

# South Tees Health Protection Assurance Report 2023-24

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## Version Control

Date	Amendments	Review Date	By

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## 1. Introduction

Local Authorities through their Director of Public Health, require assurance that appropriate arrangements are in place to protect the public's health. This report provides a summary of the assurance functions of the Public Health South Tees Health Protection Assurance Partnership and reviews performance for the period of 1st April 2023 to 31st March 2024 for the Live Well South Tees Board.

This report considers the following key domains of Health Protection

- Protection from environmental hazards
- Prevention of communicable diseases and outbreak management
- Improvement of community resilience around health protection issues
- Increase equitable uptake of immunisation programmes
- Increase equitable uptake of screening programmes

The delivery of robust health protection functions relies on effective partnership working between several local, regional, and national agencies. These include Local Authority (Public Health and Public Protection), UK Health Security Agency (UKHSA), North-East and North Cumbria Integrated Commissioning System (ICS), Integrated Care Board (ICB) South, NHS England / Improvement (NHSE/I), South Tees Hospitals NHS Foundation Trust, Cleveland Emergency Planning Unit (CEPU), Local Resilience Forum (LRF) Voluntary and Community Sector organisations. This report reflects the contributions that all partner agencies make towards the health protection agenda.

## 2. Health Protection Assurance Arrangements

### 2.1 Organisational roles and responsibilities

UK Health Security Agency through its consultants in health protection lead epidemiological investigations and specialist health protection response to public health outbreak or incidents. They have responsibility for declaring a health protection incident, major or otherwise and are supported by local, regional, and national expertise.

NHS England is responsible for managing and overseeing the NHS response to any health protection incident that threatens the public's health. They are also responsible for ensuring that their contracted providers deliver an appropriate clinical response.

The ICB is responsible, through contractual arrangements with provider organisations, for ensuring that healthcare resources are made available to respond to health protection incidents or outbreaks (including screening, immunisations, diagnostic and treatment services).

Local Authorities through the Directors of Public Health or their designate have overall responsibility for the strategic oversight of an incident or outbreak which has an impact on their population's health. The Live Well South Tees Board should ensure that appropriate response is put in place by NHSE/I and the UKHSA, supported by the South ICB. In addition, they must be assured that the local health protection system response is robust and that risks have been identified, are mitigated against, and adequately controlled.

The Cleveland Emergency Planning Unit (CEPU) provides an emergency planning service to the four local authorities in the former Cleveland area. Their role is to ensure the local authorities are prepared to respond to emergencies and to support the emergency services and the community. Cleveland Local Resilience Forum (LRF) provides a structure to help agencies plan and prepare for major incidents and meet their statutory duties under law (the Civil Contingencies Act 2004

(Contingency Planning) Regulations 2005 and accompanying statutory guidance entitled “Preparing for Emergencies”).

The Health Protection Assurance Partnership provides assurance to the Live Well South Tees Board that adequate arrangements are in place for prevention, surveillance, planning and response to communicable diseases and environmental hazards. The Partnership also provides specialist advice and oversight to the health protection team to ensure delivery of the work programme priorities.

### 3. Protection from environmental hazards

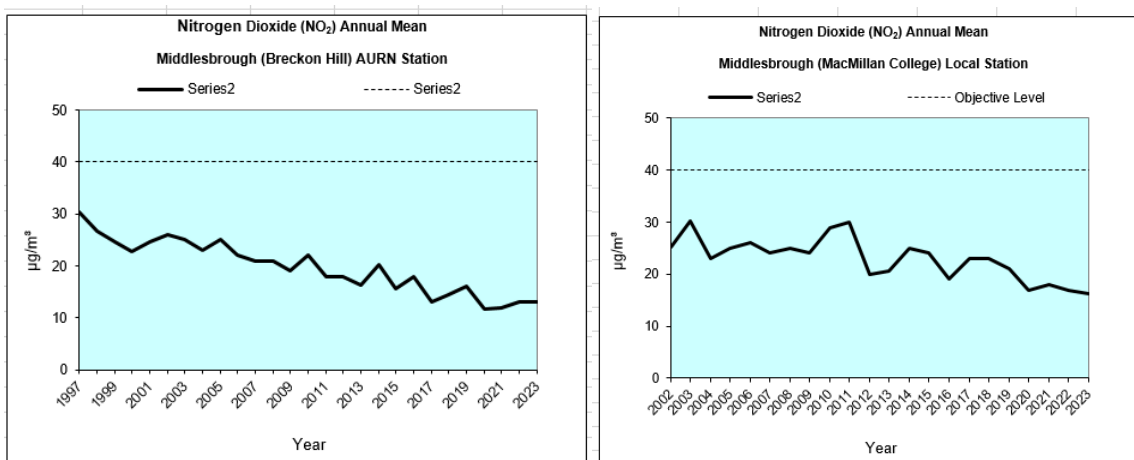
#### 3.1 Organisational roles and responsibilities

Two local authority services including Middlesbrough’s Public Protection Service and Redcar & Cleveland’s Health Protection Health Care Quality Service are the regulatory services that respond to issues arising within residential, commercial, workplace and external environment, which may affect health, safety or wellbeing. The Public Protection Service delivers the traditional Environmental Health functions, which contribute to a range of local health protection priorities as described below.

#### 3.2 Air quality (incl. surveillance arrangements)

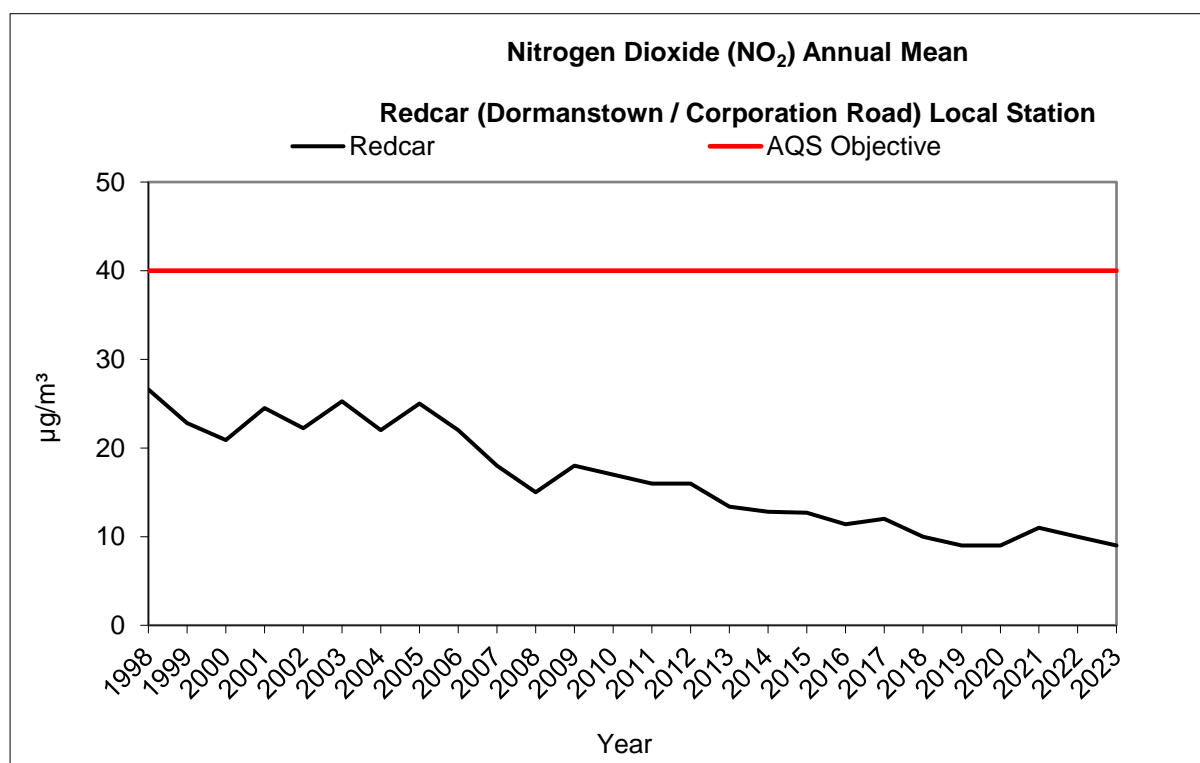
Middlesbrough produces an annual Air Quality Status report to DEFRA, which details the previous year’s air quality monitoring results for the borough and actions taken to reduce pollution. Monitoring results over the years has identified that Middlesbrough’s air quality is compliant with national standards and although Middlesbrough is close to the industrial areas of the Tees Valley, the main source of pollution comes from road vehicles. As a result, the council promotes actions to reduce vehicle use and encourages the use of low emission vehicles, walking and cycling. A Clean Air Strategy for the South Tees area was approved and launched in July 2024.

The following graphs, taken from the 2023 Annual Status Report as mentioned above, show the continuing fall of NO<sub>2</sub> levels in Middlesbrough over the last 20 years or so, measured at Breckon Hill Primary School and Macmillan College. Both graphs show the national standard is complied with fully – the annual average level in Middlesbrough being approximately half of what is allowable nationally.



Redcar & Cleveland produces an annual Air Quality Status report to DEFRA, which details the previous year’s air quality monitoring results for the borough and actions taken to reduce pollution. Monitoring results over the years has identified that local air quality is compliant with national standards and although Redcar & Cleveland contains major industrial areas in the Tees Valley, the main source of pollution comes from road vehicles. As a result, the Council promotes actions to reduce vehicle use and encourages the use of low emission vehicles, walking and cycling. A joint Clean Air Strategy between Middlesbrough and Redcar & Cleveland Councils was published in March 2024. The strategy compliments the annual Air Quality Status report to Defra and explains how air quality is monitored and how we are trying to improve it. A defined action plan including milestones and performance measures aims to improve and prevent deterioration of air quality across South Tees.

The following graph, taken from the 2024 Annual Status Report as mentioned above, shows the continuing fall of NO<sub>2</sub> levels in Redcar & Cleveland over the last 20 years, measured at Redcar Dormanstown site. The graph shows the national standard is complied with fully – the annual average level in Redcar & Cleveland being approximately one quarter of what is allowable nationally.

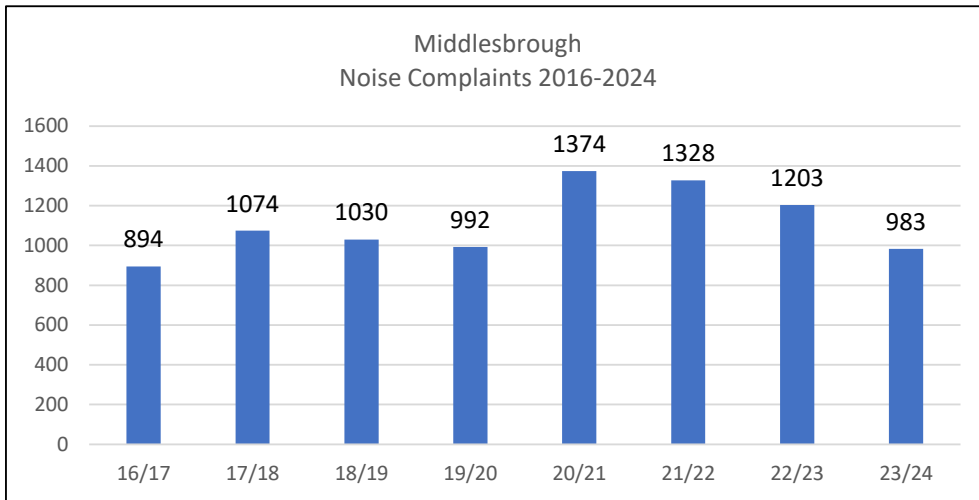


### 3.3 Environmental Noise

The Public Protection Service responds to complaints about noise, and reviews planning and development applications under licensing laws to ensure the licensing objectives, which include the prevention of public nuisance, are met.

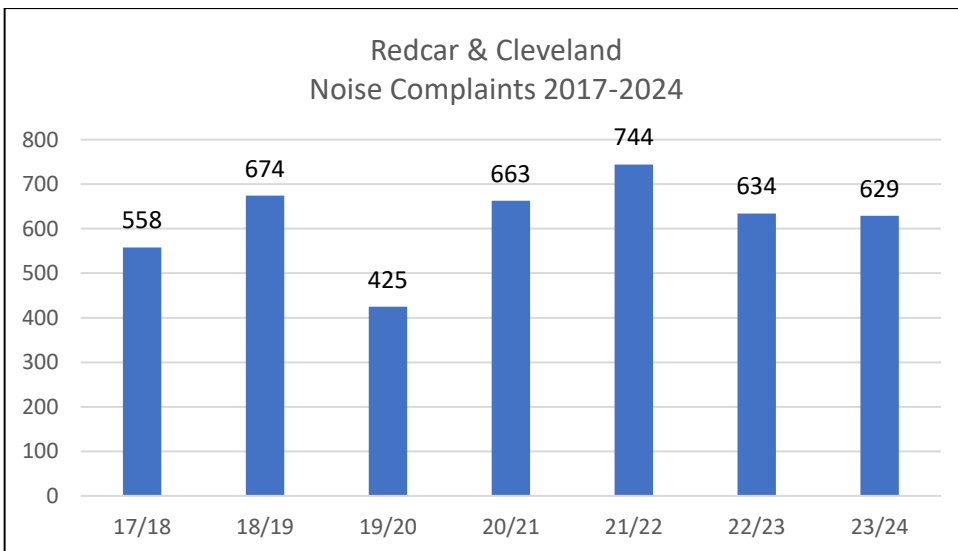
In Middlesbrough the number of noise complaints received for 2022-23 was 1203. In 2023-24 there were 983 noise complaints. Whilst there are a significant number of complaints, most of these are resolved without the need for enforcement action. In 2022-23 only 3 Abatement Notices were served and 4 in 2023-24.

