

Leeds Health Protection Board Report

2022

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Foreword

This Leeds Health Protection Board report is the first report since the onset of the Covid-19 pandemic. It provides an overview of the Health Protection Board Covid-19 response as well as the status of wider priorities focusing on protecting the people of Leeds including infectious diseases, environmental hazards, and other threats to health. This report will highlight the current position of health protection in Leeds, key achievements, and targets for the period of 2022-2023, setting out recommended actions for the next 12 months.

The Covid-19 pandemic has placed unparalleled demands on the health protection system. Our collaborative response has vividly demonstrated our resilience and ability to respond in a fast-paced, rapidly accelerating situation. We have stepped up to the challenge innovatively and with rigor, going the extra mile with determination and grit.

Throughout the pandemic, many services faced unprecedented disruption including social care, care homes, education settings and workplaces. Our strong and robust health protection arrangements in Leeds were able to be scaled up to respond at pace, rapidly building on existing systems.

I am incredibly proud of our response to this public health emergency and how the health protection system and local communities worked together to protect the most at risk from Covid-19.

As we move into this next phase of 'Living with Covid-19', the Health Protection Board will continue to prioritise and work with communities as the focus moves towards protecting those most vulnerable to Covid-19. This includes encouraging people to adopt safer behaviours by following public health advice, in common with longstanding ways of managing other infectious respiratory illnesses such as influenza or a common cold.

It is also critical that the Board recognises the impact of Covid-19 on deepening inequalities and works to address this whilst also developing confidence in our communities to return to working and socialising differently and safely. As a Board, we want to ensure people are supported with this transition and that we respond with compassion and kindness; our Team Leeds ethos has championed this throughout the Covid-19 pandemic.

While we learn to live with Covid-19 it is important to remember that the pandemic is not over. As we transition into this next phase, we need to continue to be vigilant for new variants and surges and be ready to respond whilst also prioritising wider health protection priorities such as increasing childhood vaccination uptake, tackling TB, and addressing the health impacts of poor air quality. We will continue to work closely with our UK Health Security Agency colleagues locally and nationally to monitor the local position, manage outbreaks and respond to any new variants of concern in line with national and local guidance.

As we have seen throughout the pandemic, there is inequality in the level of risk that different individuals and groups are exposed to. Health protection risks and issues reveal these inequalities, just as Covid-19 has done.

This report is a reminder of the range of communicable diseases and environmental risks which we need to address collectively as part of the recovery of the Covid-19 pandemic.

Victoria Eaton

Director of Public Health

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Introduction

Purpose of this report

The purpose of this report is to update the Health and Wellbeing Board on key Health Protection Board priorities, achievements and areas of focus for 2022/23. The report will look back at what the health protection system helped to achieve in the Covid-19 response and other significant infectious disease incidents experienced in the city.

Recognising that the Health Protection Board has membership from across the health protection system, this report will take the opportunity to shine a spotlight on four key areas of the health protection system to aid understanding of how different parts of the system work together and contribute to health protection. In future reports we will take the opportunity to focus on the other parts of the health protection system including the vital role of the third sector, who are a new member of the Health Protection Board.

The Health Protection Board first identified health protection priorities in 2015 for Leeds and reviews these regularly to ensure that partnership activity remains focused. A work plan and dashboard have been developed and endorsed by members of the Board. This report does not cover all areas under the jurisdiction of the Health Protection Board but only those that have been identified as priorities.

The Board does however gain assurance from lead organisations on all health protection priorities and monitors performance through a health protection indicators report.

Background information

In March 2014, the Leeds Health and Wellbeing Board agreed to establish the Leeds Health Protection Board in line with Department of Health recommendations. The role of the Health Protection Board is to undertake the duties to protect the health of the population as laid out in national guidance and in the local West Yorkshire Health Protection Specification (April 2014).

The Board undertakes the Leeds City Council duties under the Health and Social Care Act (2012) to:

- Be assured of the effective and efficient discharge of its health protection duties;
- Provide strategic direction to health protection work streams in ensuring they meet the needs of the local population;
- Provide a forum for the overview of the commissioning and provision of all health protection duties across Leeds.

The Board is chaired by the Director of Public Health. Members represent Leeds City Council (LCC) services including Environmental Health, Resilience and Emergency, and Adults and Health. Other organisations represented include UK Health Security Agency (UKHSA), NHS Leeds Clinical Commissioning Group (CCG), GP Confederation, Leeds Teaching Hospitals Trust (LTHT), Leeds and York Partnership Foundation Trust (LYPFT), Leeds Community Health Trust (LCHT), and NHS England.

In 2021, as the pandemic unfolded, the Health Protection Board reviewed the membership to include third sector representation recognising the significant role of the third sector in working with communities through community engagement approaches, supporting people to isolate, build confidence and gain access to testing and vaccinations. Each organisation has a responsibility and accountability for the city's health protection risks and the key performance indicators. Regular updates are provided on key areas;

- Communicable Disease Control
- Infection Prevention and Control
- Environmental Health
- Emergency Preparedness, Resilience and Response
- Screening
- Immunisation

Health Protection Board Covid-19 response

Throughout the Covid-19 pandemic, from the first confirmed case in Leeds to 'Living with Covid-19', the health protection system, under the governance of the Health Protection Board, has provided solid and

consistent leadership to the local system in the response to outbreak control, infection prevention, management and response. The system has provided evidence-based and coordinated action as the pandemic unfolded, providing intelligence-led decision making, mobilising services to minimise transmission and protecting the most vulnerable.

Covid-19 has exposed the deep inequalities that exist between different population groups and areas in Leeds. A wider system approach was mobilised, targeting outbreak prevention interventions for people who had been worst affected by the virus, including people from ethnic minority communities and those living in the most deprived areas. The Marmot review 'Building Back Better' (2020) along with local intelligence is used to inform proactive activities across the city with the focus on health inequalities which aim to improve the health of the poorest fastest.

Board priorities for 2022-23

- To reduce the incidence of TB
- To reduce the impact of poor air quality on health
- To review the Leeds Outbreak Plan
- To tackle antibiotic resistance in Leeds
- To Increase uptake of childhood immunisations in areas of low uptake
- To Increase uptake of influenza and Covid-19 vaccination
- Reduce excess winter deaths in Leeds

Health Protection Board priorities going forward

The Board continues to monitor the health status of our population in relation to other key health protection priorities, many of which have been exacerbated by Covid-19. The emerging health protection priorities that require focused attention disproportionately affect those people living in the most deprived 10% of communities in the city. The Board will continue to consider the impact of worsening deprivation statistics, the impact of Covid-19 and health inequalities when planning programmes and monitoring progress on priorities.

The Board identified that good progress has been made in all priority areas prior to the pandemic but that Covid-19 had deepened inequalities and impacted on the good progress made. The Board recommended that the above priorities are taken forward as a health protection system.

Leeds City Council - Health Protection Team

The Public Health, Health Protection Team are part of the Adults and Health Directorate within Leeds City Council. Their role contributes to the delivery of the outcomes of the Leeds Health and Wellbeing Strategy and supports the implementation and delivery of the Best Council Plan and the Leeds Inclusive Growth Strategy.

The service is led by the Director of Public Health and their role is to ensure strong and robust Health Protection system leadership with effective outbreak management processes are in place to monitor disease, prevent harm and protect the health of the population of Leeds.

The team works in close partnership with a range of key partners such as the UK Health Security Agency, Environmental Health, Emergency Planning, NHS screening, vaccination and immunisation teams; NHS England public health commissioning team; NHS Leeds Clinical Commissioning Group; Leeds Community Healthcare Trust (Infection Prevention and Control), local health, social care and third sector providers.

Throughout 2021/2022, the team has focused heavily on responding to demands of the Covid-19 pandemic through providing strategic advice, guidance and updates to the wider system, developing and managing strong surveillance systems, coordinating a robust outbreak management response, and proactively using evidence-based approaches to develop interventions to support the most vulnerable.

Our Golden thread and main priorities

Communicable Disease Control and Infection Control

Ensure a cohesive, proactive, and responsive Infection Prevention and Control System that is able to respond to outbreaks and incidents

Tackling Antibiotic Resistance

Lead partnership action to improve appropriate use of antibiotics, in order to protect their effectiveness in the future

Tackling Tuberculosis

Improve awareness in order to increase screening and treatment targeting under-served Populations

Emergency Preparedness, Response and Resilience

Develop and test plans for public health emergencies and incidents ensuring they are coherent with local NHS plans

Air Pollution and Health

To ensure a collaborative approach for action to address impact of air pollution on health

Vaccination and Screening Programmes

Working collaboratively to ensure the safe and effective delivery of vaccination and screening programmes prioritising under-served populations

Principles and Purpose

- Cross Council and external partners
- Prepared, Ready and Resilient
- Reducing Inequalities
- Assurance
- Surveillance
- Responding
- Management and Leadership •

Achievements

Developed new surveillance and reporting systems and processes to

review trends in data, monitor outbreaks, and kept key partners updated regarding the most recent surveillance and data, what actions are being taken and key messages to share.

Proactively worked with a wide range of existing and new partners throughout the pandemic to coordinate outbreak management response processes across the city by prioritising support for high-risk settings and protecting the most vulnerable.

Provided advice and guidance to the wider system and managed an enquiries inbox, providing high quality and timely responses to enquiries received.

Played a vital role in the supporting the development and delivery of the Covid-19 vaccination programme in Leeds through coordination of the 'Leaving No One Behind' programme. This programme focused on supporting vaccine uptake for those in areas of deprivation, social inclusion groups and those who are most at risk from illness and mortality from Covid-19.

