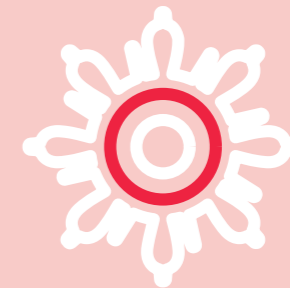
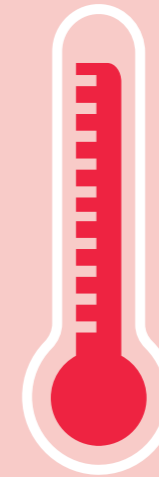


Leeds Health Protection Board Report 2023



UK Health
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Leeds
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Partnership

NHS



Leeds
CITY COUNCIL

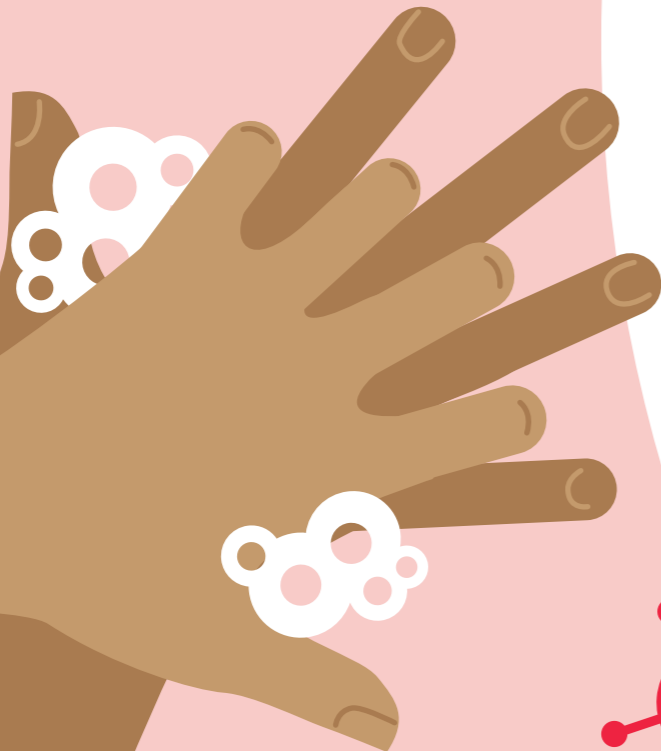
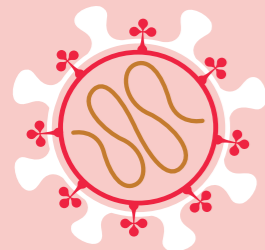
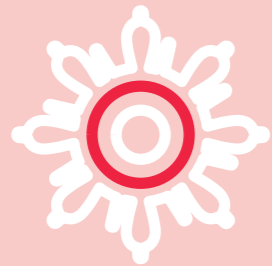


Bevan

Inclusive Health and Wellbeing

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Foreword

Welcome to this year's Leeds Health Protection Board report which provides an overview of progress made against the Health Protection Board priorities, alongside showcasing case studies and highlighting our approach to managing significant infectious disease outbreaks in the city.

Due to the success of the Covid vaccination programme, COVID-19 now is not what it used to be, and we can thankfully start to move on from the pandemic. We have learnt valuable lessons including an even greater appreciation of the power of community, community leaders and their role in infection prevention.

This report presents the fantastic achievements of the Health Protection system in Leeds and the effective and efficient approaches to prevent, detect and mitigate health threats to the Leeds population.

We have shone a spotlight on the work of Bevan (a West Yorkshire based social enterprise service for highly vulnerable people) and Leeds City Council's Resilience and Emergency Team (RET). Bevan, despite the increasing demand for their service, have worked tirelessly to meet the needs of those with poor health and complex risk factors. RET provide the logistical support and plans for major outbreaks / natural disasters and are an integral partner for health protection.

This year has not been without its challenges. We've seen new and emerging infectious disease outbreaks including Mpox and CPE, a type of superbug which had not previously been seen at such scale. Reports of scabies have increased impacting families experiencing high levels of poverty and social deprivation. All this against a backdrop of rising energy costs which have exacerbated inequalities, the war in the Ukraine displacing populations and increasing numbers of people seeking asylum.

Globally, climate change and antimicrobial resistance (AMR) continue to present new risks which we will need to be able to prepare, adapt and respond to. Climate change poses significant challenges contributing to the spread of infectious disease, extreme weather events such as flooding and heatwaves, as well as the quality of the air we breathe. AMR is a critical threat to health protection as it reduces the effectiveness of antibiotics and other antimicrobial drugs. This poses challenges in treating infections and increases the spread of infection. These health threats do not affect everyone equally, people in underserved communities or who have other vulnerabilities suffer the worst outcomes.

As a Board we will continue to adapt our priorities where necessary and develop robust work programmes. This will mean we are able to evolve, innovate and address future health protection challenges. To underpin this approach, we will ensure that there is a strong evidence base, a commitment to community engagement, and a strong emphasis on workforce development and collaborative working. This will ensure that people are consulted, supported and cared for with compassion and kindness.

I would like to express my thanks for the huge amount of work that has happened throughout this year and the ongoing efforts from across the city to ensure Health Protection continues to be prioritised. I look forward to working with partners and communities in the coming year.

Victoria Eaton

Director of Public Health, Leeds.
Chair of the Health Protection Board.



Bevan Healthcare



Who we are and what we do

Bevan are a pioneering social enterprise established in 2011 and now widely regarded as being at the forefront of health and wellbeing services for highly vulnerable groups who face social barriers to accessing care. Bevan operate across West Yorkshire and our patients include:

- Refugees and Asylum Seekers
- People experiencing homelessness or who are insecurely housed
- Sex workers
- Gypsy Romany and Traveller groups

Many Bevan patients have complex needs, have experienced trauma and or have addiction and or mental health issues. We take a holistic approach to healthcare and our work is informed by the social determinants of health model.

We pride ourselves in a responsive and person led approach – finding compassionate solutions for individuals that benefit both the individual and the system as a whole.

We are a social enterprise which enables us to respond to the needs of our patients in a responsive way and to evolve our services with the changing needs of the patients we serve. As a social enterprise any profits we make are invested back into services for our patients.



Achievements



People experiencing homelessness in Leeds

COVID and influenza vaccination programmes have continued to be delivered via the Bevan outreach services, targeting rough sleepers and those in temporary/emergency accommodation.

Following consultation, Bevan partnered with Leeds Community Healthcare NHS Trust to provide a homeless outreach wound care clinics across the city in locations such as Forward Leeds hubs and on our outreach bus which has led to better wound outcomes and contributes to the prevention and early identification which can lead to significant invasive infection such as Group A Strep.

Bevan's hepatitis C outreach clinic has engaged with a significant number of individuals with known hepatitis C and facilitated increased levels of successful treatment. This has a potential positive impact not only on the individual but also to the wider at-risk population in the city with reduced viral exposure in the community. The service and wider outreach team, continue to provide opportunities for hepatitis C testing in a variety of settings.

People resettled or seeking asylum in Leeds

All those newly arriving to a Leeds contingency accommodation site are offered a comprehensive health assessment including a physical and mental health screen, examination if required and opt-out screening for active and latent TB, HIV, syphilis, chlamydia, gonorrhoea, and hepatitis B and C. Alongside the GPs, nurses and healthcare assistants, Bevan occupational therapists and social prescribers are there to provide occupational and wellbeing support to those in contingency accommodation.

Contingency (e.g. hotel) accommodation has seen a significant number of scabies cases, often unrelated cases, who come to the city with infestation and significant symptoms. The Bevan Migrant Health Team provide an early detection and treatment of those with scabies to reduce the risk of onward transmission within the accommodation as well as provide treatment and symptomatic relief for those affected.

All those coming to a contingency accommodation site in Leeds are offered vaccination for measles, mumps, rubella, diphtheria, tetanus, polio alongside any other vaccinations suggested as per the national schedule. From our experience, most asylum seekers coming into Leeds from non-Bevan cities come with no vaccination history. Concerns continue around diphtheria and measles outbreaks in these settings and Bevan work hard to increase vaccination uptake in this population.



Bevan Healthcare



Challenges / Risks

The last year has brought several challenges for Bevan services in Leeds. As we work with a range of inclusion health cohorts, we have split challenges/risks into 2 core cohorts we work with:

People experiencing homelessness in Leeds

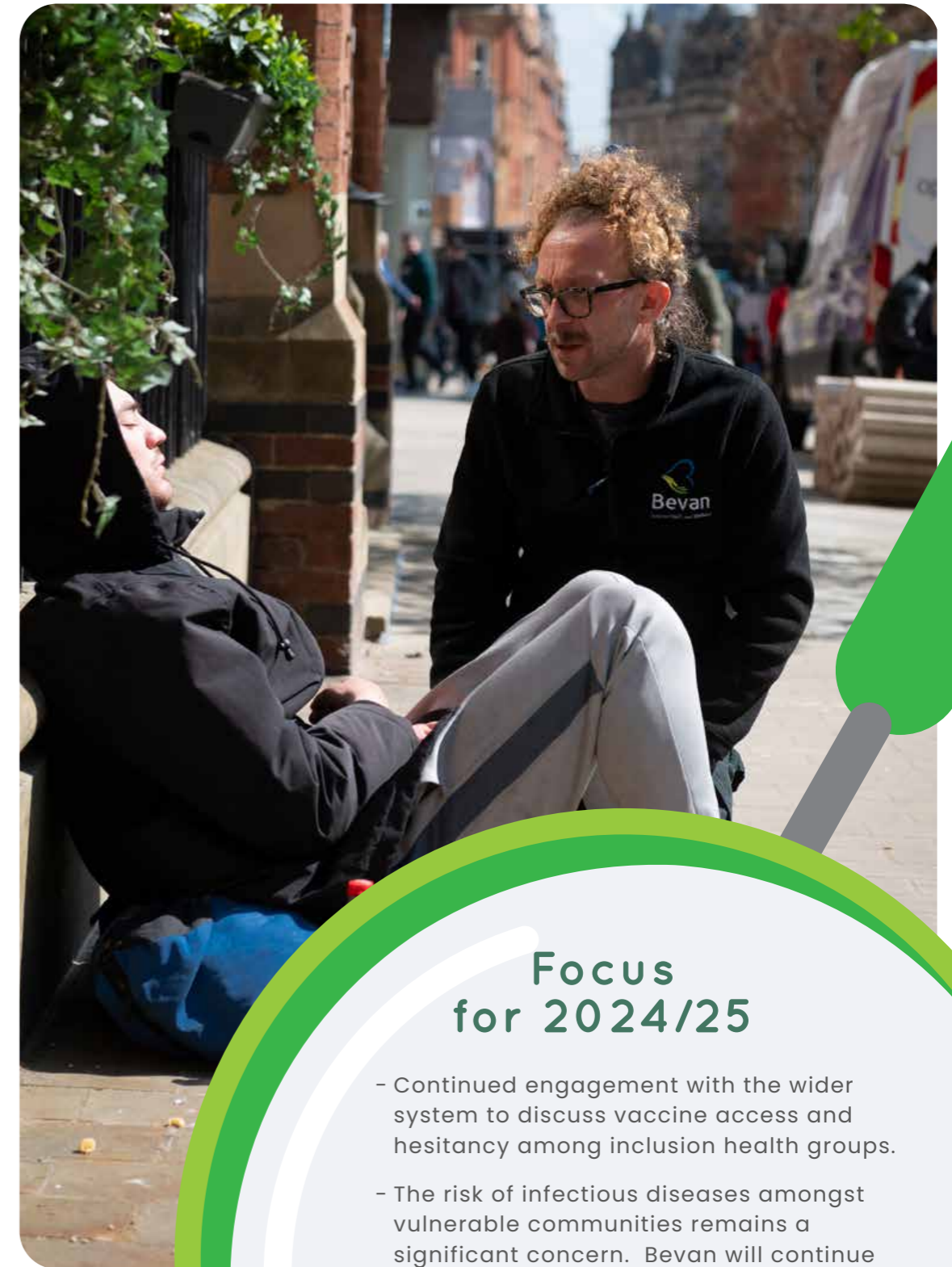
Increased numbers of rough sleepers in Leeds since COVID-19 and the end of the 'everybody in' policy has led to services at Bevan being stretched and reduced levels of engagement. The increased cost of living has impacted everyone but has disproportionately affected those experiencing homelessness as well as other inclusion health groups.