The following graph shows the trend in noise complaints over the past 8 years:



In Redcar & Cleveland the number of noise complaints received for 2022-23 was 634. In 2023-24 there were 629 noise complaints. Whilst there are a significant number of complaints, most of these are resolved without the need for legal action. In 2022-23, no Abatement Notices were served and neither in 2023-24. In 2022-23 1 Community Protection Warning (CPW) was served and 2 Community Protection Notices (CPNs) were served. Whilst during 2023-24, 6 CPWs were served and 4 CPNs, the majority of our complains arise from single family households (427) and are in relation to barking dogs, loud music, and parties.

The following graph shows the trend in noise complaints over the past 6 years. Covid-19 did not have an impact on any category of noise complaints.



### 3.4 Housing standards

Housing has an important impact on health and well-being: good quality, appropriate housing in places where people want to live has a positive influence on reducing deprivation and health inequalities by facilitating stable/secure family lives. This in turn helps to improve social, environmental, personal and economic well-being.



Conversely, living in housing, which is in poor condition, overcrowded or unsuitable, will adversely affect the health and well-being of individuals and families. People want and need different things from housing throughout their lives - they need to find housing in the right place to enable them to find work, maintain contacts with friends and family and often to provide care.

Housing needs to be suitable for the size and shape of the household, with space for children, or good accessibility in older age. A decent, affordable home is an essential requirement for tackling health inequalities and reducing the burden on health and social care services and cost to the public purse. Housing is a wider determinant of health, and good quality housing which meets the needs of an individual, supplemented by support services where required, can promote independence and well-being.

The private sector housing services at Middlesbrough and Redcar & Cleveland offer comprehensive housing advice to residents and property owners. The Council's use statutory powers to assess housing standards and, if necessary, require landlords and other relevant persons to make improvements to their properties. This includes;

- the licensing of Houses in Multiple Occupation (where there are at least five occupants living as more than one household)
- licensing of private rented properties in designated selective landlord licensing areas
- inspection of properties to determine if 'category 1 or category hazards' exist and to take appropriate action to remedy substandard conditions
- remedy of statutory nuisances linked to housing conditions
- protection of properties / land from pests
- take remedial action where properties are considered to be filthy and verminous
- investigation of allegations of illegal eviction and harassment
- protection of properties that are empty and insecure
- management of empty dwellings – which includes encouraging owners to return their property back into use

***Selective Landlord Licensing's role in Improving the Standards in Private Rented Housing.***

Certain areas in Middlesbrough have been designated under Selective Landlord Licensing (SLL) and properties in these areas, which includes small HMOs, must have a selective licence if they are let as private rented accommodation. SLL schemes aim to improve standards of accommodation, tackle poor management of properties, reduce anti-social behaviour as part of broader community safety interventions, protect and enhance tenants' rights and support good landlords through tenancy referencing, advice and guidance.

There are currently (August 2024) three Selective Landlord Licensing schemes in Middlesbrough: 'Newport 1 (phase 2)', which started in August 2024 and has approximately 1300 properties requiring a licence; 'North Ormesby 2' that started in June 2021 and has approximately 900 properties requiring a licence and 'Newport 2' that started in July 2023 and has approximately 900 properties to be licensed. SLL schemes usually run for five years. The Newport 1 (phase 2) scheme is a redesignation of 'Newport 1' which ended in June 2024.

The Selective Landlord Licensing Team provides a combined health and social approach to ensure that the provision and maintenance of private sector housing meets at least the minimum standard. The most vulnerable, excluded and lowest income sectors of the population often live in private rented accommodation and are often reluctant to complain about poor housing standards. The licence fees generate the income to fund the staffing resource to tackle anti-social behaviour, environmental issues and carry out proactive inspections of the private rented housing to improve conditions.

During the Newport 1 SLL scheme, which ended in June 2024, 183 properties were found to have 'Category 1' hazards. These are defects that have a higher potential to cause harm, such as excess cold, unsafe electrical and gas installations, structural collapse, falls from height and poor fire safety measures. 'Category 2' hazards are defects that have a lesser potential to cause harm and include minor structural disrepair, damp and mould in non-habitable areas and other defects that, when risk rated, do not present as significant harm as category 1 hazards. In Newport 1 256 properties had both Category 1 and 2 hazards, and 477 properties had Category 2 hazards only.

To date (August 2024) Newport 2 has identified 36 properties with Category 1 hazards only, 42 properties with both Category 1 and 2 hazards, and 80 properties with Category 2 hazards only. In the North Ormesby scheme 164 properties have been found with Category 1 hazards, 191 with both Category 1 and 2 hazards, and 106 properties with Category 2 hazards only.

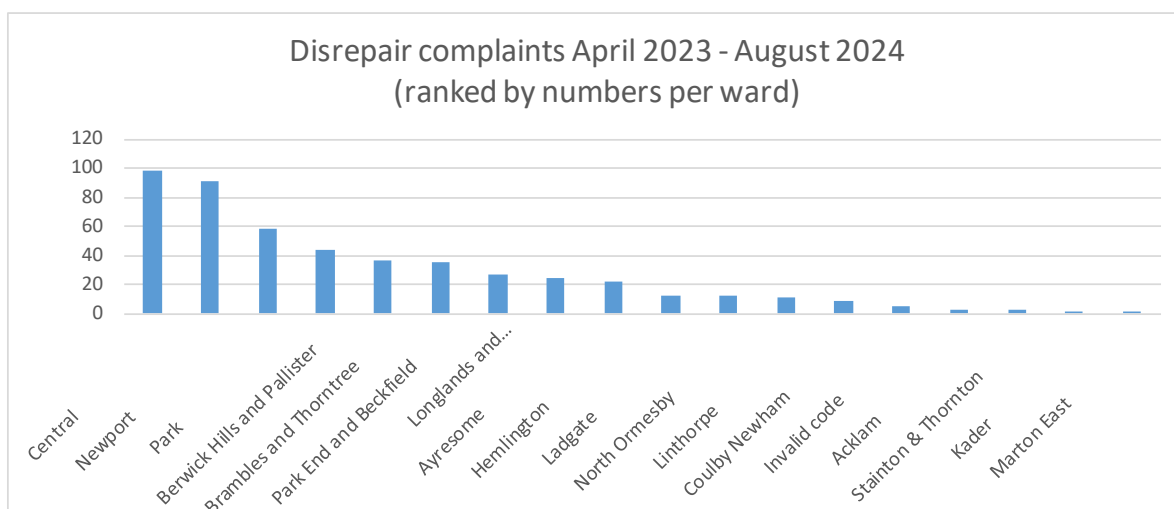
The findings of the housing assessments in the SLL schemes highlight that a significant number of properties do not meet housing standards. The Council will always seek to work with landlords to ensure properties are brought up to standard. However, appropriate enforcement action is taken if landlords / licence holders fail to carry out necessary remedial measures within a reasonable time.

Within Redcar & Cleveland there was one Selective Landlord Licensing (SLL) scheme in operation in the 'Older Street Housing Area of South Bank' which ended in March 2024. This was the second scheme that had operated in the area, running from 2019 to 2024. No significant breaches of the licensing conditions were found during the operation of the scheme and no Category 1 hazards had been identified. Officers continue to undertake a weekly patch walk together with monthly ward member visits to the area. A detailed monthly void walk has been undertaken with all owners of void properties being contacted to try and establish the owner's future plans. A 20% certification compliance check has also been undertaken since the scheme ended on all properties known to be in the private rented sector.

**Regulation of Housing Standards in areas outside of the Selective Landlord Licensing Schemes.**

For Middlesbrough, in the areas outside of the SLL schemes, the Public Protection Service responds to complaints that tenants make about disrepair in their privately rented accommodation. On average the service receives 380 complaints of housing disrepair a year and in 2023-24 the number of complaints received was 403, plus a further 106 received between April and August 2024.

The following graph shows the breakdown, by ward, of the complaints received about the standards in private rented properties outside of selective licensing areas.

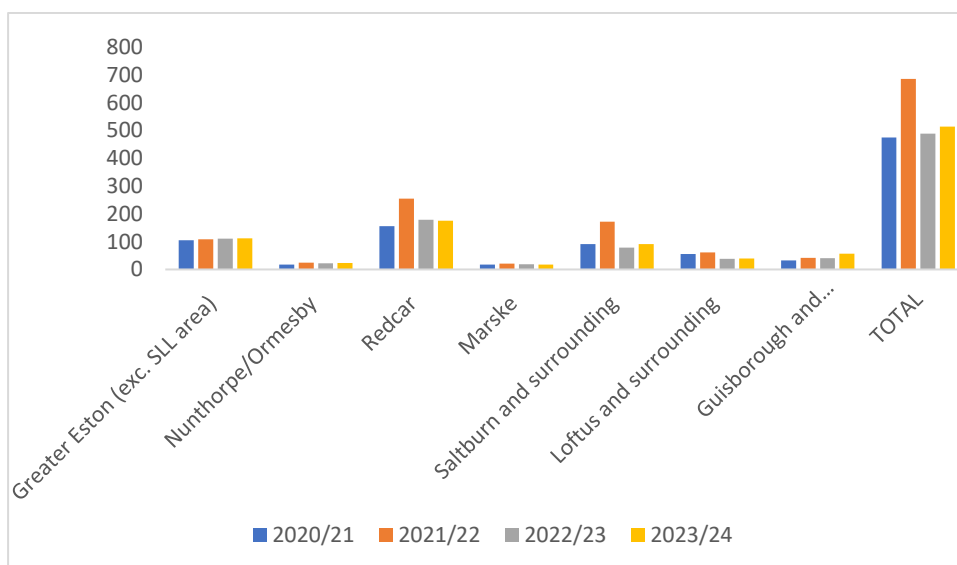


Although the majority of complaints concern disrepair in rented properties, approximately 30% of complaints involve damp and mould. A national focus on damp and mould, particularly in the social housing sector, has raised awareness of substandard living conditions and work has been carried out in Middlesbrough to highlight and investigate damp, mould, and excess cold in private rented properties. This has been combined with work on minimum energy efficiency standards.

The government is proposing changes to housing legislation, including the removal of no-fault evictions, better regulation of social housing and a review of the approach to assessing standards in the private rented sector, with an emphasis on dealing with damp/mould and minimum energy efficiency standards. The new proposals are expected to have an impact on local housing authorities in terms of demand on services, assessment of housing standards, enforcement powers and responsibilities.

Within Redcar & Cleveland the Housing Standards Team responds to complaints that tenants make about disrepair or management within their privately rented accommodation, including report of illegal eviction and harassment and empty properties. In 2020-21 officers responded to 405 complaints, 604 in 2021-22, and 454 in 2022-23 and 547 in 2023-24 (33 of which were in the SLL area of South Bank).

The following graph shows the number of complaints received about the standards in private rented properties outside of the SLL area.



### 3.5 Houses in Multiple Occupation (HMOs)

HMOs are usually the cheapest form of rented accommodation and are often occupied by the most vulnerable. Licensing of HMOs is required for properties that have 5 or more occupants made up from two or more households who share common facilities. In Middlesbrough (August 2024) there are 240 licensed HMOs. The number of small, non-licensable, HMOs is not fully known as landlords are not required to secure a licence. However, there are expected to be several hundred small HMOs across the South Tees and work is ongoing to identify such HMOs to inform upcoming borough housing strategies.

HMOs are subject to a comprehensive inspection that looks at the structural condition of the property, its services and facilities, fire safety precautions, gas and electrical safety and overall management. Any concerns regarding the standards in HMOs are responded to quickly using regulatory powers which include the requirement for immediate remedial action or prohibition of the use of the property. Enforcement action is proportionate and undertaken as part of a stepped approach which includes issue of informal schedules of work, service of legal notices, issue of civil penalty or where necessary prosecution. Licences are only issued to HMOs once they have demonstrated they meet housing standards.

In Redcar & Cleveland there are currently 32 licensable HMOs operating within the borough, nine of which were issued in 2023-24. Licenses run for 5 years.

