

# **Health Protection Annual Report 2025**

## **Introduction**

1. This report provides an overview of work done in York during 2025 to protect the health of the public from health harm arising from infectious and non-infectious cases. This is in fulfilment of the statutory health protection responsibilities held by City of York Council under the Health and Social Care Act 2012. It is presented to the Health and Wellbeing Board every year.
2. With the delivery of crucial functions around health protection sitting across local government, a variety of NHS bodies and the UK Health Security Agency, this report brings together a wide range of work centring on the York place geography.
3. The scale of work undertaken to prevent and manage threats to health will be driven by the health risks in the Local Authority area. The work 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 (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.

## **Issues considered within this report.**

4. 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
- 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

5. 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
6. 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.
7. Taken from the Public Health Outcomes Framework produced by OHID (Office of Health Improvement and Disparities) [Public Health Outcomes Framework](#) the data shows a stable and improving picture.

Indicator	Lower threshold	Standard	Key			Geography	2022	2023	2024
C24a - Cancer screening coverage: breast cancer	70	80	< 70	70 - 80	≥ 80	York	71.7	72.5	75.5
						England	65.2	66.2	69.9
C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	80	N/A	< 80	≥ 80		York	67.1	64.6	65.9
						England	67.6	65.8	66.1
C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	80	N/A	< 80	≥ 80		York	74.9	74.9	74.9
						England	74.6	74.4	74.3
C24d - Cancer screening coverage: bowel cancer	55	60	< 55	55 - 60	≥ 60	York	75.5	77.1	77.1
						England	70.3	72	71.8
C24e - Abdominal Aortic Aneurysm Screening Coverage	75	85	< 75	75 - 85	≥ 85	York	38.9	65.3	80.3
						England	70.3	78.3	81.9

8. The NHS 10 year plan [Fit for the future: 10 Year Health Plan for England](#) 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*

9. 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 achievable threshold for this programme is 70% and the uptake in York is above this at 75.5%. 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 Action York 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.

### *Cervical Screening*

10. 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 65.9%, below the England average at 66.1%. Public health commissioning managers and Public Health Programme Team place leads monitor performance, identify areas of need and provide support.
11. Successful bid by Priory Medical group in collaboration with CYC, ICB and Cancer Alliance for nurse led project with the aim to create a meaningful live dashboard to show breakdown of Cervical Screening Uptake and address health inequalities
12. Development of cervical screening offer in Integrated Sexual Health for all eligible, including LGBTQ+ which has received excellent Service User feedback. Monkgate clinic now has colposcopy service as well as main hospital sit
13. 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 2026.

### *Bowel Cancer screening*

14. 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 77.1% remains above the England average of 71.8%. 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.
15. 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
16. Extensive health promotion work across the county continues. 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.
17. 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)*

18. AAA screening in England is offered to men aged 65 and over who are registered with a GP. The uptake rate for York has increased significantly over the last year and is 80.3%. The England % uptake rate is 81.9%.

#### **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 – support Priory Medical group with the project work to understand and target Persistent DNAs and those who experience health inequalities.

## Vaccination and Immunisation

19. 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. [Complete routine immunisation schedule from 1 September 2025 - GOV.UK](#)

20. Significant changes to the routine childhood vaccination schedule and to the selective hepatitis B (HepB) programme occurred from 1 July 2025 . [Changes to the routine childhood vaccination schedule from 1 July 2025 and 1 January 2026 letter - GOV.UK](#) . From 1 January there is the introduction of a new routine vaccination appointment at 18 months of age including moving the second dose of MMR to 18 months (previously offered at 3 years and 4 months).

21. The Government is also launching the chickenpox vaccination programme in England from January 2026. GP practices will offer eligible children a combined vaccine for measles, mumps, rubella and varicella (MMRV) - the clinical term for chickenpox - as part of the routine infant vaccination schedule.

22. 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.