People resettled or seeking asylum in Leeds

The significant increase in the number of people seeking asylum in the UK has been highly publicised, and one of the challenges faced when providing health and wellbeing services to asylum seekers is the highly political arena in which Bevan operate. An often less than favourable political and media environment can lead to unrest in communities where asylum seekers are housed. Political decisions relating to claiming asylum in the UK, such as the 'Rwanda policy' and more broadly,

the Illegal Migration Act 2023, can add further pressure to the mental health and wellbeing of those cared for, and make for a more challenging arena to operate in professionally.

York Street Health Practice, the Bevan inclusion health specialist GP practice, has seen a significant increase in those registered with the practice who are resettled or seeking asylum, and our Migrant Health Team have responded by conducting an increased number of health assessments, adding strain to existing services at short notice.



Focus for 2024/25

- Continued engagement with the wider system to discuss vaccine access and hesitancy among inclusion health groups.
- The risk of infectious diseases amongst vulnerable communities remains a significant concern. Bevan will continue to work in partnership to mitigate the risks and support in outbreak response.
- To continue to be a trusted organisation for vulnerable groups who have barriers to accessing health care.
- To advocate for vulnerable groups within the wider health protection system.

Links

<https://www.gov.uk/government/collections/illegal-migration-bill>

Resilience & Emergency Team Leeds City Council



Role of Emergency Planning in Health Protection

Emergency planning plays a proactive role in health protection by ensuring that communities and healthcare systems are prepared to respond effectively and collaboratively to various emergencies, such as natural disasters, disease outbreaks, or terrorist attacks. In the context of health protection, the four phases of emergency management are shown below:

As a Leeds Health and Care system, emergency planning is integral to Health Protection. This organisational spotlight will provide an oversight of the approach taken by Leeds City Council's Resilience and Emergencies Team (RET) to delivering the legislative duties under the Civil Contingencies Act 2004 (CCA04) for Leeds City Council through planning and delivering emergency response.

Emergency management



Risk Assessment:

Identifying potential health threats and vulnerabilities within a community. This assessment helps in understanding the specific risks that need to be addressed in emergency plans such as extreme weather, outbreaks, pandemics and port health plans.



Preparedness:

To develop, implement and review plans (including business continuity plans) to ensure health and care systems and wider partners understand their roles and responsibilities and have the necessary skills and resources to respond to emergencies. This includes scenario planning, stockpiling supplies and establishing robust communication systems with partners.



Response:

During an emergency response the priority is to protect life and property. Actions throughout the response phase aim to mitigate negative impact and safeguard public health. Response interventions can include providing emergency shelter, supplies and warning and informing the public during times of emergency.



Recovery:

Recovery is the process of rebuilding, restoring and rehabilitating the community following an emergency. The Local Authority lead on the recovery process after the emergency services have completed the response phase.

At all phases of emergency management, it is vital to collaborate with various agencies, organisations, and local authorities to share resources, expertise, and information.

Working together enhances the overall response and ensures a comprehensive approach to health protection during emergencies.

An example of this is the Local Resilience Forum (LRF).

Achievements

Emergency Preparedness (all plans) & LRF

A review of the approach to emergency planning in Leeds City Council took place in 2022 which included a new management system, as well as workforce development training for those involved in incident response plans.

Collaborative Working

- Two business continuity risk workshops were held with Adult Social Care Home Care and Care Home providers focussed on which services would continue operating in the event of a power cut. The workshops identified further actions required to support lessons learnt from the exercise. The workshop won an award for Service Delivery at the ALARM'S Annual Risk Management awards.
- Further work was undertaken with Public Health and Adult Social Care to ensure the availability of a vulnerable person's list in the event of an incident requiring evacuation due to incidents such as severe weather or planned or unplanned power outages.

Resilience & Emergency Team Leeds City Council



CASE STUDY

Partnerships - The Local Resilience Forum (LRF)

A LRF is a multi-agency partnership that brings together local public services including emergency services, local authorities, the NHS, the Environment Agency to plan and prepare for emergencies.

One crucial aspect of their work includes health protection especially during health protection crisis like pandemics.

The Local Resilience Forum aims to:

- plan and prepare for localised incidents and catastrophic emergencies,
- identify potential risks and types of hazards that might affect the region,
- produce emergency plans to either prevent or mitigate the impact of any incident on their local communities,
- deliver training and exercises to test the plans,
- ensure staff in all organisations are kept up to date and provides advice,
- provide information and assistance to the public, business community and voluntary organisations.

The RET team are an integral part of the West Yorkshire LRF and co-ordinate local involvement in exercises and planning processes. For example, in 2022/23 the LRF had a heavy focus on National Power Outage (NPO) and central government rolled out Exercise Mighty Oak to test a response to this situation.



Heatwave

In 2022 Amber and Red Heat alerts were issued for most of the UK by the MET Office. Lessons on the Council's response to the heatwave were identified and a Silver planning group was formed. The group established working protocols to guarantee the safety of our workforce and delivery of services during periods of prolonged intense heat in the future.

Winter Mortality

Public Health data is used to forecast excess deaths. In January 2023, due to an increase in deaths over the winter period, the West Yorkshire Excess Deaths Plan was activated. The activation meant that there was mutual aid across all hospital trusts and mortuary capacity was managed, mitigating the risk of contracting in additional storage support. This approach is now the adopted Business Continuity measure within West Yorkshire Association of Acute Trusts.



Exercise Ripario - Rest Centre Exercise

In September 2022, a live exercise was held to test the Reception Centre Plan, which would be activated in the event of an emergency to provide shelter and welfare provision for those who were unable to return to their homes; this includes emergency prescribing nurses and social work support. The exercise included how welcome companion animals could be included in the reception centres due to the mental health support they provide to people who have experienced a traumatic event. The provisions to look after the welfare of those animals contributed to LCC being awarded a Gold Pawprint Award by the RSPCA in the category of Contingency Planning.



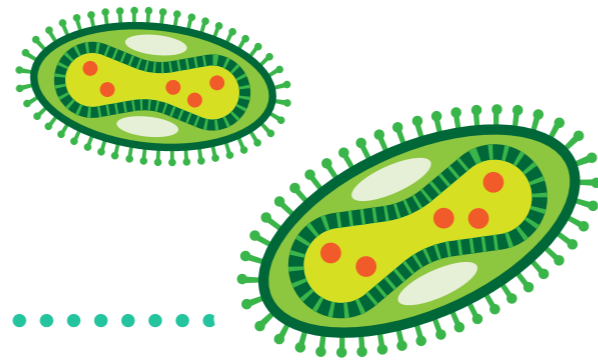
Focus for 2024/25

- All Leeds City Council Business Continuity Plans are being assessed against international standards and necessary updates are made in annual reviews.
- The Mass Fatalities and Excess Deaths plan for Leeds will be reviewed in line with new plans in West Yorkshire.
- The LCC Severe Weather Plan will be reviewed, to include learning from the heatwave of 2022 such as how alert and warning systems are communicated.
- Review of the Reservoir Inundation Plans with internal and external stakeholders.
- Triggers under the Leeds Major Incident Plan will be reviewed. A new approach will be established for declaring an emergency and notifying key officers that a Strategic Coordination Group meeting has been called.

Links

Preparation and planning for emergencies: responsibilities of responder agencies and others - GOV.UK (www.gov.uk)

Mpox



What is the infection?

Mpox (formerly known as Monkeypox) is a rare viral infection most commonly found in west or central Africa.

Mpox does not spread easily between people unless there is very close skin to skin contact (such as direct contact with infected skin lesions e.g. during sexual contact).

Mpox is usually self-limiting but severe illness can occur especially in those with other co-morbidities or are immunocompromised.

Mpox symptoms

People with mpox often get a rash, the incubation period is 5-21 days. During this time, a person does not have symptoms and may feel fine.



Rash (similar to chicken pox)



fever



aching muscles



headache



swollen lymph nodes

An individual is contagious until all the scabs have fallen off and there is intact skin underneath.

Achievements

- Quick response: this was vital to enable suspected cases to be swabbed safely with effective IPC measures for staff. This enabled us to help neighbouring cities in the first few days.
- Collaboration: the collaboration between stakeholders (management of cases and vaccinations) enabled us to work faster with a wider response across the whole city. It created sustainable partnerships for further work beyond Mpox with longevity.
- Flexible and adaptable response: the outbreak was fast paced with everchanging guidance; therefore flexibility was crucial.
- Cross organisation: the partnership working brought many organisations together who had formerly not been in communication. The impact of this was wider than Mpox itself.
- Regular communication: the Mpox group met initially twice weekly to ensure all stakeholders were engaged in problem solving, innovating together and keeping in close communication.



CASE STUDY

Between May 2022 to September 2023, >3700 Mpox cases were diagnosed in the UK amongst men who have sex with men (MSM) unrelated to travel. Transmission appears to have been linked to large European festivals such as Pride events.

This put unprecedented pressure on the health system and required new collaborations, partnership working and a flexible response (in a health system still recovering from Covid).

The Leeds Sexual Health service (LSH) in partnership with the Leeds Teaching Hospital Trust Infectious Disease team (LTHT ID) mobilised within 24 hours of the BASHH (British Association for Sexual Health and HIV) webinar alerting sexual health services to the outbreak. An isolation chamber was created at LSH, PPE was acquired from LTHT ID wards, guidance was created for staff and a new phone triage system was implemented to identify suspected cases.

Partners involved: Leeds Sexual Health, LTHT Infectious Disease, LCH Infection Prevention Control, LCH Covid vaccination team, Yorkshire & Humber UKHSA, Leeds City Council, Yorkshire Mesmac



CASE STUDY

Rapidly, a citywide Mpox weekly meeting was created, led by LTHT and supported by the LTHT Emergency Planning Team. This brought together stakeholders across the city including: LTHT (ID, Occupational Health, Dermatology, Virology), LCH (Leeds Sexual Health, Infection Prevention Control), UKHSA, Leeds City Council, Yorkshire Mesmac and Leeds Local Care Direct.

A system wide pathway was set up to identify suspected cases, test partners (LSH), results management, inpatient support for cases who needed admission, virtual ward support for those isolating at home and vaccination of Mpox contacts (between LSH and LCH IPC) as well as occupational vaccination of at risk healthcare workers. More than 115 patients were swabbed, 26 positive cases were identified and there were no deaths.

A programme of vaccination for MSM (Smallpox vaccination) who have casual / multiple partners was launched by the NHS. LSH and LCH IPC worked together, using support and transferable learning from the LCH Covid Vaccination Team, to develop a responsive vaccination programme across the city using data searches to target eligible patients via text message (across LSH, Yorkshire Mesmac and the LTHT HIV service) and online booking of appointments. 1856 vaccinations were given in Leeds, the highest in North East & Yorkshire.

Scabies



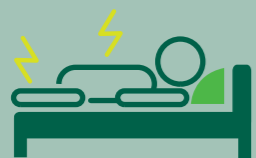
What is the infection?

Scabies is a common and very itchy skin rash caused by a mite called *Sarcoptes scabiei*, which are smaller than a pinhead. They are usually spread by direct skin-to-skin contact from someone who already has scabies and sometimes, but rarely, from shared clothing, towels or bedding.

Medication is for the individual and all close contacts. There is a need for individuals to follow very detailed application instructions to ensure the treatment is effective. Additional control measures such as washing bedding and towels at high temperatures is also required.

Scabies symptoms

Intense itching, especially at night



Raised rash or spots often found in the skin folds.



The spots may look red. They are more difficult to see on dark skin, but you should be able to feel them.

Achievements

- Despite Scabies being a non-notifiable disease, community action was essential, due to the multiple layers of inequalities that the families were experiencing.
- The local surveillance system and strong partnership working was able to identify the increased levels of Scabies circulating in the community and the impact it was having on families.
- Through working with partners, a national shortage of the first line treatment cream Permethrin was identified. Working closely with the Leeds ICB Medicines Optimisation Team, Leeds was able to secure a supply to support local increases. Escalation processes are in place for any future concerns.
- Bespoke written and audio resources were developed for the families who did not speak English as their first language and were shared amongst the community through trusted partners.
- Through the engagement with these families, partners have been able to develop relations to promote other health and social care advice including promoting vaccines.



Links

More information about the work of community champions can be found: <https://cdn-doinggood.b-cdn.net/wp-content/uploads/2023/10/Community-Champions-Summary.pdf>

CASE STUDY

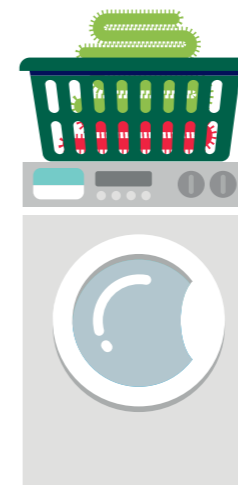
In April 2023, Leeds City Council's Health Protection team were notified by partners through their Single Point of Contact (SPOC) alert system of an increase in Scabies cases within the community. Primary care data was used to gather further insight and it supported the local surveillance from partners.