Any concerns regarding the standards in HMOs within both boroughs are responded to quickly using regulatory powers which include the requirement for immediate remedial action or prohibition of the use of the property. Enforcement action is proportionate and undertaken as part of a stepped approach which includes issue of informal schedules of work, service of legal notices, issue of civil penalty or where necessary prosecution.

#### ***Premises Causing a Nuisance or Impacting the Wider Environment***

In addition to responding to complaints in relation to housing disrepair, housing teams respond to complainants regarding properties causing a nuisance such as accumulations of refuse in a garden, dog fouling within the boundary of a property, filthy and verminous premises, or problems with rodents.

In Redcar & Cleveland in 2020-21 officers responded to 286 complaints, 306 in 2021-22, 345 in 2022-23 and 344 in 2023-24. Enforcement action is proportionate and undertaken as part of a stepped approach which includes engagement with property occupiers / landowners, service of legal notices, work in default of non-compliance with a notice or where necessary prosecution.

### **3.6 Affordable Warmth**

The Housing Standards Team in Redcar & Cleveland also operate a dedicated advice service for our residents, 'Warm & Well', delivered primarily through our Energy & Affordable Warmth Officer. The team offer tailored advice and signposting to grants and assistance to improve energy efficiency and reduce fuel poverty for residents across the borough. In Middlesbrough this activity is led by Middlesbrough Environment City, who also co-ordinate the South Tees Affordable Warmth Partnership.

Alongside the other Tees Valley Local Authorities, both local authorities fund the Stay Safe and Warm Partnership with Cleveland fire Brigade. The Scheme helps residents who struggle to afford to heat their homes, particularly during the colder months.

Over recent years Redcar & Cleveland has also contributed to successful consortium bids with other Tees Valley authorities and the TVCA. These have led to over 275 energy measures being installed in over 200 homes across Redcar & Cleveland via the Government's Local Authority Delivery LAD2 and Homes Upgrade Grant (HUG1) schemes.

Redcar & Cleveland have also been successful in a further consortium bid for HUG2 funding. Following some delays, 100 households across Darlington, Hartlepool, Redcar & Cleveland, and Stockton will be improved. Work will take place from Summer 2024 to March 2025.

### 3.7 Contaminated Land

There are no sites in Middlesbrough legally defined as being Contaminated Land. However, as more brownfield sites are subject to development, there remains a need to continue to review former industrial areas and carry out assessments of land to determine their suitability for development or, if applicable, protection of health, wildlife, and the environment. The Council’s Contaminated Land Strategy was reviewed in 2022 and a revised strategy for 2022–2027 published.

There are no sites in Redcar & Cleveland legally defined as being Contaminated Land under Part 2A of the Environmental Protection Act 1990; such sites may only be identified when they are not subject to the planning regime. However, as more brownfield sites are subject to development, there remains a need to continue to review former industrial areas and carry out assessments of land to determine their suitability for development and if applicable, protection of health, wildlife and the environment. The Council’s Contaminated Land Strategy was reviewed in 2013 and published.

The Teesworks site is being developed in accordance with conditional planning approval granted under the Town & Country Planning Act 1990 meaning that the developer has a legal duty to develop the site to be suitable for its intended future use. Contamination risk assessments, options appraisals, remedial actions, and verification requirements must be submitted by the developer to the Local Planning Authority for their acceptance. Post development the site must not be capable of being determined as contaminated land within the meaning of Part 2A of the Environmental Protection Act 1990.

### 3.8 Control of Environmental and Food Borne Infections

In 2023-24, 593 food businesses were inspected in Middlesbrough to determine compliance with food laws, of which 445 premises (75%) received a 5 rating. 20 food premises were subject to enforced closure due to serious hygiene breaches.

The food inspection programme is prioritised to ensure that high risk premises are inspected more frequently. Most of the food businesses inspected are restaurants and takeaways however there are a small number of manufacturers and approved food premises, and these can involve more complex processes.

The number of notifiable infections in 2021-22, 2022-23 and 2023-24 and are shown below:

<b>Notifiable Infections Middlesbrough</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
Acute Hepatitis	<5	0	0
Bacillus cereus	<5	0	0
Campylobacter	184	138	107
Cryptosporidium	7	8	18
Dysentery	<5	<5	<5
E.Coli - O157	<5	7	<5
E.Coli - not O157	7	<5	<5
Giardia lamblia	7	0	<5
Listeria monocytogenes	<5	0	0
Salmonellas	15	19	19
Yersinia	<5	<5	<5
<b>Total Cases</b>	<b>228</b>	<b>180</b>	<b>156</b>

The Public Protection Service registers and inspects premises and individuals that provide cosmetic treatments in Middlesbrough. Registered premises includes:

- 42 tattooists,
- 54 providers of body and ear piercing,
- 7 providers of electrolysis,
- 30 providers of micropigmentation and microblading, and
- 20 acupuncturists.

Once premises are registered, the Public Protection team visit to ensure that the byelaws in relation to tattooing, acupuncture, body piercing etc are being adhered to. This visit includes checking cleanliness of the premises, correct equipment being used, appropriate waste disposal to ensure that there are controls in place to prevent a risk to public health.

In January 2024 a tattooist, operating from a home address in Middlesbrough, was prosecuted for failing to register his tattoo studio. After this successful prosecution, the tattooist continued to operate unregistered therefore in May 2024 officers from Public Protection applied to the Magistrates Court for a Part 2A order to confiscate all tattooing equipment from his premises and to prohibit him from operating. Another prosecution file is being prepared for these continuing offences.

In 2023-24, some 648 food businesses were inspected in Redcar & Cleveland to determine compliance with food laws, of which 590 premises (91%) received a 5 rating. No food premises were subject to enforced or voluntary closure. The food inspection programme is prioritised to ensure that high risk premises are inspected more frequently. Most of the food businesses inspected are restaurants and takeaways however there are a small number of businesses which undertake more complex food processes.

The number of notifiable infections in 2021-22, 2022-23 and 2023-24 and are shown below:

<b>Notifiable Infections Redcar &amp; Cleveland</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
Acute Hepatitis	0	<5	0
Campylobacter	175	164	128
Cholera	0	<5	0
Cryptosporidium	7	12	15
E.Coli - O157	<5	10	<5
E.Coli - not O157)	0	<5	<5
Giardia lamblia	10	0	0
Legionnaires Disease	0	0	0
Paratyphoid Fever	0	0	0
Salmonella - other	<5	<5	<5
Salmonella - type not identified	9	22	15
Shigella Sonnei	0	<5	<5
Suspected Food Poisoning	<5	<5	<5
Yersinia	0	<5	<5
<b>Total Cases</b>	<b>208</b>	<b>220</b>	<b>169</b>

The Licensing Team registers and inspects premises and individuals that provide cosmetic treatments. Registered premises includes:

- 23 acupuncturists,
- 55 cosmetic piercing,
- 6 electrolysis,

- 49 semi-permanent skin colouring and
- 78 tattooists.

### 3.9 Independent Safety Advisory Group

The Middlesbrough Independent Safety Advisory Group (ISAG) is a multiagency body comprising representatives of the Council and Emergency Services. It is facilitated and Chaired by the Public Protection Service in Middlesbrough and by Health Protection Healthcare Quality Service Manager in Redcar & Cleveland. Its role is to provide an independent review of the plans for the delivery of events in the town which meet a range of criteria, to assess and provide advice on their public safety arrangements. The ISAG's review is considered by the Director of Public Health, to provide assurance to him in his delegated decision making to approve an event to go ahead. The group reviews events on public land which meet certain risk criteria, during 2023-24 in Redcar & Cleveland 23 events were consulted on, including sporting events such as running, athletics and cycling festivals as well as Christmas and Bonfire night events. During 2023-24, Middlesbrough ISAG group reviewed the plans for 9 events held on council land.

### 3.10 Emergency Preparedness

2023-24 has seen some significant developments in resilience with the UK both at a local and national level demonstrated through the Government's Resilience Framework, which is based on the 3 pillars of shared awareness of risk, prevention, and whole society resilience. The framework highlights the role of the Cleveland Emergency Planning Unit (CEPU) and Local Resilience Forum (LRF) and significant learning from the response to COVID, Grenfell and the Manchester Arena.

During the period there were a total of 16 incidents within the South Tees area, none of which were declared as "Major Incidents". The majority of these incidents were a mix of fires, flooding and impacted on residential, care homes and industrial settings. Throughout the year a number of multi-agency meetings have been held in relation to waste fires and extreme weather, ensuring that there is a shared understanding or risk across the partners.

Under legislation training and exercising is undertaken both to train individuals and to test response plans, during the 2023-24 financial period there were 20 training events and 17 exercises with attendance from a range of South Tees organisations (RCBC, MBC etc.). There has been a renewed focus on exploring the concept and practical implementation of community or whole society resilience with a wide range of community groups and representatives and a trial of a small grant scheme to encourage grass roots resilience.

### 3.11 Severe Weather Plans

In line with national changes, the South Tees Heat Health Plan and the South Tees Cold Weather Plan have been merged to create the South Tees Adverse Weather Plan. All weather alerts issued by the MET Office are cascaded via the distribution list to:

- a) Council services including adult social care, children's services, HR, communication teams, homelessness team, customer services, community and culture, as well as the gold and silver level officers;
- b) Staff in day care centres, residential homes, schools, nurseries, and children's centres via appropriate council teams listed above.
- c) Wider system partners including South Tees Hospitals NHS Foundation Trust, the Local Medical Council (LMC), Voluntary Development Agencies, Integrated Care Board South, and the NE Ambulance Service.

### 3.12 Excess Winter Deaths (latest data)

There were around 20 (13% higher) excess winter deaths in people aged 85+ in Middlesbrough in 2021-22 and zero (1.6%) excess winter deaths in people aged 85+ in Redcar & Cleveland in 2021-22. This compares to a ratio of 11.3% for England. The ratio is the percentage of additional deaths that occurred in winter months compared to the rest of the year. Older people and people who are seriously ill are at particular risk of death in winter. The number of excess winter deaths depends on many factors, including the temperature and the level of disease in the population and how well-equipped people are to cope with the drop in temperature. The majority of excess winter deaths are due to circulatory and respiratory diseases, rather than direct causes such as hypothermia.

Indicator	Period	England	North East region (statistical)	County Durham	Darlington	Gateshead	Hartlepool	Middlesbrough	Newcastle upon Tyne	North Tyneside	Northumberland	Redcar and Cleveland	South Tyneside	Stockton-on-Tees	Sunderland
Winter mortality index	Aug 2021 - Jul 2022	8.1	7.2	4.2	18.1	5.4	6.7	5.6	8.4	6.8	11.6	3.3	7.7	5.7	8.1
Winter mortality index (age 85 plus)	Aug 2021 - Jul 2022	11.3	13.6	17.1	38.3	18.7	7.4	13.0	15.5	5.2	8.0	1.6	16.3	10.0	16.9

## 4. Prevention of communicable disease and outbreak management

### 4.1 Organisational roles and responsibilities

NHS England has responsibility for managing and overseeing the NHS response to an incident or outbreak, ensuring that relevant NHS resources are mobilised and commanding / directing NHS resources as necessary. Additionally, NHS England is responsible for ensuring that their contracted providers will deliver an appropriate clinical response to any incident that threatens the public's health.

UK Health Security Agency (UKHSA), through its consultants in health protection, lead epidemiological investigations and specialist health protection response to public health incidents or outbreaks and has responsibility to declare a health protection incident, major or otherwise.

The Integrated Care Board South (ICB South) role is to ensure, through contractual arrangements with provider organisations, that healthcare resources are made available to respond to health protection incidents or outbreaks (including screening, diagnostic and treatment services).

Local Authorities through the Directors of Public Health or their designate has overall responsibility for the strategic oversight of an incident or outbreak that impacts on their population's health. They ensure that NHS England and UKHSA, supported by the ICB, put appropriate response in place. In addition, they must be assured that the local health protection system is robust enough to respond appropriately in order to protect the local population's health and that risks have been identified, are mitigated against, and adequately controlled.

General Practices can provide support via the Outbreak Control Team which has potential to be provided at scale via a Primary Care Network (PCN). Further information is available in the [Community Infection Prevention and Control Policy for General Practice](#).



Pharmacies have a responsibility to deliver the Healthy Living Pharmacy (HLP) framework which is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. All community pharmacies in South Tees now have HLP status and respond to outbreaks or disease accordingly. Pharmacies are required to participate in up to six health campaigns at the request of NHS England based on local needs. This generally involves the display and distribution of leaflets provided by NHS England. In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.

