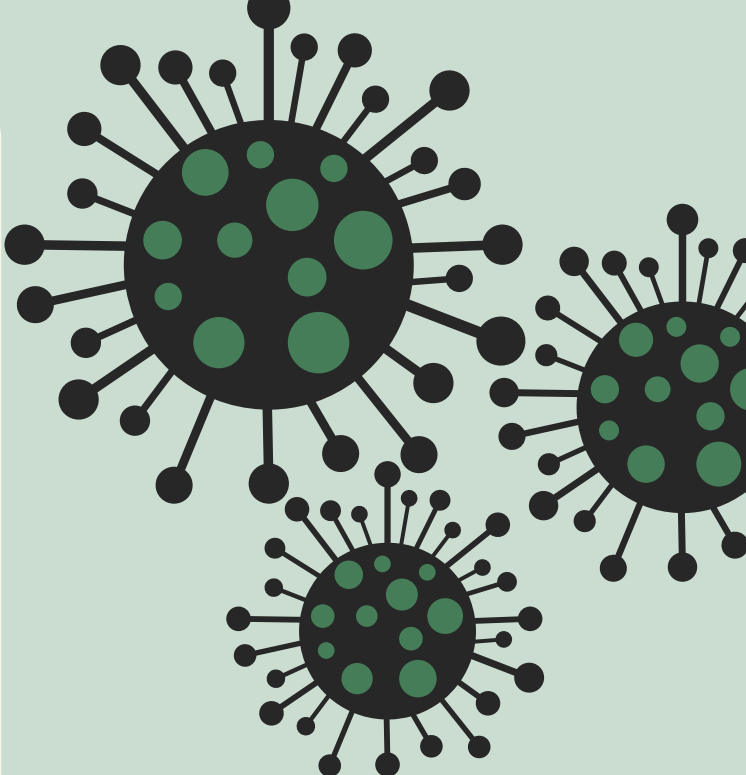




Leeds Health Protection Board Report 2025



UK Health
Security
Agency



Forum
Central



Leeds
CITY COUNCIL

Foreword



Victoria Eaton
Director of Public Health, Leeds City Council

As Chair of the Leeds Health Protection Board, I am pleased to share the Leeds Health Protection Board Report 2025. This report covers the years 2024 and 2025 and shows how organisations across Leeds have worked together to protect people's health. During this time, we have seen both successes and challenges—from improving air quality and tackling antimicrobial resistance to managing outbreaks and preparing for health risks linked to climate change.

The report has two main sections:

- Health Protection Board Priorities – an update on our progress against the priorities we agreed as a system.
- Case Studies and Highlights – real examples that show the impact of our work.

Over the past two years, we have built strong partnerships across the NHS, Leeds City Council, UKHSA, and the voluntary sector. Together, we have developed new and practical solutions—for example, teaching schoolchildren about air quality, supporting community-led vaccination efforts, and improving infection prevention in care homes.

We have also focused on long-term issues. Falling vaccination rates remain a major concern, and increasing childhood vaccination has been a key priority for 2025. Rising tuberculosis rates, ongoing health inequalities, and the effects of climate change all require targeted action and continued joint working.

This year, we responded to major incidents, including a High Consequence Infectious Disease (HCID) case involving MPOX and a measles outbreak in the community. These situations tested our readiness and showed how important quick, coordinated action is. What we learned will help strengthen our plans for the future.

Through a shared commitment to prevention, reducing inequalities and protecting the most vulnerable, the Board contributes to the wider Leeds Ambitions and supports our collective Team Leeds approach to improving outcomes for people and communities across the city. This report highlights the strength of partnership working in Leeds and demonstrates how coordinated action continues to enhance our ability to prevent harm, respond effectively to risks and build resilience for the future.

Looking ahead, we will continue to build on the progress made. We will strengthen governance and emergency preparedness, make sure all our work helps to reduce health inequalities, and bring learning from Exercise Pegasus—the national pandemic exercise—into our local plans. By working closely with partners and communities, we will keep protecting people's health and supporting a fairer, healthier Leeds.

I would like to thank all the members of the board, partners, staff, and community organisations for their dedication and commitment. Your efforts have made a real difference, and together we will rise to the challenges ahead.

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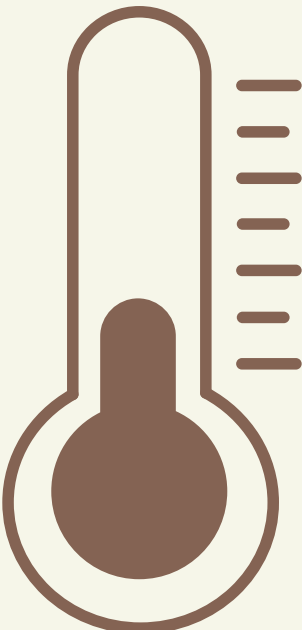
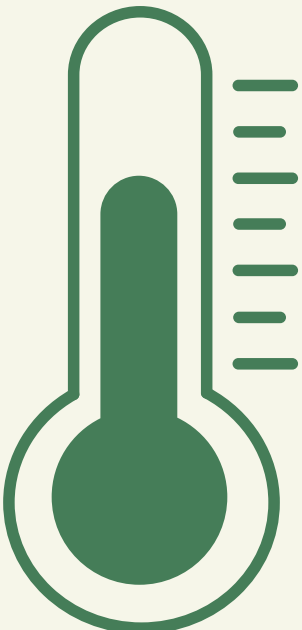
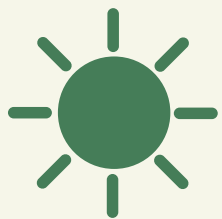
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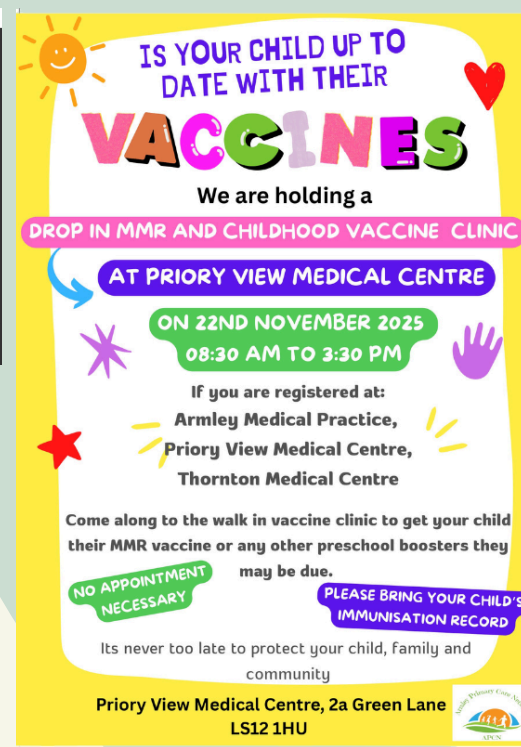
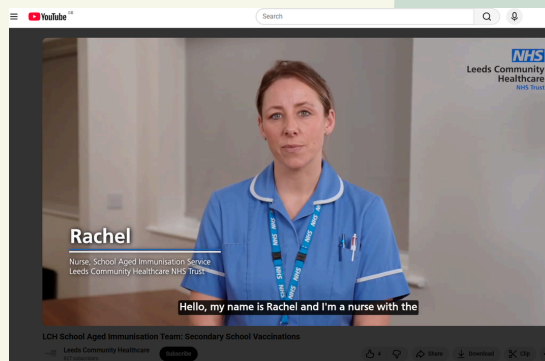
Childhood Immunisations

Vaccinations are the best way to protect children from serious and life-threatening illnesses. However, the number of children getting their routine vaccines has been falling across the country — including in Leeds — since 2014. This ongoing decrease means there is a higher risk of outbreaks and illnesses that could have been prevented.