Through this data, a specific area of the city was identified as having an increased number of people living with Scabies. Those identified with Scabies in this area were living with high levels of multiple deprivation which presented additional complexities for the managing the infection.

What was the system response?

Leeds City Council's Health Protection team co-ordinated a meeting to address partners concerns and identify local interventions to support those affected. The meeting identified several barriers that the community were experiencing. Issues raised included:

- lack of awareness of Scabies
- low levels of GP registration for diagnosis and treatment
- cost of prescriptions
- shortage of first line treatment (Permethrin)
- how to apply treatment cream correctly
- non-English speaking and low literacy levels
- reduced access to other control measures such as washing machines and cleaning products



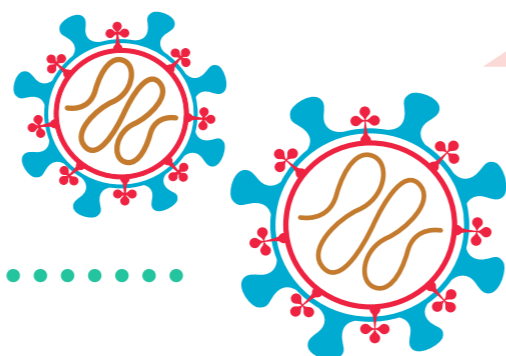
Interventions

- A bespoke leaflet was designed about scabies, how to reduce transmission and how to apply Permethrin treatment cream. Close working with the Leeds City Council Gypsy Roma Traveller Team and Early Help Duty and Advice Team meant that these leaflets were simplified and translated into several community languages. The information was also recorded in an audio file in 3 languages so that the messages could be shared via Whatsapp.
- Leeds Community Healthcare's Infection Prevention Control team supported the development of training for the local workforce to raise awareness of Scabies and how to direct people to treatment and support.
- The local Primary Care Network, GP confederation and wider community networks were integral to raising awareness of Scabies circulating in the community. Briefings were undertaken with the Executive Member for Adults and Health.
- The Leeds Integrated Care Board Medicines Optimisation Team worked closely with Community Pharmacy West Yorkshire to include Permethrin treatment cream in the Pharmacy First scheme to support those from low-income families. Due to insight into the number of people not registered with primary care, the scheme was also developed to be accessed by those not registered with a GP.
- A training workshop was delivered to 51 local professionals and community champions to provide support to families, including information on where to access treatment and answer any questions.
- Local support services were available to access white goods, cleaning kits and additional bedding for the affected families.

Partners involved: - Leeds City Council - Public Health, Gypsy Roma Traveller (GRT) Team and Families First Team - Leeds GP Confederation - Leeds ICB - Data Quality and Medicines Optimisation - Community Pharmacy West Yorkshire - UKHSA - Community Champions Programme



Measles



“Measles is one of the world’s most contagious diseases”
 – Measles (who.int)



CASE STUDY

What is the infection?

Measles is a highly infectious viral infection that can be a serious illness, especially in young children, pregnant women, and individuals with weakened immune systems.

Measles is one of the world’s most contagious diseases, yet it is preventable with the Measles, Mumps and Rubella (MMR) vaccination. In the UK children receive two doses of the MMR vaccine as part of the routine childhood immunisation schedule.

The UK Measles and Rubella elimination strategy was launched in 2019 which highlights the national ambition to achieve and sustain the World Health Organisation target of 95% coverage for two doses of the MMR vaccine in five-year-olds. Achieving 95% MMR vaccination uptake is enough to generate herd immunity, which will protect those who are not able to be vaccinated, such as babies under 1 years old and stop measles circulating.

“Just one person with measles can infect nine out of ten people who have not had the MMR vaccination.”

Achievements

- A clear plan has been developed which has provided clarity for partners on roles and responsibilities and a clear process if a response to an outbreak is required.
- Agreed commissioning responsibilities and arrangements for specific parts of the local response.
- Agreements in place for data sharing.
- Gaps in knowledge and processes have since been addressed.
- Continued focus on increasing MMR uptake and raising awareness of Measles.



Preparing for a measles outbreak in Leeds

With the backdrop of lower vaccination rates and the increase of Measles cases nationally, health and community partners came together to consider the local response in the event of a community outbreak.

Several scenarios were discussed to identify the roles and responsibilities of partners to:

- Lead and oversee the local response.
- Provide contact tracing support.
- Confirm commissioning responsibilities for catch up vaccinations.
- Discuss principles for community engagement activity.
- Agree the responsibilities and scope for communications.



CASE STUDY

National uptake of the MMR vaccine has continued to decline over the last decade and these rates were exacerbated by the COVID-19 pandemic. Nationally, coverage of the first dose of MMR vaccine in 2-year-olds has dropped below 90% and coverage of 2 doses of MMR vaccine in 5 year olds in England is currently 85.5%.

10%

of children under 5 are not fully protected from measles and are at risk of catching and spreading it.

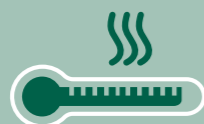


Measles is a notifiable disease in England, which means that health professionals must inform local health protection teams of probable or confirmed cases. From 1 January to 31 July 2023, there were 141 laboratory confirmed measles cases in England compared to only 54 cases in the whole of 2022. In Leeds there have been a small number of individual cases with no outbreaks identified to date.

Measles symptoms



Red, sore watery eyes



High temperature



Cough



Rash (a few days after cold-like symptoms)



Carbapenemase-producing Enterobacteriales (CPEs)

What is the infection?

Carbapenemase-producing Enterobacteriales (CPEs) are antibiotic-resistant bacteria. They can live harmlessly in the human gut without making people unwell and spread person-to-person without symptoms developing (i.e. when a person is said to be a 'CPE carrier'). However, CPEs can also cause serious infection in a small proportion of people, for example if CPE are found in the blood stream or urinary tract. CPE infections are difficult to treat due to the bacteria carrying resistance to common antibiotics. KPC-producing *Klebsiella oxytoca* is a type of CPE which caused an outbreak at Leeds Teaching Hospitals Trust (LTHT) in the Summer of 2022. Two strains were identified in the Specialty Integrated Medicine Clinical Service Unit at St James' University Hospital; LEEDPKL-7 and LEEDPKL-8.

CPEs are a relatively rare cause of infection in Leeds and it is unknown how many people in the West Yorkshire population are CPE carriers. Risk factors for CPE include being in hospital abroad or in areas in the UK where CPE is more common, or being in contact with someone who has CPE. In Leeds Teaching Hospitals NHS Trust, CPE has been seen in a small number of unwell patients over the past decade, but it has not been a significant risk to health.

ANTIBIOTIC RESISTANT BACTERIA



What are "CPE" and why do we care.
Read time: 5 min



CASE STUDY

The Speciality and Integrated Medicine (SIM) Clinical Service Unit (CSU) at SJUH was involved in an outbreak of CPE (KPC-producing *Klebsiella oxytoca*) that began in July 2022 affecting several hospital wards. A major outbreak control group (MOCG) management process was used to identify the clinical and epidemiological risks and to develop mitigating actions to control the spread of CPE. A key focus of the outbreak investigation was to screen a large number of people to identify all patients with CPE so that further transmission could be prevented.

By the time the outbreak was closed in March 2023, 1000s of patient screening samples had been tested and a total of 41 patients were confirmed to be KPC positive. 4 patients carried the organism in clinical samples and 37 in screening samples only.

The last positive case occurred on 22 December 2023. By the time the outbreak was closed, a detailed education and training programme had been shared and CPE admission and surveillance screening had been implemented in LTHT.

When the MOCG was formed, all key stakeholders were invited (see below).

This included the Leeds UKHSA field operations team who kindly supported with epidemiological investigations, and strong representation from the Leeds community teams.

Of the 41 positive cases

39 with KPC *Klebsiella oxytoca*,
Of the 39 *K. oxytoca* patients, 24 patients had the LEEDPKL-8 strain and 15 patients had LEEDPKL-7 strain on molecular typing.

1 KPC *Klebsiella pneumoniae* and
1 who isolated a KPC *E. coli*.



CASE STUDY

Achievements

Strict infection prevention measures were implemented in LTHT including ward cohorting, high intensity CPE screening and cleaning. A core element of outbreak management was education and training for all staff groups working on the wards. This included face to face teaching, a CPE video and written information for staff and patients. In addition to posters on the wards, visitors were included in the educational aspect to prevent further spread of CPE.

Given the outbreak occurred in the elderly care population, collaborative working between hospital and community teams was essential from the outset. As CPE was relatively unknown amongst colleagues in social care, there were concerns for safe patient discharge processes. Additional support was required to share knowledge of the precautions needed to prevent transmission. Two teaching sessions facilitated by the Leeds Community Healthcare NHS Trust, supported by LTHT, were attended by over 60 colleagues within the community, to outline the pathway for CPE positive and exposed patients. This was offered face to face and via teams to both managers and staff and the training was circulated to all care providers in the community.

Lessons learnt

- CPE is a growing threat to the provision of safe healthcare globally, nationally and locally.
- Collaborative working across Leeds Teaching Hospitals and Leeds Community Health led to the control of a large CPE outbreak.
- Education and training materials were shared and adapted for different staff groups in health and social care. This laid the foundation for a joined up approach to control transmission of CPE in the elderly care population.



Partners involved: Nursing teams – IPC – Microbiology – Pathology – CSM's – General Managers/ Heads of Nursing on-call – Relatives – Leeds Community Healthcare NHS Trust – Leeds & York Partnership Foundation Trust – Leeds City Council – UKHSA UK Health Security Agency field – LTHT Executive team

Adverse weather

Current position

There are many reasons for the increased risk to ill-health during hot and cold weather including:



- physical hazards such as snow and ice



- poor-quality housing and particularly cold homes, mould and damp



- increased risk of dehydration, heat exhaustion and heatstroke



- increased risk of heart attacks and strokes



- higher frequency of circulating infectious diseases



- malfunctioning or inappropriate appliances to heat homes may lead to increased risk of carbon monoxide poisoning



- increases in the cost-of-living and the impact that food and fuel poverty can have on health

Adverse weather such as heatwaves and cold spells can have a significant impact on people's health, with experts predicting that adverse and extreme weather events will continue to become more frequent.

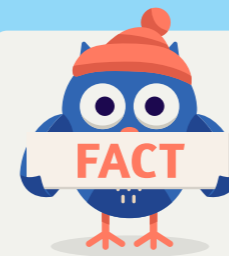
Whilst adverse weather can affect anyone, some people are particularly at risk including older people (aged 65 and above), young children, people with underlying health conditions and those that are pregnant.

In 2023, the UK Health Security Agency (UKHSA) launched the National Adverse Weather and Health Plan (AWHP) which includes recommendations that areas need to put in place to reduce the health effects of adverse weather on communities and build resilience.

The Leeds Weather Health Impact Group (WHIG) is an internal Leeds City Council working group; they work to ensure a co-ordinated approach to preventing weather related ill health with three key priorities:

93% reported feeling warmer and more comfortable in their home, with 61% reporting using their heating less than before the intervention by Care and Repair

- Feedback from recipients of the Leeds Care and Repair service.



To keep warm and well the room where you sit should be 21°C and your bedroom should be 18°C.



1

Prevention and management of adverse weather-related illness, infections and ill health.

2

Support people living with frailty to reduce vulnerability to poor health during periods of adverse weather.

3

Mitigate the health impacts of cold and heat.

Heatstroke Symptoms



Unwell after resting 30 mins in cool



Hot skin but not sweating



Fast breathing



Very high temperature



Seizure or fit



Fast heartbeat



confusion lack of coordination



Loss of consciousness

Adverse weather



Achievements

Delivered 22/23 to protect vulnerable people from the hazardous impacts of adverse weather:

- Home Plus (Leeds) enables and maintains independent living through improving health at home
- Active Leeds Health Programmes
- Lunch clubs
- Winter grants
- Neighbourhood Network Schemes
- Community Infection Prevention and Control service (LCH) provide support, advice and outbreak response to community settings.

Winter 22/23



80+

lunch clubs delivered across the city to tackle loneliness and isolation amongst older people.



220

referrals to Active Leeds for 'Strength and Balance' sessions.

Home Plus has supported:



670

people to return home from hospital.



894

households assisted to reduce fuel poverty through visits.



2,500

people supported to reduce falls risk



1116

households received direct assistance to address fuel poverty. 68% had at least one person living in the household with a long-term condition which could be exacerbated by living in a cold environment.

Leeds Winter Warmth offer



164

winter warmth packs distributed by West Yorkshire Fire Service to 133 households deemed most at risk from harm from cold home living. 61% of which were given to a household with at least one resident over the age of 60.