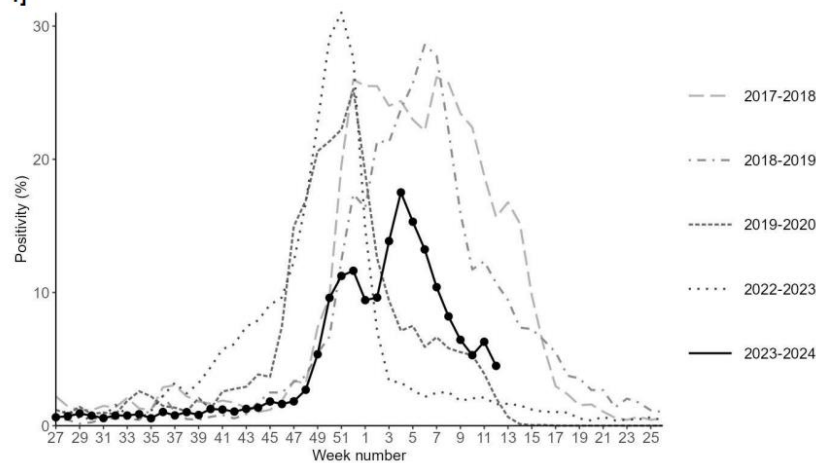
#### 4.2 Surveillance arrangements

UKHSA are responsible for the surveillance, including receipt and analysis of formal 'notifications of infectious diseases'. All registered medical practitioners must notify UKHSA when they suspect cases of notifiable diseases. Laboratories performing primary diagnostics must notify UKHSA when they confirm the presence of a notifiable organism. UKHSA collects these notifications and analyses them to detect anomalies which may represent an outbreak, such as more cases being reported than would be expected, or multiple cases of the same infection with exposure to the same venue. UKHSA publishes analyses of local and national trends every week. Weekly summary reports are also shared with public health colleagues.

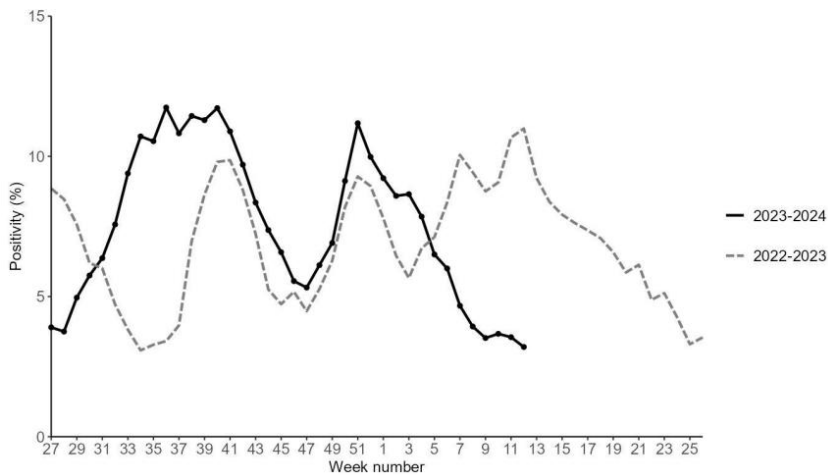
#### 4.3 Covid-19, Flu and RSV 2023-24

As flu data is not captured and reported at a local level, the graph below highlights weekly rates of influenza, Covid-19 and Respiratory Syncytial Virus (RSV) for England in 2023-24 and provides an indication for when peaks would have been experienced locally.

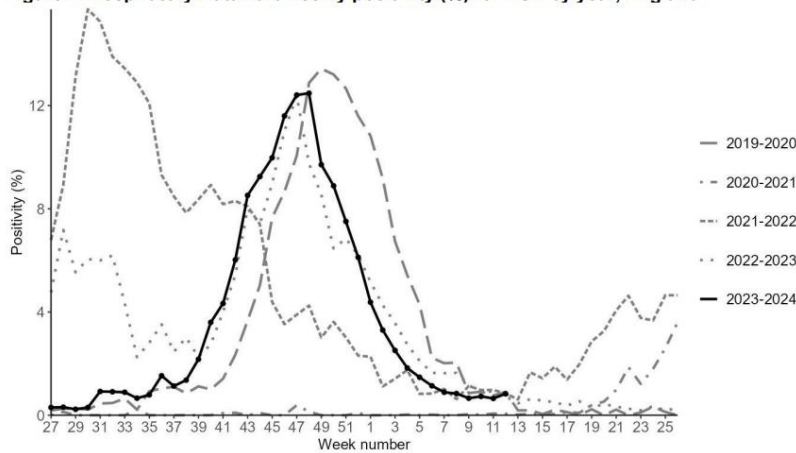
**Figure 2. Respiratory DataMart weekly positivity (%) for influenza by year, England [note 1]**



**Figure 5. Respiratory DataMart weekly positivity (%) for SARS-CoV-2 by year, England**



**Figure 7. Respiratory DataMart weekly positivity (%) for RSV by year, England**



It is important to reduce the number of respiratory diseases as these lead to hospital admissions and put pressure on NHS and social care services.

#### 4.4 Measles

In October 2023 measles cases in the West Midlands began to rise, by 19<sup>th</sup> January 2024 cases were continuing to rise so a national incident was declared. On 9<sup>th</sup> February 2024 Public Health South Tees sent a measles warning letter to parents via all schools across South Tees, encouraging parents to check MMR status and ensure that their child was fully vaccinated. The first measles case in South Tees occurred in March 24 with onward transmission confirmed towards the end of March. An Outbreak Control Team was established and met on 5<sup>th</sup> April 2024, with a further letter sent to parents confirming that measles was now circulating in South Tees.

#### 4.5 Scarlet Fever and Group A Strep

Scarlet fever activity in England returned to normal seasonal levels from February 2023 and have continued so into the current 2023 to 2024 season.

#### 4.6 HIV

England has set an ambition to end HIV transmission, AIDS and HIV-related deaths by 2030. The England HIV Action Plan 2022-25 sets out intermediate commitments to achieve the 2030 ambition, including how HIV transmission will be reduced by 80% by 2025. The monitoring and evaluation framework published in December 2022 sets out the indicators that will be used to monitor the progress towards this goal.

Some of the key metrics within Fingertips, Public Health Data from the Office for Health Improvement and Disparities can be found below.

- HIV testing rate in South Tees has significantly improved from 2020. Middlesbrough is higher at 2,424 per 100,000 compared to 1,751 per 100,000 in Redcar & Cleveland, whilst England is 2771 per 100,000.
- New HIV cases diagnosed in 2023 have increased significantly in Middlesbrough from a rate of 7.4 per 100,000 to 15.1 (23 cases). The rate in Redcar & Cleveland is significantly lower at 4.3 per 100,000. This compared to a rate of 10.4 per 100,000 in England.
- Prevalence of HIV in those aged 15-59 is significantly lower across all but Newcastle upon Tyne in the North East compared against the national rate (2.4) in 2023. Redcar and Cleveland (0.7) has the lowest prevalence rate of HIV in those aged 15-59 in the North East. However, Middlesbrough (1.61) has the 2<sup>nd</sup> highest rate in the North East and is above the regional rate (1.28).

### HIV Late Diagnosis

Late diagnosis is the most important predictor of HIV-related morbidity and short-term mortality. It is a PHOF indicator, and monitoring is essential to evaluate the success of local HIV testing efforts.

In the three-year period between 2021-23, of those diagnosed late with HIV, the rates per 100,000 in Middlesbrough (40.9) and Redcar & Cleveland (33.3) are lower than both the national rate (43.5).

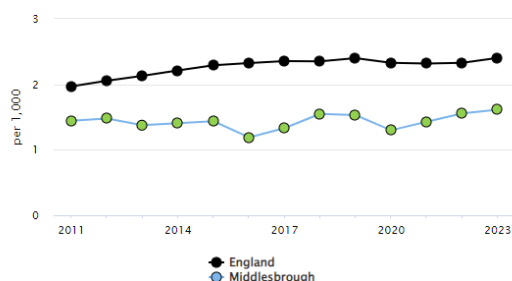
Indicator	Period	England	North East region (statistical)	County Durham	Darlington	Gateshead	Hartlepool	Middlesbrough	Newcastle upon Tyne	North Tyneside	Northumberland	Redcar and Cleveland	South Tyneside	Stockton-on-Tees	Sunderland
<b>HIV testing</b>															
HIV testing rate per 100,000 population	2023	2770.7	1945.1	1738.6	1839.8	2475.2	2001.9	2423.7	2751.6	2338.4	1678.1	1751.0	1605.6	1953.8	1117.7
Proportion of TB notifications offered an HIV test	2022	98.2	100	*	*	*	*	100	100	*	100	*	100	100	*
Infectious Diseases in Pregnancy Screening: HIV Coverage	2022/23	99.8*	99.8*	-	-	-	-	-	-	-	-	-	-	-	-
<b>HIV diagnoses</b>															
New HIV diagnosis rate per 100,000	2023	10.4	5.5	4.5	4.5	6.0	2.1	15.1	10.6	1.4	2.4	4.3	2.7	2.5	8.2
New HIV diagnoses among persons first diagnosed in the UK rate per 100,000 <small>New data</small>	2023	4.9	3.4	2.3	3.6	4.5	2.1	9.8	7.1	1.4	0.9	2.2	2.0	1.5	4.6
HIV late diagnosis in people first diagnosed with HIV in the UK <small>&lt;25% 25% to 50% ≥50%</small>	2021 - 23	43.5	40.4	30.0	25.0	35.3	28.6	40.9	48.5	12.5	57.1	33.3	16.7	33.3	57.1
HIV late diagnosis in gay, bisexual and other men who have sex with men first diagnosed with HIV in the UK <small>&lt;25% 25% to 50% ≥50%</small>	2021 - 23	34.3	34.5	50.0	33.3*	27.3*	33.3*	25.0*	52.9	0.0*	50.0*	66.7*	0.0*	50.0*	27.3*
HIV late diagnosis in heterosexual men first diagnosed with HIV in the UK <small>&lt;25% 25% to 50% ≥50%</small>	2021 - 23	56.6	51.9	0.0	0.0	66.7	0.0	33.3	50.0	0.0	0.0	0.0	0.0	0.0	64.3
HIV late diagnosis in heterosexual and bisexual women first diagnosed with HIV in the UK <small>&lt;25% 25% to 50% ≥50%</small>	2021 - 23	46.4	37.5	0.0	0.0	0.0	0.0	100	25.0	100	50.0	0.0	0.0	0.0	85.7
HIV diagnosed prevalence rate per 1,000 aged 15 to 59 <small>&lt;2 2 to 5 ≥5 New data</small>	2023	2.40	1.28	1.02	1.25	1.58	1.01	1.61	2.47	1.11	0.77	0.70	0.92	1.16	1.20
HIV diagnosed prevalence rate per 1,000 <small>&lt;2 2 to 5 ≥5 New data</small>	2023	1.73	0.90	0.71	0.81	1.07	0.69	1.17	1.97	0.79	0.56	0.53	0.62	0.78	0.80

HIV treatment and care																
Determining PrEP need	2023	↔	10.1	6.5	9.7	10.6	11.2	2.9	3.1	8.1	6.1	5.9	3.1	7.9	3.4	9.0
Initiation or continuation of PrEP among those with PrEP need	2023	↔	73.0	57.9	59.6	64.1	60.6	47.8	41.8	61.0	62.5	49.5	37.2	68.9	47.7	65.9
Prompt antiretroviral therapy (ART) initiation in people newly diagnosed with HIV	2021 - 23	↔	84.4	87.1	80.0	100	90.5	100	90.0	83.9	76.9	85.0	84.6	83.3	81.3	92.6
Antiretroviral therapy (ART) coverage in people accessing HIV care	2023	↔	98.5	94.3	98.7	100.0	100.0	100.0	98.9	79.2	99.4	99.5	98.6	98.9	100.0	99.6
				≤ 90%	90% to ≤ 95%	> 95%										
Virological success in adults accessing HIV care	2023	↔	97.7	97.0	97.8	94.4	95.3	95.3	97.1	98.3	99.4	98.2	95.8	91.2	98.7	94.6

Diagnosed HIV prevalence per 1,000 population aged 15 to 59 years by year in Middlesbrough compared to rates in the North East UKHSA Region and England: 2011 to 2023.

[HIV diagnosed prevalence rate per 1,000 aged 15 to 59](#) New data Crude rate - per 1,000

[Show confidence intervals](#) [Show 99.8% CI values](#) ▶ [More options](#)



**Recent trend:** → No significant change  
**Benchmarking against goal:** <2 2 to 5 ≥5

Period	Middlesbrough				North East	England
	Count	Value	95% Lower CI	95% Upper CI		
2011	121	1.44	1.20	1.73	0.83	1.97
2012	124	1.48	1.23	1.76	0.87	2.06
2013	115	1.38	1.14	1.65	0.90	2.13
2014	117	1.41	1.16	1.69	0.95	2.21
2015	119	1.44	1.19	1.72	1.00	2.29
2016	99	1.19	0.97	1.45	1.03	2.33
2017	110	1.33	1.09	1.60	1.04	2.35
2018	127	1.55	1.29	1.84	1.09	2.35
2019	125	1.53	1.27	1.82	1.17	2.40
2020	106	1.30	1.06	1.57	1.09	2.33
2021	118	1.43	1.18	1.71	1.12	2.32
2022	134	1.56	1.30	1.84	1.17	2.33
2023	144	1.61	1.36	1.90	1.28	2.40

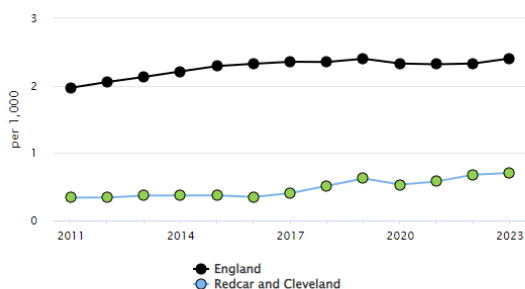
Source: UK Health Security Agency

In 2023, in Middlesbrough there were 144 Middlesbrough residents aged 15 to 59 years who were seen at HIV services (the prevalence of diagnosed HIV). The diagnosed prevalence per 1,000 residents aged 15 to 59 years (1.61), better than the 2.4 per 1,000 in England.

