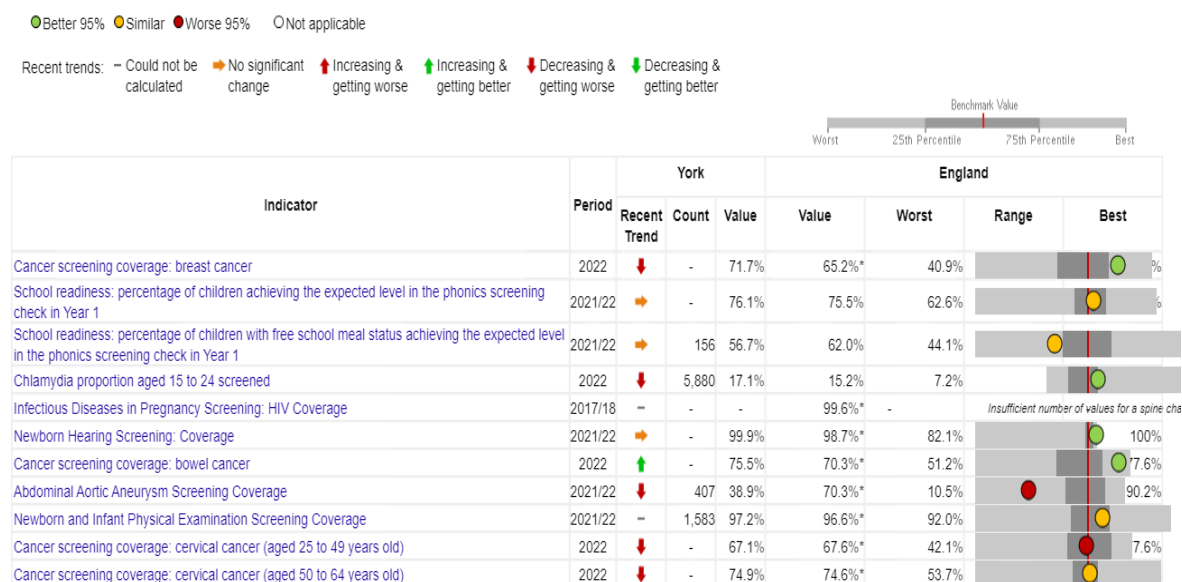
## Screening Programmes

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
  - Child Health Information Services (CHIS)

5. The Public Health Programme Team, previously known as the Screening and Immunisation Team (SIT) 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 that most screening programmes are showing a downward trend in uptake.



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 to increase the 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 slightly above this at 71.7%. However, we know that there are pockets of hidden inequality and in August 2023 the Local Authority started working with the Breast Screening Unit to address these inequalities. Public health commissioning managers and screening and immunisation place leads link with the programme to monitor performance, identify areas of improvement and offer additional one-off funding to support initiatives to improve uptake. Collaborative working with the Local Authority, ICB place leads and the Cancer Alliance is being developed.

### **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 67.1%, below the Yorkshire and Humber region at 70.3%. Public health commissioning managers and screening and immunisation place leads monitor performance, identify areas of need, and support by offering additional one-off funding for initiatives to improve uptake. The early cancer diagnosis DES also supports initiatives to improve uptake of cervical screening and recommends PCNs to link with Public Health commissioning and the Cancer Alliance.

## **Case study**

### **Review of opportunistic and targeted cervical screening at York Sexual Health Clinic**

The York Sexual Health service commissioned by City of York Council Public Health has taken a systematic approach to understanding why some women do not attend cervical screening through a primary care or women's health clinic route but feel comfortable attending a sexual health clinic for other screening.

Understanding the patients' needs led to an initiative to offer opportunistic cervical screening and specific targeted cervical screening sessions for some populations. Offering the screening in a different style and where the patient felt more at ease with the treatment setting.

Within the sexual health service environment practitioners are routinely trained and deal with a wide range of personal and intrusive procedures. Unique to the sexual health service was that those who are noted in research as not attending were attending or felt able to attend this environment. For instance, sexual health screening and intimate examination of young people, sex workers and transmen were commonplace in this environment but not in a general practice clinic.

In the first six months of this initiative the sexual health service has demonstrated tangible increases in the number of people who have been screened in York. Most of whom who would not have attended for screening through the universal clinical pathway or would have delayed regular screening for a variety of reasons.

## **Bowel Cancer screening**

10. Bowel screening is offered every 2 years to men and women aged 60-74, from 2018 this is being reduced to those over 50 years and since 2021 the NHS has been working though this extended cohort. York is above the England (70.3%) and Regional (72.2%) average

at 75.5% uptake, 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. Public health commissioning managers and screening and immunisation place leads monitor performance, identify areas of need, and support by offering additional one-off funding to for initiatives to improve uptake and link in external partners as necessary.

11. This level of detail would provide a focus for further targeted work to raise awareness, increase understanding of the importance of screening with the aim of increasing uptake. Targeted work would also provide the opportunity to gain a better understanding of the reasons why some people choose not to take up the offer. There is specific work being undertaken 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. The Cancer Alliance in Humber & North Yorkshire is supporting this.

### **Abdominal Aortic Aneurysm (AAA)**

12. AAA screening in England is offered to men aged 65 and over who are registered with a GP. The uptake rate for York is 38.9%. York is showing the second worst rate for the region with a trend which is decreasing and getting worse. The England % uptake rate is 70.3% with the Yorkshire and Humber region at 67.8%. The best performing area in the region is Wakefield with 83.4% uptake.