To respond to this, Leeds has made improving childhood vaccination rates a top priority for the Health Protection Board. We are working together with GP practices, schools, community organisations and voluntary groups to make vaccines easier to access and to encourage more families to get their children protected. Our aim is to reverse the decline in uptake and make sure every child in Leeds has strong protection against infectious diseases.

To improve vaccination uptake and reduce inequalities, Leeds has put a number of targeted actions in place:

- Vaccination uptake dashboard - A new dashboard has been created to help analyse data and plan actions to improve MMR vaccination rates.
- Task & Finish Group - A group has been set up under the Health Protection Board to keep up momentum on improving MMR uptake after the 2024 measles outbreak.
- Community engagement - Focus groups have been held with communities where uptake is low. Their feedback is helping us design better approaches and improve how the system works.
- Primary Care collaboration - Different delivery models are being tested and evaluated. This includes walk-in vaccination clinics, extended access appointments, community-based clinics and translated text messages for people who did not attend, reviews of invitation and follow-up processes, coding reviews, multilingual information, staff training.
- Strategic integration - Vaccination is being built into routine services using Making Every Contact Count (MECC). We are also aligning vaccination work with key strategic boards across all age groups.
- Third sector partnerships - we are working with community organisations to deliver the Vaccination Champions and Grants programmes and supporting targeted projects.
- Schools - we continue to support schools by improving the consent process, especially in schools with low uptake. This includes parent information sessions and tailored videos translated into 15 languages, shared through the School Aged Immunisation Service.
- We have also run targeted HPV and MMR campaigns to help increase vaccination coverage.



*UKHSA Childhood coverage data is available at:

<https://ukhsa-dashboard.data.gov.uk/cover/childhood-vaccinations>

Adult Immunisations

Shingles, pneumococcal and RSV vaccines help protect older adults from serious infections. These vaccines lower the chance of hospital admission and can prevent long-term health problems. They are especially important as our immune system becomes weaker with age, and the protection from childhood vaccines naturally reduces.

In Leeds, uptake of the shingles and pneumococcal vaccines compares well with regional and national levels. However, as with other vaccinations, some communities have lower rates than others.

To tackle this, organisations across the city are working closely together. Current actions include:

- Working with Leeds Older People's Forum and local neighbourhood networks to raise awareness and make vaccines easier to access in areas where uptake is low
- Running coordinated local campaigns during Infection Prevention Week and World Immunisation Week
- Developing a Shingles and Pneumococcal toolkit to support GP practices
- The ICB and NHS England working directly with GPs in areas of lower uptake, and sharing learning from practices with higher uptake

These joint efforts aim to help more older adults get the protection they need to stay healthy.



Community Engagement

Raising awareness and understanding of the NHS vaccination programme—and making it clear how and where people can get vaccinated—has been a major priority this year. We have used learning from the COVID-19 pandemic to better engage with communities where uptake is low. This has been delivered through two key programmes:

1. Community Vaccination Champions

Run by Voluntary Action Leeds, this programme recruits and trains local volunteers who live in areas with low vaccination uptake. These volunteers represent their communities and use their own networks to share accurate information about vaccinations. They attend events, talk to local residents, and help build trust.

In the first six months, the programme has:

- recruited 81 volunteer champions
- included champions who speak 21 different languages
- attended 35 community events
- supported more than 600 conversations about vaccines
- helped strengthen engagement during infectious disease outbreaks

2. Community Grants Programme

To build on this work, Forum Central has coordinated a small grants programme for third-sector organisations. The first round of grants focused on childhood vaccinations. Further rounds are planned to support the winter vaccination programme.



£15,000
funding pot



10 organisations
received a small grant



> 650 people
engaged

Seasonal Vaccinations

The NHS seasonal vaccination programme helps protect Leeds residents during winter by reducing serious illness from flu, Covid-19 and other infections. This also helps relieve pressure on hospitals, GP practices and social care.

Leeds performs well overall compared with regional and national trends, but some communities and at-risk groups still have lower vaccination rates. Reducing these inequalities remains a key priority.

Health and care partners across the city are working together to make the programme accessible and targeted. Using local data, we have identified low-uptake areas and developed an evidence-based plan to increase access and uptake.

The plan includes:

- Community Engagement approaches:
 - Co-ordinated grants programme for third sector organisations.
 - Leeds Older People Forum engaged 13 Neighbourhood Networks to improve uptake among older adults through tailored interventions.
 - Collaboration with LYPFT, NHSE and WY ICB to support flu vaccination access and bespoke easy read communication for people with learning disabilities.
- Targeted Awareness and Resources:
 - Partnerships with Leeds Community Healthcare, Active Leeds, and third sector partners to raise awareness among people with long-term conditions.
 - Resources developed for antenatal education providers and parents of 2–3-year-olds
 - Comprehensive public awareness campaign using radio, print, social media, and community channels.
- Community Clinics:
 - 50 outreach clinics held in winter 2024/25 in areas with low uptake areas, co-ordinated and delivered by local pharmacy providers.
 - 122 Covid-19 vaccines and 119 influenza vaccines were administered during these clinics.

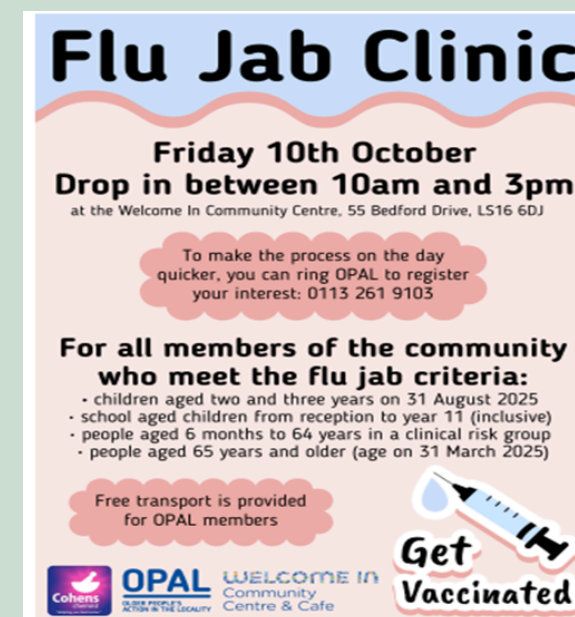
Care home staff flu vaccination programme

Improving flu vaccination rates among social care staff is important because it helps protect the people they support, many of whom are at higher risk of becoming seriously ill. It also helps keep the workforce healthy, reduces pressure on services, and lowers the chance of outbreaks in care settings.

In 2024/25, Leeds City Council Public Health, Adult Social Care, and Leeds Community Healthcare (LCH) worked together to deliver an outreach awareness and vaccination programme for staff in care settings.

Key Outcomes included:

- Vaccination Delivery: 255 vaccines administered across 23 care home locations, an increase from 216 in 2023/24.
- Care Home Engagement: All 230 care homes were contacted and provided with winter vaccination resources and communications.
- Integrated Approach: The campaign embedded a “Making Every Contact Count” approach by promoting vaccination during training sessions and audits.