Diagnosed HIV prevalence per 1,000 population aged 15 to 59 years by year in Redcar and Cleveland compared to rates in the North East UKHSA Region and England: 2011 to 2022.

[HIV diagnosed prevalence rate per 1,000 aged 15 to 59](#) New data Crude rate - per 1,000

[Show confidence intervals](#) [Show 99.8% CI values](#) ▶ [More options](#)



**Recent trend:** → No significant change  
**Benchmarking against goal:** <2 2 to 5 ≥5

Period	Redcar and Cleveland				North East	England
	Count	Value	95% Lower CI	95% Upper CI		
2011	26	0.34	0.22	0.50	0.83	1.97
2012	26	0.34	0.22	0.50	0.87	2.06
2013	28	0.37	0.25	0.53	0.90	2.13
2014	28	0.37	0.25	0.54	0.95	2.21
2015	28	0.37	0.25	0.54	1.00	2.29
2016	26	0.35	0.23	0.51	1.03	2.33
2017	30	0.40	0.27	0.58	1.04	2.35
2018	38	0.51	0.36	0.70	1.09	2.35
2019	46	0.62	0.46	0.83	1.17	2.40
2020	39	0.53	0.38	0.73	1.09	2.33
2021	42	0.58	0.42	0.78	1.12	2.32
2022	49	0.68	0.50	0.90	1.17	2.33
2023	51	0.70	0.52	0.93	1.28	2.40

Source: UK Health Security Agency

In 2022, in Redcar & Cleveland there were 51 Redcar and Cleveland residents aged 15 to 59 years who were seen at HIV services (the prevalence of diagnosed HIV). The diagnosed prevalence per 1,000 residents aged 15 to 59 years (0.70) better than the 2.4 per 1,000 in England.

From 1<sup>st</sup> April 2023, Public Health South Tees has commissioned Terence Higgins Trust (THT) to deliver HIV prevention and HIV testing in the community.

#### 4.7 Sexually Transmitted Infections (STIs)

As STIs are often asymptomatic, frequent STI screening of groups with greater sexual health needs is important and should be conducted in line with national guidelines. Early detection and treatment can reduce important long-term consequences, such as infertility and ectopic pregnancy. Vaccination is an intervention that can be used to control genital warts, hepatitis A and hepatitis B. However, control of other STIs relies on consistent and correct condom use, behaviour change to decrease overlapping and multiple partners, ensuring prompt access to testing and treatment, and ensuring partners of cases are notified and tested.

Over the last 4 years, there has been a notable and sustained increase in syphilis infections across Teesside with 152 in 2020, 171 in 2021, 171 in 2022, and 236 in 2023. This remains a concern. Untreated syphilis can lead to further transmission and severe illness and can cause severe harm during pregnancy and in newborn babies.

Whilst syphilis cases in the UK are usually associated with men having sex with men (MSM), the syphilis outbreak in 2019 in Teesside mostly affects heterosexual men and women. The greatest number of diagnoses were among those aged 18 to 34 years.

Around half of all cases were symptomatic; others were testing because they have been identified as a contact or as part of routine sexual health testing or antenatal screening. In some cases, treatment has been delayed because symptoms such as a rash or genital ulcers were not recognised as possible syphilis.

To reduce further transmission, the Tees sexual health service provider (HCRG), working with commissioners and colleagues from the UK Health Security Agency have held several syphilis care pathways workshops from which a new syphilis action plan has been developed. This plan will focus on increasing testing to identify cases early, timely treatment, following up with sexual partners (contacts) and focusing on improved communication for a young heterosexual audience to raise awareness. Sexual health commissioners and the provider have been involved in Outbreak Control Team meetings, in 2022-2023, independently chaired by the Consultant in Health Protection for Teesside (UKHSA). A Tees syphilis comms subgroup was established to raise awareness, with Webinars developed especially for maternity staff and comms messages pushed out for maternity staff, MSM and young people.

In the table below, the syphilis diagnostic rate in 2023 was significantly higher in Middlesbrough (46.5) and Redcar & Cleveland (33.5) compared to the England rate (16.7) or the North East rate (21.3). Middlesbrough was ranked highest in the North East and Redcar and Cleveland the 4<sup>th</sup> highest. All 4 Tees local authorities were the highest in the North East. Syphilis numbers have also been rising nationally.

Nationally there has been an increase in gonorrhoea cases diagnosed and this can be seen in Teesside also. The diagnostic rate in 2023 for Middlesbrough (146) is the 2<sup>nd</sup> highest in the North East, well above the regional rate (114) but only just below the national rate (149). Redcar and Cleveland (111)

has the 5<sup>th</sup> highest rate in the North East. Tees’s sexual health service provider will use the syphilis action plan to include gonorrhoea.

Nationally, the scope of chlamydia testing has changed focusing now on reducing the harms from untreated chlamydia infection. The harmful effects of chlamydia occur predominantly in women so the opportunistic offer of asymptomatic chlamydia screening outside of sexual health services will focus on women.

Both Middlesbrough (2,658) and Redcar & Cleveland (3,327) have significantly higher Chlamydia detection rates compared to the England (1,961) and the North East (2,173) rates. Redcar & Cleveland has the 2<sup>nd</sup> highest detection rate in the region, just behind Hartlepool, and Middlesbrough has the 4<sup>th</sup> highest detection rate in the region, just behind Stockton. Teesside has the best detection rates in the North East. Despite the high prevalence of chlamydia infection, this can be taken as a positive because as more cases are detected, more cases can be treated to prevent onwards transmission.

Indicator	Period	England	North East region (statistical)	County Durham	Darlington	Gateshead	Hartlepool	Middlesbrough	Newcastle upon Tyne	North Tyneside	Northumberland	Redcar and Cleveland	South Tyneside	Stockton-on-Tees	Sunderland
Syphilis diagnostic rate per 100,000	2023	16.7	21.3	12.9	11.0	25.8	36.2	46.5	20.5	14.7	14.8	33.5	22.9	43.5	10.5
Gonorrhoea diagnostic rate per 100,000	2023	149	114	99	95	135	111	146	210	99	74	111	94	145	66
Chlamydia detection rate per 100,000 aged 15 to 24 (Female)	2023	1962	2173	2096	1970	2083	3694	2658	1875	2016	1869	3327	2003	2760	1847

Legend: <2,400 (Red), 2,400 to 3,250 (Yellow), ≥3,250 (Green)

Source: Fingertips Data, 2023

The sexual health service has increased staffing levels to carry out more testing within the service across Tees in addition to the availability of online home sampling kits. Regular social media posts raise awareness of getting a full sexual health screen on change of partner, multiple partners or if symptomatic.

Again, from 1<sup>st</sup> April 2023, Public Health South Tees has commissioned Terence Higgins Trust (THT) to deliver STI testing in the community to extend the reach of services for those marginalised communities such as sex workers, migrants and the homeless.

#### 4.8 Tuberculosis 3 year summary (latest data 2020-22)

Tuberculosis (TB) is an infectious disease, caused by bacteria. It is predominantly spread by the respiratory route, pulmonary TB is a notifiable disease. TB notifications are recorded on a special national electronic system that collects more than basic demographics. Analysis highlights that TB cases remain strongly associated with deprivation and that certain social characteristics are also associated with an increased risk of TB. These include alcohol misuse, drug misuse, homelessness, imprisonment, mental health needs, and asylum seeker status. TB cases diagnosed during a 3 year period between 2020-22 were highest in Middlesbrough for the North East, and slightly higher than the England average. Redcar and Cleveland TB rates were significantly lower. Locally, TB cases receive treatment from the TB service at James Cook University Hospital.

Indicator	Period	England	North East region (statistical)	County Durham	Darlington	Gateshead	Hartlepool	Middlesbrough	Newcastle upon Tyne	North Tyneside	Northumberland	Redcar and Cleveland	South Tyneside	Stockton-on-Tees	Sunderland
TB incidence (three year average)	2020 - 22	7.6	3.0	1.5	3.4	2.7	3.2	8.9	8.5	2.1	0.8	1.5	2.2	2.9	1.7

#### 4.9 Healthcare associated infections at South Tees Hospitals NHS FT

The Clostridioides difficile-associated diarrhoea objective for 2023-24 was to have no more than a combined total of 110 community-onset healthcare-associated (COHA) and/or healthcare-onset healthcare-associated (HOHA) cases among patients aged over 2 years. In 2023-24 there have been 128 trust-apportioned cases. This has greatly exceeded the annual target, this equates to a 8.6% decrease compared to 2022-23.

The Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia target is that of zero tolerance. There have been 3 trust-assigned cases for the 2023-24 financial year.

There was no official Methicillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemia target for 2023-24. There were 49 Trust-apportioned MSSA bacteraemia cases in the current financial year. This compares to 42 in 2022-23.

There were 605 cases of the three Gram Negative Blood Stream Infections (GNBSI) organisms which are part of national surveillance, 141 of which were classed as HOHA and 80 of which were classed as COHA making a total of 221 trust-apportioned cases (137 E. coli, 64 Klebsiella species and 20 Pseudomonas aeruginosa). For trust-apportioned cases this is a 5% increase compared to 2022-23.

The Trust had 6 cases of bacteraemia due to Glycopeptide-resistant Enterococci in 2023-24 compared to 19 cases in 2022-2023.

Extended Spectrum Beta-Lactamases (ESBL) producing coliforms cause a large number of infections, and they are the commonest multi-drug resistant Gram-negative organisms affecting patients in the Trust and in the local community. In 2023-24 the Trust had 25 cases of bacteraemia due to ESBL-producing coliforms, compared to 112 in 2022-2023.

During the winter months, outbreaks of Norovirus infection have previously caused severe disruption both nationally and to our Trust. During 2023-24 there were 14 clusters which met our definition of an outbreak, and it affected a total of 164 patients and 98 staff members.

An international pandemic of a novel coronavirus began in December 2019. There were 50 outbreaks in our trust during the second and third waves, which met the national / regional definition. 464 staff members and 225 patients were infected during these outbreaks. After the third COVID-19 wave, we have had 100 outbreaks affecting 113 staff and 692 patients. All 100 of these outbreaks are now closed.

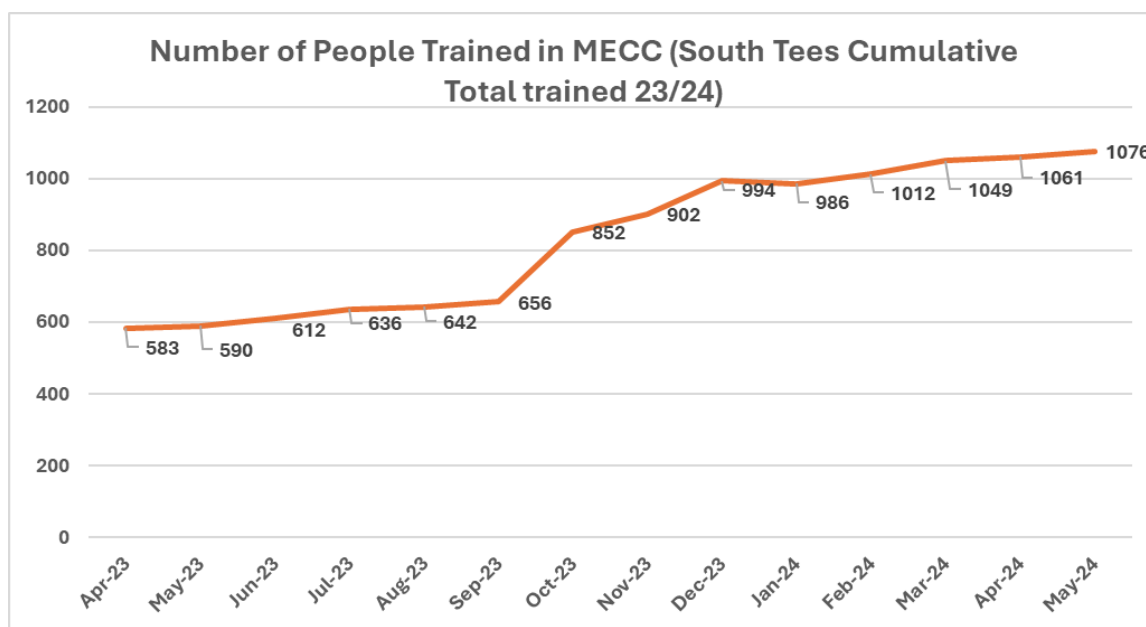
## 5. Community resilience

### 5.1 Making Every Contact Count (MECC)

Making Every Contact Count (MECC) is an evidence-based approach to behaviour change that utilises the everyday interactions that organisations and individuals have with residents to help support them to make positive changes to their health and wellbeing. There is a focus on addressing lifestyle behaviours (smoking, physical inactivity) as well as wider social determinants of health (finance, housing etc). South Tees are part of the ICB Regional MECC Steering Group.