Led the local response to the national test and trace service.

Worked in partnership with regional and national colleagues to ensure a coordinated Covid-19 response.

Provided an intelligence led deployment of testing services ensuring they were accessible for our local communities.

Played a pivotal role in the response to variants of concern with surge testing and surge vaccinations.

Provided leadership to hundreds of incident management meetings for complex Covid-19 outbreaks, supporting services to implement control measures preventing further spread into the community.

Established systems to respond to large volumes of enquiries from the public, wider workforce and Elected Members providing evidence based and current advice in extraordinary circumstances.

Focus for 2022-23

Alongside supporting the reset and recovery across the system from the Covid-19 pandemic, the Leeds City Council Health Protection Team will continue to focus on the team priorities;

1. To provide Health Protection assurance and leadership to the wider system.
2. To ensure that Leeds has a competent surveillance and enquiry system for managing communicable diseases.
3. To maintain effective prevention, incident and outbreak response including treatment programmes for all communicable diseases of local concern.
4. To ensure that health protection work programmes are embedded in local systems to support reducing health inequalities.
5. Tackling Tuberculosis through improving awareness to increase screening and treatment targeting underserved populations.
6. Ensure a cohesive proactive and responsive infection prevention and control system is in place that is able to respond to outbreaks and incidents.
7. Tackling Blood Borne Viruses.
8. Ensure Leeds has one system approach to improve appropriate use of antibiotics in order to protect their effectiveness.
9. Ongoing Covid-19 Response and Management.
10. To optimise the role of Leeds City Council in increasing uptake of vaccination and screening in areas of deprivation and underrepresented groups.

11. To ensure a collaborative approach for action to address impact of air pollution on health.
12. Reducing the impact of adverse weather on health.

UKHSA role

Who we are and what we do

The UK Health Security Agency (UKHSA) was created in 2021 by combining the health protection functions of Public Health England (PHE) with NHS Test and Trace. The merger brought together our world-leading public health science and expertise, cutting-edge capabilities in data analytics and genomic surveillance, and at-scale testing and contact tracing capability.

The regional Health Protection Teams (HPTs) have remained in place through the transition and the Yorkshire and Humber HPT have built a strong relationship with Leeds City Council and other local partners. This partnership working allows UKHSA to take a strategic view of the wider public health system while providing support and guidance tailored to local needs.

This goes beyond outbreak response and includes proactive and preventative work linking with health improvement, as we know that those individuals and communities with existing inequalities often also have the biggest burden of health protection challenges.

Covid-19 response

The Covid-19 pandemic placed unprecedented demands on the HPT. The situation necessitated a rapid expansion of the team and the implementation of new structures and data flows, all in the context of a highly dynamic situation and frequent changes to national guidance. Since the pandemic began the team have dealt with just under 17,000

enquiries and managed 12,000 situations. As the largest population centre in Yorkshire and Humber, a significant proportion of these were in the Leeds area. We've worked closely with the local authority and other local health partners to monitor the local position, manage outbreaks, minimise spread, and keep schools and other settings open when possible while protecting the clinically vulnerable.

The UKHSA Yorkshire and Humber Health Protection team have managed 17,096 Covid-19 enquiries and 11,945 Covid-19 situations since the start of the pandemic.

Avian Influenza

The past few months have seen the UK record a high level of avian flu (H5N1) incidents. Yorkshire and Humber was one of the most affected regions with over 40 incidents reported. Although often associated with rural areas, large urban areas like Leeds are also at risk, particularly from wild birds in parkland or nature reserves. We've worked with the local authority, Clinical Commissioning Group and pharmacies to produce a comprehensive Avian Influenza response plan for Leeds, meaning that exposed individuals can be monitored and get the prophylaxis they require 7 days a week.

Priorities going forward

Transition

Building a new organisation has been a complex task and there has been much work ongoing over the last few months to integrate systems, processes, ways of working and policy. This work will continue, including developing further the network of local, national and international relationships needed to promote health security. The aim is that within the year UKHSA will complete its transition process and become a fully established organisation

Covid-19

Although restrictions have been lifted in line with the Living with Covid framework, Covid-19 rates remain high in the community. While we have much better protections with vaccinations and treatments, we will still need to be vigilant. In particular UKHSA will continue to develop surveillance and genomics capabilities and technologies to identify and analyse Variants of Concern early and respond rapidly to reduce transmission. UKHSA will also work with local partners and the NHS to take action to reduce inequalities from the impact of Covid-19 on different communities and ensure that all members of the community are (as far as possible) equally protected from the disease.

AMR

Antimicrobial resistance (AMR) is one of the priority areas for UKHSA. We will be supporting the government's goal to contain and control AMR through delivery of the commitments in the UK National Action Plan for AMR 2019 to 2024, including international commitments. Leeds has already been extremely proactive in this area, with the recent re-establishment of the antimicrobial stewardship (AMS) steering group.

Air Quality

UKHSA's remit also extends to environmental threats, and air quality is another priority area, as described in the cross-government Clean Air Strategy. UKHSA will lead a programme of work supporting the strategy, including developing the evidence base on air quality impacts on health, improving how these are communicated and supporting behaviour change at local, regional and national levels.

Health Inequalities

The Covid-19 pandemic has highlighted, and in some cases exacerbated health and social inequalities. We also know groups of lower socio-economic status are consistently at higher risk of infectious diseases, AMR, and lower vaccination rates. UKHSA will work closely with our sister agency the Office of Health Improvement and Disparities (OHID), Integrated Care Systems (ICSs) and local partners to build a whole system approach to health protection that does not just focus on specific diseases, but the people and communities they affect.

Environmental Health Service

Leeds City Council Environmental Health Service

Public health is at the heart of all environmental health action and aims to help individuals and communities to stay safe and well by protecting them from threats to their health and wellbeing, as well as improving their quality of life. The Environmental Health Service works to make healthy choices the easy choices, and to reduce inequalities in health. The Coronavirus pandemic, along with growing public awareness, and greater scientific understanding, of the impacts of the physical, built and natural environment on human health, have pushed environmental protection up the public and political agenda.

Leeds City Council Environmental Health Service – Our Role

The Environmental Health Service continue to deliver a wide range of statutory and regulatory functions including:

Food safety and integrity

There are 8,234 food businesses in Leeds, the third largest food authority in the country

Health and safety

The Environmental Health Service are responsible for enforcing health and safety regulations at approximately 17,500 commercial premises across Leeds, including shops, offices, restaurants, warehouses, nurseries, animal petting farms, fitness clubs, tattooists, and body piercers.

Air quality monitoring and pollution control

There is a network of monitoring sites across Leeds providing local data on a range of airborne pollutants.

Animal health and welfare

As well as regulating welfare conditions at kennels, equestrian centres and dog breeders, the service is also responsible for ensuring the health of livestock entering the food chain

Infectious disease investigation and control

Leeds is one of the only local authorities in the country which has a Communicable Disease Control Nurse embedded within the Environmental Health Service. This ensures rapid and joined up action to identify and prevent the spread of infectious diseases

Regulating the built environment and large-scale events

The Environmental Health Service act as the consultee to Planning Services on environmental protection and public health issues such as air quality, noise, dust, vibration, odour and light nuisance that may be caused by, or impact on proposed developments.

Achievements

The Environmental Health Service played a key role in the city's Coronavirus Outbreak Management Plan, supporting workplaces and organisations to maintain safe working environments and ensuring compliance with Covid-19 safe measures and restrictions. During the course of the pandemic the service responded to 2,200 Covid-19 enquiries from the public and local businesses.

The Service committed to ensuring every workplace and organisation experiencing an outbreak could access support and advice on infection prevention and control. Working with partners within the Council, UKHSA, and the NHS our officers physically visited over 250 workplaces and organisations with ongoing outbreaks, ranging from small and medium-sized enterprises to large manufacturing operations, offices, Universities, Further Education colleges, schools, and prisons. The service provided

essential support to ensure outbreaks were controlled, workers were protected, and hundreds of businesses were enabled to continue to supply key services, products, and infrastructure.

Risks

As a major regional economic centre, Leeds is a growing and expanding city, with several major infrastructure projects and large-scale developments. This growth leads to expanding pressures on Environmental Health Services from the increased number of food, commercial, and workplace premises the authority is required to inspect and regulate. There is also the concurrent increase in premise licence applications, nuisance complaints, requirements to regulate industrial activities, and monitor increasingly stricter limits on air quality in the city. Work is ongoing within the service, with the support of partners, to ensure resources are in place to meet service demands.

Focus for 2022-23

Building on and consolidating effective partnerships will be key in delivering the shared vision for protecting and improving public health in Leeds:

- 1. Air Quality** – Working with partners to make better use of air quality monitoring data to provide forecasts and health alerts to Leeds residents, especially those most affected by poor air quality
- 2. Lead exposure in children** – Liaising with UKHSA and LCC partners to identify and remove sources of lead in the home in cases of children most at risk and presenting with signs of elevated blood/lead levels
- 3. Continue to support health protection strategies** and contingency planning linked to animal health including avian influenza and AMR
- 4. Supporting the Leeds Food Network**, promoting access to nutritious and affordable food and providing food safety training to people working in food banks
- 5. Living with Covid-19** – To develop action plans to mobilise a rapid response in the event of localised outbreaks

Infection Prevention and Control Service

Current position

Leeds Community Healthcare (LCH) NHS Trust continues to place infection prevention at the heart of safe care and clinical practice, and we are committed to a “zero tolerance” approach to preventable healthcare associated infection. Throughout 2021/2022 the Infection Prevention and Control (IPC) Team have worked tirelessly in response to the Covid-19 pandemic and the waves of infection that were experienced with reference to Omicron. LCH IPC Team have worked in close partnership with the Health Protection Team at Leeds City Council, with a ‘Cooperation Partnership Agreement’ in place detailing the commissioning arrangements.