Flu Jab Clinic

Friday 10th October
Drop in between 10am and 3pm
at the Welcome In Community Centre, 55 Bedford Drive, LS16 6DJ

To make the process on the day quicker, you can ring OPAL to register your interest: 0113 261 9103

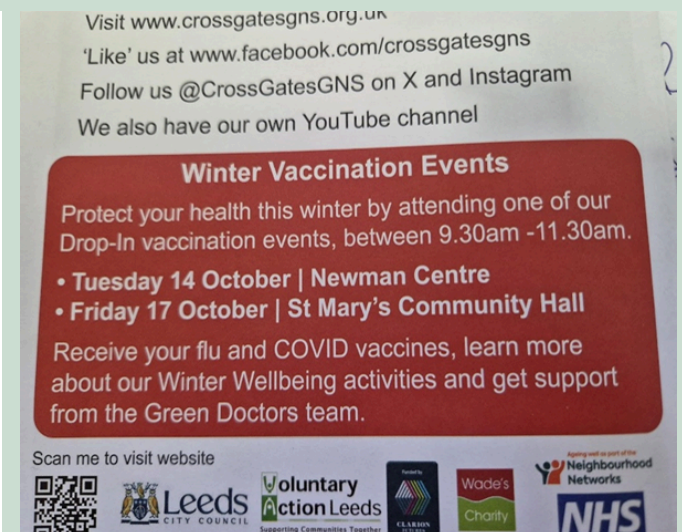
For all members of the community who meet the flu jab criteria:

- children aged two and three years on 31 August 2025
- school aged children from reception to year 11 (inclusive)
- people aged 6 months to 64 years in a clinical risk group
- people aged 65 years and older (age on 31 March 2025)

Free transport is provided for OPAL members

Get Vaccinated

Logos: Colliers, OPAL, WELCOME IN Community Centre & Cafe



Visit www.crossgatesgns.org.uk
'Like' us at www.facebook.com/crossgatesgns
Follow us @CrossGatesGNS on X and Instagram
We also have our own YouTube channel

Winter Vaccination Events

Protect your health this winter by attending one of our Drop-In vaccination events, between 9.30am -11.30am.

- **Tuesday 14 October | Newman Centre**
- **Friday 17 October | St Mary's Community Hall**

Receive your flu and COVID vaccines, learn more about our Winter Wellbeing activities and get support from the Green Doctors team.

Scan me to visit website

Logos: Leeds City Council, Voluntary Action Leeds, Wades Charity, Neighbourhood Networks, NHS

Tuberculosis (TB)

What is TB?

Tuberculosis (TB) is a highly infectious disease caused by the bacteria mycobacterium tuberculosis. It is spread when a person with TB in the lungs or throat cough, speaks or sneezes. TB primarily affects the lungs (pulmonary TB) but can also impact other parts of the body like the lymph nodes, bones, kidneys, and brain (extrapulmonary TB).

Current position

In Yorkshire and the Humber, there has been a 38% increase in TB notifications from 2022 to 2024, compared to a national increase of 25%. Whilst the incidence of TB has remained low in England for a long period of time, 2023 and 2024 data has shown that the previous downward trend has been reversed, and current rates now sit above pre-COVID-19 numbers. In Yorkshire and the Humber, 76% of TB cases were diagnosed in people born outside of the UK from high prevalence countries.

Latent TB

In the UK, the Latent TB Infection (LTBI) screening programme is commissioned by NHSE in higher-burden ICBs and targets 16 to 35 year olds who arrived from high-incidence countries within the past five years. The programme aims to detect and treat latent TB to prevent progression.

Nationally, the number of people eligible for the latent TB testing programme has almost quadrupled since 2014. Despite this increase and more testing activity, 11% of eligible people were tested which is below the programme's 25% annual target. Yorkshire and the Humber achieved the highest coverage at 28.9% and carried out the second-largest number of tests after London.

"TB poses unique challenges as both a serious infectious disease requiring precise clinical management, and a public health issue significantly influenced by social determinants of health."

UKHSA Advisory Board: preparedness for infectious disease threats

Active TB

- TB bacteria are active
- you will feel unwell
- you could pass TB to others

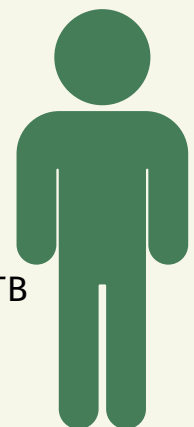
Symptoms include: cough, fever, weight loss, loss of appetite, night sweats, tiredness



Latent TB

- TB bacteria are dormant
- you do not feel unwell
- you cannot pass TB to others

You have a 1 in 10 chance of developing active TB



TB in Yorkshire and the Humber



76%
of TB cases
born abroad



38% increase in TB notifications from 2022 to 2024

UK Health Security Agency



TB
increased by
50% in non-UK
born

and by
16% in UK
born population
compared with
2022

www.thetruthabouttb.org

Tuberculosis (TB)

Achievements

Governance

- Established the West Yorkshire TB Task and Finish Group under the West Yorkshire Integrated Care Board (WY ICB) in 2025 to review TB pathways for active and latent TB, aligning with Getting It Right First Time (GIRFT) recommendations and promoting shared learning across the region.



Community Engagement – TB Translated Videos

- Partnered with trusted community leaders and organisations to develop and disseminate 15 translated TB awareness videos across Leeds communities.

TB Awareness Initiatives

- Delivered regular TB updates in the Primary Care Bulletin.
- Displayed TB symptom messages on Leeds Teaching Hospital Trust (LTHT) digital boards.
- Installed TB information banners in new Community Diagnostic Centres (Armley, Beeston, Seacroft).

Reduced Waiting Times for LTBI Clinics

- Supported 22 additional latent TB infection (LTBI) catch-up clinics with LTHT from November 2024 to November 2025, significantly reducing patient waiting times.



Focus for the Next Year

Our work will be guided by the forthcoming TB Action Plan for England 2026-2031, which is the national strategy to reduce tuberculosis rates by focusing on improving prevention, detection and treatment, in addition to addressing health inequalities through coordinated action.

Key Priorities and Challenges

- Improve TB awareness by engaging with inclusion health groups and collaborating with key partners.
- Manage rising demand for latent TB screening and respond to increasing TB rates.
- Support complex cases involving homelessness, substance dependency, and mental health needs.
- Strengthen governance through regional TB boards and develop a comprehensive Health Needs Assessment (HNA) to inform future planning.
- Mitigate challenges with treatment such as ongoing TB drug shortages.

Air Quality

Air pollution is still the biggest environmental health risk in the UK, causing up to 42,000 deaths every year. Although there have been improvements nationally and locally in outdoor air quality due to cleaner energy, active travel, and low-emission vehicles, there is a need to focus on improving indoor air pollution.

The Chief Medical Officer (CMO) has emphasised this through his national CMO report. This challenge was identified within the last Health Protection Board report and has been the focus of action over the past year.

Achievements

- A refreshed Air Quality Strategy with public health led actions was approved by the Executive Board in March 2024 to address the health inequalities from air pollution.
- Five Air Quality Management Areas (AQMA) were revoked in 2025. These are areas that no longer exceed the UK legal limit for annual average nitrogen dioxide (NO₂) pollution. One AQMA remains.
- Indoor air quality projects delivered with third sector supported people with respiratory illness to identify activities in their home that affect air quality, highlighting improved respiratory outcomes from behaviour changes and low-cost interventions.
- Installation of six low-cost monitoring stations across the city (funded by DEFRA) added to the Sensing Leeds network. This partnership with the University of Leeds, Leeds Beckett University and Leeds City Council gives Leeds the largest PM_{2.5} sensor network outside of London.
- Ten top tips to improve indoor air quality were developed in partnership with UKHSA.
- Educational key stage two lesson plans and resources were developed with teachers to raise awareness of pollutants and their impact on health for children.
- In partnership with Leeds Older People's Forum, workshops were delivered to educate older adults about indoor air pollution and mitigation strategies to improve their health.
- Working with the University of Leeds, a seminar for post graduate Physician Associates was delivered to incorporate education on air quality into academic medical training.