A MECC website ([www.meccgateway.co.uk/nenc](http://www.meccgateway.co.uk/nenc)) has been further developed in partnership with regional ICB to provide users with very brief intervention guidance on a wide range of health and wellbeing topics. Over the past year additional themes have been added to the website including cancer awareness and screening. An essential element of this is the facility to signpost to local health and wellbeing services as well as national support services. This has been populated with Redcar and Cleveland and Middlesbrough signposting information, including cancer awareness and immunisations.

To date **1049 people** across South Tees (Champions, Council staff, partners and volunteers) have been trained in the MECC approach (**506 during 2023-24**) and should now be utilising this in their day-to-day practice. All staff/volunteers trained in MECC are invited to join the South Tees MECC/Health Champions Network which provides a mechanism to reach communities with key health and wellbeing messages. South Tees NHS Trust have progressed MECC implementation throughout 2023-24 to further embed MECC conversations in day to day practice of all Trust staff. This has included staff training, comms campaign and embedding MECC signposting into all patient communication. Funding has been received from the ICB to appoint a personalised care coordinator to further drive this forward and they now have their own MECC Trainers to continue training.



### 5.2 Health Champions Network

Middlesbrough Health Champions Network (originally the Covid Champions Network) now has over **300 members** and has evolved into a South Tees network. Recruitment continues through MECC training provision, increased awareness, and involvement of VCS partners. Health protection guidance, information, and promotional messages continue to be provided to health champions, through monthly meetings and on an ad-hoc basis for dissemination across their communities or



organisations. The network approach has been recognised as a champion's best practice model regionally in partnership with Office of Health Inequalities and Disparities and best practice has been shared at regional events promoting the value of Champions and MECC. Over the last year we have had a focus on Core20+5 and have provided training in the 5 key themes to health champions and wider partners.

### 5.3 Core 20 Plus 5 approach

Office of Health Inequalities & Disparities (OHID) invited Middlesbrough to be part of their best practice approach with a focus on using Health Champions to address the health inequalities highlighted in the Core20PLUS5 approach (Cancer, Severe Mental Illness, Maternity, Circulatory disease, Respiratory disease). A training and awareness programme was developed across all 5 themes to allow South Tees Champions to increase their knowledge and encourage appropriate screening programmes that address these inequalities. Over 78 people attended Talk Cancer (Cancer awareness) training; 67 attended training in Severe Mental Illness; and 80 attended training in Learning Disability awareness. CVD awareness and BME maternity topics have been discussed at Health Champions Network meetings and further work on these topics is developing.

### 5.4 Infection Prevention Control at South Tees Hospitals NHS FT

Throughout 2023-24 there were two postholders within South Tees Hospitals NHS FT IPC Team to cover Care Homes and Domiciliary Care (from November 2023 this reduced to one staff member due to vacancy). The roles are to provide an advice, support and training service with both roles working closely in partnership with the Integrated Care Board (ICB) South, Local Authorities (LA) and Care Quality Commission (CQC).

Services include support for:

- Control, monitoring and surveillance of outbreaks with support from UKHSA regional and national experts when required.
- Provision of clinical advice and support to staff and public to identify and manage infection incidents and outbreaks.
- Auditing of IPC standards including environments and hand hygiene to an agreed criteria making recommendations for change, monitoring progress, and reporting to local authorities.
- Developing and delivering IPC education and training programmes
- Supporting and developing IPC Champions

### 5.5 Health Protection Assurance Workshops

In November 2023, two workshops were held to share important health protection messages and address local concerns. The first workshop was aimed at the voluntary section, workplaces and care home staff addressing adult health protection topics and the second workshop focused on youth health concerns targeting school staff, 0-19 teams and those working with young people in the community. A total of 118 people participated across the workshops with 88 people attending the workshop concentrating on youth health concerns. The purpose was to develop community wide health protection resilience ensuring that key stakeholders understand local health protection arrangements, there was also the opportunity to identify key challenges or issues faced by these settings in relation to health protection.

The agendas for each workshop followed the key themes of the Health Protection Assurance Board action plan and report, these include environmental factors, communicable diseases, increasing resilience, immunisations, and national screening programmes, with the presentations and key information sent out to delegates afterwards. Evaluations highlighted that generally, participants felt the presentations were interesting, well delivered and very informative, with a wide range of topics covered. There was a good mix of strategic and operational/community input, sharing recognition for all the hard work that has been done across South Tees.

## 5.6 Improving Health Protection within schools using the HealthStart approach.

Following the successful engagement, of almost all primary and secondary schools across South Tees, with the Headstart programme to improve the mental health of young people locally. It was agreed that a co-ordinated approach would be taken to improve the physical health of young people locally using a similar 'HealthStart' programme. One of the elements of this programme will focus specifically on non-communicable diseases (asthma, epilepsy, diabetes, CVD and cancer as per the core20plus5), communicable diseases (including infection prevention control), and immunisations. This will help improve community resilience by increasing knowledge, skills, and capacity to prevent and manage disease.

## 6. Increase equitable uptake of immunisation programmes

Immunisation remains one of the most effective public health interventions for protecting individuals and the community from serious infectious diseases. The routine childhood immunisation schedule currently offers protection against 13 different vaccine-preventable infections. In addition to the routine childhood programme, selective vaccinations are offered to individuals reaching a certain age or with underlying medical conditions or lifestyle risk factors. Due to particularly low uptake rates locally, of most immunisations on the schedule, funding was allocated by NENC ICB in Feb 2023 to address health inequalities in vaccine uptake.

### 6.1 Organisations roles and responsibilities

NHS England is responsible for the routine commissioning of national immunisation programmes under the Section 7a agreement of the Health and Social Care Act 2012. They commission services provided through general practice, school aged immunisation services, pharmacies and maternity services to deliver the [complete routine immunisation schedule](#). They are responsible for ensuring local providers deliver against the national service specification and meet agreed population uptake and coverage levels as specified in the Public Health Outcomes Framework and Key Performance indicators.

UKHSA develop the Patient Group Directions (PGDs) for vaccines, they provide templates that are adapted by each region and signed off by NHS England regions. UKHSA also operate ImmForm the website for vaccine ordering and data collection on vaccine uptake.

Public Health South Tees are responsible for monitoring local vaccine uptake rates and providing independent scrutiny, where necessary challenging local arrangements and providers to increase equitable uptake among their local populations.

PCN and General Practice continues to play a key role in the delivery of vaccination programmes, including; education, promotion and delivery for patients. PCN collaborative working provides opportunities for practices to support each other in the process and provide at scale approaches when appropriate. Further information can be found in the BMA Vaccination and Immunisation Programme guidance.

Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. Each year from September through to March the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations. Regarding COVID-19 vaccinations, over 1,500 community pharmacy sites have been vaccinating patients and health and care workers under a Local Enhanced Service against coronavirus alongside vaccination centres, hospitals and Primary Care Network (PCN) sites.

Other key partners who contribute to the delivery of immunisations include school aged immunisation service, sexual health service and occupational health services.

## 6.2 Childhood Immunisations

Population vaccination coverage is a key outcome measure in the Public Health Outcomes Framework. For 2023/24 Middlesbrough did not meet the national target of 95% for all 13 indicators listed (see table below). Uptake rates are particularly low for Hib and MenC booster, PCV and MMR. For 2023/24 Redcar & Cleveland did not meet the national target of 95% for 8 of the 13 indicators listed (see below).

Indicator	Period	England	North East region (statistical)	County Durham	Darlington	Gateshead	Hartlepool	Middlesbrough	Newcastle upon Tyne	North Tyneside	Northumberland	Redcar and Cleveland	South Tyneside	Stockton-on-Tees	Sunderland
Population vaccination coverage: Hepatitis B (1 year old) <span>New data</span>	2023/24	*	*	-	-	*	-	100	100	-	*	-	-	*	100
Population vaccination coverage: Dtap IPV Hib HepB (1 year old) <span>New data</span>	2023/24	91.2	95.2	96.4	94.7	94.0	92.9	91.3	92.6	96.7	96.8	94.7	97.0	95.5	96.9
Population vaccination coverage: PCV <span>New data</span>	2023/24	93.2	96.9	97.4	95.5	96.6	96.7	94.2	95.7	97.9	97.6	96.4	97.7	96.9	97.9
Population vaccination coverage: Hepatitis B (2 years old) <span>New data</span>	2023/24	*	*	80.0	100	*	-	100	76.5	-	-	*	*	*	*
Population vaccination coverage: Dtap IPV Hib HepB (2 years old) <span>New data</span>	2023/24	92.4	95.8	97.5	94.7	95.4	93.8	91.4	93.7	97.0	97.4	94.8	97.1	95.0	96.9
Population vaccination coverage: Hib and MenC booster (2 years old) <span>New data</span>	2023/24	88.6	93.6	95.9	92.4	92.8	93.2	86.2	90.9	95.9	95.8	92.7	96.2	93.1	94.5
Population vaccination coverage: PCV booster <span>New data</span>	2023/24	88.2	93.3	95.5	91.9	92.4	93.0	85.6	90.6	95.3	95.7	93.0	95.7	93.0	93.9
Population vaccination coverage: MMR for one dose (2 years old) <span>New data</span>	2023/24	88.9	93.9	95.7	91.9	94.4	93.5	86.9	91.3	96.0	96.0	92.7	96.3	93.3	94.7
Population vaccination coverage - Hib / Men C booster (5 years old) <span>New data</span>	2017/18	92.4	95.1	97.2	96.0	93.2	94.5	90.1	90.9	96.3	95.7	95.3	97.6	96.0	97.1
Population vaccination coverage: MMR for one dose (5 years old) <span>New data</span>	2023/24	91.9	95.1	97.0	93.1	95.0	96.4	88.4	92.8	96.1	96.8	95.7	96.8	95.4	95.3
Population vaccination coverage: MMR for two doses (5 years old) <span>New data</span>	2023/24	83.9	89.7	94.2	87.9	86.8	89.2	77.9	85.2	91.7	92.5	89.1	93.7	89.7	90.9
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) <span>New data</span>	2022/23	71.3	70.5	68.6	71.2	73.8	58.8	53.1	65.8	84.9	76.5	68.1	73.3	67.9	76.3
Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years) <span>New data</span>	2021/22	79.6	78.5	73.0	71.8	89.7	65.4	51.2	86.8	91.4	88.4	69.0	80.7	77.8	78.8

During 2022-23, North East North Cumbria ICB allocated health inequalities funding proportionately to all local authorities in the region to increase immunisation uptake rates. Part of the funding allocated to Middlesbrough was used to commission behavioural insights work into uptake of childhood immunisations, recommendations from the evaluation will be implemented across South Tees.

### 6.3 Adolescent Immunisations

Adolescents are offered the Human Papilloma Virus vaccine in Y8 to protect against different types of cancers and genital warts. In Year 9, they are offered the final booster for Diphtheria, Tetanus and Polio vaccine and they are offered the Meningitis vaccine (MenACWY) to protect against strains A, C, W, & Y of the disease.

HPV vaccine uptake rates in Middlesbrough were better in 2022-23 than in 2021-22, with first dose uptake for males increasing from 31.5% to 45.5% and females increasing from 40.3% to 53.1%, both were much lower than the England averages of 65.2% and 71.3% respectively. The trend of females having higher uptake rates than males continued for the second dose in Year 9 where uptake dropped from 26.1% to 20.8% for males and dropped from 31.8% to 26.1% for females, compared to the England average which also dropped from 62.4% to 56.1% for males and from 67.3% to 62.9% for females.

HPV vaccine uptake rates in Redcar & Cleveland were also better in 2022-23 than in 2021-22, with first dose uptake for males increasing from 36.1% to 56.5% and females increasing from 42.1% to 68.1%, compared to the England averages of 65.2% and 71.3% respectively. The trend of females having higher uptake rates than males continued for the second dose in Year 9 where uptake dropped from 34.6% to 29.3% for males and dropped from 41.0% to 34.2% for females, compared to the England average which also dropped from 62.4% to 56.1% for males and from 67.3% to 62.9% for females.