#### **Priorities for 2024/25**

- Continue the work with the Breast Screening Unit to identify those who have not attended for breast screening, understand and remove barriers.
- Cervical screening – identify opportunities missed to support young women to attend for screening. For some marginalised groups this may be looking at alternatives to GP practice for screening including the sexual health service.
- Identify what is working well in Wakefield (and other localities within the region) for AAA screening and apply learning to York.
- All cancer screening programmes have been restored following COVID – persistent DNAs and those who experience health inequalities will be targeted in 2023/24.

## Vaccination and Immunisation

13. 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.

14. 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	85.7%	89.1%	Above 95%
HPV (population coverage two doses for males and females – 13 to 14 years of age)	67.3%	60.3%	Above 90%
School age flu (Primary School)	57.4%	61.0%	Above 65%
Shingles (71 years)	44.0%	37.8%	Above 60%

15. One of the challenges over the last year has been the School Aged Immunisation Service (SAIS) has been re-tendered and as a result of this re-procurement the incumbent provider was not successful. The move from an NHS to a private provider for school aged immunisations has caused some disruption in the system. From 1 September 2023 the new provider, Vaccinations UK, will be in place.

## Case study Increasing Shingles and MMR vaccinations

After securing extra, one-off funding from NHS England, the public health team launched two projects to understand the barriers to and to increase the uptake of the Shingles Vaccination and the second dose of MMR.

In collaboration with NHE and primary care colleagues a project plan was developed to contact people/parents within the relevant cohorts and invite them to attend for vaccination.

One of the initial findings was that uptake rates were higher than first thought as many patient records had been incorrectly coded.

### Priorities for 2024/25

- Roll out the learning from the Shingles and MMR vaccination study.
- Support the new SAIS to increase uptake of school aged vaccinations.

## Covid-19 and seasonal influenza vaccination programmes

Indicator	Period	York		England				
		Recent Trend	Count	Value	Value	Worst	Range	Best
Population vaccination coverage: Flu (aged 65 and over) <75% ≥75%	2021/22	↑	36,366	84.7%	82.3%	62.5%		88.8%
Population vaccination coverage: Flu (at risk individuals) <55% ≥55%	2021/22	↑	-	57.3%	52.9%	35.5%		
Population vaccination coverage: Flu (2 to 3 years old) <40% 40% to 65% ≥65%	2021/22	↑	-	66.4%	50.1%	26.2%		
Population vaccination coverage: Flu (primary school aged children) <65% ≥65%	2021	-	7,906	61.0%	57.4%	31.7%		

16. City of York had a widely varying cumulative uptake rate (as of the 5 January 2023) of the covid booster in those aged 12+:



1<sup>st</sup> and 2<sup>nd</sup> dose – 81.6%

Booster1 – 69.7%

Booster 2 – 36.3%

Booster 3 – 9.6%.

Variation by ward can be seen below and this is largely influenced by the age profile of the ward.

### Flu vaccination Autumn/Winter 2022/23

17. As can be seen the uptake of flu vaccinations was low across many cohorts in 2022/23.

Category	65 and over	Under 65 at risk	Pregnant women	50-65 at risk	All 50 to 65	2 year olds	3 year olds	6 months to 2 years, at risk	6months to under 65 at risk
%	83.3	54.3	40.1	49.4	26.7	56.5	61.6	17.1	54.3

<https://www.gov.uk/government/statistics/seasonal-influenza-vaccine-uptake-in-gp-patients-in-england-winter-season-2022-to-2023>

### Autumn/Winter 2023/24

18. In August 2023 the JCVI advised the next steps for Flu and COVID-19 vaccination delivery for Autumn / Winter 2023/2024. Both flu and COVID vaccinations have commenced for adults- flu vaccinations for children should start from September 2023.
19. 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.
20. Cohort eligibility for COVID Autumn 2023 campaign include: Residents in a care home for older adults, all adults aged 65 years and over, persons aged 6 months to 64 years in a clinical risk group, frontline health and social care workers, persons aged 12 to 64 years who are household contacts of people with immunosuppression, persons aged 16 to 64 years who are carers and staff working in care homes for older adults.

**Priorities for 2024/25**

- Increase uptake of flu and covid vaccination across cohorts.

**Sexual Health**

21. Overall, the sexual and reproductive health outcomes for City of York are good and frequently better than the England average and regional average.

**Key achievements 2022/23**

- Completion of a Sexual health Needs Assessment to inform the commissioning of the Sexual Health services for York from July 2024.
- Took part in a regional insight project identifying factors contributing to the low uptake of Pre-exposure prophylaxis (PrEP)
- Re-established a system wide Sexual Health Expert Partnership Group (SHEP)
- Re-procurement of the Sexual Health Service has commenced, and the new service will start in July 2024. Following an extensive consultation and engagement exercise it was evident that the only viable provider was the current provider – York and Scarborough Hospitals NHS Foundation Trust. This service will be re-procured under a Section 75 agreement between the Trust and CYC.

**Priorities for 2024/25**

- Safe procurement of the Section 75 agreement with Y&STHFT
- Development of a service delivery model which reduces inequalities and ensures the 'no wrong door' approach is delivered.

## YorSexualHealth (YSH) service

22. 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).
23. 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.
24. 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.