In Leeds, around
1 in 20 deaths
are linked to long-term
exposure to polluted air.

Buy beauty products with the Ecolabel
Avoid burning candles or incense
Turn on your extractor fan
Have your window open a little
Ensure you know how to spot damp and mould



Protect yourself from air pollution indoors

Breathing in polluted air indoors at home can make symptoms of heart and lung problems, as well as allergies, worse. Remember these 10 top tips to improve your indoor air.



1 Let fresh air in

If it is possible and safe to do so open your windows for 5 to 10 minutes a few times a day to let fresh air inside*. This is important to do when cooking, having a shower or bath, drying clothes indoors, or using cleaning products. If you cannot open a window, use the extractor fan in your kitchen or bathroom.



2 Reduce condensation

Too much moisture in the air indoors will cause condensation. Wipe condensation from windowsills. Dry clothes outdoors or in a tumble dryer, if you can. If you are drying clothes indoors you can reduce condensation by:

- Opening your window
- Using an extractor fan
- Using background ventilation (trickle vents in windows)
- Using an airing cupboard.
- Using a dehumidifier



When cooking

Use the extractor fan in your kitchen and try to cover boiling pans with lids. Watch a video on reducing damp and mould from Leeds City Council at: <https://www.youtube.com/watch?v=jmpMixNzZg>

3 Stay smoke-free

Keep your home free from cigarette smoke. Find help to quit smoking at <https://leedstopsmoking.co.uk/> Or visit the NHS website Quit smoking - Better Health - NHS (www.nhs.uk)



4 Keep warm

Heat your home to a temperature of at least 18 °C in the colder months**. If you need help with heating your home visit [Affordable warmth \(leeds.gov.uk\)](https://www.leeds.gov.uk) for information or call Home Plus Leeds 0113 240 6009. Practical advice regarding heating your home over winter is available through the Energy Saving Trust. [Help and advice for heating your home - Energy Saving Trust](https://www.energysavingtrust.org.uk)



5 Use electric or gas heating

Minimise the use of coal or wood to heat your home and choose alternative fuels such as gas or electricity if you can. Wood stoves must meet eco-design ready standards. You must also use clean fuels, such as wood with the 'ready to burn' logo. For more information on burning visit: <https://uk-air.defra.gov.uk/library/burnbetter/>



Service appliances

Have all cooking and heating appliances which use gas, oil and coal serviced annually by a qualified and registered engineer. Install a carbon monoxide alarm to make sure you are alerted if carbon monoxide is present in your home, and make sure it is regularly tested. If you rent your property, your landlord is legally required to service appliances and provide detectors.

Vacuum regularly

vacuuming will help to stop dust getting into your mouth and nose. If possible, use a vacuum with a High Efficiency Particulate Air (HEPA) filter to reduce the amounts from the vacuum cleaner.

Avoid harsh chemicals

Cleaning and personal care products labelled 'chemical free', 'fragrance free' or 'allergy labels on products'.



Test for carbon monoxide

Carbon monoxide alarms, using trickle vents or extractor fans while burning candles and offer a free Safe and Well visit to provide tailored advice and smoke alarm fitted on each floor of your property and test them regularly. You can book an appointment here: [Safe & Well Request Form - Well](https://www.leeds.gov.uk) ([leeds.gov.uk](https://www.leeds.gov.uk))



Open windows, using trickle vents or extractor fans while burning candles and offer a free Safe and Well visit to provide tailored advice and smoke alarm fitted on each floor of your property and test them regularly. You can book an appointment here: [Safe & Well Request Form - Well](https://www.leeds.gov.uk) ([leeds.gov.uk](https://www.leeds.gov.uk))



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Air Quality “

“Findings about the wide range of health impacts from exposure to poor air quality suggest the threat to public health remains significant and greater than previously understood.”

Royal College of Physicians – A breath of fresh air report 2025

Future challenges

Stricter NO₂ Targets

West Yorkshire may tighten nitrogen dioxide limits under its Low Emissions Strategy. This could improve health, but stricter targets might also lead to more Air Quality Management Areas (AQMAs), creating new compliance challenges for local authorities.

Housing Inequalities and Indoor Pollution

Indoor pollution from damp, mould, poor ventilation, and heating systems is a growing problem. People spend most of their time indoors, and those in overcrowded or poorly insulated homes face the greatest risks. Housing inequalities mean vulnerable communities will be hit hardest.

‘The science is now overwhelming; air pollution is a major driver of disease across the life course – from low birth weight and childhood asthma to heart attacks and dementia.’
Professor Sir Stephen Holgate CBE, special advisor on air quality.

Priorities for 2025 – 2026

- Conclude the reporting to the UK central government on NO₂ standards, following the decision in 2019 not to progress with a Clean Air Zone for Leeds.
- Work in partnership with Leeds Active Travel to develop an offer for schools through sustainable school leads and the climate ambassador programme.
- Build on the recommendations in the CMO report and understand the role of air pollution in Awaab's Law to embed air pollution in health and housing networks.
- Build upon the UKHSA Air Quality dashboard to understand the vulnerability of the Leeds population to target AQ interventions.
- Strengthen relationships with maternity services to engage workforce and pregnant women to understand the impact of poor air quality on pregnancy health.

Links for further information:

- Clean Air Leeds | [Leeds.gov.uk](https://leeds.gov.uk/clean-air)
- Protect yourself from air pollution | [Leeds.gov.uk](https://leeds.gov.uk/protect-yourself-from-air-pollution)
- Clean Air Hub | Global Action Plan
- [rcp-full-report-a-breath-of-fresh-air-responding-to-the-health-challenges-of-modern-air-pollution.pdf](https://www.rcp.ac.uk/full-report-a-breath-of-fresh-air-responding-to-the-health-challenges-of-modern-air-pollution)

Antibiotic Resistance

Antimicrobial resistance (AMR) occurs when medicines used to fight infections lose their effectiveness because the organisms they target – whether bacteria, fungi, viruses or parasites – have evolved or acquired adaptations to survive.

The UK has a 20-year vision for tackling AMR through a series of 5-year National Action Plans (NAPs), which aim to bring together organisations across government to contain, control and mitigate AMR by 2040. UK Health Security Agency (UKHSA) research suggests there is some level of public awareness about the risks of AMR to, yet most people do not know what they can personally do to combat it. Misconceptions about antibiotics and incorrect behaviours remain prevalent among some groups. The UK 5-year action plan for antimicrobial resistance 2024 to 2029 was published on 8 May 2024.

Regionally, West Yorkshire ICB leads infection prevention work through specialist groups (like SIPCA and others) that share updates and set priorities for reducing infections across the region.

In Leeds, there is a multi-agency group that brings together hospitals and partners to tackle healthcare-associated infections (HCAIs). This group is being re-established, but Leeds Teaching Hospitals (LTHT) and Leeds Community Healthcare (LCH) still meet monthly to review infection data and collaborate.

Ongoing successes include the Lowering Anti-Microbial Prescribing (LAMP) project that provides GP practices across Yorkshire with regular feedback comparing their antibiotic prescribing rates to other practices. This prompts them to reflect on and reduce unnecessary antibiotic use.

Primary & Secondary Care

Total antibiotic prescribing in Leeds primary care is below the national target and meeting the target for 5-day courses of amoxicillin. LTHT have agreed a target to reduce broad spectrum antibiotic use by 10% compared to the 2019 baseline and are currently achieving this, with a reduction of 16.5% for 2025/26. Further work continues locally to improve stewardship, data and health inequalities.