During 2021 the IPC Team was restructured and upskilled to meet the service demand due to the impact of Covid-19. This has seen a 50% increase in staffing levels and as a result of this a wide provision of specialist knowledge and support has been provided to the healthcare economy of Leeds.

Alongside many of the normal activities we undertake we have continued to address the challenges faced through the changing landscape of the NHS and the enhanced vulnerabilities of some of the people we care for.

Achievements

Throughout the past year the team have mobilised a 7-day service to support and work with care delivery staff both working within LCH and the wider health economy, to promote a clear message emphasising the importance of safe infection prevention practice, in specific response to the pandemic.

Throughout the year we have supported and provided specialist advice to LCH staff as well as other providers such as schools, nurseries, care homes, workplaces and many more.

We have continued to build the strong foundation we have in place prior to the pandemic around collaborative working, in response to testing, providing Covid-19 vaccinations and liaising with colleagues in public health at Leeds City Council in relation to outbreaks. The team supported with ad hoc vaccination events such as 'Women's Only' events and a 'Taxi Driver' initiative.

The IPC team celebrated national Hand Hygiene in May 2021 where the team met with members of staff and patients across the trust to share positive messaging around the effectiveness of hand hygiene. In October 2021 we launched National IPC Week covering many topics including; sharps safety, sepsis, influenza and the gram negative blood stream infections (GNBSI's) agenda and improved hydration.

In January 2022 the IPC team vaccinated 62% frontline staff for influenza. Innovative methods were used to engage with staff as well as a booking service to provide a safe environment for uptake of the vaccine.

Throughout 2021 the IPC team have continued to provide an enhanced service to Care Homes and Adult Social Care. During the undulating months and peaks of infectious periods the team have supported up to 80 locations at any one time with active outbreaks of staff and or residents testing positive for Covid-19.

Training and education was a fundamental basic provision to care homes during this period to ensure they had the relevant skills and knowledge base and as part of the enhanced structuring of the service an 'IPC Clinical Educator' was appointed

Risks

- Hand hygiene
- Reinforce that IPC is "everyone's responsibility" across the healthcare economy

- Hydration Awareness
- Promote the I-Spy E.coli Campaign and overall strategy around GNBSI's reduction
- Address seasonally important issues such as influenza and Norovirus
- Sepsis and Deterioration
- Highlight sharps safety compliance, both organisationally and with the general public
- PPE and Fit testing provision
- Environmental audits and continued use of Medical E-Governance (MEG)
- Resetting training to support services during the pandemic

Focus for 2022-23

The prevention of Healthcare Acquired Infection is a key priority for Leeds Community Healthcare IPC Team. It will remain a priority to continue to enhance the partnership working and system leadership to build relationships around IPC and the delivery of preventative measures, in line with the partnership agreement with Leeds City Council. We will continue to hold this at the forefront our commitment to deliver safe, clean care to the people within the Leeds Healthcare Economy and to continue working collaboratively with all key stakeholders and keeping the patient at the centre of healthcare delivery.

The Health Protection Covid-19 response

“The past two years have been like no other. Covid-19 has more than ever demonstrated the importance of cross system working, building on existing robust systems and services to protect the people of Leeds”

Victoria Eaton, Director of Public Health Leeds

Current position

The Covid-19 pandemic has been an unprecedented situation, posing the biggest challenge ever to health protection in Leeds. Over the last two years, the system has been required to navigate its way through surveillance, testing, contact tracing, isolation and vaccines while also addressing health inequalities and focusing on those communities most at risk. The pandemic exposed health inequalities and exacerbated existing ones; those already experiencing hardship were much more directly affected and the impact of social isolation was magnified.

The Leeds Outbreak Management plan

The Leeds Outbreak Management plan was developed as a whole system response to the pandemic to prevent the transmission of Covid-19 through a combination of interventions and measures to minimise harm, keep people safe, protect vulnerable people and minimise poverty and inequalities. The plan was overseen by the Leeds multi-agency Covid-19 response and recovery arrangements, with the Director of Public Health at the heart, along with the Health Protection Board.

From the first confirmed case in Leeds to the current time, the health protection system has provided consistent leadership through intelligence-led decision making, co-ordinating and supporting incident management meetings, delivering infection prevention advice and supporting and mobilising services to minimise transmission and protect the most vulnerable.

In February 2022 the National Government announced the strategy 'Living with Covid-19', outlining how they will continue to protect and support citizens from Covid-19 whilst ensuring resilience and maintaining contingency capabilities. It included guidance on testing and encourages safer behaviours.

It is critical to develop confidence in our communities. The success of the vaccination programme in Leeds, together with access to treatments, means that we are able to move to a proportionate approach. However,

the emergence of new variants will be a significant factor in determining the future.

Achievements

- Rapidly recruited to and scaled up the Leeds Community Health Trust Infection Prevention and Control Team, LCC Environmental Health and LCC Health Protection teams to ensure a resilient local health protection function.
- Led the system response to reduce the impact of significant outbreaks in care homes, education, and workplace settings through a robust incident management system.
- Developed and intelligence-led testing strategy with the deployment of mobile testing including pop-up testing facilities and surge testing to respond to local community need. New technology was harnessed to increase laboratory testing capacity and reduce turnaround time for results
- Established the Leeds Contact Tracing Service to contact people who had not been contacted through the national NHS Test and Trace system to offer support to isolate.
- Worked with trusted community organisations to support people to isolate, ensure effective community engagement working with communities to support people and to address barriers.
- Used innovative thinking and new technologies to develop a local surveillance system that informs a timely response to outbreaks and incidents (HP STAR - Surveillance, Tracking and Reporting).
- Provided daily surveillance and reporting of Covid-19 cases and incidents to system leaders to aid rapid decision making.
- Provided proactive infection control training and support to schools, nurseries, and care homes to build confidence in the workforce.

- Developed Joint Working Agreements including surveillance reporting with all six local universities, education establishments, vulnerable high-risk settings, UK Health Security Agency, LCC Public Health, Leeds Clinical Commissioning Group and local support services.
- Established the Communities of Interest Network as a response to Covid-19, supporting third sector organisations to work together to address health inequalities.
- Worked with trusted community organisations to support the development and dissemination of messaging to ensure the community voice was heard and barriers were addressed, ensuring a more efficient targeting of resources.
- Interpreted rapidly emerging public health evidence to protect staff working in high-risk and vulnerable settings.
- Led the development of a LCC Public Health Single Point of Contact system and process for the system to alert us of incidents and outbreaks.
- Delivered an inclusive and accessible vaccine programme with a focus on health inequalities 'Leaving no one behind', with delivery of the first local Covid-19 vaccine dose on 8th December 2020.

2,200 Covid-19 enquiries from the public and local businesses regarding control measures, responded to by Environmental Health, who provided support to 250 workplaces to control workplace outbreaks and responded to 186 complex referrals from the Local Contract Tracing Service.

40+ outbreaks per day in care settings at the peak of the pandemic, which were responded to swiftly by **Leeds Community Healthcare NHS Trust Infection Prevention and Control Team**.

100 people a day offered support to isolate by **Leeds Contact tracing service**, established specifically to contact those who had not been contacted through the national NHS Test and Trace system.

254,2426 PCR tests cumulatively undertaken for Leeds as of 1st March 2022.

1,671 people were surge tested. This was facilitated by community door knockers to identify variants of concern.

Risks

Moving forward the emphasis will be on learning to live with Covid-19, balancing the relative risk of Covid-19 infection in a population with high levels of immunity from vaccination and natural infection, with the need to address deepening public health challenges and health inequalities.

We will need to consider the management of Covid-19 alongside other respiratory illnesses in high risk groups and settings and how best to integrate Covid-19 as part of a broader approach to outbreak prevention and management. This includes balancing the risks of social isolation for those previously shielding and increasing confidence and knowledge in antivirals and therapeutics.

Focus has now shifted to how best to protect high risk settings due to the high risk population and the environment itself, where transmission may happen due to mixing patterns/environment including care homes, home care, prisons, immigration centres, refuges and special educational settings.

There is much that is still uncertain including our long term immunity and the emergence of future strains and a solid testing infrastructure and clear guidance from the government will continue to be crucial. Covid-19 will remain unpredictable for the next 18 months to two years so we will need to remain vigilant in monitoring for:

- An increase in Covid-19 related hospitalisations
- An increase in Covid-19 intensive care admissions
- New variants of concern driving infection rates
- An increase in all age all cause mortality.

Focus for 2022-23

- To ensure people are supported as we move into 'Living with Covid-19' and that we respond with compassion and kindness and our Team Leeds ethos.
- Work with communities to build confidence and help everyone live with the virus safely.
- Health Protection Board to refresh roles and responsibilities for outbreak management and response across the system.
- To work closely with UKHSA locally and nationally to monitor the local position and manage outbreaks and any new variants of concern in line with national and local guidance.
- Proactively plan for scenarios including Covid-19 and Flu co-circulating, new variants of concern, surge in cases and be prepared to stand up a response within 5 days.
- Closely monitor local surveillance.
- In line with UKHSA guidance move towards mainstream integrated management of Covid-19 alongside other respiratory illnesses by the autumn.
- Focus long term community engagement and proactive messaging with communities in the context in which people live their lives.
- Ensure uptake of vaccinations is maximised in all communities and across all geographies including for Covid-19, Flu and childhood immunisations, providing intensive support and building confidence in those areas and social inclusion groups with low uptake.