23. The Cover of vaccination evaluated rapidly (COVER) programme data set indicated that York is below the required target of 95% to support herd immunity for the following:

<https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2024-to-2025-quarterly-data>

Vaccination	England average	York value	Target
MMR 1st dose	88.9%	93.8%	Above 95%
MMR 2nd dose	84.5%	88.1%	Above 95%

There is ongoing work to promote data cleansing with primary care.

24. Vaccinations UK, deliver 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.

25. Provisional data shows an improvement in all adolescent vaccination and the current seasonal flu vaccination programme uptake is significantly higher than it was at this point last year.

	Reception	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11
<b>2023/24</b>	64.1	63.1	60.8	64.6	61.3	61.4	59.6	60.8	57.9	54.8	55.5	48.4
<b>2024/25</b>	75.1	76.8	74	74.4	74.2	74	74	71.3	66.4	65	64	63.3
<b>England</b>	54.7	55.6	55.3	54.6	54.6	54	53	50	46	4.5	42.5	40

<https://www.gov.uk/government/statistics/seasonal-influenza-vaccine-uptake-in-children-of-school-age-winter-season-2024-to-2025>

26. The SAIS have worked collaboratively with the Travellers Trust to overcome challenges engaging with the Travelling community. Challenges with accessing information about Electively Home Educated (EHE) children continue and work is ongoing to try and overcome these. Information is sent to every GP practice and the EHE service for dissemination to families of EHE with a QR code which goes directly to the Vaccination UK site where there is information regarding all community clinics offered.

27. Vaccination UK are also offering support to the vaccination programme in asylum seeker contingency accommodation.

#### **Priorities for 2025/26**

- Continue to support the promotion of vaccination programmes through collaborative working .



# Seasonal vaccination programmes

## Covid 19

- 28. Since the end of the spring 2023 campaign, vaccination has become a targeted offer only to those at higher risk of severe COVID
- 29. Cohort eligibility for COVID Autumn 2025 campaign include adults aged 75 years and over, residents in a care home for older adults, individuals aged 6 months to 74 years in a clinical risk group
- 30. The government will respond in due course to JCVI’s advice for spring 2026.

## Seasonal Flu

- 31. The uptake of flu vaccinations varied across many cohorts in 2024/25 although remained higher than the England average

	65 and over		Under 65 at risk		Pregnant women		2 yr olds		3 yr olds	
	York	England	York	England	York	England	York	England	York	England
2024	82.5	77.8	46.3	41.4	43	32.1	56.5	44.1	56.6	44.6
2025	80.6	74.9	44.8	40	38.6	35	56.4	41.7	53.4	43.5

<https://www.gov.uk/government/statistics/seasonal-influenza-vaccine-uptake-in-gp-patients-monthly-data-2024-to-2025#full-publication-update-history>

- 28. Seasonal Flu vaccination is delivered in primary care and community pharmacy. In previous years community pharmacy have been commissioned to deliver the adult flu programme however this year they also have the opportunity to deliver to 2 and 3 yr olds. The SAIS are also commissioned to deliver opportunistic vaccination to 2 and 3 yr olds in community clinics.
- 29. 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.

30. It is acknowledged nationally that there are issues with the data around vaccination in pregnant women and regionally there is a 'Vaccination in Pregnancy' group which at which challenges and barriers are highlighted and addressed.

*RSV (respiratory syncytial virus)*

31. The RSV immunisation programme for pregnant women and older adults commenced in September 2024. Information has been sent to GP practices to help with identifying and calling eligible patients and provisional uptake data shows an increase over the last month.

**Priorities for 2025/26**

- Support the changes to the immunisation schedule
- Increase uptake of flu vaccination across cohorts.
- Support delivery of the RSV programme

## **Sexual Health**

32. There are new contractual agreements in place for sexual and reproductive health using a S75 agreement between CYC and YorSexual Health.
33. 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 Specialist Sexual Health Service delivers many aspects of sexual and reproductive healthcare and advice including, routine and complex testing, treatment and advice for sexually transmitted infections and contraception, clinical and community outreach for most at risk populations, Condom Distribution Scheme, National Chlamydia Screening program, teaching, and training.