Risks

- increase in hospitalisation due to cold weather including ill-health and falls.
- higher frequency of circulating infectious diseases during winter months, such as flu, COVID, and norovirus as well as physical hazards such as snow and ice.
- increased risk of carbon monoxide poisoning due to people using malfunctioning or inappropriate appliances to heat their homes.
- Due to damp and cold homes, mould is more likely to occur which increases the risk of respiratory illness

Challenges

- There is an increasing number of people who are affected by the CoL crisis, particularly vulnerable groups including older people and people on lower incomes, with many facing the decision of whether to eat, or heat their homes.

Focus for 2024/25

- Prevention and management of adverse weather-related health outcomes
- To ensure collectively that our summer and winter preparedness plans are in place to prevent the major avoidable effects on health during periods of adverse weather
- Continue to use the AWP and action cards as a framework of best practice to inform our response to adverse weather events
- Encourage people who are eligible to get their flu and COVID-19 vaccine
- Ensure Public Health messages, services and initiatives are reflected in the system wide winter preparedness plan
- To reduce health inequalities by targeting interventions and services for those who are more vulnerable



Air quality and health

54 of every 1000 deaths that occur in Leeds can be attributed to air pollution.

- (Fingertips, 2021).

Current position

Air pollution remains the largest environmental health risk in the UK and there are no safe levels of the main pollutants of concern. Last year's Chief Medical Officer (CMO) annual report (2022) focused on air pollution and the need for public health action to reduce exposure and contributions to indoor and outdoor pollution.

There are two primary pollutants of concern for Leeds:

- Nitrogen dioxide (NO₂) of which the main source is vehicle emissions and the burning of other fossil fuels.
- Particulate matter (PM₁₀ and PM_{2.5}) There are a number of sources of particulate matter. A small proportion of the concentrations of PM that people are exposed to come from naturally occurring sources such as pollen, sea salt and airborne dust. A third of all PM in the UK is from sources outside of the UK. However, around half of UK concentrations comes from domestic wood burning and transport emissions.

Source: Clean Air Strategy, 2019

In 2022, outdoor air quality in most of Leeds met the UK's air quality objectives and has remained at similar levels since 2021.

Leeds City Council plans to revoke five out of six current Air Quality Management Areas in the city. These are areas where the pollution levels have previously exceeded the UK standards.

An Air Quality management area is: "geographical areas where air pollution levels are, or are likely to, exceed national air quality objectives"

Partnership approach to mitigate the impact of Air Pollution

The Leeds Air Pollution and Health Group is a citywide multi-agency partnership, involving partners from Environmental Health; NHS; Housing; Highways and Transportation; University of Leeds; Climate, Energy and Green Spaces, and is accountable to the Leeds Health Protection Board and Leeds Health and Wellbeing Board. The partnership ensures a collaborative approach for action, planning and prevention to address the health impact of air pollution on health across Leeds.



Air pollution affects everyone but there are inequalities in exposure and the greatest impact on the most vulnerable:

Pregnant women	Children and young people	Those with cardiovascular and/ or respiratory disease	Older people (aged 65 and above)	Those living in areas of deprivation with long-term health conditions*	Early years settings, schools, care homes, and hospitals.

Protect yourself when high air pollution is forecast

Everyone can be harmed by dirty air but those most at risk are

- People with heart or lung conditions
- Pregnant women
- Older people
- Children

Air pollution warning for Leeds: **Very high** pollution forecast

Making simple changes on days when poor air quality is forecast can reduce your risk of becoming ill or worsening existing health conditions.

Sign up here to receive email alerts and official public health advice when high levels of air pollution are forecast in Leeds. This free service is provided by Leeds City Council.

To find out more about air quality in Leeds visit www.leeds.gov.uk/cleanair

Air quality and health

Achievements

Partners have worked together on the following initiatives to support this agenda:

- Publishing a Leeds air quality Health Needs Assessment (HNA) and developing citywide recommendations based on the findings.
- Co-developed the air pollution alerts system with council and health partners, launched on Clean Air Day 2022. The system alerts subscribers by email when 'High' or 'Very High' pollution episodes have been forecast by the Met Office.

Air pollution warning for Leeds:

Very high
pollution forecast



Further monitoring

- Working with the University of Leeds on their Sensing Leeds network to expand the number of Purple Air particulate matter sensors across the city; this will increase our understanding of pollution trends across both urban and rural areas.
- Collaboration between West Yorkshire Combine Authority (WYCA), the 5 districts and the Universities to deliver a Defra funded Particle Information Improvement Project (PIIP) between April 2023 - 2025 to provide a regional iMCERT PM monitoring network, detailed data analysis, public data dashboard and health messaging via the WYCA website.



Workforce Development

- 'Want to Know More About...' training webinars and the development of a training video resource aimed at the wider public health workforce to increase understanding about air pollution and health.
- Co-organised an accredited national conference 'Every Breath You Treat' aimed at health professionals and clinicians to help encourage meaningful conversations about air pollution and health as part of routine appointments and clinical assessments.
- A workshop was held in March 2023; this allowed collaboration with stakeholders to develop key recommendations for local activity and interventions that mitigate the risk of poor health because of air pollution.

Resources

- Distributed 7000 patient-friendly leaflets to all GP surgeries in Leeds for those with respiratory health conditions.
- Created and distributed business cards and posters to support clinicians and encourage sign-up to the air quality alerts system.
- Ensuring public health messages are kept up to date and shared via the Clean Air Leeds website: leeds.gov.uk/clean-air.

Projects

- Projects with local schools, including supporting a primary school to access air quality monitors and sensors, lesson plans, and resources.

Focus for 2024/25

- Building on the CMO 2022 report and the local HNA, a refreshed action plan for the Air Pollution and Health Group will be developed. This will include:
 - Strengthening the wider public health and health workforce development offer.
 - A greater focus on communication and engagement with people who have a higher risk to the short and long-term effects of air pollution.
 - Strengthening our current data position and understanding of air quality and health outcomes.
 - Prioritising key activity and guidance on indoor air pollution.
- A successful bid with Leeds Older People Forum to develop workshops on air pollution for staff and volunteers attending Neighbourhood Networks and developing tailored resources for the older population.
- Working closely with housing colleagues, third sector colleagues and frontline workers to understand and tackle indoor air pollution within people's homes.
- Working with clinicians in primary care and acute settings to raise awareness of the health impacts of indoor air quality, especially addressing children and asthma working through the Asthma Friendly school and Asthma Bundle of Care initiatives.



Links

www.gov.uk/government/news/we-can-and-should-go-further-to-reduce-air-pollution-says-chief-medical-officer

<https://observatory.leeds.gov.uk/wp-content/uploads/2023/08/2023-Leeds-Air-Quality-Health-Needs-Assessment.pdf>

Risks

- Despite complying with UK standards on air quality, there are no safe levels of air pollution.
- To improve air quality beyond than local interventions, a whole systems approach is required, including support from national government through policy and investment.
- People with long term conditions are not always informed about the risks to their health from air pollution to make informed decisions.

Challenges

- Air Quality is the largest environmental health risk in the UK which shortens lives and contributes to chronic illness.
- Communities and partners are unaware of small behavioural changes to improve their air quality.

Antibiotic resistance



AMR is a global issue with The World Health Organisation (WHO) declaring it as one of the top 10 global public health threats facing humanity and establishing a twenty-year global AMR action plan (2014).

Current position





Antimicrobials, particularly antibiotics, have saved millions of lives since they were first discovered in 1928 by Sir Alexander Fleming.


Mainstream use and access to Penicillin G in the mid 1940's marked the beginning of the 'antibiotic revolution' which many generations have since benefited from enormously; improving the health of the population and reducing deaths associated with infection. But no new classes of antibiotics have been discovered since the 1980s. This, together with the increased and inappropriate use of the drugs we already have, means we are heading rapidly towards a world in which our antibiotics are no longer effective. We need to act now to make sure that our children and future generations continue to benefit from these life-saving medicines.

AMR is one of the top 10 priorities within the UK governments National Health and Social Care's risk register. The UK has set a 20-year Antimicrobial Resistance ambition: by 2040 we will live in a world where antimicrobial resistance is effectively contained, controlled, and mitigated.

The ambition is supported by a 5 Year Action Plan (2019-2024) which has 3 key areas of focus.

- 

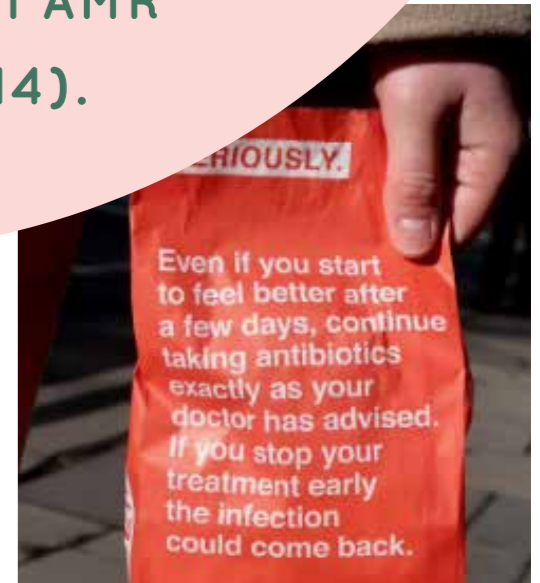
1 Reducing the need for and unintentional exposure to antimicrobials – reducing infections both in humans and animals, encouraging good infection prevention and control within environments and better food safety.
- 

2 Effective use of antimicrobials – effective use of antibiotics in humans, animals and agriculture, surveillance and monitoring of prescribing, AMR in humans and animals
- 

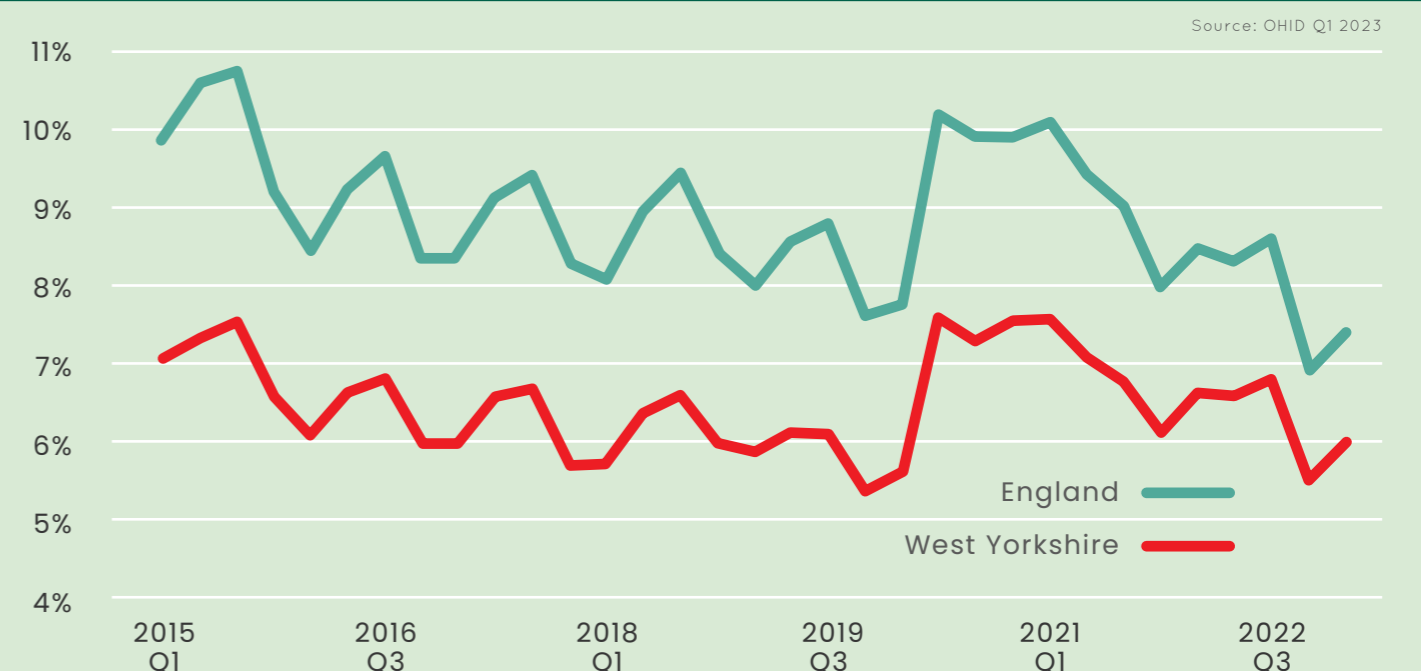
3 Investment in diagnostics, alternative therapies, vaccines, and interventions ensuring that there is parity in access to these and quality assurance of AMR health products.