Covid-19 vaccination uptake

Current position

The Leeds vaccination programme has developed through a collaborative approach between partners to provide accessible vaccination opportunities for the population of Leeds.

Key Dates – timeline of events

December 2020

- 8th December – First vaccine given in Leeds
- Workforce vaccinations started at Thackray Museum
- Primary Care Network (PCN) delivery start delivery to JCVI cohorts
- 24th December – All care home residents vaccinated by PCN

January 2021

- Bevan Healthcare start delivering vaccine to social inclusion groups
- Leaving No One Behind group formed to address health inequalities
- 4th January – First, second doses given in Leeds

March 2021

- Community Champions model and microgrants for community organisations implemented to support local conversations to promote uptake
- Roving bus model started to take vaccine out to areas of low uptake
- Bilal vaccine centre began

April 2021

- Bespoke leaflet created for faith leaders to be able to share key messages within faith settings
- Want to know more training sessions developed for professionals to promote the vaccine

May 2021

- Women only clinics delivered after insight highlighted a local need

- Community organisations host pop up stalls in area of high footfall to promote vaccine and testing offer

June 2021

- Vaccine clinic at Leeds City College with ESOL students
- Letters written to dispersed migrants and refugees to promote the vaccine and other health care services

August 2021

- 1 millionth vaccine administered
- First workplace clinic

September 2021

- School vaccine programme initiated
- York St John and BHI report produced on vaccine hesitancy
- Outreach clinics in the community delivered by Bevan Healthcare to increase delivery in trusted venues in areas of low uptake
- 24th September – first booster dose given in Leeds

October 2021

- Community pharmacy programme increases

December 2021

- Evergreen group established
- Taxi driver clinics delivered at Woodhouse Community Centre, a further clinic was delivered in Jan 22

Jan 2022

- NHS Cultural Diversity post commenced

Case Study

The first Covid-19 vaccination hub was set up by Leeds Teaching Hospital Trust at the Thackray Medical Museum to vaccinate health and care workers.

As the programme widened to cater for the wider population, the hub was moved to Elland Road where over 450,000 vaccines have been delivered. Leeds and York Partnership Foundation Trust used a range of approaches

such as; setting up a vaccination hub at The Mount for their staff and service users, deploying mental health and learning disability staff to delivery vaccines during home visits and in local trusted venues and developing bespoke resources for service users who have traditionally found it difficult to access / engage in services. Community pharmacies have played a crucial role in providing a localised offer across a wider geographical coverage and have delivered approximately 300,000 vaccines

Covid-19 vaccination uptake

Achievements

Leaving No One Behind programme

The Leaving No One Behind programme aims to reduce health inequalities by focusing on the following priority areas; enhanced support to Primary Care Network's in areas of deprivation, supporting uptake in culturally diverse groups, localised communications strategies to address misinformation and vaccine hesitancy, targeted work with those most vulnerable to Covid-19 (over 60s, clinically extremely vulnerable cohorts and those most at risk), and the development of a plan to increase uptake of 1st dose vaccines.

Outreach engagement

Numerous outreach models have been used to ensure communities have good access to the vaccine. Leeds and York Partnership Foundation Trust and partners set up the Roving Vaccination bus, delivering over 4,000 vaccines between March – October 2021. Bevan Healthcare, Public Health and third sector organisations worked collaboratively to deliver vaccines in accessible local settings such as outside convenience stores, in school car parks, One Stop Centres, faith settings and food banks. Bevan Healthcare also worked with local organisations to offer the vaccine to targeted communities including sex workers, Gypsy, Roma and Traveller communities, drug and alcohol service users, homeless people, refugees and asylum seekers.

Community engagement

Community engagement has been key to ensuring that we work with communities to listen to needs and respond accordingly. HealthWatch Leeds and Third Sector partners have collated regular insight from communities regarding how they have been feeling during the Covid-19 pandemic. The Community Champions programme, led by Forum Central, has developed a skilled bank of volunteers who widely promote Covid-19 and health related messages and Covid-19 grants have also been given to local organisations to help support and promote the vaccine in areas of low take up.

Case Study

Primary Care Network (PCN) delivery

The 19 Leeds PCNs (made up of 92 GP practices) played a significant role, delivering over 825,000 vaccines as of March 2022. Innovative approaches were used to support vaccine uptake, such as applying age friendly principles in clinic delivery, utilising taxi funds to support access to clinics and hosting Facebook live information sessions. The Burmantofts, Richmond Hill and Harehills PCN set up a vaccine clinic at the Bilal Centre in Harehills, delivering over 22,000 vaccines since March 2021. The Bramley, Wortley and Middleton and Seacroft PCNs used community venues to provide accessible clinics in trusted locations.

Risks

- Low uptake of the Covid-19 vaccine
- Unknown future funding and delivery arrangements for the programme
- Vaccine complacency and Covid-19 fatigue
- Changes in guidance and policy for the vaccine programme
- Influenza and Covid-19 co-circulating

Focus for 2022-23

- Transitioning to the next phase of the programme to Live with Covid-19 and ensure ease of accessing the vaccine for key priority groups.
- To work with communities to build confidence in the Covid-19 vaccine and wider vaccine programmes with a focus in priority neighbourhoods, over 60's, those who are immunosuppressed, people from culturally diverse groups and where English is not their first language, people living in precarious accommodation and migrant population groups.
- Work with Primary Care Networks (PCNs) to identify good practice and opportunities to improve patient access.
- Planning for variants of concern and Surges.

Health Protection Incident Response

Hepatitis A outbreak in a school

What is Hepatitis A?

Hepatitis A is a virus that causes an acute infection of the liver. It is spread through the faecal-oral route with faeces most infectious during the late incubation period and the first week of symptoms. Travellers to endemic countries risk exposure via contaminated food and water, in which Hepatitis A Virus can survive for up to ten months. Secondary transmission is often seen in households, schools and nurseries. The incubation period from infection to presentation of symptoms is 15-50 days and the infectious period lasts from two weeks before the onset of symptoms until approximately one week after.

Symptoms vary by age, with younger children more likely to have no symptoms. Two thirds of children under 6 may experience diarrhoea and vomiting, one in ten will become jaundiced: a symptom more specific to infections of the liver.

In adults, three-quarters will experience jaundice, usually preceded by a flu-like illness. It is possible for symptoms to persist in a relapsing manner for up to a year. Hepatitis A Virus does not cause chronic infection, and infection confers lifelong immunity.

Most people will recover following mild symptoms; however, the infection can make people with existing clinical vulnerabilities very unwell.

Hepatitis A is now rare in the UK, but it is common in the developing world, with many cases associated with overseas travel. It is extremely prevalent in parts of Asia, Africa, and Latin America.

Early infection can be identified in blood and stool samples. Confirmation of Hepatitis A Virus is through detection of specific antibodies produced by the body to fight the virus in blood or salivary samples that persist for around three months after infection.

Case Study

This outbreak involved six members of a household in Leeds – two adults and four children. All six family members had recently travelled to Afghanistan, where the Hepatitis A Virus is prevalent.

Following notification of two cases of Hepatitis A to the UK Health Security Agency (UKHSA) and given the epidemiological link (household contacts with travel history) between these

two cases, an outbreak was declared in May 2021. Two further household members then developed symptoms shortly after and were confirmed cases of Hepatitis A Virus.

An Incident Management Team (IMT) was established involving a diverse range of members from UKHSA, Leeds City Council (LCC), NHS, and the school in which the children attended. All partners communicated and shared expertise effectively within the team.

As the prevalence of Hepatitis A is higher in Afghanistan than in the UK, it is most likely that 2-3 cases were a result of primary transmission in Afghanistan with 1.2 cases a result of secondary household transmission.

Initial hygiene and exclusion advice was provided to the cases and immediate household and Hepatitis A vaccination arranged for all household members.

Close contacts in the school were identified and provided with information and advice through letters drafted by UKHSA and distributed to staff and parents/guardians by the school. All close contacts were also offered Hepatitis A vaccination – either via an immunisation session at the school or via their local GP. In total 32 higher risk close contacts (staff and children) were identified and all immunised.

Local GP surgeries were contacted to make sure they were aware of the situation. Those surgeries with registered close contacts who had been asked to have a vaccine with their GP were sent a letter outlining what the ask was and why it had been made.

LCC notified other local practices through the Clinical Commissioning Group (CCG), sharing a letter produced by UKHSA informing them of the situation. Wider communications beyond the school were not deemed necessary.

The outbreak was concluded when no evidence of further transmission within the school was known to the IMT. The IMT worked extremely well together, with all relevant members contributing to the successful outbreak response.

Hepatitis A symptoms

Fever

Fatigue

Nausea

Loss of appetite

Jaundice (yellowing of the skin or eyes)

Stomach pain

Vomiting

Dark urine, pale stools and diarrhoea

Avian influenza incident

What is Avian Flu?

Avian flu, also known as bird flu, is a type of influenza that spreads among birds. The UK has recently been affected by outbreaks and incidents of the H5N1 strain of avian influenza in birds across the country. As a result, the Animal and Plant Health Agency (APHA) and the UK's Chief Veterinary Officer issued alerts to bird owners across the country to keep birds indoors and away from wild birds to limit the spread.