**Priorities for 2025/26**

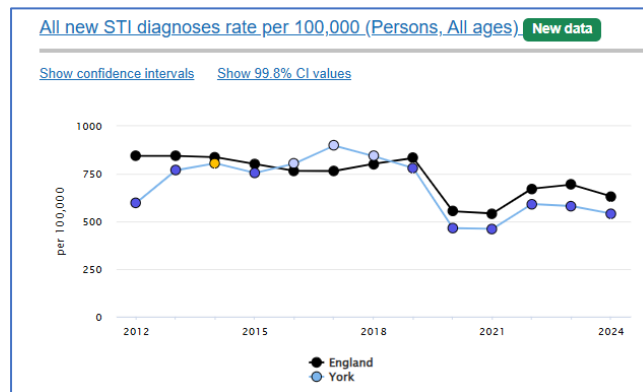
- Embed new contractual agreements in place for sexual and reproductive health using a S75 agreement between CYC and YorSexual Health
- Focus on taking a preventative approach to Sexual Health with primary care, education partners, service users and others across the city

34. The contract for Sexual and Reproductive Health Services in York was renewed with York and Scarborough Foundation Trust in April 2025. As part of the re-procurement process, both organisations collaborated closely to evaluate the service and the needs of the population. The revised contract received executive level approval and underwent a consultation process. This is a joint contract established under a Section 75 agreement, reflecting a shared commitment to service delivery. Compared to the previous arrangement, the new contract introduces several changes, primarily driven by budget constraints. Key adjustments include:
- a. Reduced clinic operating hours
  - b. Limits on online testing services
  - c. Caps on activities related to LARC (Long-Acting Reversible Contraception) and contraceptive implants
35. Despite this the contract also enabled innovation. Notably the introduction of a new 'domestic abuse inquiry' initiative. This will allow SSHS to access training, establish referral pathways, and integrate domestic abuse inquiries into clinical consultations.
36. To support the transition to the new contract and associated changes, a dedicated funding allocation has been provided. The implementation of these changes will be closely monitored through regular contract reviews and more frequent meetings during the first year.
37. In addition to changes to the contract there have been a number of changes nationally to preventative interventions. A list of important changes are shown below. These interventions are for those with specific risk factors and YorSexual Health are working to support implementation.
- a. DoxyPEP
  - b. Vaccination for Gonorrhoea
  - c. Vaccination for MPoX
  - d. Free access to Emergency Hormonal Contraception in pharmacies in York (and nationally) from 29<sup>th</sup> October 2025.
38. In 2025/26 there is:

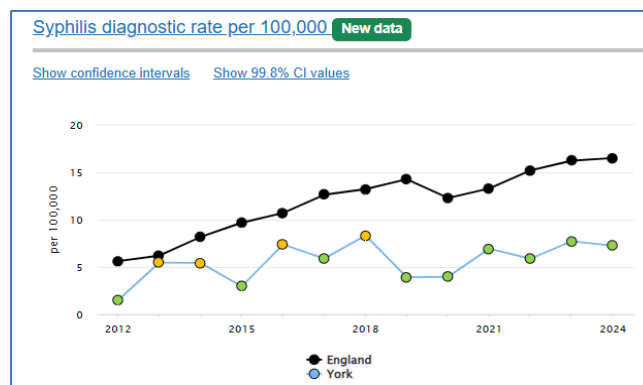
- a. Development of a new domestic abuse inquiry and referrals pathway for users of the Specialist Sexual Health Service.
- b. Focus on taking a preventative approach to Sexual Health with primary care, service users and other partners.