Keep antibiotics working!

Antibiotics have changed the way we treat infections. But if we take them too often, or if we use them to treat the wrong things, they stop working.



Don't take antibiotics for colds and flu, they don't work!



Don't save leftover antibiotics for later



Always take antibiotics as directed by your healthcare professional



Antibiotic Resistance

Public facing initiatives

Partners across Leeds continue to work together to promote the long-running 'Seriously Resistant' campaign and website which supports the public and health professionals to use antibiotics safely.

In 2025, Leeds City Council Public Health also led several public awareness and education activities including the promotion of World Antimicrobial Resistance Awareness Week. These aimed to increase understanding of antimicrobial resistance (AMR) and help reduce health inequalities, in line with the national 5-year action plan.

Two local priorities were identified in 2025:

- One focused on an area of Leeds with high antibiotic prescribing.
- The other targeted communities most affected by AMR, where there is evidence of lower health literacy and more inappropriate use of antibiotics.

A citywide campaign also took place to remind people how to store antibiotics safely and how to dispose of them correctly. A range of local resources and activities were used, and evaluation showed that the campaign successfully engaged residents and raised awareness.

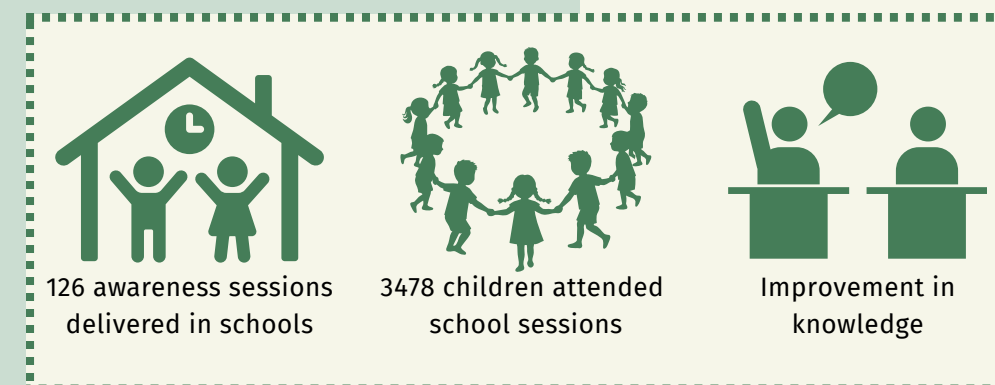
Focus for 2025/26

- Work to ensure the local action plan and Leeds strategy group has representation from all appropriate partners, reflects all ongoing work and clearly aligns to regional and national priorities.
- Evaluate and further expand collaboration on awareness raising campaigns and initiatives.

Raising awareness in Schools

Educational initiatives also form part of the public engagement activities as recommended in the national action plan. In recent years the school health and wellbeing service have delivered sessions to key stage 1 & 2 children on infection prevention, self-care and the appropriate use of antibiotics. These sessions are designed to be interactive, fun and engaging, and they include short quizzes to test children's knowledge. Results consistently show that children's understanding improves after taking part.

In the last academic year 126 sessions were delivered, mainly in schools located in the highest prescribing and most deprived areas of Leeds. A total of 3478 children attended these sessions with pre-post quizzes showing a significant improvement in knowledge.



Health Care Associated Infections



Healthcare-associated infections (HCAIs) can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a healthcare setting. HCAIs pose a serious risk to patients & residents, staff, and visitors. They can incur significant costs for the NHS and cause considerable ill-health to those infected. As a result, infection prevention and control is a key priority for the health and care providers.

Hospital trusts & ICBs are mandated to report 6 priority HCAIs that pose a significant risk to public health via the UKHSA Mandatory Surveillance System.

- C.difficile
- E.coli
- Klebsiella
- MRSA
- MSSA
- P.aeruginosa

Monthly data sets capturing both infections acquired & diagnosed within hospital settings as well as those acquired or diagnosed within the community are discussed at a range of local system wide assurance groups including:

- West Yorkshire AMR Data Group
- West Yorkshire System Infection Prevention & Control Alliance
- Leeds HCAI System Improvement Group
- Leeds Gram-Negative Bloodstream Infection Improvement Group

Where upticks in cases are observed, improvement plans are actioned which can include a deep dive into the data to identify potential sources and commonalities across cases as well as enhanced interventions to prevent further spread.

Gloves off campaign

As part of a West Yorkshire ICB pilot, Leeds Community Healthcare (LCH) were early adopters of the 'Gloves Off' campaign which encourages health and care staff to avoid the unnecessary wearing of single use gloves which as well as contributing to environmental impact can also increase the risk of infection rather than prevent it. Instead, the campaign promotes good hand hygiene before and after care. Hand hygiene audits for LCH staff now include questions to test knowledge on the use of gloves and these outcomes direct further training and communications.



MSSA Improvement in Leeds

In April 2023 UKHSA data showed that West Yorkshire had the second highest rate in England of community onset community associated MSSA (Methicillin-Sensitive Staphylococcus aureus bacteria) blood stream infections. Most of the cases in Leeds (around 70%) were in men.

Through the Leeds Healthcare Associated Infection system improvement group, Leeds Community Healthcare (LCH) carried out a detailed review of all cases. This review highlighted that there was a link to people experiencing homelessness and people involved in intravenous drug use.

LCH have since worked closely with Forward Leeds to support service users and staff around infection, prevention and control interventions for service users.

Sepsis

Sepsis

Sepsis is a life-threatening reaction to infection that can lead to organ failure and death if not treated promptly. Early recognition and intervention can save lives, but symptoms are often missed.

Locally, work is ongoing to embed the Restore 2 tool to enable care staff to spot the early signs of deterioration and sepsis in patients and residents. In 2024, LCH were part funded by WY ICB to embed the Restore 2 training in care homes across Leeds.