Indicator	Period	England	North East region (statistical)	County Durham	Darlington	Gateshead	Hartlepool	Middlesbrough	Newcastle upon Tyne	North Tyneside	Northumberland	Redcar and Cleveland	South Tyneside	Stockton-on-Tees	Sunderland
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male)	2022/23	65.2	64.1	60.4	65.4	69.0	58.3	45.5	57.8	80.8	71.2	56.5	71.0	53.2	76.6
		<80%	80% to 90%	≥90%											
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)	2022/23	71.3	70.5	68.6	71.2	73.8	58.8	53.1	65.8	84.9	76.5	68.1	73.3	67.9	76.3
		<80%	80% to 90%	≥90%											
Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 years old) (Male)	2022/23	56.1	48.2	31.8	35.2	66.9	23.0	20.8	57.4	61.2	71.7	29.3	72.4	30.1	59.5
		<80%	80% to 90%	≥90%											
Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 years old) (Female)	2022/23	62.9	54.9	43.6	48.3	72.1	36.1	26.1	57.7	67.9	74.6	34.2	71.6	40.2	69.1
		<80%	80% to 90%	≥90%											

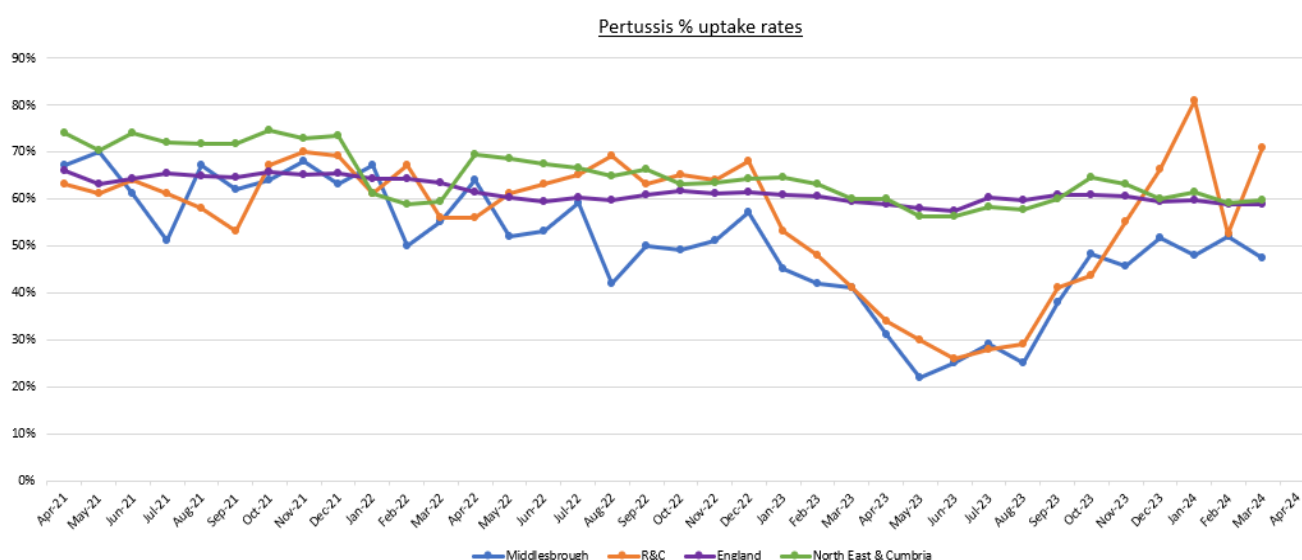
Uptake data for MenACWY has not yet been refreshed for 2022-23.

Following the successful adolescent immunisations behavioural insights trial at MacMillan Academy, Middlesbrough in 2022-23, the multi-agency partnership was widened to include partners from Redcar & Cleveland, Hartlepool and Durham in 2023-24 to trial a range of interventions based on the premise that “uptake of school age immunisations is below national targets because parents are not completing consent forms for their children due to lack of capability, opportunity, and motivation to do so”. The trial evaluation found that without any additional effort or activity, the delivery of the right messages at the right times appears to consistently ‘nudge’ parents to return their consent

form. A number of recommendations have now been provided, we will continue to work with the new School Aged Immunisation Service provider to implement these across all schools in South Tees.

#### 6.4 Pregnant Women Immunisations

Between 16 and 32 weeks of pregnancy, pregnant women are eligible to receive a pertussis vaccine, this protects babies against whooping cough, which in babies can lead to complications resulting in hospitalisation and even death. The number of babies infected with whooping cough has fallen since the vaccination in pregnancy was introduced however, pregnant women still need to be vaccinated because the disease remains at high levels in older children and adults.



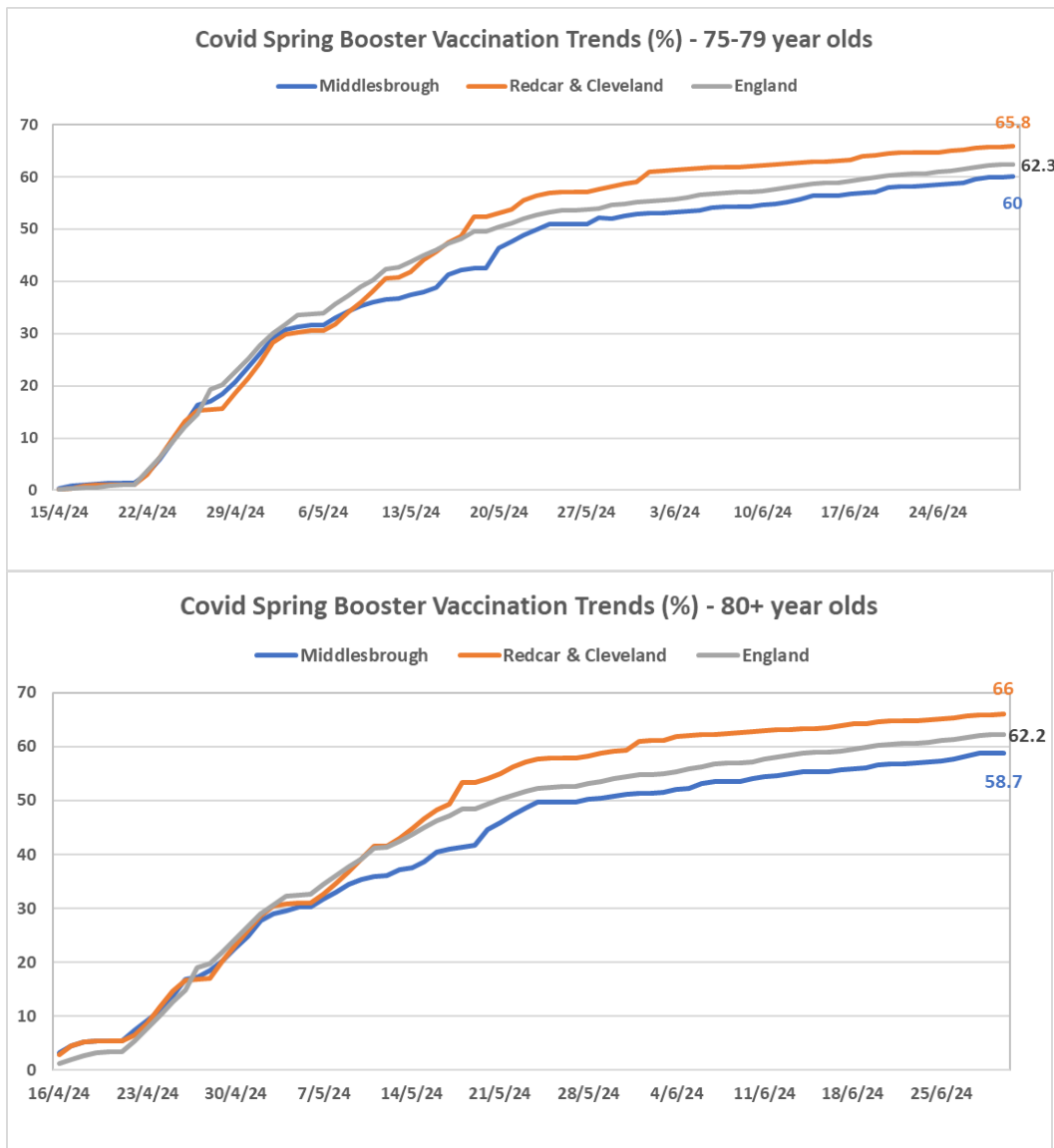
If women are pregnant during the flu season, they will also be offered the flu vaccine which protects both the mother and her unborn baby against flu for the whole flu season – even after the baby has been born. Flu uptake rates among pregnant women in South Tees dropped significantly for the 23-24 flu season. Using a small proportion of the NENC inequalities funding, we developed resources to increase both flu, covid and pertussis immunisation uptake rates in pregnant women. After success of the resources in South Tees NHS Trust, the resources have been shared regionally, and can be viewed [here](#).

Pregnant women (flu vaccine uptake)	Middlesbrough	Redcar & Cleveland	England
2021-22	39.6%	49.7%	37.9%
2022-23	25.3%	34.9%	35.0%
2023-24	30.0%	39.7%	32.1%

#### 6.5 Covid-19 Immunisations

The covid-19 vaccine provides safe and effective protection against covid-19. The whole population (age 12 up) were eligible for doses 1 and 2. The subsequent booster programmes have been and will continue to be offered to those who meet the eligibility criteria, those who are most vulnerable and therefore require additional vaccines to ensure continued protection.

The graphs below show the latest Covid-19 spring booster vaccination uptake rates (April to June 2024). Redcar & Cleveland had higher uptake rates for both 75-79 and 80+ year old age groups compared to England, whilst Middlesbrough had lower uptake rates.



Source – UKHSA Covid-19 Dashboard

## 6.6 Flu Immunisations

Seasonal influenza (flu) is an unpredictable but recurring pressure that the NHS faces every winter. Vaccination offers the best protection. For most healthy people, flu is an unpleasant but usually self-limiting disease with recovery generally within a week. However, there is a particular risk of severe illness from catching flu for older people, the very young, pregnant women, those with underlying disease or long-term conditions and those who are immunosuppressed. It is those at-risk cohorts who are offered the free flu vaccine each year between September and February.

Uptake rates among those aged 65 and over are above the 75% for both Middlesbrough and Redcar & Cleveland. England and all North East LAs are under the 55% target for at risk individuals, with Middlesbrough lowest at 39% in North East. Vaccination of the very young and school children could be improved across South Tees.

Indicator	Period	England	North East region (statistical)	County Durham	Darlington	Gateshead	Hartlepool	Middlesbrough	Newcastle upon Tyne	North Tyneside	Northumberland	Redcar and Cleveland	South Tyneside	Stockton-on-Tees	Sunderland
Population vaccination coverage: Flu (aged 65 and over) <b>&lt;75%</b> <b>≥75%</b> <a href="#">New data</a>	2023/24	77.8	80.0*	81.0	79.7	80.1	75.6	75.9	78.9	81.7	81.7	81.8	79.0	80.2	78.0
Population vaccination coverage: Flu (at risk individuals) <b>&lt;55%</b> <b>≥55%</b> <a href="#">New data</a>	2023/24	41.4	43.7*	45.4	43.8	43.8	39.2	35.8	41.7	45.9	48.3	44.8	44.0	42.7	41.3
Population vaccination coverage: Flu (2 to 3 years old) <b>&lt;40%</b> <b>40% to 65%</b> <b>≥65%</b> <a href="#">New data</a>	2023/24	44.4	45.8*	51.7	49.7	47.2	38.1	33.0	42.5	50.9	50.0	43.4	44.7	46.2	40.8
Population vaccination coverage: Flu (primary school aged children) <b>&lt;65%</b> <b>≥65%</b> <a href="#">New data</a>	2023	55.1	52.6*	54.5	44.9	58.7	42.7	31.3	52.0	63.5	63.9	44.8	52.4	44.6	54.7

### 6.7 Older Adults Immunisations (latest data)

Adults aged 65 are offered the pneumococcal vaccine that protects against 23 types of pneumonia, which can lead to sepsis and meningitis and can be fatal. Then between the ages of 70-79 adults are offered the shingles vaccine which helps to reduce the risk of getting shingles and if you do go on to have the disease the symptoms may be milder and shorter. Uptake of the Pneumococcal vaccine was above 70% for both Middlesbrough and Redcar & Cleveland. However, shingles vaccine uptake rates were 48% in Middlesbrough and 56% in Redcar & Cleveland, so these could be improved.