## Sexually Transmitted Infections.

25. The table below shows the rates per 100,000 population of new STI rates in York and England in 2019 to 2020

Diagnoses	2019	2020	% change 2019 to 2020*	Rank among 16 similar UTLAs/Us†	Rank within England: 2020‡	Value for England: 2020
New STIs	755.9	455.0	-39.8%	6	70	562.2
New STIs (exc chlamydia aged <25)¹	663.0	378.2	-43.0%	8	116	619.0
Chlamydia	415.0	255.4	-38.4%	4	69	285.9
Gonorrhoea	72.2	40.3	-44.2%	11	117	100.9
Syphilis	3.8	3.8	-0.2%	14	122	12.2
Genital warts	125.3	73.5	-41.4%	2	19	48.6
Genital herpes	60.3	35.1	-41.8%	6	68	36.3

26. Chlamydia is the most commonly diagnosed STI in York, nationally and regionally there has been a recent increase in the number of Gonorrhoea and Syphilis rates and locally we have also seen increase in these STI's. 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.

27. Sexual Health services offer a range of vaccines for prevention of infections such as Hep A, B, Human Papilloma Virus (HPV) and Monkey Pox 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.

- In 2022/23 95 individuals were vaccinated against Hepatitis A:
- 155 individuals against Hepatitis B

### **Mpox**

28. The first case of Mpox (formally known as Monkey Pox) was first diagnosed in the UK in May 2022. The vaccine offers 78% protection against the virus from one dose (14 days after receiving the vaccination).
29. Across York and North Yorkshire the ISHS diagnosed and supported three confirmed cases and vaccinated 237 individuals.

### **The national Human Papilloma vaccination (HPV) programme for MSM began on 1 April 2018**

30. The purpose of the HPV for Men who have sex with men programme is to offer the vaccine to MSM aged up to and including 45-years-old through Specialist Sexual Health Services (SSHS) and/or HIV clinics. At present, the vaccine is only available at SSHS and HIV clinics. During 2022/23 The York ISHS offered **373 vaccines to 308 individuals (this includes a course as appropriate).**

#### **Priorities for 2024/25**

- **Annual HIV Testing in Gay and Bisexual men who have sex with men.**

The York ISHS are below the England average for annual HIV testing in Gay and Bisexual Men who have sex with men (GBMSM). To try and improve upon this we have developed a text recall process for annual HIV testing for GBMSM. This will help ensure that with appropriate permissions from the SU's we are able to send text reminders to advise them that their annual HIV test is due. We will evaluate this after 6 months.

- **Relaunch of the condom distribution scheme**

Following a review of the condom distribution we aim to relaunch with a "fresh look" in September/October 2023. We will work with LTC, our existing providers, our website developers and system partners to create a greater awareness and visibility of the availability of the condom distribution scheme, supporting greater ease of access whilst recognizing the need to ensure we have robust safeguarding measures in place for young people.

## Health Care Acquired Infections (HCAI's)

31. The York and Scarborough Community and Acute HCAI is a multi-disciplinary panel responsible for oversight of C-Difficile cases occurring within the footprint covered by York and Scarborough Teaching Hospital NHS Foundation Trusts. The panel meets monthly to review Post Infection Reviews (PIR's) which conducted to investigate contributory factors in each patients care, and identify trends to support quality improvement work and learning to prevent future cases and delivery of best outcomes for our population.
32. During the financial year 2022/23 there were **193** C-Diff cases reported across the patch of which **164** have now been reviewed by the group (including 19 which were agreed out of scope due to the individual being abroad when the infection contracted). **94** Cases have been reviewed which originated in a hospital setting, of **53** were agreed to be in the panel as a lapse in care and **41** where there was no contributory lapse in care. **49** Cases originated within the community of which all but 4 were agreed to have had no contributory lapse in care.
33. Where a lapse is identified this has been fed back to the clinical team by the group to support continuous improvement. The group conducts trend analysis across individual hospital wards and GP practice to gather themes to focus improvement work. The most common contributory factors during this timeframe were **28** instances of inappropriate antimicrobial prescribing, **22** cases where a patient wasn't isolated after positive test, and **18** instances where appropriate stool sampling did not take place. The group also continues to monitor instances of good practice being observed, to support consideration of how this can be further embedded in practice.

## Non-communicable disease

### Oral Health

34. 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.

35. 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.
36. 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.
37. 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**

38. An annual toothbrushing programme is delivered to all special schools within the city and 6 further mainstream settings – nurseries, early years and/or reception year primary school. Settings are identified using data from a number of sources including Index of Multiple Deprivation (IMD), funded 2-year-old childcare places and targeting localities with high levels of decay.

### **Oral Health Training and Development**

39. To ensure the workforce has the confidence and skills to deliver evidenced base oral health promotion advice and support in a variety of settings an annual programmes of tailored training id delivered. Workforce groups to be offered training are agreed annually and prioritised in negotiation between all parties. These include the Health Child Workforce, early help and children’s social care, foster carers and those with special educational needs. Adult Social care including care homes and supported living services are also included.

## **Feedback from schools following the implementation of supervised toothbrushing.**

100% of children in each setting approached to take part in Supervised toothbrushing have positively consented.

Feedback: “The training reignited staffs resolve to develop our existing provision”.

- Staff reported that some parents have found brushing at home easier with their children because they are used to doing it at school and it has become less of a challenge.
- Teachers have reported that some children wouldn't brush at all at first but are growing in confidence and ability because the toothbrushing is incorporated as part of the daily routine.

- From Clifton Green Primary

“We are so excited to take part in the supervised toothbrushing training and start the project.”

“Thank you so much for today, the children loved it.”

- From Westfield Primary

“Thank you so much for your visit, the children really enjoyed it and can't wait to get started.”