As part of this there is development of a joint comms approach for Sexual Health between CYC and YorSexual Health and continued focus on outreach, chlamydia screening and condom distribution schemes.

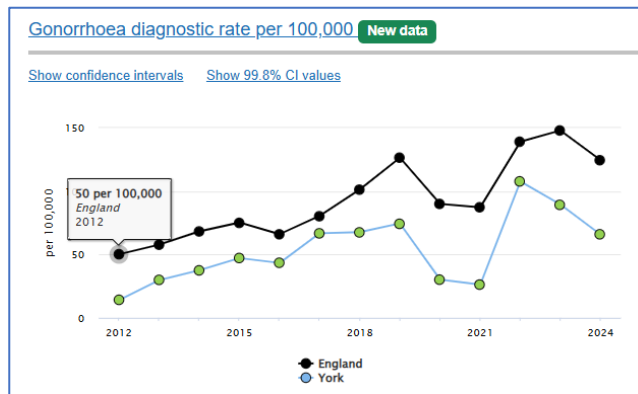
39. The rate of new STI Diagnoses in York (1,119 cases, 541 per 100,000) is below the England average (632) but above the regional average (505)



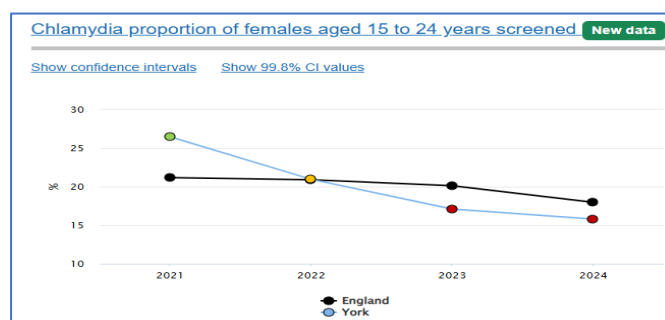
40. The Syphilis diagnostic rate per 100,000 in York (15 cases, 7.3 per 100,000) is lower than the England (16.5) and Regional (8.8) averages (2024 data). The Syphilis diagnosis rate in York has increased from 2019 (8 cases, 3.9 per 100,000) to 2024 (15 cases 7.3 per 100,000) although the rate in York has remained significantly below the England average



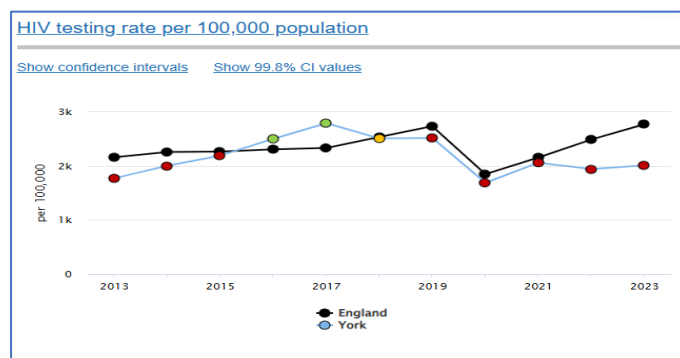
41. The Gonorrhoea diagnostic rate per 100,000 in York (136 cases, 66 per 100,000) is lower than the England (124) and Regional (79) averages. (2024 data). The Gonorrhoea diagnostic rate has fallen over the last 2 years. Since 2012 the rate in York has been below the England average



42. The Chlamydia testing rate in York is lower than the England average – the proportion of the female population 15-24 screened for chlamydia is 15.8% v England 18.0%



43. The HIV testing rate in York is lower than the England average. HIV testing rate per 100,000, 2023: **York 2,010 v England 2,771**



44. In 2023 in York 3,760 people who were HIV negative were accessing specialist Sexual Health Services and 452 (12.0%) of these were defined as having a need for Pre-exposure prophylaxis (PrEP). This is a higher rate compared with national (10.1%) and regional (7.5%) averages.
45. Of the 452 people in York in 2023 with PeEP need, 238 (52.7%) started or continued PrEP at any time in the last 12 months. This is a lower percentage compared with national (73%) and regional (68.4%) averages.