The risk to the wider public from avian flu continues to be very low; some strains of bird flu can pass from birds to people but this is extremely rare. In cases where it is spread to humans it is by close contact with an infected bird including touching infected birds/droppings or killing/preparing infected poultry for cooking.

There is no bird flu vaccine and the seasonal flu vaccine does not protect against bird flu. Getting treatment quickly using antiviral medicine, may prevent complications and reduce the risk of developing severe illness

Achievements

Plans are in place to manage any **suspected** cases of bird flu in the UK. Leeds has an established multi agency plan for managing incidents of bird flu approved by the Health Protection Board in the form of a Standard Operating Procedure (SOP) – Responding to an Avian Influenza Outbreak. It has been created to facilitate the coordinating of partners to collectively respond to a local avian influenza outbreak on behalf of NHS Leeds CCG, Leeds City Council and UK Health Security Agency (UKHSA). In response to an outbreak, UKHSA may also convene an Incident Management Team (IMT) with the purpose of coordinating and managing the local response, with representation from key partners.

Case Study

At the start of the year, the UK's chief vet urged poultry keepers to be vigilant as the country faced its largest ever outbreak of avian influenza. To date, there have been 83 cases of avian influenza H5N1 reported in England (UKHSA, March 2022).

Certain areas of Yorkshire were affected badly by Avian flu outbreaks; Thirsk has six sites where the virus has been found and in Whitby the decision was made for a Wildlife Sanctuary owner to cull approximately 440 birds to limit the risk of the disease spreading and to mitigate any potential risk to public health.

In January 2022, Leeds City Council confirmed an 'isolated number of cases' at Golden Acre Park, a beauty spot covering 137 acres with a lake in the north of the city. This is the only incident we are aware of in Leeds and was concerning wild swans; however the risk is relevant to all birds. Several press articles with urgent warnings calling for people not to pick up dead or sick birds were published locally.

A notice was put up in the park to inform the public of the virus, asking people to stick to designated footpaths and not to pick up any dead or visibly sick birds. The messages also specifically targeted dog walkers requesting they keep their dog on a lead around the lake and ponds and not allow dogs into any of the water courses. Anyone who found dead wild birds was asked to report to the Defra helpline. More signage was erected at other larger parks in Leeds such as Roundhay park, Pauls Pond and St. Aiden's for public awareness

With direction from the Health Protection Board, the Health Protection Team developed a social media campaign consisting of basic messages to increase public awareness about avian flu in Leeds. Messages were agreed in collaboration with our partners – Environmental Health, CCG, UKHSA and LCC comms.

Avian flu symptoms

The main symptoms of bird flu can appear quickly and include:

- Fever

- aching muscles
- headache
- a cough / shortness of breath

Other early symptoms may include:

- diarrhoea
- sickness
- stomach pain
- chest pain
- bleeding nose / gums
- conjunctivitis

Tackling antibiotic resistance

Antimicrobial resistance (AMR) is the silent pandemic that is growing in the shadows. Before Alexander Fleming discovered penicillin in 1928, an infection from a simple cut could mean the end of life. Nearly 100 years later, the antibiotic safety blanket we live our lives with is being pulled from us

- Aina Roca Barcelo

Current position

Antimicrobial resistance threatens the effective prevention and treatment of an ever-increasing range of infections caused by bacteria, parasites, viruses and fungi.

The UK government has an Antimicrobial Resistance Strategy and Antimicrobial Resistance is on the Department of Health and Social Care's risk register. Action is required across all government sectors and society and antimicrobial stewardship is a national programme to take action to address drug resistant infections.

Leeds is fortunate to have national leaders in tackling antibiotic resistance working in the National Health Service, UK Health Security Agency, Leeds Clinical Commissioning Group, Leeds University and Leeds City Council. Led

by the Director of Public Health, these partners continue to work collaboratively to ensure that antimicrobial resistance continues to be a priority locally.

The number of antibiotic prescriptions prescribed in Leeds reduced during the Covid-19 pandemic fell during due to a fall in the number of people accessing GP services, however since summer 2021 numbers have risen again and we are now seeing pre-pandemic levels of antibiotics being prescribed. We will continue to monitor whether the pandemic has any longer term impact on antibiotic prescribing rates

Leeds is part of the wider West Yorkshire Health and Care Partnership Integrated Care System Antimicrobial Resistance Steering Group – but we have also developed The Leeds Antimicrobial Stewardship Group for a local place based, collaborative and system wide approach to address antimicrobial resistance in Leeds.

Achievements

Due to the global Covid-19 pandemic, the Leeds antimicrobial stewardship meetings were paused for 18 months, although pockets of work continued within individual organisations.

The citywide meetings reconvened in October 2021 and the partners agreed to work together to relaunch the antimicrobial stewardship programme in Leeds and work collaboratively with the West Yorkshire and Harrogate Integrated Care System antimicrobial stewardship workstreams.

The first step undertaken locally in Leeds was to review and re-launch the antimicrobial stewardship action plan for 2019-2024. An updated draft has been developed and shared with the wider group for comment.

The first piece of work undertaken as part of the local action plan re-launch was to raise awareness and promote World Antibiotic Awareness Week (18th-24th November 2021). Here are some examples of the promotional work:

- The 'Seriously Resistant' campaign materials were shared across social media, staff bulletins and by community outreach teams by partners all across the city
- Winter wellness stalls were run by Infection Prevention and Control teams in high- risk areas
- Leeds Teaching Hospitals Trust are re-launching good antimicrobial stewardship practice including updating their guidelines, creating 'how to' guides and asking clinical directors to make pledges for the coming year
- A press release and blog post were arranged¹
- The Civic Buildings in Leeds were lit up blue on 24th November 2021 to mark the end of World Antibiotic Awareness Week

Risks

Antimicrobial resistance is an increasingly urgent threat to global public health and remains one of healthcare's biggest challenges.

Antibiotics are becoming less effective as drug resistance increases which is leading to more infections that are difficult to treat.

The number of people who fall ill or die from infections will increase if we do not find effective tools to prevent and treat drug resistant infections and improve the access to appropriate use of existing and new antimicrobials.

We urgently need new antibacterials – however if we do not change the way that current antibiotics are used, then new antibiotics will soon become ineffective too.

Focus for 2022-23

The 3 priorities on the Leeds Action Plan are:

- Only taking antibiotics when needed to limit unnecessary use
- Promoting best practice when prescribing antibiotics to safeguard for the future
- Using research and technology to develop ways of working that support appropriate antibiotic use

. Air quality and health

Clean air shouldn't be a privilege dictated by where you can afford to live but a right to which we are all entitled.

– Kevin de Leon

Current position

When we think of air pollution, we often think of smog and exhaust fumes – things we can see or smell. But air pollutants that are harmful to our health can also be invisible.

Urban air pollution is made up of particles and gases from natural and man-made sources. The two major components of air pollution are particulate matter (PM) and nitrogen dioxide (NO₂). Any amount of air pollution can damage our health.

The main sources of man-made PM are agriculture, the combustion of fuels (by vehicles, industry, and domestic properties) and other physical processes such as tyre and brake wear. Garden fires, wood burning stoves and BBQs also contribute to air pollution. Natural sources include wind-blown soil and dust, sea spray particles, and fires of natural materials.

NO₂ emissions are largely the result of vehicles and transport, but other sources include power generation, industrial processes, and domestic heating.

Poor indoor air quality can be caused by heating and cooking at home, damp and mould, smoke and vapour, chemicals used for cleaning, and building materials.

The national Air Quality Standards Regulations require that the annual mean concentration of NO₂ must not exceed 40µg per cubic metre. The average annual mean concentration of NO₂ in Leeds is within these national standards. However, in 2021 the World Health Organisation

recommended a new NO₂ emissions target of 10µg per cubic metre and a PM_{2.5} target of 5µg/m³.

Air pollution places an additional burden µg/m³ on many people and can be a contributory factor to morbidity and mortality.

Better Air Better Health

Improving air quality can deliver substantial health benefits. Reducing air pollution levels means reducing premature deaths and diseases from stroke, heart disease, lung cancer, and both chronic and acute respiratory diseases such as Chronic obstructive pulmonary disease and asthma.

Short term effects on health include exacerbation of asthma, cough, wheezing and shortness of breath. Episodes of high air pollution increase respiratory and cardiovascular hospital admissions and mortality

Long-term effects on health include stroke, lung cancer, respiratory conditions, and cardiovascular disease. There is also evidence of reduced life expectancy and reduced wellness at the end of life.

According to the UK Health and Security Agency (UKHSA), three factors are relevant when considering the impacts of air pollution on health

- **Prevent** or reduce emissions of pollutants
- **Mitigate** environmental concentrations of pollutants
- **Avoid** exposure to pollutants

Achievements

The Health Protection Board supports national guidance on the role of Public Health in improving health outcomes in relation to air quality by:

- Being active in the **leadership and planning** for achieving improvements in air quality. This has included connections to active travel and reviewing the NHS vehicle fleet to identifying pollution reductions in Leeds.
- **Gaining a greater understanding of the local air quality profile** from air quality monitoring with local partners. The Board has developed a

Leeds Atlas of the Strategic Health Asset Planning and Evaluation (SHAPE).