- From Hob Moor Oaks

We are very interested in being part of your programme. We are York's primary special school providing specialist education for pupils aged 2-11 years. Unfortunately, poor dental health is a common problem for many of our children, we do teach tooth brushing and it forms part of regular care routines and an area of our provision we would like to develop especially in regard to supporting parents to get good routines at home too. Many of our children's communication difficulties also mean that they are often unable to tell us they have pain and often resulting in many extractions when decay becomes obvious.

**Priorities 2024/25**

- 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.

**Environment****Seasonal Health**

40. 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.
41. 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 April 2023.
42. Resources and guidance for both heatwaves and cold weather were 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. Members of the Public Health team also took part in Radio interviews to highlight key health messages and to raise awareness across the community.

**Coping With Winter**

43. 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. The Coping with Winter Leaflet was distributed via York Community Voluntary Services (CVS), City of York's Warm Places, Explore Libraries, and the communities team. A link to this resource was also shared via the Council produced 'Our City' publication which goes to all households. Social media assets were shared on Instagram, facebook, twitter and Nextdoor.

#### **Priorities for 2024/25**

A key priority for 2024/25 is the ongoing work of the Winter Planning Group. The group was formed in March 2023 and meets fortnightly with the aim of developing a collaborative approach to tackling the challenges that winter brings to the health and care system. 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. Members of the group include representatives from the Integrated Care Board (ICB), NHS England (NHSE), York and Scarborough Teaching Hospitals Trust, regional Local Authorities and Pharmacy services.

### **Air Quality**

44. Everyone can be affected by poor air quality, but some groups are at increased risk of exposure or adverse effects. People who may be particularly vulnerable to ill health as a result of exposure to poor air quality include people with pre-existing health conditions (such as asthma, allergies, chronic pulmonary disease and cardiovascular disease), pregnant women and their unborn babies, pre-school children and older people. People who live in poor quality housing or who live in poverty can also be particularly vulnerable to poor indoor air quality.
45. Most of York has good air quality and meets the health-based air quality objectives. There has been a general downward trend in nitrogen dioxide (NO<sub>2</sub>) concentrations monitored across the city over the last 10+ years. These reductions are related to improvements in traffic emission generally, changes in background

air quality and local initiatives introduced through CYC's [Air Quality Action Plan](#), Local Transport Plan and wider sustainable travel programmes. Despite these improvements, there remain a few locations around the inner ring road, such as Gillygate, where exceedances of the annual average objective for NO<sub>2</sub> are still monitored. This is the basis for CYC's current [Air Quality Management Area](#) (AQMA) declaration.

46. Concentrations of particulates (PM<sub>10</sub> and PM<sub>2.5</sub>) remain within the current (and recently strengthened) health-based UK air quality objectives for these pollutants, although CYC will aim to work to reduce man-made particulate emissions as far as practically possible in line with new Environment Act (2021) commitments, to improve health outcomes.
47. In addition to outdoor air quality, CYC will strive to ensure members of the public and relevant professionals are aware of the causes of poor indoor air quality, the health impacts and what they can do to mitigate the risks of poor air quality in their homes.

### **Key achievements 2022/23**

- We secured additional funding to deliver further electric buses and associated charging infrastructure. This will allow the First York bus fleet to become fully electric by 2024, significantly reducing carbon, NO<sub>x</sub> and particulate emissions across the city.
- We continued to work with partners and develop measures to deter stationary vehicle idling, including wider promotion of the ['Kick the Habit'](#) anti-idling awareness-raising campaign
- We continued to support taxi drivers via CYC's [Low Emission Taxi Grant](#) scheme. Over a third of York's taxis are now either low emission hybrid vehicles or zero emission electric vehicles.
- We continued the upgrade of our fast, rapid and ultra-rapid public electric vehicle recharging network in line with CYC's [Public EV charging strategy](#)
- We progressed significant infrastructure upgrades at CYC's Hazel Court Eco Depot site to facilitate the introduction of EV charging for fleet vehicles. This paves the way for CYC's transition to an all-electric fleet for all council vehicles under 3.5 tonnes.

- We continued 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 solutions.
- We continued to engage with businesses, including delivery companies, on options for a DEFRA funded pilot scheme aimed at reducing emissions associated with freight deliveries.
- We obtained further DEFRA Air Quality Grant funding to improve public awareness of domestic solid fuel burning practices, particulate emissions and associated health impacts. Grant funding was also awarded to develop an air pollution forecasting and notification platform to ensure residents have access to information that allows them to minimise exposure when pollution levels are high.

**Priorities for 2024/25**

- Progress consultation with stakeholders and residents on a draft Local Transport Strategy. We will also consult on a revised Air Quality Action Plan (AQAP4) that will outline the action we will take to further improve air quality in York over the next 5 years to meet health-based National Air Quality Objectives in all areas and to work towards meeting stricter World Health Organisation (WHO) Air Quality Guidelines in the longer term, to improve public health outcomes. AQAP4 is fully aligned to the Council Plan and reflects ambitions contained within our 10-Year Strategies covering climate, health and wellbeing and the economy.
- Continue feasibility work to address first/last mile delivery of light goods in York and will work with partners to evaluate low emission delivery modes.
- Progress further upgrades to bus services (including further electrification of the urban fleet)
- Consider the feasibility of extending the Clean Air Zone (CAZ) to other areas and vehicle types
- Continue to address idling emissions and raise awareness of the links between idling emissions and health in line with CYC's existing 'Kick the Habit' anti-idling campaign.
- Progress upgrades to CYC's fleet vehicles as part of an EV upgrade programme
- Continue to reduce emissions from taxis and undertake further consultation with the trade in relation to updates to our Taxi Licensing Policy
- Continue to work with developers to ensure development related emissions are appropriately mitigated and exposure to poor air quality is reduced. We will also continue to facilitate and encourage walking, cycling and low emission public transport use, which have co-benefits for health and wellbeing.
- Progress a DEFRA funded project to improve public awareness of the links between domestic solid fuel burning, particulate emissions and health impacts. This project will highlight the links between solid fuel burning at home and links to both indoor and outdoor air pollution.