The Leeds AMR Strategic Group is driven by a collective commitment to tackle AMR within our city.

Leeds:
It's time to take antibiotic resistance **SERIOUSLY.**



Percentage of broad-spectrum prescribed antibiotic items (cephalosporin, quinolone and co-amoxiclav class) by quarter for West Yorkshire ICB -15F



Antibiotic resistance



By 2040, our vision is of a world in which AMR is effectively contained, controlled and mitigated.

- DHSC, The UKs vision for AMR by 2040 and 5 year national plan

Achievements

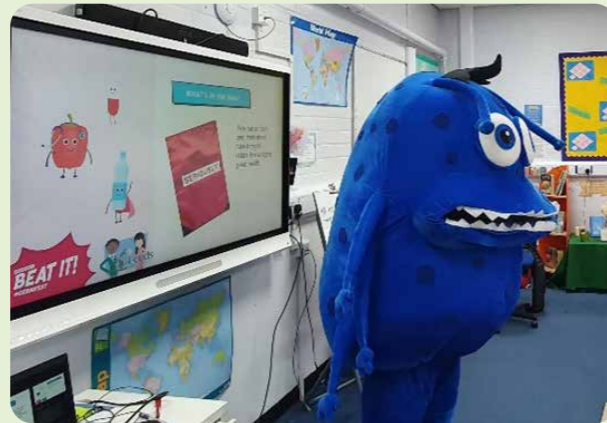
Primary Care

Leeds GPs and Pharmacists are part of the forward thinking Lowering Antimicrobial Prescribing (LAMP) initiative: receiving regular antibiotic practice level prescribing data which are discussed and reviewed within peer review sessions twice yearly. Sites with prescribing rates higher than the national target are supported to formulate an improvement plan.

The overall percentage of broad-spectrum antibiotic prescribed in Leeds is lower than the average national rate (OHID Q1 2023).

Community engagement and education

The 'Seriously Resistant' campaign has continued to develop since it was introduced in 2016 with the aim of raising awareness of AMR and to educate people on what action they can take to make positive changes. The campaign has been designed to engage different audiences over the years including, students, older people, and families with young children as well as healthcare professionals and in high antibiotic prescribing areas of the city.



Beat It Schools Sessions

In November 2022 the 'Beat It' school sessions were launched as part of World Antibiotic Awareness Week. The Leeds City Council Health & Wellbeing team have developed an interactive education session to increase knowledge of AMR and preventative measures. This session has been delivered to 79 primary schools which are located in the 5 highest antibiotic prescribing areas of Leeds, equating to 35% of all primary schools.

Community education packs

Community education packs have also been developed which aim to provide community leaders and third sector partners with practical resources for engaging their services users around antibiotic use and how to stay healthy and well. Key community settings have been identified for the distribution of resources.



Challenges

- Managing national incidents when they occur which require antibiotic treatment and will impact prescribing levels. e.g. Invasive Group A Streptococcal / Scarlet Fever in children in Dec 22.
- To raise awareness of the importance of AMR within the community and clinical settings.

Risks

- Continue to see higher GP prescribing rates than the NHS target.
- Increasing infections which are harder to treat and increases in the rise of diseases spreading, severe illness and death.

Focus for 2024/25

1. Continue to co-ordinate and deliver the Leeds AMR priorities through the Leeds Strategic Group ensuring collaboration with other local and regional strategic groups.
2. A continued focus on community engagement and education. To include delivering Phase 2 of the 'Beat It' school campaign.
3. Work with community pharmacy to further develop and promote the antibiotic amnesty scheme which encourages members of the public to hand in unused antibiotics and remove them from public circulation and potential inappropriate use.
4. Continue to work together as system partners to fully understand the complexities and barriers around antibiotic prescribing both within primary and secondary care where targets are not currently being met.



Links

<https://www.leedsccg.nhs.uk/news/leeds-residents-urged-to-take-antibiotics-seriously-this-world-antibiotic-awareness-week-2/>
<https://www.westyorksrds.nhs.uk/waaw-blog-6>

Cancer screening

Early detection saves lives.

- www.nhs.uk



Cancer Awareness training delivered to Migrant Community Networkers

Current position

Cancer screening saves lives by helping to spot cancer in its earliest stages when treatment is more likely to be successful. Later diagnosis often results in poorer outcomes for patients and increased costs to the health and care system. In the UK, there are currently 3 national screening programmes for breast, bowel and cervical cancer.

There is a clear approach to cancer screening in Leeds through the Cancer Prevention, Awareness and Increasing Screening Uptake workstream of the Leeds Cancer Programme. This is led by Public Health, Leeds City Council and made up of a broad range of partners from across the Health and Care system in Leeds.

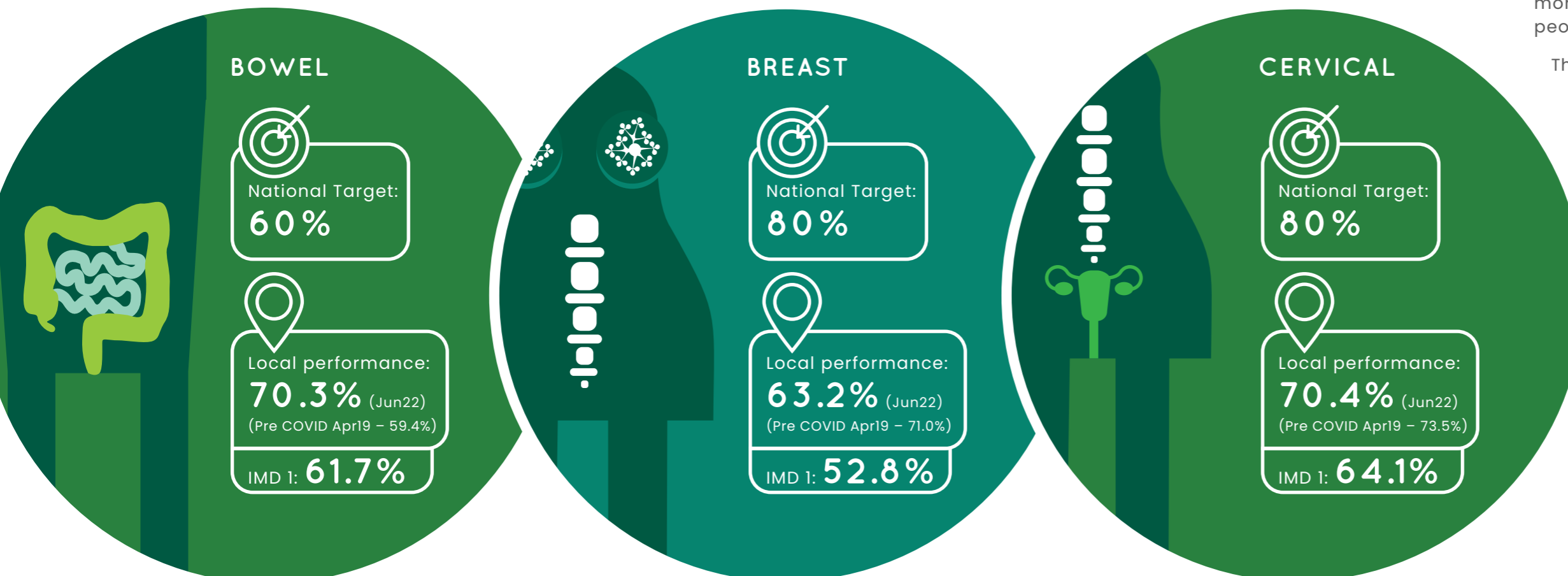
The workstream aims to;

- To facilitate work which contributes towards preventing cancer
- To raise awareness of signs and symptoms of cancer
- To increase uptake of the three national cancer screening programmes (breast, bowel and cervical)
- To narrow the gap in cancer health inequalities through a targeted approach in areas of highest deprivation and with specific groups where cancer outcomes are poorer

Evidence shows that people living in deprived areas and certain groups including people with Learning Disabilities, Severe Mental Illness (SMI) 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.

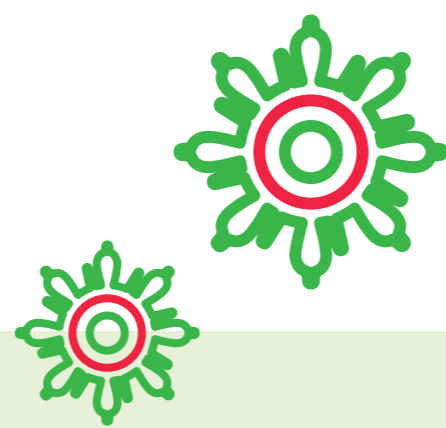
The data demonstrates that Leeds is exceeding national targets for bowel screening and uptake rates are higher than they were pre covid. For breast and cervical screening, Leeds uptake rates are significantly below the national targets and have declined from pre-COVID-19 rates. This decline aligns with national trends although 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. For all three screening programmes uptake is lower in the most deprived areas of Leeds (IMD 1) compared to the Leeds overall performance.

Leeds Cancer Screening Uptake rates:



*IMD: Index of Multiple Deprivation

Cancer screening



Achievements

Commissioning of services

Across Leeds, there is a three-pronged approach to raising awareness, increasing cancer screening uptake and improving cancer outcomes in Leeds.

1

The Leeds Health Awareness Service: commissioned by Leeds City Council which takes a community engagement approach to raising awareness around cancer prevention, signs and symptoms and encourages uptake of screening. The service is targeted in areas of highest deprivation and with specific groups where cancer outcomes are poorer.

2

Primary Care Cancer Screening Champions programme: commissioned by Leeds ICB targets the most deprived practices in Leeds where screening uptake is lowest; with an aim of increasing bowel and cervical screening uptake.

3

The Primary Care Network (PCN) Cancer Care Co-ordinator programme: commissioned by Yorkshire Cancer Research and the Leeds GP Confederation, designed to achieve accelerated uptake of the three national cancer screening programmes. Cancer Care Co-ordinators cover the 8 most deprived PCNs in Leeds.



Partnerships

Three health inequality task groups have been established which focus on cancer and learning disabilities, severe mental illness (SMI) and culturally diverse communities. Examples of activity developed and delivered through the task groups include:

- Development of a GP bowel screening flagging pathway for people with learning disabilities and bowel screening training for frontline workforce
- Delivery of a co-produced creative arts project to raise awareness around ways to reduce cancer risk for people with learning disabilities.
- Provision of cancer messaging training to 18 Migrant Community Networkers, from 11 different communities, who then delivered 25 local events with their own communities.
- Commissioned a piece of insight work into the barriers and enablers to accessing screening for people with SMI to inform further work.

Sharing best practice and learning

In June 2023 we hosted a joint event between the three health inequality task groups. This was the first time the groups had come together to share learning, challenges and to learn from one another. The event was a great success and as a result these will continue to run on a six-monthly basis.

Risks



Challenges

- The impact of the COVID-19 pandemic has continued to result in a local and national downward trend in cancer screening uptake, particularly for breast and cervical screening.
- Cancer screening saves lives by diagnosing cancer in its earliest stages. The decline in screening uptake has the potential to impact on delayed diagnosis and cancer staging, increase premature mortality and to further widen the cancer health inequalities gap.
- To continue to mitigate against the impact of COVID-19 through the continued partnership approach to delivering a broad range of interventions.
- System wide financial pressures and uncertainties are a potential risk but as a system we will continue to work collaboratively to ensure that we make the best use of the resources that we have.

Focus for 2024/25

- We remain committed to continue to build on and develop the excellent partnership approach we currently have in place to increase cancer screening uptake.
- We will continue to take a targeted approach to optimise cancer screening uptake in areas of higher deprivation and among specific groups where screening uptake is lower.
- We will drive forward at pace, the delivery of targeted activity through the three health inequality task groups. We will also support the development of enhanced collaborative working across the three health inequality task groups.
- We will continually strive to develop new and innovative approaches to increasing screening uptake, sharing our best practice and learning.
- We will provide Public Health leadership and expertise to newly developing programmes of work including supporting LHTT colleagues with the targeting, accessibility and promotion of the newly re-launched open access chest x-ray clinics (symptomatic) and implementation of the National Lung Health Check programme (asymptomatic).
- We will continue to influence the system for improved data at a granular level which will enable us to target activity more effectively and to measure the impact of our interventions.