- In partnership with the University of Leeds, Leeds City Council teams have secured several new monitors which can provide data on PM2.5 levels across the city.
- **Supporting the delivery of the Leeds City Council Air Quality Strategy 2021 – 2030.** The Leeds Air Pollution and Health Group has been recently re-established, with the aim of ensuring a collaborative approach for action to address the direct impact of air pollution on health in Leeds. Membership is cross-council and cross-sector
- **By December 2021:**
 - **157** businesses/ organisations and **21** private hire drivers had trialled electric vehicles (EVs).
 - **330,000** miles in EVs had been travelled in total, equating to an estimated carbon dioxide saving of over **70** tonnes.

Risks

Air quality is the largest environmental health risk in the UK, shortening lives and contributing to chronic illness. Health can be affected both by short-term, high-pollution episodes and by long-term exposure to lower levels of pollution.

There are no safe levels of the main pollutants of concern (NO₂ and Particulate Matter) meaning that any reduction will achieve health benefits.

There is a clear public health case for continued action to improve air quality in Leeds as well as raising awareness about the health impact of air pollution to better inform key stakeholders, residents, and communities across the city to take action.

Focus for 2022-23

- Establish a greater understanding of the complex relationship between air pollution and health outcomes using a range of monitoring and reporting data.
- Raise awareness and promote to key health organisations the impact of air pollution on health and how they can contribute to this agenda.
- Communicate high pollution episodes to the public as well as health and social care services.
- Share evidence on air quality interventions for local government, public health, and the NHS to address the impact of air pollution on health.
- Educate health care professionals, schools' staff, parents and carers, workplaces across Leeds and the public on the impact of air pollution on health and mitigating actions to protect health.

Winter wellbeing

Whilst extremely low temperatures can cause significant harm to health, even temperatures that appear to be mild (4°C–8°C) can have negative consequences for our health.

Current position

In addition to the increase in the number of deaths in England during the winter period, cold weather and drops in temperature increases the risk of heart attacks, strokes, lung illnesses, influenza and other diseases. People slip and fall in the snow or ice, sometimes suffering serious injuries. Winter weather can also impact on our mental wellbeing with people often experiencing depression and loneliness during colder months. There can

also be an increased risk of carbon monoxide poisoning if boilers, cooking and heating appliances are poorly maintained or poorly ventilated and worries of financial difficulties where energy and the cost of living is increasing.

Each year Public Health lead on a system wide winter prevention plan which aims to enable people to live healthier lives throughout periods of adverse and cold weather.

Key priorities:

- Priority 1 – Prevention and management of winter related diseases and infections in Leeds
- Priority 2 – Support for people living with frailty in Leeds to reduce vulnerability to poor health during the winter period
- Priority 3 – Prevention of major avoidable effects on health in preparation for and during periods of cold weather in Leeds

Achievements

Home Plus (Leeds)

Home Plus (Leeds) is a service aimed at enabling and maintaining independent living through improving health at home, helping to prevent falls and cold related health conditions.

From October to December 2021, Home Plus (Leeds) received over 1,000 referrals for the service, the vast majority of these (927) received some level of support with warmth in their home ranging from advice and assistance to repairs and servicing.

Winter Wellbeing Small Grants Scheme

For the tenth year running, Public Health provided funding to allow small/third sector organisations to develop projects in the community to meet the needs of those most at risk. In total, 37 applications were received with a total distribution of £54,031 in grants to the third sector.

Workforce Development Programme

A programme of resources was developed to support those working with people who may be at risk of negative impacts of cold to recognise, identify, signpost, and provide appropriate support. This year included online briefings alongside a short animation highlighting evidence-based interventions and services.

Fuel Poverty

Leeds has been allocated an investment of £339,000 from the West Yorkshire Health and Care Partnership to work to tackle fuel poverty. Leeds has developed a new model for delivery to identify and support additional patients at risk of fuel poverty.

Winter wellbeing Events

Part of a wider programme of work to help signpost and provide support to those most at risk to the negative impacts of cold.

Falls prevention – Strength and Balance

The Strength and Balance programme is delivered by Active Leeds and includes Strength & Balance Classes, Aqua Aerobics, Hydrotherapy and Thai chi. 6-week confidence building sessions across Leeds have been delivered.

Concerns

75% of frontline organisations are concerned that there is a high risk that fuel debt will increase this winter as a direct result of the pandemic.

1/3 of British households are concerned about the health impacts of living in a cold home this winter and poor health associated with cold homes is likely to increase and contribute to widening inequalities in health for 2021. During winter 2022 we expect to see a detrimental impact on at risk groups due to the rising cost of energy and fuel leading to more people living in fuel poverty.

2.5m households across the UK said they were worried about paying their rent over the winter 2021, and 700,000 were already in arrears, according to the Joseph Rowntree Foundation.

* From Marmot Build Back Fairer

Risks

Cold weather presents risks to certain groups and the ongoing Covid-19 pandemic can add and pose additional risk to those who are clinically and socially vulnerable:

- people who are pregnant
- people living with frailty
- people with long term conditions including those with poor mental health
- those who are extremely clinically vulnerable
- children under the age of 5

On average, there are around 25,000 excess winter deaths each year in England. Excess winter deaths are the observed total number of deaths in winter (December to March) compared to the average of the number of deaths over the rest of the year.

Focus for 2022-23

- To prevent and manage winter related diseases and infections in Leeds
- To support people living with frailty to reduce vulnerability to poor health during the winter period.
- To prevent the major avoidable effects on health in preparation for and during periods of cold weather in Leeds.

- To ensure Leeds has a skilled and confident system-wide workforce able to identify and signpost effectively based on evidence based, high impact interventions
- To reduce health inequalities by targeting interventions and services for those who are more vulnerable

Reducing TB

'Tuberculosis (TB) remains a global health emergency affecting a quarter of the world's population. Rates in England remain some of the highest in Western Europe.'

What is TB?

TB is a bacterial infection spread through inhaling tiny droplets from the coughs or sneezes of an infected person. It mainly affects the lungs, but it can affect other parts of the body. In most people, the body's immune system kills the bacteria and there are no symptoms. In some cases, the immune system cannot kill the bacteria but manages to prevent it spreading. The bacteria will remain; this is known as latent TB infection (LTBI). People with LTBI are not infectious to others.

Sometimes the infection can spread within the lungs or other parts of the body and symptoms will develop within a few weeks or months. This is known as active TB.

Risk factors for TB include previous TB contact; immunosuppression; living conditions (homelessness, poor housing); social risk factors (including drug and alcohol misuse, homelessness and imprisonment); and country of birth or travel history. People born outside of the UK accounted for 72.8% of 2020 notifications (Tuberculosis in England Report, 2021). The LTBI programme tests new entrants to the UK based on certain eligibility criteria, e.g., born or spent more than 6 months in a high TB incidence

country; entered the UK within the last 5 years (including entry via other countries).

Typical Symptoms of active TB

- Persistent cough that lasts more than 3 weeks and usually brings up phlegm, which may be bloody
- Weight loss
- Night sweats
- High temperature
- Tiredness/fatigue
- Loss of appetite
- Swellings in the neck

TB is a potentially serious condition, however with treatment can almost always be cured with the right course of antibiotics, usually taken for 6 months.

Current position

The number of Active TB cases recorded in Leeds in 2021 is 62¹; an average rate of 7.8 per 100,000, comparable to the 2020 England average of 7.3 per 100,000. Regions nearest to Leeds are seeing higher rates per 100,000 population (Bradford 13.2 and Kirklees 9.5 per 100,000 population).

Vaccination

This is now risk-based, targeting babies and children who are more likely to have had exposure to TB. BCG vaccination is no longer a universal offer.

Yorkshire and Humber Latent TB Programme (Leeds Laboratory, Leeds Teaching Hospitals Trust)

The table below tracks the target number of latent TB tests since the programme began and the achievement rate against the target. The numbers dipped significantly during Covid-19 (due to a pause in the programme and GPs not referring). However, as of December 2021 the number of tests has increased and are on track to reach the target; with a 56% achievement rate.

Leeds Activity Data				
	2018/2019	2019/2020*	2020/2021	2021/2022**
Number of tests: TARGET (annual)	432	432	432	432
Number of tests: ACTUAL (annual)	494	536	190	243
Number of tests: TARGET (monthly)	36	36	36	36
% Achieved	114%	124%	44%	56%

* As of February 2020 (March not recorded due to Covid-19)

** As of December 2021

Achievements

- TB treatment, whilst effective, is often complex and prolonged. The use of Directly Observed Therapy enables the TB service to support patients to adhere to the drug regime and therefore achieve a successful outcome. During the last two years the TB service achieved a high success rate, with only one patient not completing.
- The TB service applied for charitable funds which enables the purchase of vouchers for food, transport etc. for patients requiring additional support.
- Extended the length of the TB clinic to reduce the number of patients on the waiting list.
- Increased the number of clinics for new entrant TB Screening and piloted a new location.
- Planned for the establishment of a more nurse-led focus for the management of LTBI patients, enabling clinical follow up for most patients to be with a nurse specialist rather than a doctor
- The TB clinic maintained a normal service for suspected and diagnosed active TB cases throughout the Covid-19 pandemic

- The latest data shows that in patients who were drug sensitive, 89% had completed treatment. The remainder (11%) were lost to follow up, died or were not evaluated (this includes patients that have transferred out).