## Environmental Health

### Infectious Disease Control

48. 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.
49. 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.
50. Within the 2022/2023 financial year we undertook 35 investigations that included cases of *E.coli* 0157 STEC, a serious illness that has the potential to cause renal failure. A national outbreak of Shiga toxin-producing *E.coli* O183:H18 is ongoing and staff remain vigilant when undertaking investigations.

### 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. To keep up-to-date, officers have recently attended Notifiable Disease Control and Animal Health training.

## Environmental Permits

58. The environmental permitting regime is set out in the Pollution Prevention and Control Act 1999 and the subsequent Environmental Permitting (England and Wales) Regulations 2016 (as amended). This legislation specifies the types of activities which must be subject to regulation to ensure that environmental consequences are either prevented or mitigated as far as possible using the best available techniques. Regulation of such activities is either carried out by the Environment Agency or the Local Authority. The Local Authority is required to regulate activities which primarily emit substances to atmosphere, these are referred to as Part B installations. Local Authorities also regulate Part A2 installations which are those sites which emit to other media but primarily to air.
59. In the City of York Council area, there are 37 premises which hold environmental permits, the table below shows the type of activity and number.

Activity	Number of sites
Petrol stations	17
Timber processing >1000 cubic metres in any 12-month period	1
Coating metal >5 tonnes of solvent in any 12-month period	2
Isocyanate >5 tonnes of di-isocyanate in any 12-month period	1
Crushing of bricks, tiles and concrete	1
Batching of readymade concrete	4
Dry cleaning	5
Vehicles refinishing > 1 tonne of solvent in any 12-month period	3
Drying of vegetable matter	1
Cremation of human remains	1
A2 printing activity using >200 tonnes of solvent in any 12-month period	1

60. Each site is subject to an annual risk assessment following statutory guidance to ensure consistency across England and Wales. This risk assessment consists of two components, the first scores the premises according to the activity and the proximity to sensitive receptors, the second scores the performance of the site management. The resulting score categorises each site as low, medium or high, this categorisation determines the frequency of site inspections which ranges from once every six months to once every three years.
61. The environmental permits are based on statutory guidance specific for the activity and are written to ensure that the site adheres to the best available techniques. Some activities require the monitoring of emissions, others rely on control measures to capture emissions. The legislation allows for enforcement should sites be found to be not complying with the permit requirements. Enforcement ranges from service of notice to prosecution and suspension of the permit.

### **Key achievements 2022/23**

- Each premises was risk assessed and inspected in accordance with the required frequency. Enforcement was not necessary to secure compliance with the permit requirements.
- We have worked with one of the metal coating sites to secure amendments to their permit to allow them to produce a new product whilst maintaining environmental standards.
- Some of the sites operate below the threshold which requires a permit, but the businesses see the benefits of having the permit: to ensure compliance and environmental protection, so they continue to operate under their permit.

### **Priorities for 2024/25**

- To continue working with the metal coating sites to reduce the volatile organic compound usage using water-based products or alternative coating methods. To consider the potential use of abatement to further reduce emission to the environment.
- To support one of the readymade concrete batching sites to expand whilst maintaining compliance with the environmental permit.
- To update the permit held by the vegetable dryer to cover the new processing plant installed following major investment in the site.
- The A2 site requires a full review of the permit to take account of the new guidance documents, the compliance deadline for this is 9<sup>th</sup> December 2024. We have been working with the new operators at this site and progress towards meeting this deadline is going well.

## Land Contamination

62. Land contamination poses a potential risk to people, property and the environment. It is usually caused by past industrial activities or waste disposal practices releasing harmful substances into the ground. These substances can include heavy metals, oils and tars, chemicals, gases, asbestos and radioactive substances which can cause serious harm to health (including life threatening diseases, serious injury, birth defects, and impairment of reproductive functions).
63. The industrial history of an area provides a useful insight into the land which might contain and be affected by contamination. Former major industries in York include railway carriage works, confectionary, flour milling, sugar production, printing and the manufacture of optical instruments. Numerous former petrol stations, landfill sites and factories are also present.
64. City of York Council is responsible for implementing and enforcing Part 2A of the Environmental Protection Act 1990 in the city. Our [Contaminated Land Strategy](#) outlines how we will inspect the city for contamination and how we will deal with any land that is found to be contaminated.
65. Land contamination is a material planning consideration and most land contamination issues in the city are dealt with through the planning process. Where a development is proposed, it is the responsibility of the developer to ensure that land contamination is appropriately investigated, and that remediation (clean-up work) takes place where necessary. We assess all investigation, risk assessment and remediation work undertaken by developers to ensure that it is completed to a satisfactory standard and that land is safe and suitable for its proposed use.

### Key achievements 2022/23

- We assessed all land contamination investigation, risk assessment and remediation work undertaken through the planning process in 2022/23. This work helped to ensure that new developments were safe and did not pose unacceptable risks to people, property or the environment.