### **Health Care Acquired Infections (HCAI's)**

46. In December 2024 the York and North Yorkshire antimicrobial and Infection prevention and Control Collaborative was established with the purpose of bring together key stakeholders across health and social care from the York and North Yorkshire Health Care Partnerships with the ambition of local delivery of key targets described in the [UK 5-year action plan for antimicrobial resistance 2024 to 2029](#) and any subsequent updates and promote excellence in IPC.
47. The Collaboratives 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. Share learning across health and social care developing practice and training to embed lessons learnt

### **Non-communicable disease**

#### *Oral Health*

48. Tooth decay remains the most common oral disease affecting children and young people (CYP) in England—despite being largely preventable. While oral health outcomes have improved over the past two decades, recent data from the National Dental Epidemiology Programme for England shows a modest decline in prevalence. In 2024, 22.4% of children in England were found to have obvious dentinal decay, compared with 23.7% in 2022.
49. In York, the rate of dentinal decay in children has not been measured recently due to the absence of a provider to undertake the

local epidemiological survey on behalf of Public Health in the City of York Council (CYC). However, in partnership with the Integrated Care Board (ICB), a potential provider has now been identified. Subject to resolution of workforce challenges, a local epidemiology survey is planned for 2025/26. This will provide an up-to-date and detailed understanding of oral health needs across the city.

50. Since November 2022, City of York Council and North Yorkshire County Council have delivered a joint Oral Health Promotion Service. This three-year programme focuses on two core components:

- Supervised toothbrushing programmes
- Training and development for the wider workforce

51. Following the initial contract, funding has now been secured to continue the service for an additional five years. This ongoing commitment will support improvements in oral health outcomes, particularly among those experiencing the greatest inequalities.

52. As of September 2025:

- 100% of children in both York special schools—Hob Moor Oaks and Applefields—participate in daily supervised toothbrushing.
- More than 11 Early Years settings (including nurseries and preschools) are also actively engaged in the programme.

53. Led by the Humber and North Yorkshire (H&NY) Health and Care Partnership, a complementary PAT Programme was launched in September 2023. York schools began participating from September 2024.

This initiative, which targets primary schools, builds on the early years programme and includes:

- Daily supervised toothbrushing
- Twice-yearly fluoride varnish applications
- Access to NHS dental care for children not currently registered with a dentist

To date, 12 primary schools across York are participating in this programme.

54. In March 2025, the Government announced additional ring-fenced Public Health Grant funding to enhance supervised toothbrushing

schemes. This funding will extend local provision until at least 31 March 2026.

55. The new funding package also included a distribution of free toothbrushes and toothpaste, allocated to each local authority based on the number of children aged 3 to 5 living in areas ranked 1 and 2 on the Index of Multiple Deprivation (IMD). In York, these free resources have been distributed via:

- Food banks across the city
- Women's refuge services
- Traveller community sites
- Howe Hill Homeless Hostel
- Siblings of children in IMD 1 and 2 families who receive newborn toothbrushes via the Healthy Child Service
- Residents of Home Office Contingency Accommodation
- The mother and baby unit at the women's open prison

Colgate-Palmolive has committed to supplying these free oral health products for the next five years. However, further confirmation of continued government funding beyond March 2026 is still awaited.

#### **Priorities for 2025/26**

##### **1. Deliver the Local Oral Health Epidemiology Survey**

- Objective: To obtain accurate, up-to-date data on the prevalence and severity of tooth decay in children in York.
- Why it matters: This data will provide the evidence base for future planning, targeting of interventions, and tracking of oral health inequalities across the city.
- Key action: Work with the ICB and identified provider to deliver the 5-year-old oral health epidemiology survey during the 2025/26 period.