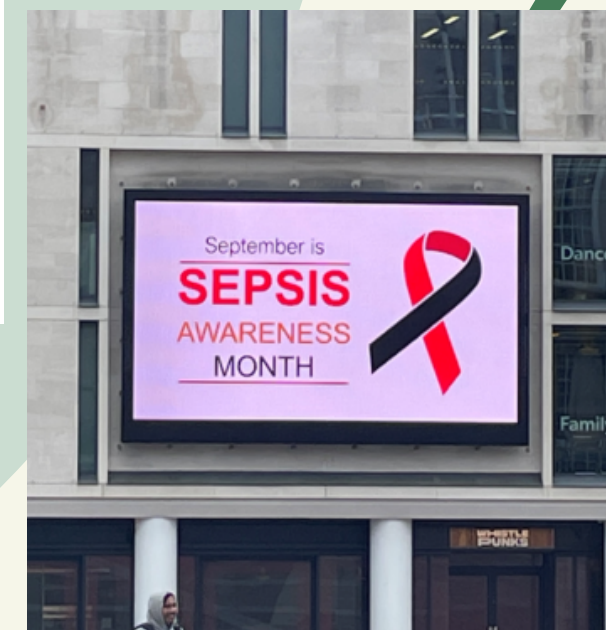
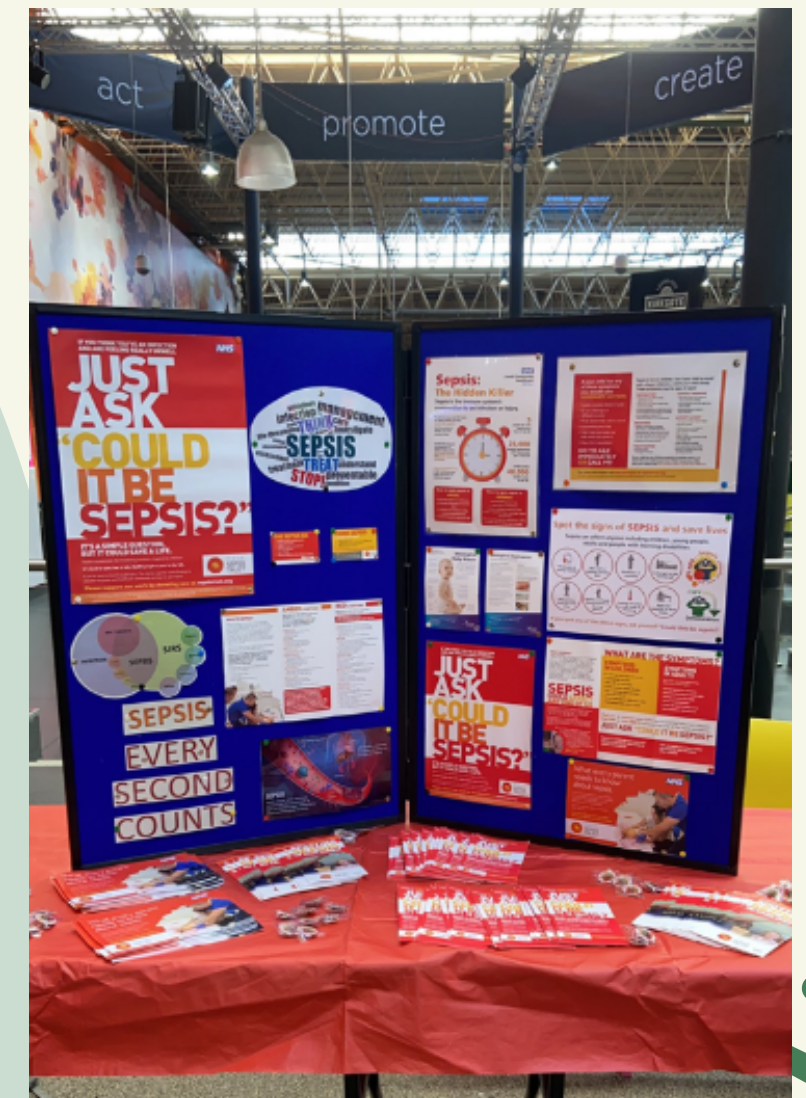
Although funding for this programme has ended and the work has been scaled down, Leeds and York Partnership NHS Foundation Trust (LYPFT) continues to deliver Restore2 Mini.

By summer 2025, LYPFT had trained over 1,000 staff, including private providers commissioned by Adult Social Care (ASC), ASC care managers, and NHS staff. New training dates are planned for 2026, with sessions for district nursing and community teams within LCH. LYPFT also offers bespoke packages for carers in their own homes.

RESTORE2
Recognise early soft-signs, Take observations, Respond, Escalate

Sepsis Awareness Month

Every September, Sepsis Awareness Month aims to help the public and healthcare professionals understand the signs of sepsis. The focus is on spotting symptoms early, getting urgent treatment, and reduce preventable deaths. In Leeds, health and care organisations worked together to run local public awareness campaigns across the city's healthcare services.



Weather Health

Climate change is causing more frequent and more severe episodes of extreme heat and cold. These conditions create serious health risks in Leeds and affect some people disproportionately including:

- Older adults (65+)
- Babies and young children
- Pregnant women
- Individuals with long-term conditions or disabilities

Health Risks

- Cold Weather conditions can lead to an Increased incidence of heart attacks, strokes, and a higher frequency of circulating infectious diseases. Risks are compounded by fuel poverty, poor housing quality, and inability to heat homes, leading to damp and mould.
- Hot Weather can lead to worsening of chronic conditions such as heart and lung diseases, higher risk of dehydration, heat exhaustion, heatstroke, and vector-borne diseases such as Lyme disease.

Periods of adverse weather also place additional pressure on health and care services. More people need medical help, and services must work together to keep people safe and maintain system flow. Coordinated planning and investment has been essential to achieve this.

Strategic Priorities

Aligned with the UKHSA Adverse Weather Health Plan, Leeds' priorities are to:

- Prevent mortality and morbidity during adverse weather events
- Reduce pressure on healthcare services demand during heatwaves and cold snaps
- Support vulnerable people and reduce health inequalities, particularly where adverse weather shortens healthy life expectancy.



"Simple messages are needed - 'are you staying cool.' I think it's hard, we really need accessible information".

**Bushra,
Project Development
Worker**



The 2025 Director of Public Health Report, "Heat in the City: Our Health in a Warming Leeds"

The report recommends:

- Improving access to cool spaces
- Increasing community awareness and engagement
- Using ward-level heat mapping to inform planning guidance
- Raising awareness of vector-borne diseases
- The Weather Health Impact Group (WHIG) leads a coordinated approach across Leeds City Council and the Public Health Directorate, ensuring preparedness is embedded in summer and winter prevention plans.

[Click here to read the Heat in the City report](#)

Weather Health

Current Initiatives

A range of programmes are in place to protect people during extreme weather. These include:

- Home Plus, falls prevention and Heating on Prescription schemes - helping people stay warm and safe at home.
- Winter grants and resilience funding - supporting residents at higher risk from extreme weather
- RET weather health alerts- ensuring partners can respond quickly to heat or cold weather warnings.
- Climate, energy and green spaces funding
- Infection Prevention and Control (IPC) in care homes as part of outbreak management
- Vaccination campaigns - reducing serious illness from flu, Covid-19 and other infections.

The winter vaccination programme aims to reduce serious illness, hospital admissions and deaths. To improve access and reduce inequalities across the city we are:

- Working with clinical teams, carers' networks, and community partners (including Leeds Older People's Forum and Neighbourhood Networks) to share vaccination messages and strengthen community engagement
- Supporting community pharmacies and PCNs to deliver local vaccination clinics, with community champions and grant-funded groups helping promote key messages
- Providing insight and training to help partners focus on priority areas and ensure frontline staff are well-informed
- Delivering a coordinated communications plan that includes both local activity and national campaign messages

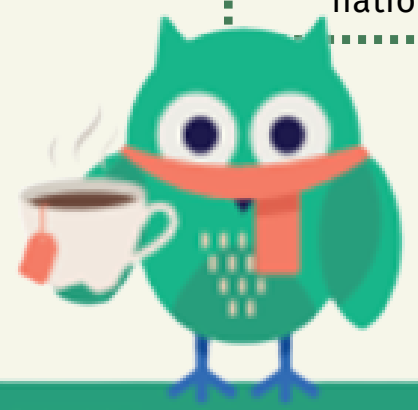
Achievements

- Public health prevention measures to support system flow have been fully integrated into Leeds' ICB winter planning and NHSE submissions.
- Strengthened partnerships for hospital discharge training and community engagement via resources to help residents stay warm and well at home over winter
- Community Ambulatory Paediatric services applying MECC principles to check children's vaccination status
- This year's DPH report explores the impact of rising temperatures in Leeds due to global climate change



Focus for 2025/26

- To ensure Public Health preventative messages, services and initiatives are reflected in the Leeds system wide winter preparedness and resilience plan
- Continue collaboration with care homes to manage respiratory illness outbreaks
- Expand vaccination outreach and monitoring



Care Home Resilience

Care homes are high-risk settings because residents often have complex health needs and weaker immunity. Building resilience requires strong partnerships to prevent infections, support staff, and maintain safe care. Key partners include Leeds City Council (Health Protection, Commissioning, Environmental Health), Leeds Community Healthcare IPC team, the ICB, and UKHSA.