- We intervened on several sites where the remediation measures proposed by developers did not provide sufficient protection against the land contamination risks. We provided advice and guidance to ensure that appropriate additional measures were incorporated into the developments.
- We provided training for local authority officers and environmental consultants to promote good practice and to encourage the sustainable development of brownfield sites.
- We worked with other local authorities to produce [updated guidance on development on land affected by contamination](#).
- We continued to attend regular meetings and work in collaboration with the Environment Agency, other local authorities and the UK Health Security Agency on land contamination issues.

#### **Priorities for 2024/25**

- Update the council's Contaminated Land Strategy to incorporate recent changes in legalisation/guidance and provide an update on progress made to date. This includes consultation with various stakeholders and residents.
- Continue to assess all land contamination investigation, risk assessment and remediation work undertaken through the planning regime to ensure that new developments are safe and do not pose unacceptable risks to people, property or the environment.
- 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**

66. Not all migrants are 'vulnerable', this section specifically considers people coming to York as a result of conflict or persecution in their home countries, and who are being supported by the UK government.

67. In 2022 and into 2023 York welcomed vulnerable migrants, particularly migrant families, into the city. These migrant families arrive in York as part of one of the central government funded migration schemes; for example the Homes for Ukraine scheme, the ACRS (Afghan citizens resettlement scheme) or the UK resettlement scheme. This means that City of York Council and NHS is given money from the government which it can only spend on support for the migrant population, for example on things like accommodation, childcare, school places, or GP appointments.
68. Presently many of our migrant families are in apart-hotel accommodation whilst they wait to hear the outcome of their asylum claim. There is a smaller number of families who are living in housed accommodation across the city. In particular, Ukrainian migrant families who were previously living with host families are now in private rental accommodation.
69. August 2023, there are approx. 280 Ukrainian families living in York, and there are approx. 250 families living in the apart-hotels, these families come from various places most commonly Iran, Albania, Afghanistan, and Iraq.

**Key achievements in 2022/23:**

- All school age children are in school and funded nurse place use is good.
- Everyone is registered with a GP, spread across three practices.
- Good access to other essential services including midwifery and healthy child service, and prescription medications.
- RAY is providing social and practical support to families including health information sessions through summer/autumn 23.
- Regular meetings between Mears (the Home Office commissioned accommodation provider), Migrant Help, Refugee Action York (who provide social and information sessions for migrant families), City of York Council, and the ICB (NHS).

## **Communicable disease activity:**

70. Overall levels of vaccination among our vulnerable migrant population will vary from country to country but is believed to be much lower than the general York population. Some migrants arrive from countries with different vaccination schedules, and in many cases vaccinations were disrupted through conflict, persecution, or displacement.
71. There is a risk of outbreak anytime there is a large number of unvaccinated people living in a single location.
72. Everyone is registered with a GP and as such receives the usual invitations to the full UK vaccination schedule. For example, all children will be called in for vaccinations four times in their first year of life. In addition, one practice group has run a mop-up clinic on site at the apart-hotel in August 2023. This was specifically for their registered patients who were behind on vaccination. This event was successful, but only addressed a small number of the total patient population.
73. In addition, NIMBUS Care have been commissioned by Public Health in 2023 to provide two further invitations to any child under 15 in York who is not currently fully vaccinated. This includes both migrant and permanent resident children. This is important work because it targets vulnerable migrant families who have missed out on the standard 'call and recall' offer from their GP as they arrived in York at an older age than the normal age of vaccination here.

### **Priorities for 2023/24**

1. To continue the focused work to achieve full vaccination for children and adults in the apart-hotel. In particular on older children and adults.
2. To improve the information sharing between partners to ensure that progress against this priority is jointly monitored.

## **Emergency Preparedness, Resilience and Response**

74. Under the Civil Contingencies Act 2004 (CCA) City of York Council is defined as a Category 1 organisation.

75. 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.
76. 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
77. Provide advice and assistance to businesses and voluntary organisations about business continuity management (Local Authorities only).
78. 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).

Integrated Emergency Management	Monitored Activity
Anticipate	<ul style="list-style-type: none"> <li>• Governance               <ul style="list-style-type: none"> <li>○ RET work programme</li> <li>○ RET board reports</li> <li>○ RET resource</li> <li>○ Expenditure in an emergency</li> <li>○ Continuous improvement process</li> </ul> </li> </ul>
Assess	<ul style="list-style-type: none"> <li>• Risk Assessment</li> </ul>

Prevent	<ul style="list-style-type: none"> <li>• Emergency Planning role in cooperation and Information Sharing <ul style="list-style-type: none"> <li>○ LRF attendance</li> <li>○ LHRP attendance</li> <li>○ Mutual aid arrangements</li> <li>○ Arrangements for multi-region response</li> <li>○ Protect and Prepare Groups (PAGs)</li> <li>○ Safety advisory groups (SAGs)</li> <li>○ Community Networks</li> <li>○ Integrated Emergency Management Groups</li> </ul> </li> <li>• Regulatory requirements outside of the CCA co-ordinated by RET <ul style="list-style-type: none"> <li>○ COMAH Regulations (Control of Major Accident Hazards)</li> <li>○ Pipeline Regulations</li> <li>○ REPIR Regulations (Radiation Emergency Preparedness and Public Information)</li> </ul> </li> </ul>
Prepare	<ul style="list-style-type: none"> <li>• Maintaining emergency plans <ul style="list-style-type: none"> <li>○ Command, Control and Co-ordination roles</li> <li>○ On-call mechanism</li> </ul> </li> <li>• Training and Exercising</li> <li>• Warning and Informing <ul style="list-style-type: none"> <li>○ Communication with partners and stakeholders</li> </ul> </li> </ul>
BCP	<ul style="list-style-type: none"> <li>• Provide assistance and guidance to ensure Business Continuity plans are completed.</li> <li>• Assist/encourage training and exercising of business continuity plans.</li> </ul>

79. 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.