##### **2. Expand Supervised Toothbrushing in Early Years and Primary Schools**

- Objective: To increase the number of settings brushing daily, particularly in areas of high deprivation.
- Why it matters: Daily brushing programmes have proven impact on reducing the incidence of tooth decay, especially in vulnerable groups.



- Key action: Use newly secured and government funding to expand reach of supervised toothbrushing, working to ensure equitable access to preventive care.

### 3. Improve Access to Treatment for Unregistered Children

- Objective: Ensure children identified through school-based programmes who require dental care are connected with NHS dental services.
- Why it matters: Early intervention prevents escalation of dental problems and reduces pressure on urgent and emergency services.
- Key action: Continue to work with the ICB and regional partners to improve referral pathways and remove barriers to accessing NHS dental care for those in most need.

## Environmental health

### *Seasonal Health*

56. 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.
57. 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 Health and Weather Plan published in March 2025.
58. Resources and guidance for both heatwaves and cold weather are disseminated widely to key stakeholders within the City of York, including Adult Social Care, Aged Care providers, Early Years settings and pre-schools, organisations working with those sleeping rough and the homeless community.
59. In October 2025, we hosted the York and North Yorkshire Seasonal Health Forum annual meeting, which
60. 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 and checking in on older neighbours. We also shared information on how to avoid condensation and damp in your home, how to get advice on energy efficiency measures in your home and how to reduce energy bills while still keeping warm. We plan to do the same this coming winter.

### *Air Quality*

61. Following adoption of a new Air Quality Action Plan (AQAP4) by CYC's Executive in July 2024, we progressed delivery of measures in AQAP4 including the following initiatives and projects:

- Bus service improvements - we worked in partnership with bus operators to introduce further zero emission electric buses to York, significantly reducing carbon, NO<sub>x</sub> and particulate emissions across the city. This has enabled First Bus to set up one of its first net zero emission bus operations in the city. The depot has seen emissions reduce by 90% compared to 2020 with the total fleet of 86 all-electric buses saving around 5,000 tonnes of CO<sub>2</sub> a year.
- Taxis - we provided financial support to taxi drivers through our DEFRA funded Low Emission Taxi Grant scheme until June 2024 (when all funding had been allocated). The scheme provided £105k in grant funding and has supported 38 CYC licensed taxi drivers with either purchase or operational costs for low or zero-emission vehicles. 40% of CYC licensed taxis were low emission petrol hybrid or zero tailpipe emission electric vehicles as of 31<sup>st</sup> December 2024.
- CYC Fleet - following electrical infrastructure upgrades at the council's Hazel Court Eco depot site, we continued our phased EV fleet replacement programme for vehicles under 3.5t. 60% of CYC's operational van fleet were electric or plug-in hybrid electric vehicles by January 2025.
- Anti-Idling awareness - we continued to promote our 'Kick the Habit' anti-idling campaign on Clean Air Day and throughout

2024 and worked with partners including schools and businesses to reduce vehicle idling across the city.

- Electric Vehicle (EV) charging infrastructure - we continued to upgrade our public electric vehicle charging network and held two workshops with the Energy Savings Trust (EST) in 2024 as part of the development of our updated Public Charging Strategy (due 2025).
- Planning and Development - in line with CYC's Low Emission Planning Guidance, 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 new private trips were minimised via sustainable transport opportunities.
- Smoke Control Areas - we adopted a new enforcement policy for smoke emissions in CYC's Smoke Control Area (SCA) in November 2024 that will act as a deterrent to burning non-authorised fuels (or using non-exempt appliances) in smoke control areas which contribute to air pollution and especially fine particulate concentrations across the city which impact human health. We re-launched our DEFRA funded 'Fuel for Thought' campaign across CYC's social media channels in October 2024 and prepared for a consultation on expanding the Smoke Control Areas, progressed in 2025.
- Pollution Forecasting Service - We launched a new DEFRA funded pollution forecasting and alert platform, [York Air Alert](#), in July 2024. The new service sends free air pollution alerts and health advice to those most likely to be affected by air pollution to help them minimise their exposure when pollution episodes are forecast. Subscribers can receive air quality alerts by text, email or voicemail for different areas of York.
- Local Transport Strategy – The Executive approved a new Local Transport Strategy (LTS) in July 2024. The LTS sets out ambitions for York's transport network and infrastructure until 2040. An Implementation Plan for the first period of the new LTS was approved by CYC's Executive in November 2024. The Implementation Plan provides an approach to city-wide transformation that will reduce air pollution and enable more physical and social activity through promotion and facilitation of active and sustainable modes of transport.