Indicator	Period	England	North East region (statistical)	County Durham	Darlington	Gateshead	Hartlepool	Middlesbrough	Newcastle upon Tyne	North Tyneside	Northumberland	Redcar and Cleveland	South Tyneside	Stockton-on-Tees	Sunderland
Population vaccination coverage: PPV <b>&lt;65%</b> <b>65% to 75%</b> <b>≥75%</b> <a href="#">New data</a>	2022/23	71.8	75.1	74.6	78.3	80.3	64.1	71.5	76.7	73.8	75.2	72.7	77.4	74.0	77.0
Population vaccination coverage: Shingles vaccination coverage (71 years) <b>&lt;50%</b> <b>50% to 60%</b> <b>≥60%</b> <a href="#">New data</a>	2022/23	48.3	52.6	52.5	60.5	53.4	47.7	48.3	49.5	55.9	50.0	55.8	55.8	57.8	49.9

## 7. Increase equitable uptake of screening programmes

Screening remains one of the most effective public health interventions for protecting individuals and the community from serious illness. Following the transition of responsibilities from Public Health England (PHE) to NHS England (NHSE) in October 2021, publication of screening data for the 11 NHS Screening Programmes is now predominantly carried out by NHS England. In addition to the routine antenatal and newborn screening programme, selective screening programmes are offered to individuals reaching a certain age or with underlying medical conditions or lifestyle risk factors such as abdominal aortic aneurysm (AAA) and bowel, breast, cervical and diabetic eye screening.

## 7.1 Organisations roles and responsibilities

NHS England is responsible for the routine commissioning of national screening programmes under the Section 7a agreement of the Health and Social Care Act 2012. They commission services provided through regional screening centres, general practice, school nurses, and maternity services to deliver the complete routine screening schedule. They are responsible for ensuring local providers deliver against the national service specification and meet agreed population uptake and coverage levels as specified in the Public Health Outcomes Framework and Key Performance indicators.

Public Health South Tees are responsible for monitoring local screening uptake rates and providing independent scrutiny, where necessary challenging local arrangements and providers to increase equitable uptake among their local populations.

PCN and General Practice continues to play a key role in the delivery of screening programmes, including education, promotion and delivery for patients. PCN collaborative working provides opportunities for practices to support each other in the process and provide at scale approaches when appropriate.

NECS is responsible for the Cervical Screening Administration Service and supports the National Cervical Screening Programme by: providing Prior Notification Lists (PNLs) of patients eligible for screening to GP practices, sending out call and recall letters to patients eligible for cervical screening tests and notifying patients of test results once received from laboratories. Sexual Health Services also carry out cervical screening.

## 7.2 Increasing equitable uptake of screening programmes

As screening programmes are designed to detect ill health at the earliest possible opportunity, and increase likelihood of survival, it is of paramount importance that local authorities challenge screening providers to ensure that there is equitable uptake of these programmes across the local population, with particular focus being placed on traditionally underserved groups. This will help to ensure that inequalities not only in screening but in subsequent treatment, health outcomes and life expectancy are not being perpetuated. The most effective way to mitigate these inequalities, is to carry out a health equity audit, analysing local data about those who do not engage with initial screening processes or who do not attend follow up appointments when anomalies have been detected, and therefore do not complete the screening process. This can help to design interventions to specifically target those, who for complex reasons, do not usually engage.

## 7.3 Antenatal and Newborn Screening Programmes (latest data)

Antenatal screening programmes aim to detect genetic disorders and infectious diseases (such as HIV, Hepatitis B and Syphilis) that can be passed on the unborn baby, along with foetal anomalies. Following the birth babies are screened to assess the wellbeing (hearing, physical examination and blood spot). The aim of antenatal and newborn screening is to spot any problems early so that treatment can be started as soon as possible. Hearing screening coverage is lower in South Tees.

Indicator	Period	England	North East region (statistical)	County Durham	Darlington	Gateshead	Hartlepool	Middlesbrough	Newcastle upon Tyne	North Tyneside	Northumberland	Redcar and Cleveland	South Tyneside	Stockton-on-Tees	Sunderland
Newborn Hearing Screening: Coverage	2022/23	98.5*	99.0*	98.2	99.5	99.4	99.2	97.8	99.4	99.5	99.2	97.8	99.7	99.5	99.0
Newborn and Infant Physical Examination Screening Coverage	2022/23	96.2*	95.8*	94.6	94.2	96.3	98.4	96.6	95.1	95.5	96.6	95.8	95.7	97.5	96.2



## 7.4 Childhood Screening Programmes

The National Child Measurement Programme (NCMP) takes height and weight measurements of children in reception and year 6. The prevalence of overweight (including obesity) in Middlesbrough rises from 30% in reception to 40% in year 6 and in Redcar & Cleveland from 27% in reception to 39% in year 6.

The NCMP letters have all been adapted to include more local information about support which is readily available to families across South Tees. This includes a variety of HENRY programmes offered alongside implementation of the South Tees Eat Well Schools Award and the South Tees Eat Well Early Years Award that will be offered to all schools as an element of the HealthStart Programme.

Indicator	Period	England	North East region (statistical)	County Durham	Darlington	Gateshead	Hartlepool	Middlesbrough	Newcastle upon Tyne	North Tyneside	Northumberland	Redcar and Cleveland	South Tyneside	Stockton-on-Tees	Sunderland
Reception prevalence of overweight (including obesity) (4-5 yrs) <span>New data</span>	2023/24	22.1	24.7	26.7	23.3	21.8	27.9	29.7	24.0	22.3	24.7	27.0	22.6	22.3	23.9
Year 6 prevalence of overweight (including obesity) (10-11 yrs) <span>New data</span>	2023/24	35.8	38.6	37.8	35.4	37.5	41.6	39.8	40.6	36.8	35.2	38.9	40.1	38.6	42.3

## 7.5 Adult Screening Programmes

Men and women aged over 60 years are currently invited to participate in the national **bowel screening programme** every 2 years. This is gradually being extended to include everyone aged 50 to 59 years by April 2025. In 2023, coverage rates for Middlesbrough were 67.9% and for Redcar & Cleveland were 72.9%. There is currently a 'Reducing inequalities in uptake of bowel screening' project being led by North Tees NHS FT, where partners from across Tees are working to reduce drop out at all stages of the bowel screening process.

Women aged 50-71 are currently invited to participate in the national **breast screening programme** every 3 years. In 2023, coverage rates for Middlesbrough were 63.6% and for Redcar & Cleveland were 66.7%. A breast screening health equity audit for the North-East and North Cumbria is being planned and led by OHID.

Women aged 25-49 are currently invited to participate in the national **cervical screening programme** every 3 years. In 2023, coverage rates for Middlesbrough were 60% and for Redcar & Cleveland were 73.9%. Women aged 50-64 are currently invited to participate in the national cervical screening programme every 5 years. In 2023, coverage rates for Middlesbrough were 69.9% and for Redcar & Cleveland were 74.9%. As part of the current behavioural insights work, previous cervical screening interventions are being reviewed and refreshed

**Abdominal Aortic Aneurysm (AAA) screening** is offered to men aged 65, the screening detects weakness in aorta (the main blood vessel that runs from the heart through your abdomen), which can then be treated to prevent the vessel bursting and causing death. In 2022/23 coverage rates for Middlesbrough were 75.1% and for Redcar and Cleveland were 84.1%.

Indicator	Period	England	North East region (statistical)	County Durham	Darlington	Gateshead	Hartlepool	Middlesbrough	Newcastle upon Tyne	North Tyneside	Northumberland	Redcar and Cleveland	South Tyneside	Stockton-on-Tees	Sunderland
C24a - Cancer screening coverage: breast cancer	2023	66.2*	67.1*	69.4	71.7	67.6	65.6	63.6	58.0	57.2	70.5	66.7	69.6	69.0	70.9
C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	2023	65.8*	70.8*	74.8	73.2	72.7	71.8	60.0	59.6	74.8	75.0	73.9	74.1	72.8	70.5
C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	2023	74.4*	75.6*	76.6	76.9	75.6	72.7	69.9	73.9	76.1	77.4	74.9	75.2	75.0	76.3
C24d - Cancer screening coverage: bowel cancer	2023	72.0*	74.0*	74.6	73.9	74.1	70.0	67.9	72.6	75.4	78.6	72.9	72.3	72.2	73.7
C24e - Abdominal Aortic Aneurysm Screening Coverage	2022/23	78.3*	77.7*	81.7	82.6	81.7	70.0	75.1	71.8	67.3	74.1	84.1	78.8	79.5	81.9

**NHS Health Checks** are offered to all adults aged 40 -74 once every 5 years, the check can help spot early signs of stroke, kidney disease, heart disease, type 2 diabetes, or dementia in people who do not have pre-existing conditions. Public Health South Tees in partnership with Stockton and Hartlepool currently commission GP practices to deliver the NHS Health Check service, following the disbanding of the Community Nurse Bank led service at the beginning of the pandemic in 2020.

Indicator	Period	England	North East region (statistical)	County Durham	Darlington	Gateshead	Hartlepool	Middlesbrough	Newcastle upon Tyne	North Tyneside	Northumberland	Redcar and Cleveland	South Tyneside	Stockton-on-Tees	Sunderland
People invited for an NHS Health Check	2020/21 Q1 - 2024/25 Q1	57.9	54.2	84.7	100*	60.0	50.1	42.4	11.3	48.9	37.2	51.0	27.2	44.4	67.0
People receiving an NHS Health Check	2020/21 Q1 - 2024/25 Q1	22.7	19.8	24.3	46.1	18.5	17.7	21.4	5.2	23.9	16.8	22.3	11.4	20.3	19.1
People taking up an NHS Health Check invite	2020/21 Q1 - 2024/25 Q1	39	36	29	41	31	35	51	45	49	45	44	42	46	29

Public Health South Tees attend PCN practice managers to promote NHS Health Checks and ensure all necessary documentation is in place. In addition to mandated NHS Health Checks, InHIP funding has enabled the Academic Health Science Network to conduct CVD prevention research in Middlesbrough. The research applied a behavioural insights approach to explore ethnic minority and underserved groups' experience of CVD health check uptake in the north-east of England. Findings from this research will be used to design interventions to increase equitable uptake of these checks.

## 8. Recommendations for health protection across South Tees

The Health Protection Assurance Report sets out the current situation with regards to environmental issues, communicable diseases, community resilience, immunisations and screening programmes, the following are recommendations for work to be commenced across the local system during 2024-25.

### 8.1 Protection from environmental hazards

- a) Monitor implementation of the South Tees Clean Air Strategy.
- b) Implement the third Selective Landlord Licensing area in Middlesbrough.
- c) Ensure that severe weather alerts are cascaded in line with the South Tees Severe weather plan.

### 8.2 Prevention of communicable diseases and outbreaks

- a) Develop a new model for sexual health services based on the findings of the needs assessment and service review, proceed to recommission new sexual health services from August 25.
- b) Work with UKHSA to review epidemiological data of syphilis to enable the development of a local action plan.
- c) Develop local campaigns using behavioural insights to increase condom use.
- d) Increase BBV testing with a key focus on vulnerable groups.
- e) Monitor the implementation of the local syphilis action plan aimed to increase testing.
- f) Annually review and update the South Tees Outbreak Management Strategy and Outbreak Policy.

### 8.3 Community resilience

- a) Continue to promote the communicable disease and immunisation element of HealthStart.
- b) Annual workforce development plan implemented for wider council and key partners to increase health protection capacity across the councils.
- c) Offer immunisation and screening training to MECC champions.
- d) Develop a programme to reduce unintended pregnancies (Middlesbrough has the highest rates in England).
- e) Hold the annual South Tees Health Protection Workshops.
- f) Continue to grow the health champions' network and establish community feedback channels to understand community needs, perceptions, and experiences with public health services.
- g) Community-Based Education Programs: work with community organisations to develop educational initiatives targeting health literacy, vaccination awareness, and preventive health behaviours.

### 8.4 Increase equitable uptake of immunisations

- a) Contribute to the new Tees Valley Local Immunisation Steering Group and Tees Valley Immunisation Strategy.
- b) Following completion of the trial, implement the effective 0-5 imms resources across South Tees.
- c) Following completion of the trial, work with the School Aged Immunisation Service to implement the effective adolescent immunisation resources across South Tees.
- d) Collaborate with Maternity Services at South Tees Hospitals NHS FT to increase uptake of pertussis, RSV, covid-19 and flu vaccinations in pregnant women.
- e) Deliver Staff Hep B immunisations to front line local authority staff who work closely with at risk population groups.
- f) Offer vaccine awareness raising sessions to wider system partners, especially those working with vulnerable groups, who have a role in improving vaccine uptake rates across South Tees.

#### 8.5 Increase equitable uptake of screening programmes

- a) Contribute to the review and roll out of cervical screening resources across South Tees and the North East.
- b) Commission targeted work to improve cervical screening uptake in practices with low coverage, providing support to implement behavioural science informed resources, contact non-attenders, and increase capacity where needed.
- c) Recommission the NHS Health Check programme standardising the approach to quality assurance, targeted engagement, data management, and training.
- d) Continue to support the Tees Bowel Screening inequalities workstream.
- e) Offer screening awareness raising sessions to wider system partners, especially those working with vulnerable groups, who have a role in improving screening uptake rates across South Tees.
- f) Look to implement local Health Equity Audits on nationally led screening programmes to ensure health inequalities are being addressed through behavioural insights informed interventions.

#### 8.6 Health Protection Assurance Report for 2023-24 approval



**Mark Adams**

Joint Director of Public Health

Date: 11/10/2024