Case Study

In April 2021 the Health Protection Team (HPT) was notified of an active TB case in a nursery in Leeds. The index case had been at work whilst symptomatic (coughing, tiredness, and gradual weight loss) and there had been missed opportunities to diagnose earlier due to symptoms being thought to be Covid-19; despite there being a family history of TB. Once diagnosed, the initial focus was on timelines, identifying contacts of the case, screening assessments and route into services. Communication to parents was key and complex. Nearly 90 children were screened with no positive results. 5 children under 2 years of age took up the offer of LTBI treatment. No adults screened were positive. Learning from older TB outbreaks informed this system response. The Leeds TB team took a personalised and proactive approach to communicating with and providing assurance to parents – all agreed this was successful.

Risks

- Covid-19 has halted progress towards ending TB as screening rates and detection reduced
- Reduced awareness about TB or symptoms being recorded as Covid-19, e.g., persistent cough that lasts more than 3 weeks could be TB related – ‘Think TB’
- Limited capacity to treat those identified with LTBI. Screening has re-started since the pandemic, resulting in higher numbers of positive patients awaiting treatment, who potentially may develop active TB
- Challenges to treatment including drug resistance, compliance (patients build up resistance to certain medication)

Priorities for TB Action Plan for England 21 – 26				
Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Recovery from Covid-19	Prevent TB	Detect TB	Control TB	Workforce

Actions for specific population groups (underserved populations, new entrants, drug resistant TB, paediatrics)

Focus for 2022-23

Utilising the TB Action Plan for England, we will develop a Leeds TB Action Plan to drive our local priorities, focusing on raising awareness and targeted work for specific population groups.

- work to increase TB screening rates back to pre-Covid-19 levels. Joint screening and treatment awareness raising campaign alongside the Leeds TB team to coincide with World TB Day (24th March)
- develop an understanding of the data and sources of data to ensure a robust and resilient outbreak management and incident response. Work with Primary Care to 'Think TB'
- increase numbers of those being screened and go on to effective treatment
- partnership working which includes linking the TB work with other HP priorities such as migrant health and AMR

Childhood Immunisation

If people stop having vaccines, it's possible for infectious diseases to quickly spread again.

– www.nhs.uk

Current position

Vaccines are the most effective way to prevent infectious diseases and protect ourselves and our children against ill health. 4-5 million deaths per year are prevented worldwide due to vaccinations

In England, recent data from the UK Health Security Agency (UKHSA), shows that uptake for the 6-1 (hexavalent) vaccine (diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib), hepatitis B) has dropped to 94.6%, below the World Health Organisation (WHO) recommendation of 95%. Data for Leeds also shows a similar trend with uptake beginning to fall below the 95% target.

In England latest UKHSA data shows MMR vaccination uptake has dropped to the lowest level in a decade. Coverage of the first dose of the MMR vaccine in 2-year-olds has dropped below 90%. Coverage for the 2 doses of MMR vaccine in 5-year-olds in England is currently 85.5%. This is well below the 95% WHO's target needed to achieve and sustain measles elimination. This means that more than 1 in 10 children under the age of 5 are not fully protected from measles and are at risk of catching it.

Early symptoms of measles can feel like a cold with a runny nose and a cough, sore red eyes (conjunctivitis) and a fever, but this is followed a few days later by a rash that spreads all over the body. There is no specific treatment for measles and most children will feel better after 7 to 10 days; however, it can lead to more serious complications if left untreated, including serious illness and death.

In Leeds, the most recent data shows that 87.5% have had the first MMR dose at 2 years old and 85.7% have had two doses at 5 years old. Since the introduction of the measles vaccine in 1968 it is estimated that 20 million measles cases and 4500 deaths have been prevented in the UK

The Cover Programme

The Cover of Vaccination Evaluated Rapidly (COVER) programme involves all childhood vaccinations for children up to 5 years old. These include vaccinations for:

- whooping cough (pertussis)
- Diphtheria
- Hib (Haemophilus influenza type b)
- Pneumococcal (PCV)
- Measles, Mumps, and Rubella (MMR)
- Hepatitis B
- Polio
- Tetanus
- Rotavirus

Achievements

The Leeds Immunisation operational group, with representation from Leeds City Council, NHS England, Leeds Community Health Trust (LCHT) and Leeds CCG have continued to meet throughout the pandemic.

Routine immunisations have continued to be delivered throughout the pandemic. Some Primary Care Networks (PCNs) and GP practices have continued to maintain excellent uptake throughout these challenging times.

The school immunisation team have continued to deliver teenage vaccinations in secondary schools. Community catch-up clinics have also been provided during the summer months to maintain uptake.

Risks

The Covid-19 pandemic appears to be having an impact on the number of children getting vaccinated, particularly in certain communities and populations. Indeed, since the start of the pandemic in March 2020, there has been a significant drop in the number of parents and carers getting their children vaccinated against MMR and taking up other childhood vaccines. This increases the risk of infection and community outbreaks. For example, measles is highly contagious so even a small decline in MMR uptake can lead to a rise in cases. As international travel resumes, it is more likely that measles will be brought in from countries that have higher levels of the disease and so it is important that we recover MMR

vaccination rates to help prevent a rise in cases. The challenge remains to encourage parents and carers to keep up to date with their children's vaccines, increase awareness of the importance of vaccination and to increase uptake.

Due to the pandemic, awareness of the importance of routine immunisation may have decreased. There appears to be evidence of this with the MMR vaccine. New research commissioned by the Department of Health and Social Care (DHSC) and UKHSA, conducted by Census, shows that many parents are not aware of the risks that measles poses to their unvaccinated children.

Out of 2,000 parents and guardians of children aged 5 and under:

- 38% (almost 4 in 10) believe measles can cause death
- 18% (almost 1 in 5) who haven't had their child vaccinated for MMR are not aware that measles, mumps and rubella remain a threat in the UK
- 48% (almost half) are not aware that measles can lead to serious complications such as pneumonia and brain inflammation
- 36% (over a third) feel vaccinations have never been more important in helping prevent the spread of infections and viruses
- 9% (almost 1 in 10) admit their child hasn't received a single dose of the MMR vaccine
- 56% (more than half) are not aware that 2 doses of the MMR vaccine provide 99% protection against measles and rubella
- 33% (a third) who expressed concern about the MMR vaccine said they are worried about MMR side effects
- 10% (1 in 10) who haven't had their child vaccinated against MMR said they were not aware that the NHS was still offering appointments

- 10% (1 in 10) who haven't had their child vaccinated against MMR said they didn't want to be a burden to the NHS.

Focus for 2022-23

- Strengthen the Leeds Childhood Immunisation Action Plan to drive our local priorities, including awareness raising and targeted work for specific low uptake populations.
- Re-establish task and finish groups working with representatives from Leeds City Council, NHS England, LCHT and Leeds CCG.
- Optimise uptake in areas of deprivation and under-represented groups including those in precarious accommodation, migrant population, and communities where English is not their first language.
- Work with PCNs to identify good practice and opportunities to improve patient access. Support individual practices to focus on increasing year-on-year uptake and recognise this achievement if a lower uptake practice.
- Link in with nurseries, other childhood settings, schools, anti-natal groups and GPs to increase awareness, e.g. community events, primary schools and primary care to undergo targeted community work.

Cancer Screening

Early detection saves lives.

– www.nhs.uk

Current position

Evidence shows that people living in deprived areas and certain groups including people with Learning Disabilities, Serious Mental Illness and culturally diverse communities are less likely to access cancer screening have lower awareness of cancer signs, symptoms and risk factors and are more likely to die earlier from cancer than people living in non-deprived areas.

The data demonstrates that Leeds is exceeding national targets for bowel screening and has continued to drive up rates despite the challenges of Covid-19. For breast and cervical screening, Leeds uptake rates are significantly below the national targets and have declined from pre-Covid-19 rates. For all three screening

Leeds Cancer Screening uptake rates

BOWEL SCREENING

- National target – **60%**
- Local performance – **74.1% (June 2021)**
- Index of Multiple Deprivation 1 – **66.7%**

BREAST SCREENING

- National Target – **80%**
- Local Performance – **66.8% (June 2021)**
- Index of Multiple Deprivation 1 – **60.2%**

CERVICAL SCREENING

- National Target – **80%**
- Local Performance – **70.3% (June 2021)**
- Index of Multiple Deprivation 1 – **64.2%**

Achievements

A partnership approach

We have a well-established and strong partnership approach in Leeds, working together as a system to increase cancer screening rates, narrow the health inequalities gap and mitigate the impacts of Covid-19.

The Cancer Prevention, Awareness, and Increasing Screening Uptake workstream led by Public Health, Leeds City Council is made up of a broad range of partners from across the Leeds Health and Care system. The key cancers which the workstream focuses on are breast, bowel and lung as

these are the biggest contributors to premature mortality, and cervical given that this is a national screening programme where screening uptake rates are below target. All programmes of work take a targeted approach with the aim of reducing cancer health inequalities. This approach is informed by evidence and local strategic drivers such as the Leeds Health and Wellbeing Strategy (2016 – 2021)

A Cancer and Learning Disabilities task group and Cancer and Culturally Diverse groups task group were established in early 2021. This has enabled us to co-ordinate and drive forward targeted activity to increase awareness and screening uptake within these groups. Planning is underway to develop **a Cancer and Serious Mental Illness task group**.

The Leeds Cancer Awareness Service is a community-based service commissioned by Public Health, Leeds City Council. The service aims to reduce cancer inequalities by raising awareness of the signs and symptoms of cancer and promoting and encouraging uptake of cancer screening services. This is achieved through local level outreach activity in areas of higher deprivation or among specific groups where cancer outcomes are poorer.