- Local Cycling and Walking Infrastructure Plan (LCWIP) – this plan was approved by CYC's Executive in December 2024 and will develop more routes for active travel, enabling more people to choose to walk, wheel and cycle safely.
- Gillygate Traffic Signal Trial - in December 2024, CYC's Executive Member for Transport approved a traffic signal trial on Gillygate aimed at improving air quality in the Air Quality Management Area. The trial will continue throughout 2025 with support from local residents, businesses and partner organisations including York Civic Trust. In addition to improving local air quality, the aim is to create a safer environment for pedestrians, wheelchair users and cyclists.

### *Foodborne illness / hygiene*

62. 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.
63. 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.
64. 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*

65. 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.

66. We investigate notified cases of legionnaires disease as may be required by UKHSA.

### *Smokefree England*

67. 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*

68. 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*

69. 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 Lung Disease,
  2. Noise in the workplace,
  3. Musculoskeletal problems caused by work practices,
  4. Animal contact at visitor attractions.

### *Bird (Avian) Flu*

70. 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.

## **Migrant Health**

71. 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.
72. 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.
73. Additionally, there is currently grant funding issued via the ICB to NIMBUS care for catch up vaccinations for primary school age pupils living in York asylum 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.
74. 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.
75. There remains good communication between public health and the clinical team on site in asylum seeker contingency accommodation

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

76. Under the Civil Contingencies Act 2004 (CCA) City of York Council is defined as a Category 1 organisation.
77. 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.

78. 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

79. Provide advice and assistance to businesses and voluntary organisations about business continuity management (Local Authorities only).

80. 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).

81. 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 2025 to 2030.

- CYC PH to note the agreed CYC Emergency Planning work plan for 2025/2030.
- CYC PH to receive a link to the quarterly report on the work carried out by the North Yorkshire Local Resilience Forum.

Further documents

- Little Amber Book The Little Amber Book
- Resilience Action Plan UK Government Resilience Action Plan

- Strategic Defence Review The Strategic Defence Review 2025 - Making Britain Safer: secure at home, strong abroad

We are working across the LRF with partners on communicating the risk to communities and have made changes to the website for ease of accessing information to protect yourself, your community or your business during an emergency to allow for whole of society resilience which is a key theme in the above documents.

We have been the lead authority for the development of the interactive tool <https://yorkshirereadytogether.co.uk/>

To maximise our interaction with all groups of our community across Y&TH region and signpost to advice on how to increase awareness and preparedness of risks.

Further work also focusses on our engagement and identification of vulnerable groups and communities during emergencies

York and North Yorkshire LRF have a new strategy for 2025 to 2030 divided into 6 themes

- Risk
- Responsibility and accountability
- Partnerships
- Communities
- Investment
- Skills

The full document is available here [North Yorkshire Local Resilience Forum Strategy](#) you will see in the risk section that Health (infectious diseases, human and animal) are a particular focus and as such we have committed to involvement in exercise Pegasus during October and November

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

82. York has one site which falls under the COMAH Regulations 2015



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With contributions from members of the council's Public Health  
Protection Team and the York Health Protection Committee

## 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	<p>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.</p> <p>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.</p>

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>