Public Health Intelligence

It is a capital mistake to theorize before one has data

- Sherlock Holmes



Risks



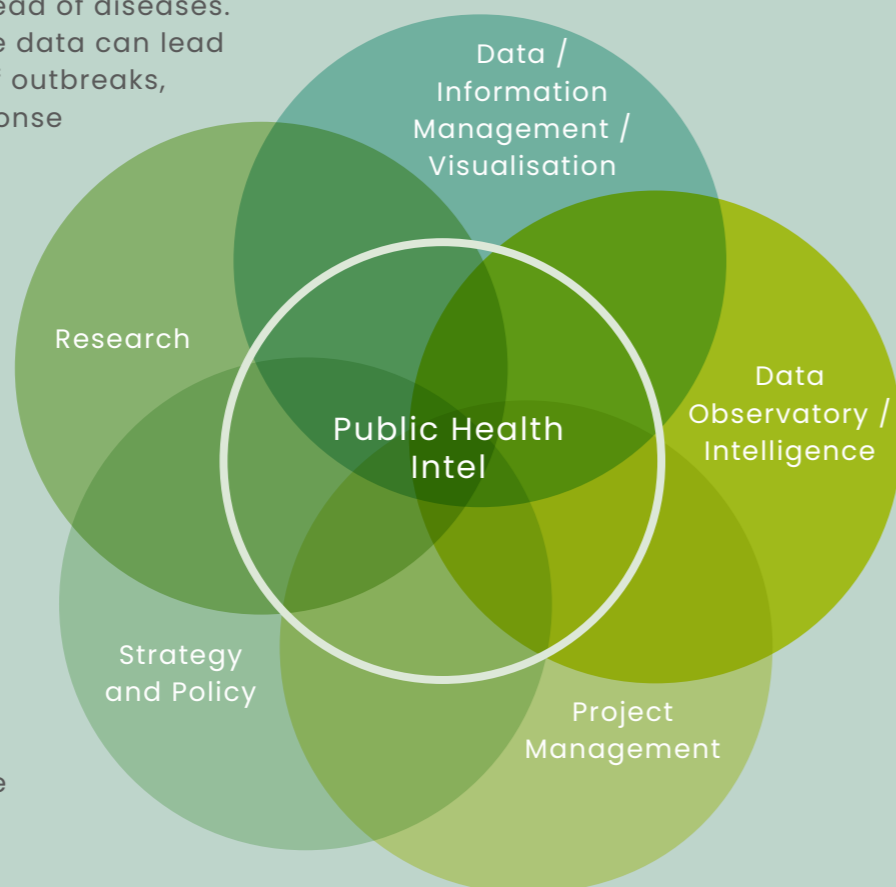
- **Data collection dependency**
Data used to support the health protection system comes from various sources. For example, there can be technical difficulties in updating COVID vaccine data from GP systems which can cause delays in information provision to partners and stakeholders.
- **Delays to the HP STAR dashboard**
The HPSTAR system is currently refreshed manually on a daily basis to ensure there is accurate surveillance for the city. There is an ongoing challenge to ensure that the system remains effective and continued updates are possible.
- **Access to infectious diseases data from regional and national teams**
The Public Health Intelligence team access regional and national data sets to understand inequalities and develop targeted bespoke interventions. However, these data sets are owned and governed by other organisations such as NHSE and UKHSA and the data does not always align with local footprints.

Current position

Data serves as the foundation for evidence-based decision-making, enabling effective health protection strategies, efficient resource allocation, and improved overall public health outcomes. The Public Health Intelligence (PHI) team provide:

- Support to manage the local surveillance system to monitor the prevalence and spread of diseases. Timely and accurate data can lead to early detection of outbreaks, enabling rapid response and interventions.
- A data dashboard which measures progress against the Boards' priorities to assess the effectiveness of public health interventions.
- data analysis and intelligence which is essential for designing targeted interventions and preventive measures to reduce the incidence of diseases.

- insight and challenge through the provision of cross-cutting intelligence to inform preventative and strategic work programmes.
- Support in outbreak situations to identify at risk populations and areas where necessary to support evidence-based approaches.



Achievements

- Development of a Health Protection tracking and reporting system which provides citywide surveillance for infectious diseases in a range of settings (early years, schools, care homes, community).
- Data provided to support the Infectious Diseases Review & Response (IDRR) meeting. This is a partnership meeting which reviews surveillance data for infectious diseases in Leeds settings.
- Provided data on HIV, TB and Hepatitis to support the Fast Track City initiative.
- Provided key information for the Air Quality Health Needs Assessment.
- Supported vaccination programmes through:
 - Tracking Flu and COVID vaccination uptake in Care Homes
 - Developing and updating the COVID Vaccine dashboard
 - Providing local MMR vaccination uptake analysis in response to rising measles cases



Focus for 2024/25

- To review, update and refresh the Health Protection Board dashboard.
- To continue to review and improve the quality of the data reports for the IDRR meeting.
- To continue to provide input into working groups to support the Boards' priorities.
- To continue to develop the HP Star system to ensure it meets the needs of the local Health Protection system.
- Ongoing support for citywide vaccination programmes.

Health Care Associated Infections (HCAIs) and Sepsis



Sepsis deaths are preventable and one of the key challenges is recognising the early signs, allowing for early diagnosis and early treatment.

Sepsis

Sepsis is a life-threatening condition that arises when the body's abnormal immune response to an infection injures its own tissues and organs. It can lead to shock, multiple organ failure and sometimes death, especially if not recognised early and treated promptly. Sepsis can be triggered by any infection including chest and urinary tract infections. According to the Sepsis Trust, in the UK, there are around:



250,000
cases of sepsis



50,000
deaths



80,000
people left with life-changing after-effects



200,000
hospital admissions per year due to sepsis



estimated to cost the NHS up to **£2 billion**



costs the wider economy **£11 billion**

Current position

Healthcare-associated infections (HCAIs)

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.

300,000

patients a year in England are affected by a HCAI as a result of care and or contact within clinical settings.



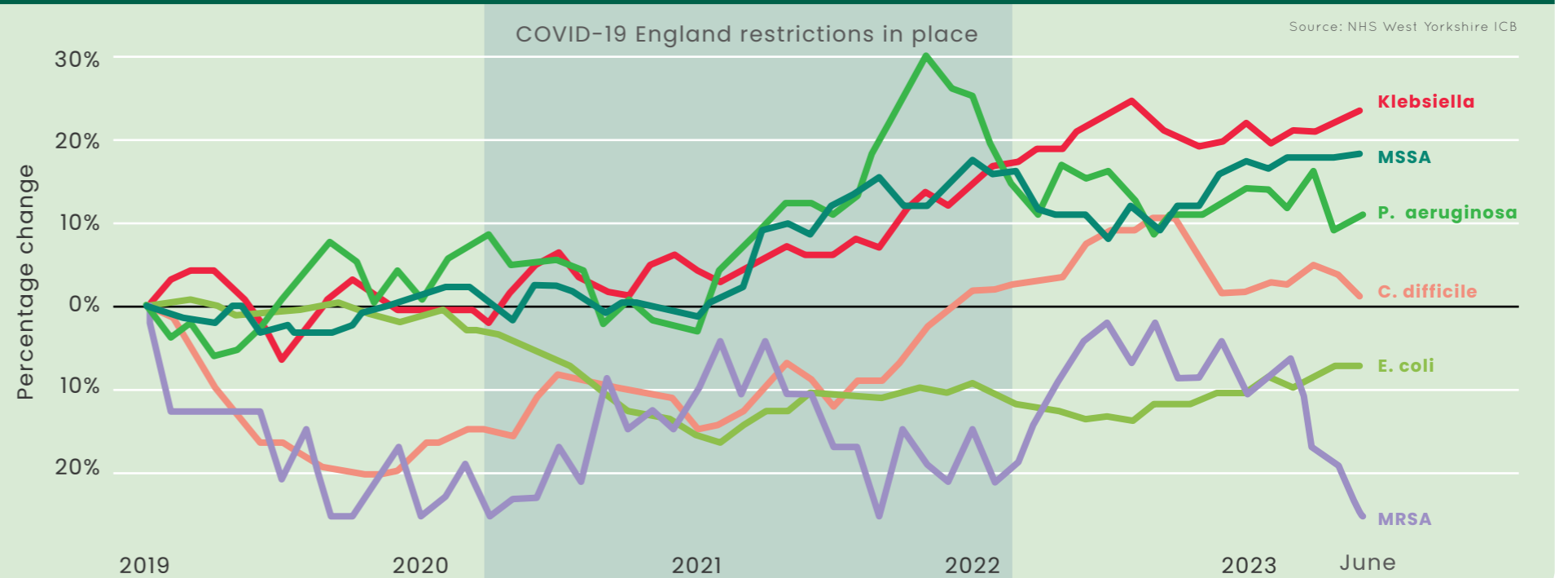
Infection prevention and control is a key priority for the NHS and local systems.



The term HCAI covers a wide range of infections. The most well-known include those caused by Meticillin-resistant Staphylococcus aureus (MRSA), E. coli and Clostridium difficile (C. difficile). HCAIs pose a serious risk to the health of patients, staff, and visitors. They can incur significant costs for the NHS and cause significant morbidity to those infected.

On a West Yorkshire footprint, since the onset of the COVID-19 pandemic, we have seen a slight increase in cases of Klebsiella, Meticillin-sensitive Staphylococcus aureus (MSSA), P. aeruginosa and C. difficile above baseline. Rates of MRSA and E. coli have remained stable.

Percentage change in 12 month HCAI case counts compared to baseline



HCAI and Sepsis

The current position for HCAI and Sepsis:

- Healthcare providers are responsible for monitoring, escalation, and response to HCAI's within their individual organisations. Each provider is responsible for feeding into the Patient Safety Incident Response Framework (PSIRF).
- West Yorkshire Integrated Care Board (ICB) provides regional strategic leadership on HCAI's, utilising quarterly HCAI data, produced by UKHSA to monitor trends and exceedances.
- In Leeds, the West Yorkshire ICB provide local system leadership and oversight on HCAIs and a multi-agency HCAI group has been established.
- Infections are more prevalent in urban areas; Leeds is the largest city in West Yorkshire and the seventh largest in England. Infections rates for MRSA, Klebsiella and P. aeruginosa are comparable to West Yorkshire and England averages.
- All cases of MRSA, C. difficile and E.Coli are investigated to establish the likely route cause, potential gaps in IPC and learn lessons on how future cases might be prevented.
- LCH IPC team provide proactive support, advice and audits for care homes and other vulnerable community settings.
- Locally and regionally, several campaigns have been developed by partners to raise awareness of how HCAI's can be prevented but also identified early. Initiatives include I Spy E. coli, I Spy Sepsis, Restore2, and Gloves Off.



Achievements

- Leeds Community Healthcare planned and delivered with partners, The I Spy Sepsis Conference on 20th March 2023. Speakers presented on a variety of topics including the patient journey, sepsis and learning disability, Restore2, inequalities and sepsis and antimicrobial resistance (AMR).
- Local co-ordinated campaigns aligned to Infection Prevention Week and World Sepsis Day.
- The Leeds Sepsis Group has been established to bring together key system partners to contribute towards the development of a citywide reduction plan and continue the development and distribution of resources that support the prevention and early detection of Sepsis.
- The UK Health Security Agency and NHS England launched the Urinary Tract Infection (UTI) public awareness campaign in October 2023 which seeks to improve public recognition of how to prevent UTI's, recognition of signs and symptoms and when to seek help. One of the main messages around prevention of UTI's is to drink at least 6-8 cups of fluids a day to boost hydration which can include water, squash, milk and tea and coffee.



Risks

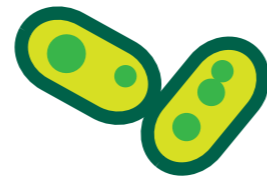


- Health Care Associated Infections and Sepsis are preventable causes of severe ill health and in some cases death. Vulnerable groups such as older people, babies and children and people with learning disabilities are at higher risk of becoming ill or dying from a HCAI or Sepsis.
- We need to continue to ensure that prevention messages and resources are shared and are accessible to all health and care partners especially partners working with vulnerable groups such as care homes, home care providers and third sector partners within the community.
- Continue to develop existing multi agency groups which provide an opportunity for system partners to come together on a regular basis to discuss HCAIs and Sepsis data, identify increases in rates and undergo 'deep dive' exercises to understand any common causes to inform prevention initiatives.
- Continue to provide additional community microbiology capacity via LTHT to support HCAI workstreams.

Focus for 2024/25

- Closer partnership working, particularly among overlapping workstreams such as Antimicrobial Resistance - awareness of initiatives and sharing best practice.
- Working with local and regional partners to monitor and implement reduction plans for infections such as MSSA, E. coli & C. difficile.
- Additional work to understand the data from an inequalities perspective and identify gaps.
- Further expand initiatives such as I Spy E. coli, I Spy Sepsis, Restore2 working with other partners and settings.
- Establish a co-ordinated hydration working group and campaign.
- Build on existing workforce training and community engagement.
- Focus on infection Prevention and Control provision in vulnerable settings.
- Gloves off campaign.