### **Control of Major Accident Hazard. (COMAH)**

80. The York area has a new business which will need to comply with the Regulations by the end of the year with an off-site plan for communities being overseen by the resilience and emergencies

team. Once completed the plan will need to be exercised and will involve all emergency responders.

### Challenges

81. The challenge for York is to ensure the foundations are in place for delivery of the Integrated Emergency Management process.
82. This has resulted in the development of the 'NYLRF – How we respond to incidents' E-learning training package to develop awareness of:
  - UK Emergency Management & Command, Control & Co-ordination
  - Emergency Response Partners Roles & Responsibilities
  - North Yorkshire Local Resilience Forum Systems
83. This alongside the Joint Emergency Services Interoperability Principles [JESIP](#) package will assist Commanders and Responders with the requirements during incident response and is available to all CYC staff.
84. Training and Exercising forms a major part of the Integrated Emergency Management process, activity over the last year has been:
  - Feb 9<sup>th</sup> Exercise Lilac at North Yorkshire Police HQ tested the mass fatality plan with a mass casualty awareness. Attendance and involvement from public health and wider health practitioners was well received with several subject matter experts' contribution.
  - Protect groups in York now well established and maximise every opportunity to deliver counter terrorism training using Protect UK tools to minimise the terrorism risk for York.
  - A National Counter Terrorism live exercise took place at York racecourse in March 2023 with all emergency responders and organisations involved.
85. The live exercise was followed by:
  - A Counter Terrorism 'consequences' day tabletop exercise in May at York Mansion House examining the economic, humanitarian, health and environmental impacts for our city.

- In July we were involved in a counter terrorism contaminated water exercise at North Yorkshire Police HQ to exercise plans and develop multi agency response and examine the wider impacts on health.

86. Another major challenge is **Warning and Informing**. Providing the support for individuals, households, businesses, and communities. Raising awareness of local risks, providing access to relevant information links, such as warnings issued by the met office or environment agency, could help you to prepare for an emergency and minimise the impact of any involvement in an incident.
87. The LRF Community Resilience Group project team have been busy reviewing how we engage with communities to provide awareness on the local risks, empower individuals and communities to develop their own household or community plans to ensure 'whole society resilience' several workshop sessions have already been held and the project team will advise on how we communicate risk and develop community plans.
88. More information and advice can be found using the links below:

[Local Resilience Forum](#)

[Staying Informed](#)

[Community Prepared](#)

[Household Prepared](#)

[Risk](#)

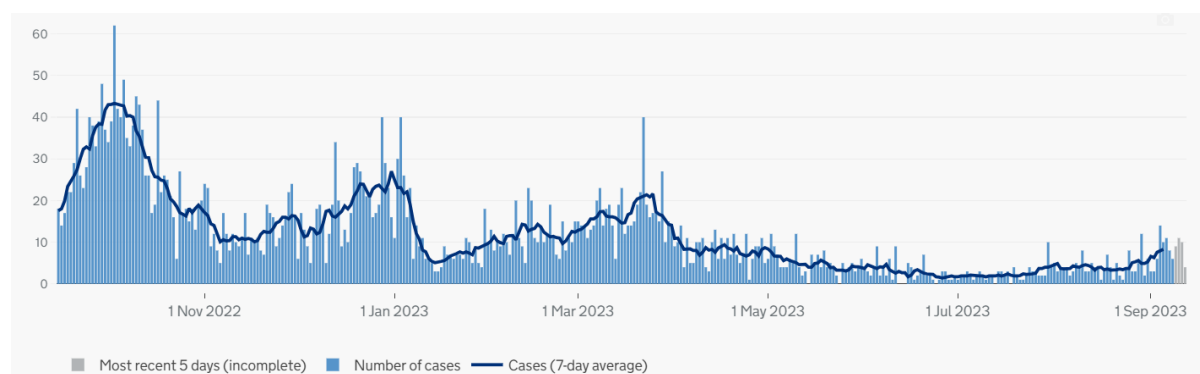
### **Incidents and Outbreaks**

89. Over the past year the Local Authority Public Health team and the Health Protection Team in UKHSA have worked closely to manage a number of outbreaks and incidents within the York locality. As we moved away from pandemic response, there has been several health protection threats that required both national and local input.

## Covid-19

90. Living with Covid-19 guidance was introduced in April 2022 and as a result the availability of testing has decreased in the months since. The data in the below table should therefore be treated with caution as the majority of cases are identified in secondary care. However, it is likely to broadly reflect a fall in the community transmission of Covid-19 in York.