A three-pronged approach to local provision

In addition to the partnership groups, we also have three core commissioned services / programmes aimed at improving cancer outcomes and addressing health inequalities. These are targeted at a community, GP practice and Primary Care Network level.

Primary Care Cancer Screening Champions commissioned by NHS Leeds and CCG works in partnership with Public Health Leeds City Council and Cancer Research UK. This programme targets the most deprived practices in Leeds where screening uptake is lowest with an aim of increasing bowel and cervical screening uptake. The champion is a member of the practice team with protected time to support and motivate people that have been invited but not taken part in the screening programme.

Cancer Wise Leeds – As a partnership we were successful in securing £1.4 million from Yorkshire Cancer Research to develop a city-wide infrastructure of Cancer Screening and Awareness Co-ordinators. The co-

ordinators have shared ambitions to increase screening uptake across all 3 national screening programmes. They work as part of Primary Care Networks (PCN's) and add value to existing screening and awareness-based interventions. Co-ordinators have a detailed understanding of local assets and needs and developed tailored activity and resources to meet needs.

The targeted approach driven forward through the partnership groups combined with the range of complementary commissioned programmes has led to some very positive outcomes:

- In the year preceding Covid-19, we went from not achieving the national target for bowel screening uptake to exceeding it and were narrowing the gap between deprived and non-deprived Leeds. We have continued to drive up bowel screening uptake despite the challenges of Covid-19.
- Breast and cervical screening uptake declined nationally and locally due to the impact of Covid-19. It is likely that the rate of this decline has been lower than it would have been had we not had the broad range of structures and programmes in place to mitigate against these impacts.
- Insight gathered in a specific Leeds area through our commissioned programmes showed low cervical screening uptake related to appointments being offered during the working week. In order to address this an extended access Saturday cervical screening hub as established resulting in women accessing screening who would not otherwise have done so. The success for this pilot has now been shared across other PCN's through extended access schemes.
- The work led by Public Health within this workstream to address health inequalities has been commended by the Leeds Integrated Cancer Services Board (LICS) and held up as an exemplar not just across the Leeds Cancer programme but wider.

Risks

Cancer health inequalities existed prior to covid-19 but the pandemic has posed risks of these inequalities being exacerbated. Cancer screening saves lives by catching cancer in its earliest stages but in the height of the pandemic, many people were unable to access routine screening, leading to backlogs in the system. This has the potential to impact on delayed diagnosis and cancer staging, increase premature mortality and to further widen the cancer health inequalities gap to further widen the cancer health inequalities gap.

Focus for 2022-23

- Continue to build on and develop the excellent partnership approach to increasing cancer screening uptake currently in place Leeds.
- Continue to take a targeted approach in order to optimise cancer screening uptake in areas of higher deprivation and among specific groups where screening uptake is lower (Culturally Diverse Communities and adults with Learning Disabilities and Serious Mental Illness). This will be driven forward through specific action focussed task groups.
- Continually strive to develop new and innovative approaches to increasing screening uptake, sharing our best practice and learning

Influenza vaccination

It was more important than ever to get the flu vaccination. More people were likely to get flu this winter as fewer people will have built up natural immunity to it during the Covid-19 pandemic

-www.nhs.uk

Current Position

Seasonal influenza is an acute respiratory infection caused by influenza viruses which circulate in all parts of the world. It represents a year-round disease burden, causing illnesses that range in severity and sometimes results in hospitalisation and death. Most people recover from fever and other symptoms within a week without requiring medical attention. However, influenza can cause severe illness or death, particularly among high-risk groups including the very young, the elderly, pregnant women, and those with serious medical conditions.

The influenza vaccine offers the best protection, and each year many people benefit from receiving the free vaccine. The vaccine is safe, effective and protects from potentially serious illness. Due to the constant evolving nature of influenza viruses the World Health Organisation (WHO) continuously monitors the influenza viruses circulating in people and updates the composition of influenza vaccines twice a year. Those eligible are urged to get vaccinated to protect themselves and the most vulnerable every winter.

This season the influenza vaccine was available to more people than ever, including those who

- Are 50 years old and over (including those who will be 50 by 31st March 2022)
- Have certain health conditions
- Are pregnant
- Are in long-stay residential care
- Receive a carer's allowance, or are the main carer for an older or disabled person who may be at risk
- Live with someone who is likely to get infections (such as someone receiving certain treatments for cancer, lupus or rheumatoid arthritis)
- Are frontline health or social care workers

During the influenza season partners in Leeds attended Influenza operational group meetings every month. In addition, two task and finish groups met monthly to discuss data, communication, and pregnancy uptake. Through partnership working this season saw a record of over 280,000 people get their influenza vaccine in Leeds. Uptake was highest in

the 65+ age groups, with Leeds achieving above the West Yorkshire and England average. Uptake was lower in under 65's, 2 and 3 year olds and those during pregnancy, although Leeds had higher uptake than West Yorkshire.

Influenza Symptoms

Influenza symptoms come on very quickly and can include:

- Temperature of 38c
- Aching muscles
- Tired or exhausted
- Dry cough / sore throat
- Headache
- Difficulty sleeping
- Loss of appetite
- Diarrhoea / stomach pain
- Sickness

The symptoms are similar for children, but they can also get pain in their ear and appear less active.

Achievements

- **299** out of 302 schools were visited, delivering 18,000 vaccinations.
- **100%** schools were visited at least once, with 58 receiving a second visit to try and increase uptake.
- **883** porcine free vaccinations were administered this year, which has proved very successful.
- **25** community clinics were run in venues across Leeds.
- **74/92** practices signed up to train community midwives to deliver the flu vaccination to increase uptake during pregnancy.
- **1,000+** vaccinations delivered to front line care home and Leeds City Council (LCC) staff through a collaboration between LCC and Leeds Community Healthcare Trust.

- **4,000** children's parents were sent bespoke easy read letters within the 19 GP surgeries with the lowest immunisation rates for the previous year.
- **1,700** people who have a learning disability and not yet had a influenza vaccination were sent accessible reminder letters to encourage them to seek the vaccine from their GP or pharmacy.
- **175,000+** vaccinations were delivered from September 2021. The CCG worked with lower uptake surgeries and shared good practice.
- **69%** of Leeds residents aged 65+ living in precarious accommodation were vaccinated. This was higher than the West Yorkshire average of 62%.
- **92,000** vaccinations were delivered in community pharmacies.
- Photos of Councillor Arif and the Lord Mayor receiving their influenza vaccines were shared across social media to increase positive media coverage.
- Promotional images were displayed on 20 designated bus shelters located within 200 metres of identified low uptake GP practices.
- A social media campaign was developed to target the specific high-risk cohorts and Primary Care Networks with lower uptake.
- Vaccines were promoted in children's centres, nurseries, and pregnancy groups in Primary Care Networks with low uptake.
- Fever FM community radio station broadcast influenza vaccine promotional material targeting South Asian communities broadcasted in both English and Punjabi.
- Vaccination promotion on the large screen in Kirkgate market over a 10-week period.

Risks

Influenza activity was lower during 2020 / 21 and 2021 / 22, largely because of pandemic interventions such as shielding and social distancing however, lifting restrictions and lower population immunity could mean that the population may be susceptible in future flu seasons.

In recent years, only around half of patients aged six months to under 65 years in clinical risk groups and fewer than this in pre-school, school, and pregnant cohorts have received the flu vaccine. Influenza during pregnancy may be associated with perinatal mortality, prematurity, smaller neonatal size, lower birth weight and increased risk of complications for mother. Although Leeds compared favourably to regional and national uptake it saw a fall overall from last season in this cohort.

Good vaccination uptake of health and social care workers protects them and reduces risk of spreading flu to their patients, service users, colleagues, and family members. Low uptake in these professions can put others, including the most vulnerable, at risk.

Focus for 2022-23

- Increase influenza vaccine uptake in clinical risk groups because of the increased risk of death and serious illness in these groups.
- Optimise uptake in areas of deprivation and underrepresented groups including those in precarious accommodation, migrant population, and communities where English is not their first language.
- Work with Primary Care Networks (PCNs) to identify good practice and opportunities to improve patient access. Support individual practices to focus on increasing year- on-year uptake and recognise this achievement.

- Further support vaccination of frontline health and social care workers to protect them and reduce the risk of spreading influenza to their patients, service users, colleagues, and family members.

Acknowledgements

It is not possible to prepare a report without the support of other people. This report is no exception.

I would like to express my appreciation and thanks to all of you who have contributed. Without your experience, insight, support and relentless commitment to health protection this report would not have been possible.

With too many individuals to mention I am expressing my thanks to the organisations and teams involved.

- UK Health Security Agency
- NHS England (West Yorkshire Screening and Immunisation Team)
- NHS Leeds Clinical Commissioning Group
- Leeds covid-19 Vaccination Board
- Infection Prevention and Control Leeds Community Healthcare Trust
- Leeds Teaching Hospitals Trust
- Leeds and York Partnership Foundation Trust
- Leeds Community Healthcare Trust
- Infection Prevention and Control Leeds Teaching Hospitals NHS Trust
- GP Confederation
- Third sector represented by Forum Central
- Health Protection Leeds City Council
- Emergency Planning Leeds City Council
- Public Health Leeds City Council
- Environmental Health Leeds City Council
- Public Health Intelligence Leeds City Council
- Adult Social Care Leeds City Council
- Communication and Marketing Leeds City Council
- Proof-readers

...and finally, a special thanks to Lindy Dark, our graphic designer, for her continued patience and excellent design skills.

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