System pathways and processes are routinely reviewed to identify risks and reflect on the lessons learnt from busy and high demand periods. This is an important part of the ongoing collective ambition to improve standards and outcomes year on year and ensure joined up working on key priorities.

To support this, established forums and meetings review challenges faced by care settings including:

- Monthly infectious disease review and response meeting
- Monthly care home system group meetings
- Leeds ASC resilience forum
- Care Home winter outbreaks review meetings
- Winter preparedness meetings
- Pathway reviews e.g. hospital discharge and respiratory outbreaks pathways

This collaborative approach ensures that all key partners are updated on current processes and able to enact the necessary pathways promptly when required.



8% increase in compliance with environmental cleanliness from 2023/2024.



82% compliance for hand hygiene in 2024.



253 care home staff vaccinated by IPC team in 2024/25 flu season

Infection Prevention and Control

Through the co-operation agreement between Leeds Community Healthcare and Leeds City Council, LCH provides a community infection and prevention and control (IPC) service for Leeds, which includes IPC support for local care settings.

This offer includes:

- Support available 7 days a week
- Daily advice and guidance during outbreaks
- Delivery of flu vaccinations for care home staff
- Biannual IPC care home audits to review the care home environment and practice against standards outlined in the Health and Social Care Act.



Workforce Development - training and communication

There is a strong system commitment to deliver quality training to care home staff to ensure they have the skills and confidence about:

- IPC standards and promotion of consistent and safe care within care homes
- the impact of wider health protection priorities on health such as antimicrobial resistance, adverse weather, vaccinations and outbreak preparedness.

NIHR Climate Change and Health Development Award

The University of Leeds were successful in receiving a NIHR Climate Change and Health Development Award to implement the SHIELD (Social care Heatwave Implementation to protect Everyone in Long-term care and Domiciliary services) project in Leeds. The project is being run between November 2025 and August 2026 and will look at co-producing practical heat adaptation strategies for older adult social care settings.

Elevated Childhood Lead Interagency Prevalence Study (ECLIPS)



Lead is a naturally occurring metal that can be harmful to health, especially with long-term exposure. Although its use in products like paint, pipes, and petrol has been banned or restricted, people can still be exposed, including through old paint, leaded glass, solder in hot water systems, and some imported foods.

In Yorkshire and the Humber, there were 54 reported cases of childhood lead exposure in 2021, 65 cases in 2022 and 78 cases in 2023. The actual incidence of child lead exposure in the UK is unknown and testing frequency has a significant impact on case detection. Between 2015 to 2022, the region represented about 36% of all of the reported cases in England, however the UK Health Security Agency do not consider these figures representative of the actual incidence of child lead exposure.

Regional differences in surveillance data primarily reflect variations in testing practices rather than true differences in exposure. In Leeds, clinicians were encouraged to test children for lead exposure when investigating iron deficiency and pica. This targeted approach has resulted in a 90% increase in testing and case reporting, demonstrating the significant influence of clinician awareness and testing protocols on surveillance outcomes.

Monitoring blood lead levels can inform policies to reduce exposure and support child development. The ECLIPS study will assess the extent of exposure and the feasibility of home-based finger-prick testing for national screening.

What is the study?

The Elevated Childhood Lead Interagency Prevalence Study (ECLIPS) is a new feasibility study being undertaken in Leeds, launching in November 2025. The project is led by Northumbria University in partnership with the UK Health Security Agency and Leeds Teaching Hospital Trust as well as local partners such as LCC Public Health, Housing, Environmental Health and West Yorkshire Integrated Care Board (ICB). The aim of the study is to help create a national programme to identify lead exposure in children, by testing new ways to screen for lead.

The study aims to revolutionise the monitoring of lead in children's blood in several ways:

- **Improve Detection:** By making testing easier and more accessible, the study can identify more children with elevated lead levels who might otherwise be missed.
- **Ensure Equity:** By understanding barriers to participation, more inclusive approaches may be developed to reach all communities, especially those at highest risk.
- **Inform Policy:** Better data on lead exposure will help guide targeted public health interventions and environmental policies.
- **Broader Applications:** The methods developed could be used for other pollutants and diseases that require blood sampling, reducing the need for stressful hospital visits.
- **International Impact:** The approach could inform lead surveys and prevention programmes in other countries.

Further information about the study is available at www.leadsafefutures.org

HIGHLIGHTS



Measles Outbreak

In 2024–25, Leeds experienced a measles outbreak that prompted a quick and coordinated public health response. Health and care partners worked closely together to implement effective control measures, successfully containing the outbreak within two neighbouring postcode areas.

Measles is a highly infectious but vaccine-preventable disease. Protection is provided through the MMR (Measles, Mumps, and Rubella) vaccine, which is offered free of charge by primary care services as part of the NHS routine vaccination schedule. Although there have been positive efforts to improve uptake, Leeds reflects the national trend of declining MMR coverage, falling short of the 95% target recommended by the World Health Organization (WHO).

In response to this risk, the Leeds health system regularly reviews and updates its Outbreak Plan. This plan played a key role in coordinating the local response, supported by regular Outbreak Control Team (OCT) meetings led by the UK Health Security Agency (UKHSA).

Leeds Teaching Hospital Trust experienced a high number of cases attending the emergency department which required additional control measures to support isolation of potential patients to prevent ongoing transmission. There were also complex cases which required additional support from Leeds Community Healthcare Infection Prevention Control team to provide a specialised response in vulnerable settings.

Overview of the outbreak

109
confirmed
cases



average age of
cases



affected 16 schools
and 4 nurseries

62



cases attended Leeds
Teaching Hospital Trust
emergency department

87%

of the cases
had no record
of having an
MMR vaccine



Control measures included 5 community vaccination sessions held in schools and community venues. These were delivered by the School Aged Immunisation Service and primary care, supported by extended access clinics and post exposure prophylaxis clinics for people who has been in contact with measles cases. These actions were strengthened by strong community engagement approaches, working closely with schools, third sector partners, community leaders, and vaccination champions.

A lessons learned review, led by UKHSA, has helped to inform improvements to local and national outbreak preparedness. It also reinforced the commitment to increasing vaccination uptake across Leeds. The response to this outbreak has been recognised nationally as an example of effective system wide working.

Mpox

Mpox (previously known as monkeypox) is a infection that usually causes a rash and flu-like symptoms. The risk of catching it in the UK is low for most people. There are two types of mpox called Clade 1 and Clade 2.

- Clade 1 mpox is most commonly found in parts of central and east Africa. Clade 2 mpox is found at low levels in many countries around the world. It was previously classed as a High Consequence Infectious Disease (HCID) in England until March 2025 when it was downgraded.
- The cases in the UK have mainly been Clade 2 mpox. There have been a very small number of Clade 1 mpox cases.

Prevention and Vaccination

Pre-exposure

In Aug 2025 the Joint Committee on Vaccination and Immunisation (JCVI) introduced a routine pre-exposure two-dose mpox vaccine via sexual health services for higher risk groups including:

- GBMSM, those with multiple partners, group sex, or attending sex-on-premises venues
- Some trans and non-binary people in similar networks
- Healthcare workers at higher risk may also access the vaccine as part of an occupational health offer

Post-exposure

Close contacts of people with confirmed mpox may also be offered the vaccine. The vaccine is most effective when given within 4 days from the date of exposure. However, it can be given up to 14 days after exposure.