Figure 1- Number of Covid-19 cases by Specimen date in York LA



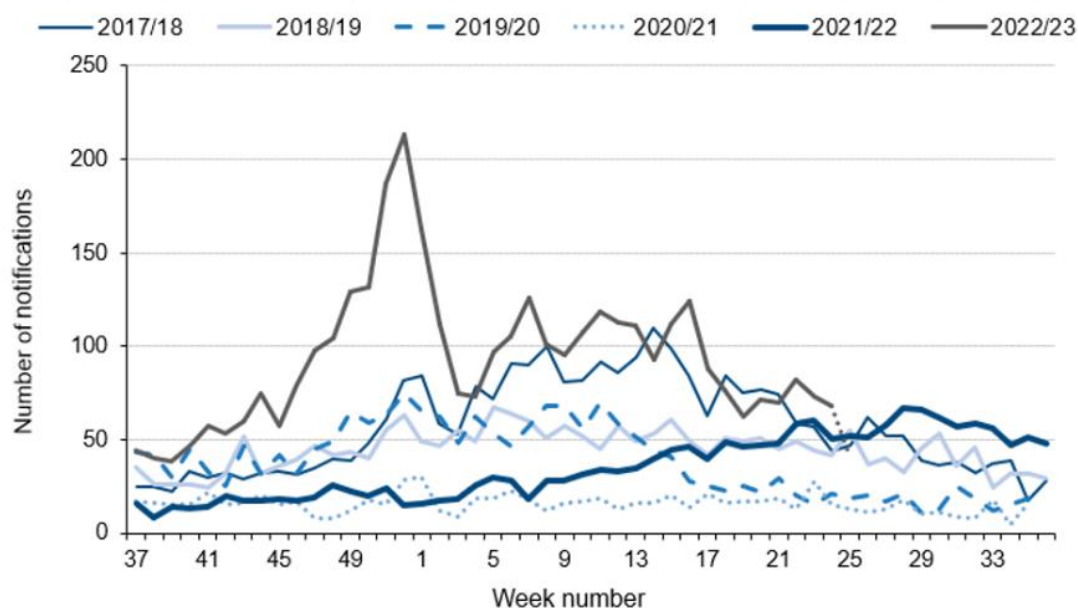
91. The recently identified variant labelled BA.2.86 is currently undergoing further investigation to determine its level of clinical severity and vaccine escape. This will be closely monitored as we head into winter 2023.

## Group A Streptococcal infections

92. Group A Streptococcal Infections encompasses a range of diseases including, impetigo, scarlet fever, a Group A strep infection of the throat and most seriously, invasive group A strep. At the end of 2022 and beginning of 2023 we had a larger than average surge of Group A Strep cases in the England and this was mirrored in York. Fig 2 shows the large spike in January compared to previous years.



Figure 2 Invasive Group A Strep infections by week for England 2017-2023



93. The HPT in conjunction with the local authority provided advice on a number of settings of outbreak

### TB

94. TB continues to be a major cause of disease and death worldwide, being the second leading infectious killer after COVID-19 globally. Between 2011 and 2021, there was an overall downward trend in TB notification rates in England. However, the rate of reduction has slowed in the last 4 years. In York, the HPT, the LA and the TB team and NHS trusts have worked closely on a number of incidents some complicated requiring quite a lot of resources. In conjunction to active screening of TB in symptomatic individuals and subsequent treatment and contact tracing, new entrant screening for those eligible was being conducted but this is currently paused due to capacity.

### Challenges

95. Migrants are a particularly vulnerable cohort; over the past 2 years, there have been several incidents which have required both an acute and strategic response, including Afghan resettlement programme and the crisis in Ukraine. [Home Office data](#) for the UK and Yorkshire & Humber shows that the number of asylum seekers being supported under Section 95 (in dispersed accommodation) who would otherwise be destitute has been increasing for the past 4 years. This is in the context of a system already stretched

managing the COVID-19 pandemic. York opened a large hotel in the centre of the city in the past year that has capacity for approximately 450 asylum seekers. This has put significant pressure on the system. We are currently working on looking at what immunisations those who have arrived have already had and what further work on outbreak management and risk of communicable disease transmission needs to be done but we anticipate this to remain a significant challenge in the year ahead.

96. Avian Influenza has posed a significant problem both national and locally since the 2021/2022 season. Although York has significantly fewer poultry farms than other areas, we have over the past year investigated several wild bird incidents, provided chemoprophylaxis where indicated and actively monitored individuals considered exposed people. Although working well together we seem as a system to be relying on good will. If we do not have a plan for chemoprophylaxis and swabbing the 23/24 season will be more challenging.

#### **Priorities for 2024/25**

1. As we progress through 23/24 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 City of York Council Public Health Team.
2. 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.
3. They are an invaluable resource and it would be useful to think about how we could expand this and use their expertise in other areas too.
4. Despite the challenges that were faced in 2022/23 there were many positives. We worked well in partnership with different agencies across York. In particular the HPT and LA PH team have developed a strong relationship and this partnership has enabled good work to be done over the past year and we anticipate this to continue into 23/24.
5. The UKHSA Health protection team has appointed a new regional deputy director - Dr. Andrew Lee. He has now taken up his post.

## Support for Care Homes

97. During COVID the public health teams from NYC and CYC, together with CCG and care providers met regularly to support care homes. At the height of the pandemic this was daily – sometimes twice daily if a large number of homes were experiencing outbreaks. As the pandemic numbers eased these meetings reduced to weekly and then in April 2023 the decision was taken to stop these as a joint meeting and return to business as usual within individual local authorities.
98. Public health continues to support care homes by:
- Contributing to the weekly newsletter “Partners in Care” as appropriate
  - Taking part in “Care Connected” – a fortnightly forum for care providers facilitated jointly by City of York Council, North Yorkshire Council and NHS Humber and North Yorkshire ICB. This enables the care providers across the ICB footprint to access updates relevant to the sector in one place.

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## Glossary

## Annex A

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

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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

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		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.

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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>