Tuberculosis (TB)



Modern anti-TB drugs are effective and in nearly all cases TB patients are no longer infectious and feel much better after the first two weeks of treatment. It is vital that people are able to take the medication they are prescribed.

What is TB?

TB is an infectious disease that usually affects the lungs but can also affect other parts of the body. Infection with the TB bacteria may not always develop into TB. When TB does develop, the vast majority of cases are curable with a six-month course of specific antibiotics. TB is usually spread through the air when a person with TB of their lungs or voice box coughs or sneezes.

The following people have a higher risk of being infected:

- Those in very close contact with an infectious case
- Those born or having lived in a country with a high incidence of TB
- Those whose immune systems are weak e.g., those on cancer treatments or with HIV infection
- Those with a social risk factor for TB include living in poor-quality or overcrowded housing, homelessness, drug and/or alcohol dependency.

Current position

TB is a preventable and treatable disease that disproportionately affects vulnerable and disadvantaged populations. Certain groups, such as migrants, ethnic minority groups, and those with social risk factors such as homelessness or a history of imprisonment are more affected. The UK has one of the highest incidence rates of TB of any Western European country. Recent local data indicates that the TB incidence rate for Leeds is stable.

Latent TB infection (LTBI) testing

Leeds participates in the national NHS England testing and treatment LTBI programme, where high risk populations are systematically tested in areas of high TB incidence. The Leeds Community Healthcare NHS Trust TB team work collaboratively with Bevan Healthcare and local universities to identify local populations and engage them in testing. A West Yorkshire LTBI subgroup meets regularly and there is a dedicated regional co-ordinator to support this work. The group is working with NHS England to improve capturing LTBI testing and treatment activity across the region.



Helping people stay on treatment

The Leeds Community Healthcare NHS Trust TB team have identified barriers for patients accessing healthcare and treatment, and successfully applied for £180 of bus scratch cards and £400 vouchers for mobile data from the LCH Charitable Fund. These simple interventions ensure that patients feel valued, supported and their socio-economic difficulties are acknowledged during TB treatment ensuring that limited provision is available to support the most vulnerable patients.

CASE STUDY



TB diagnosis and NHS treatment is free to all people living in the UK, regardless of their immigration status.

Typical symptoms of active TB

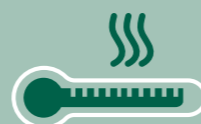
Persistent cough that lasts more than 3 weeks and usually brings up phlegm, which may be bloody



Weight loss



Night sweats



High temperature



Tiredness / fatigue



Loss of appetite



Swellings in the neck

Tuberculosis (TB)



Achievements



Community engagement and resources

- Community engagement and awareness raising including successful sessions held at St. George's Crypt and York Street to engage populations with social risk factors of TB, for example those who are homeless, and with drug or alcohol misuse.
- Ongoing use and review of a pathway to support people with No Recourse to Public Funds to access housing and support to ensure they can adhere to TB treatment effectively.
- TB communications are promoted via GP bulletins every 3 months; BCG and new entrant screening updates are provided throughout the year.
- TB awareness posters are now present in Leeds Teaching Hospital Trust (LTHT) Emergency Departments to support staff with the signs and symptoms of TB.
- Marking World TB Day 2023 with a stall at Kirkgate Market to engage people, bus shelter advertisements across the city and information on the Millennium Square screen.
- Engagement with universities and hosting a stall at Leeds Freshers Week.



- In February 2023, Leeds signed up to being a Fast Track City: a global partnership initiative that confirms the city's commitment to reducing the transmission of HIV, viral hepatitis, and TB.

Workforce development

- Delivery of TB awareness training and webinars to third sector and Council teams, including Want To Know More About... sessions.

Outreach and clinical delivery

- Re-established the TB clinic at Leeds Student Medical Practice.
- Screening invite to Ukrainian families with children under 5 years, as per UKSHA guidance, remains ongoing.
- Further engagement planned with the Leeds 0-19 Service regarding raising awareness of new entrant latent TB screening for families.



Outreach and community engagement in Armley

This six-month project funded a community development worker, based at Touchstone, to work alongside the LCH TB team and raise awareness of TB in Armley with White British men aged 40 and over, with a history of substance misuse, street-sleeping or 'sofa surfing'. Armley had been identified due to local data indicating a rise in TB cases in the area.

The worker developed partnerships between clinical and community projects, groups and organisations who are in direct contact with these men. Organisations felt involved and informed but also reassured through learning about causes of infection and transmission.

"Everyone seemed to welcome the support and was happy to receive the cards".

CASE STUDY

Focus for 2024/25

- Expanding awareness raising and community engagement in areas of Leeds where there are communities at higher risk, for example Harehills and Armley, via a range of methods including community radio promotion and advertisements.
- Strengthen the visibility of TB in the city and the role elected members can play with championing this agenda and communicating effectively to constituents.
- Strengthening the Leeds Fast Track Cities initiative and building relationships between partners to support workforce development, opportunities, and integrated screening where appropriate, and identify funding opportunities.
- Focusing on GP registration as a fundamental means of early detection and prevention of TB, particularly in communities most at risk of TB.
- Continue to implement and communicate the housing options for those who are homeless and/or have no recourse to public funds, working closely with Adult Social Care and Leeds City Council Housing.



Risks

- Taking anti-TB medication in the wrong dose, intermittently or for too short a time can result in the development of drug resistance making the disease much harder to treat and significantly increasing the patient's risk of long-term complications or death. Treatment for drug resistant TB can last up to two years.
- In order to be invited for latent TB screening, people must be registered with a GP. However, vulnerable groups more at risk of TB, for example refugees and asylum seekers and those who are homeless, are likely to face additional barriers to accessing primary care.

Challenges

- There is likely to be an increased demand for the acute and community TB services due to higher levels of migration in the coming years, particularly from countries with high TB incidence.
- Continued awareness raising to help promote the difference between latent and active TB and the importance of screening.

Childhood Vaccinations and immunisations



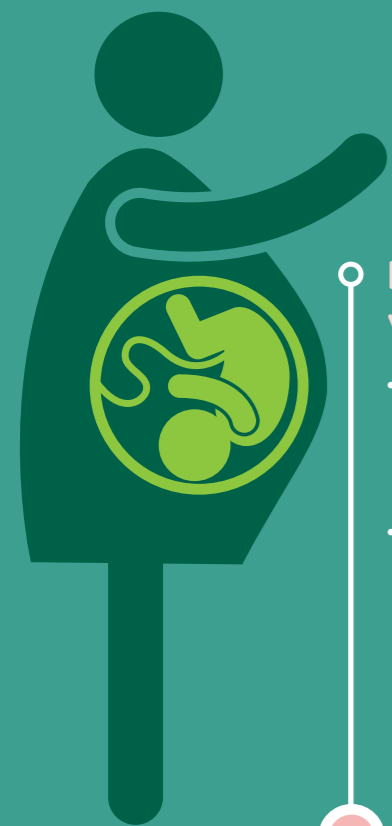
4-5 million deaths per year are prevented worldwide due to vaccinations.

- World Health Organisation

Vaccinations are the most effective way to prevent against infectious diseases and protect the population against ill health. In the UK, vaccines are routinely offered to protect and prevent against infections

across the lifecourse to reduce infection associated morbidity and mortality. Globally, the World Health Organisation (WHO) estimate that vaccinations prevent 4-5 million deaths per year.

Life course vaccination schedule



Pregnant Women

- Pertussis (Whooping Cough) - from 16 weeks
- Flu and Covid (during season)

Babies under 1 year old

8 weeks

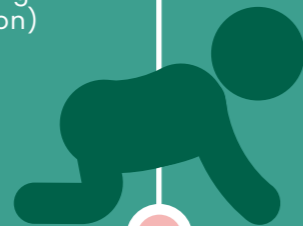
- 6-in-1
- Rotavirus
- MenB

12 weeks

- 6-in-1 (2nd dose)
- Pneumococcal
- Rotavirus (2nd dose)

16 weeks

- 6-in-1 (3rd dose)
- MenB (2nd dose)



Children aged 1 - 15 years

1 year old

- Hib/MenC (1st dose)
- MMR (1st dose)
- Pneumococcal (2nd dose)
- MenB (3rd dose)

3 years 4 months

- MMR (2nd dose)
- 4-in-1 pre-school booster

12-13 years

- HPV vaccine

14 years

- 3-in-1 teenage booster vaccine
- MenACWY

2-15 years

- Flu every year until children finish Year 11*

*eligibility informed by JCVI guidance



Adult Immunisations

65 years and over

- Flu and Covid vaccine every year (dependant on JCVI)
- Pneumococcal and Shingles vaccine (if turned 65 after 1 Sept 2023)

70-79 years

- Shingles vaccine (if turned 65 before 1 Sept 23)

Current position

Vaccination rates have fallen over several years and additional disruption caused by the Coronavirus (COVID-19) pandemic, beginning in March 2020, is likely to have caused some of the decreases in vaccine coverage seen in 2020/21 and 2021/22 compared to earlier years.

It is important that vaccination coverage returns to levels recommended by the WHO of 95% for all childhood immunisation programmes. Working alongside NHS England, we continue to ensure that the NHSE Leeds Immunisation Health Improvement Plan has a clear focus on reducing inequalities and setting clear priorities around ways to increase vaccine uptake.

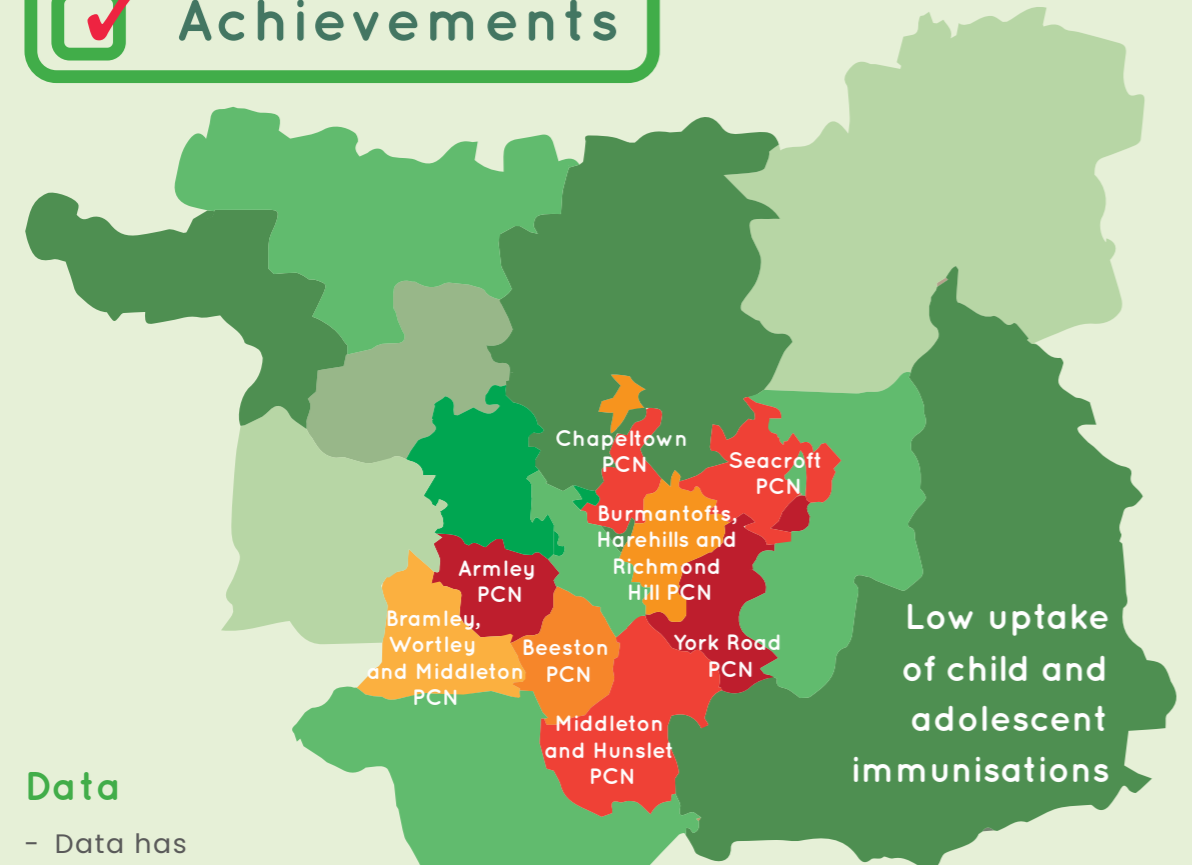
This year, there has been a focus on data informing practice, engagement with primary care and clear community focused resources to support partners to promote vaccines.