In 2024, Leeds responded to a clade 1b mpox case, then classified as a High Consequence Infectious Disease (HCID), requiring measures like contact tracing, vaccination, and isolation.

Due to few cases nationally, UKHSA convened national and regional Incident Management Teams, supported locally by task groups for vaccination, communications, and accommodation.

Wellbeing of cases and contacts was prioritised through single points of contact, daily welfare checks, coordinated food and health supplies, and clear isolation guidance.

Contact tracing was based on risk categories (1, 2, and 3) determined by exposure level, with control measures ranging from self-monitoring and information provision to post-exposure vaccination, active monitoring, and 21-day isolation. Community vaccination was rapidly mobilised by the LCH IPC Team, requiring trained and FIT-tested vaccinators.

Given anticipated media interest, UKHSA issued a proactive press release with local partners to protect identities and reduce stigma.

Lessons learnt:

- Strong local preparedness informed by outbreak plans and roles/responsibilities matrix
- Community IPC team critical for rapid vaccination response
- Early symptom recognition enabled timely care and PPE use
- Single points of contact supported mental health and wellbeing
- Need for a West Yorkshire HCID roles and responsibilities matrix

Health Protection Dashboard

Alongside its own local priorities, the Leeds Health Protection Board is also responsible for overseeing all the health protection indicators in the Public Health Outcomes Framework (PHOF).

These indicators - set nationally by the Department of Health and Social Care and the Office of Health Improvement and Disparities (OHID) - measure the health status of a population and the impact of health services over time. They include indicators like life expectancy, hospital admissions for specific conditions, screening rates, infant mortality, and vaccination coverage. The indicators help Leeds compare and monitor local population health and rates against regional and national trends and understand where improvements are needed. All indicators are available online on the Fingertips public health profiles tool <https://fingertips.phe.org.uk/>

To help the Leeds Health Protection Board review these indicators more easily and track progress or issues more easily, a local dashboard was developed in 2015 with the aim of providing a clear overview. The dashboard has been refined and refreshed with the most recent update taking place in 2024. This work update was led by the Health Protection Team and the PH Intelligence Team in partnership with key stakeholders.

Recent updates include:

- A refreshed list of 54 PHOI's related to Health protection which now including some additional local indicators representing TB and Air Quality.
- Introduction of direction of travel graphics and a RAG rating system.
- Different version views: Full dashboard, Snapshot view and red rated areas requiring discussion.
- Robust system to ensure local narrative from identified system leaders is provided to aid understanding and discussion.

"As Chair of the Leeds Health Protection Board, I find the dashboard a really useful tool and visual aid to ensure that board members are sighted on our progress as a city on key health protection indicators as well as flagging areas where more focus is needed."

Victoria Eaton, Director of Public Health

Leeds Health Protection Board Dashboard - Full Report



Indicator	Target	Comparator	Previous	Latest	RAG Rating	Direction of Travel	RAG Rating Details			10 Yr Trend	Comment
							Worse	Similar	Better		
Organisation / System Group with responsibility:											
Author of narrative:											
Position Statement: To include Summary of Improvement Measures, Current Barriers/Risk within system, Support required from HP Board											

Outbreak Planning

Leeds isn't just reacting to outbreaks; it's working to prevent them. This means promoting good hygiene, supporting vaccination, and staying vigilant in high-risk settings like schools, hospitals, and care homes

Leeds Outbreak Management Plan

The plan was updated in 2024 by the Leeds Health Protection Board and is led by the Director of Public Health. The plan is designed to protect communities, reduce inequalities, and respond to emerging health threats.

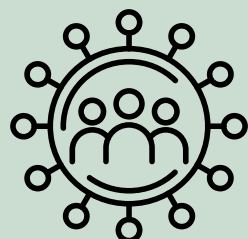
The plan aims to minimise harm and safeguard vulnerable populations, especially in high-risk settings such as care homes, hospitals and schools. As well as reacting to threats it also aims to prevent outbreaks through proactive public health measures.

Outbreaks are defined from two linked cases and once identified, an Outbreak Control Team (OCT) is convened, bringing together experts from UKHSA, Leeds City Council, NHS bodies, and community representatives. The purpose of the OCT is to assess risk, investigate sources and implements control measures such as contact tracing, vaccination, and community reassurance.

Principles that guide our response



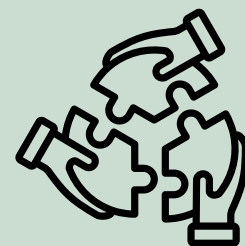
Data and Surveillance drives decisions



Community engagement ensures interventions are inclusive and effective



Transparent communication builds public trust.



Collaborative leadership brings together health, council, and third-sector partners.



Agile partnerships allow for flexible, timely responses.

Health Protection Training & Impact

To strengthen outbreak preparedness, Leeds launched the Health Protection Training Programme in 2025 to build knowledge and skills across the wider workforce. The training introduces core public health principles, addresses health inequalities, and covers priority topics such as vaccinations, air quality, adverse weather, antimicrobial resistance (AMR), sepsis, and tuberculosis (TB).

In its first year, the programme reached over 120 frontline staff and third-sector partners, with an online webinar attracting more than 200 views. Feedback has been highly positive, and the programme will continue into 2026, adapting to emerging priorities and refining content based on outbreak response insights. This approach builds a skilled workforce, promotes consistent health protection practices, and strengthens community resilience.



Acknowledgements

This report is the result of a truly collaborative effort, made possible through the support and contributions of numerous individuals and organisations across Leeds and beyond. We extend our sincere thanks to all who have shared their expertise, insight, and unwavering commitment to health protection. Your input has been instrumental in shaping this work and ensuring it reflects the breadth and depth of our shared ambition.

It brings together the collective knowledge and experience of professionals across public health, healthcare, research, and the voluntary sector. From those who provided data and analysis to those delivering frontline services and engaging with communities, every contribution has strengthened our ability to protect health and tackle inequalities,



GLOSSARY OF ABBREVIATIONS

ASC	Adult Social Care	LYPFT	Leeds and York Partnership NHS Foundation
AQMA	Air Quality Management Area	MECC	Making Every Contact Count
AMR	Antimicrobial Resistance	MMR	Measles, Mumps, and Rubella
CMO	Chief Medical Officer	MRSA	Methicillin-Resistant Staphylococcus aureus
DEFRA	Department for Environment, Food & Rural Affairs	MSSA	Methicillin-Sensitive Staphylococcus aureus
DHSC	Department of Health and Social Care	NHSE	NHS England
ECLIPS	Elevated Childhood Lead Interagency Prevalence Study	NHS	National Health Service
GBMSM	Gay, Bisexual, and Men who have Sex with Men	NO ₂	Nitrogen Dioxide
HCID	High Consequence Infectious Disease	OCT	Outbreak Control Team
HCAI(s)	Health Care Associated Infection(s)	OHID	Office for Health Improvement and Disparities
HPV	Human Papillomavirus	PCN	Primary Care Network
ICB	Integrated Care Board	PHOF / I	Public Health Outcomes Framework
IPC	Infection Prevention and Control	PHOI	Public Health Outcome Indicator
JCVI	Joint Committee on Vaccination and Immunisation	PM2.5	Particulate Matter (2.5 microns)
LAMP	Lowering Anti-Microbial Prescribing	RSV	Respiratory Syncytial Virus
LCC	Leeds City Council	TB	Tuberculosis
LCH	Leeds Community Healthcare	UKHSA	UK Health Security Agency
LTBI	Latent Tuberculosis Infection	WHO	World Health Organization
LTHT	Leeds Teaching Hospitals Trust	WY ICB	West Yorkshire Integrated Care Board