<https://www.nhs.uk/conditions/Vaccinations/nha>

Childhood Vaccinations and immunisations



Achievements



Low uptake of child and adolescent immunisations

Data

- Data has been analysed to identify areas of Leeds with low uptake of child and adolescent immunisations.

Communications and outreach

- Digital inclusion project for Year 9 immunisations – see case study
- Community outreach work in children centres / family events E.g. Community outreach work in children centres to raise awareness of the importance of childhood vaccinations and provide guidance on how to register with local GPs.

- Engagement with education settings from early years to universities to raise awareness of the UK immunisation schedule and the importance of vaccinations.
- Primary and secondary school bulletins for staff and parents have been developed and shared.

Primary Care support

- Easy read translated invitation letters and audio files have been created for Primary Care to share with patients. This was created in 5 community languages of Arabic,

Case Study

A pilot project to address the impact of digital exclusion on consent for year 9 immunisations demonstrated that easy read non digital resources served as a reminder about vaccinations, which increased the consent rate. Consideration on the roll out of this to a further 13 schools with less than 40% uptake will be a focus for 2024. This project is in partnership with the School Aged Immunisation Service (SAIS) and 100% Digital Leeds.

CASE STUDY

- Bengali, Urdu, Romanian and Tigrinya, based on the recorded top 5 (after English) spoken languages of patients within the PCN.
- Vaccine health inequalities template designed for primary care to identify priorities and implement actions to ensure equitable access.
- Best practice guidance is being developed to ensure practices are aware of interventions they can implement to support increasing uptake. E.g. call and recall processes.



Risks

- With low uptake of MMR immunisations, there is a higher risk of a measles outbreak.
- Parents / carers are not aware that children have outstanding vaccinations.

Challenges

- To reinforce the importance of vaccinations to prevent infectious diseases leading to morbidity and mortality.
- Ensuring patients have equitable access to primary care vaccination appointments
- Prioritising vaccinations for families with complex needs.
- Instances of vaccine fatigue, vaccine hesitancy, vaccine misinformation/ disinformation

Focus for 2024/25

- To focus on increasing vaccination uptake year on year to address areas with low or declining uptake of routine immunisations.
- To work with Primary Care Networks to identify good practice and opportunities to improve patient access.
- To increase MMR uptake across Leeds with particular focus on communities of low uptake. To do this we will use both data insight as well as community engagement to inform approaches to improve uptake.
- To embed learning from the digital inclusion project and expand across the city where consent rates are low.
- To develop delivery models to increase uptake of maternal pertussis immunisations.
- To ensure that NHSE Health Improvement Plan includes approaches to address the needs of under-represented groups.

Adult vaccinations and immunisations



Vaccines are the tugboats of preventive health.

- William Foege

Current position

Vaccinations for adults are crucial for preventing and controlling infectious diseases, protecting both individual and public health. The UK adult routine vaccination programme includes the delivery of the Shingles and Pneumococcal vaccine. COVID-19 and Influenza vaccinations for adults are also recommended by the Joint Committee of Vaccination and Immunisation.

Local and regional data is used to develop evidence-based approaches to develop interventions to increase uptake amongst all vaccinations. There is a continued focus on operational delivery, engaging with communities of low uptake and the most vulnerable cohorts.

Leeds adult immunisation approaches

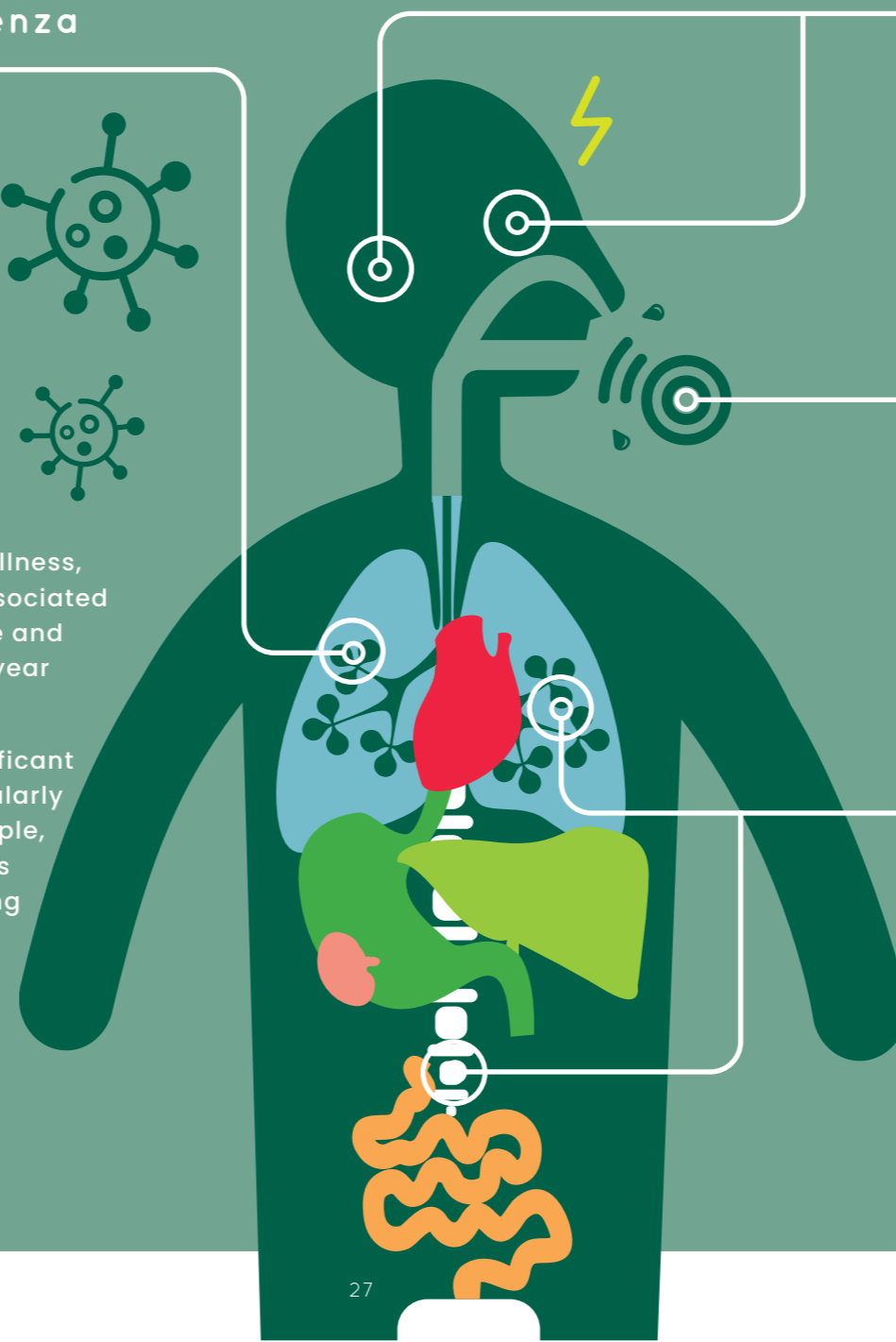
The Leeds approach uses local and regional data, evidence-based approaches, and the latest guidance to develop interventions to increase uptake amongst all vaccinations, focussing on operational delivery, engaging with communities of low uptake and the most vulnerable cohorts.

Adult vaccinations and immunisations

COVID-19 and Influenza vaccination

In 2022/23 flu vaccinations prevented around 25,000 hospitalisations in England. Even with this success, the health impact of each flu season remains severe; estimated to be responsible for over 14,000 excess deaths and tens of thousands of hospitalisations. Seasonal flu vaccination remains a critically important public health intervention to reduce illness, deaths and hospitalisation associated with flu. Flu vaccination is safe and effective and is offered every year through the NHS.

COVID-19 also remains a significant threat to public health, particularly to pregnant women, older people, and those in vulnerable groups who are at higher risk of getting seriously ill. Evidence shows that those who take up the offer of a vaccine are more likely to have milder symptoms and recover faster, cutting their risk of being hospitalised and reducing pressure on the NHS.



Shingles

Shingles is a common condition that causes a painful rash. It can sometimes lead to serious problems such as long-lasting pain, hearing loss or blindness. It is offered to adults turning 65, those aged 70 to 79 and those aged 50 and over with a severely weakened immune system. The shingles vaccine reduces the risk of getting shingles or for those that do, symptoms may be milder, and the illness is shorter.

Pertussis (Whooping cough)

Pertussis rates have risen in recent years and newborn babies are at the greatest risk. Pregnant women can help protect their babies by getting vaccinated. Getting vaccinated while pregnant is highly effective in protecting babies from developing whooping cough in the first few weeks of their life. The immunity from the vaccine will pass through the placenta and provide passive protection until they are old enough to be routinely vaccinated at 8 weeks old.

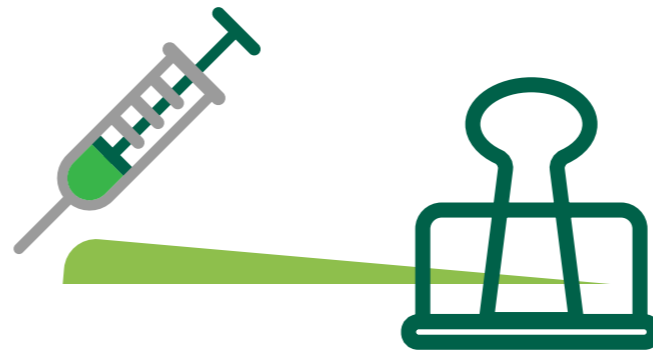
Pneumococcal

The pneumococcal vaccine helps protect against some types of bacterial infections that can cause serious illnesses such as:

- meningitis (an infection in the brain and spinal cord)
- sepsis (a life-threatening reaction to an infection)
- pneumonia (an infection in the lungs)

It is recommended for people at higher risk of these illnesses and adults aged 65 and over.

Adult vaccinations and immunisations



Case Study

Leeds Community Healthcare delivered an outreach vaccination offer for care settings. This additional delivery option for staff aimed to support the protection of their most vulnerable client base and reduce inequalities of vaccine access. As vaccination remains the best intervention to prevent influenza and COVID-19, there is a need to increase the uptake within all eligible groups, protect at risk groups and reduce the pressure on health and care systems. Evidence indicates that increased awareness and improved access increases staff vaccination uptake and reduces the risk of infection to patients, residents, clients, visitors, staff, and family members. It also ensures a reduced risk of care home closures and increases the quality of care provided.



With this approach, in the winter 2022/23 campaign, 601 influenza and 532 COVID-19 vaccinations were delivered to care home and home care staff at their place of work. This represents a significant number of social care staff vaccinated through this unique offer.

CASE STUDY

Achievements

- A comprehensive communications plan targeting communities with low uptake and the most vulnerable. This has involved local teams working with regional and national colleagues, utilising shared resources and learning.
- Working with 3rd sector organisations and partners, including delivering webinars and training to promote vaccination and address barriers.
- Key vaccine training and resources have been developed for community champions to equip them with the right information to have meaningful conversations in the community.
- Easy read resources, targeting people with learning disability, English not first language and lower literacy.
- Radio adverts in community languages.



- Community outreach clinics in areas of lower uptake, provision or access.
- Community engagement events.
- Social media, Millennium Square and Kirkgate market awareness raising initiatives and campaigns.
- Local co-ordinated campaigns aligned to Infection Prevention Week and World Immunisation Week.
- Shingles and Pneumococcal Toolkit developed for primary care.
- ICB proactively working with lower uptakes GPs and sharing good practice from higher uptake GPs.

Risks



- Uptake in some cohorts remains low, such as pregnant women and at-risk groups with long term health conditions.
- Promoting uptake in health and social care staff remains a challenge. Low uptake in these professions can put others, including the most vulnerable, at risk.
- Vaccine hesitancy: Concerns of misinformation about vaccines may have led to hesitancy, hindering vaccination efforts.

Focus for 2024/25

- Continued focus to increase uptake of the seasonal vaccination programmes amongst social care staff to include communications, training packages and workforce development.
- To further embed learning from the planning and co-delivery of COVID-19 and Influenza.
- Use data and community insight to develop a clear understanding of vaccine uptake across the life course. Utilise this to identify trends to and develop bespoke work to improve uptake including inclusion health groups.
- Build best practice from locally developed interventions and share evidence-based approaches.

Acknowledgements

Thank you to all those who have contributed to this report, your enthusiasm, dedication, commitment, and knowledge are outstanding, and this report is evident of all your hard work. My thanks go to all my colleagues across the Health Protection system;

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- Leeds York Partnership Foundation Trust
- NHS England
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- UK Health Security Agency

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Chair of the Health Protection Board.

