

**TITLE OF REPORT: Health Protection Assurance Annual Report 2022/23**

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**Purpose of the Report**

1. Present an overview of the health protection system and outcomes for Gateshead as part of the Director of Public Health's responsibility to provide assurance to the Health and Wellbeing Board that the current arrangements for health protection are robust and equipped to meet the needs of the population.

**Background**

2. The Director of Public Health (DPH) employed by Gateshead Council is responsible for the exercise of the local authority's public health functions. This includes those conferred upon the Council by Regulation 8 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 to promote "the preparation of or participation in appropriate local health protection arrangements". This report forms part of those arrangements.
3. Health protection describes those activities and arrangements that seek to protect the population from risks to health arising from biological, environmental or chemical hazards. It includes:
  - Prevention - screening, immunisation and vaccination schemes to prevent the incidence of diseases
  - Surveillance – systems of disease notification, identifying outbreaks
  - Control - management of individual cases of certain diseases to reduce the risk of spread
  - Communication – communicating messages and risks during urgent and emergency situations.
4. The attached report (Appendix 1) provides further detail of those arrangements and activity ranging from 2022 to 2023. The indicators use data from varying timeframes, in all cases the most recent data has been sought for the report although this can range from 2021 to 2023 due to publication schedules.

**Conclusions**

5. An analysis of the data and information regarding health protection outcomes for screening, immunisation, communicable diseases and air quality has highlighted that there are areas that require improvement and these form the assurance priorities for next year 2024/25. These include
  - Screening: Reviewing the data in more detail to consider the health inequalities around access and coverage despite relatively high uptake levels across Gateshead as a whole.
  - Immunisation: It is noted that Gateshead has good uptake rates of its immunisation programmes, further work could be considered to continue to push coverage rates up to the national targets of 95% and also review local variation in uptake to support targeted initiatives in areas with lower uptake rates.
  - EPRR: Embed the Health Protection Assurance Board
  - Pandemic preparedness- Following dissemination of national guidance (not yet available), work with local and regional partners to take this forward.
  - Air Quality: Implementing the Clean Air Zone to improve air quality in Gateshead.

- Review data around food and water borne diseases, bloodborne viruses and TB

Existing Health Protection Assurance arrangements remain in place with oversight through the Gateshead Health Protection Board and this annual report.

**Proposal**

6. It is proposed that Gateshead Health and Well-being Board notes the arrangements in place to assure the Board their responsibilities are being delivered.

**Recommendation**

7. The Health and Wellbeing Board is asked to consider the efficacy of existing arrangements and consider whether any improvement actions are necessary.

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Contact: Alice Wiseman, Director of Public Health.

## Appendix 1.

### Health Protection Assurance Report 2022/23

#### Executive Summary

1. Gateshead has robust systems in place in the management of existing and emerging health protection issues. These systems are shared across health, social care, environmental health and public protection and transport and planning, this framework is outlined in appendix 1.
2. An analysis of the data regarding health protection outcomes for screening, immunisation, communicable diseases and air quality has highlighted that there are areas that require improvement and these indicate the priority areas for next year 2022/2023. These include:
  - Screening: Reviewing the data in more detail to consider the health inequalities around access and coverage despite relatively good uptake levels across Gateshead as a whole.
  - Immunisation: It is noted that Gateshead has good uptake rates of its immunisation programmes, further work could be considered to continue to push coverage rates up to the national targets of 95% and also review local variation in uptake to support targeted initiatives in areas with lower uptake rates.
  - EPRR: Embed the Health Protection Assurance Board
  - Pandemic preparedness: Following dissemination of national guidance (not yet available), work with local and regional partners to take this forward.
  - Air Quality: Implementing the Clean Air Zone to improve air quality in Gateshead.
  - Review data around food and water borne diseases, bloodborne viruses and TB

#### Introduction

3. The Director of Public Health (DPH) has a statutory responsibility for the strategic leadership of health protection for Gateshead Council<sup>1</sup>. The DPH, on behalf of the Council, should be assured that the arrangements to protect the health of their local communities are robust and are implemented appropriately. This report is to inform the Health and Wellbeing Board about arrangements and outcomes for health protection in Gateshead.
4. The most recent data available has been used in the analysis for this report. In circumstances where the data is not available, assurance for Gateshead is limited to the overall assurance we have in respect of the programme or the period for which we do have data. The data included in the report has also been captured over different time periods ranging from 2021-23 so please refer to each dataset individually for detail and note any limitations.

#### Background

5. Health protection is the domain of public health action that seeks to prevent or reduce the harm caused by communicable diseases, and to minimise the health impact of environmental hazards such as chemicals and radiation, and extreme weather events.
6. This broad definition includes the following functions within its scope, together with the timely provision of information and advice to relevant parties, and on-going surveillance, alerting and tracking of existing and emerging threats:
  - National programmes for screening and immunisation which may be routine or targeted;
  - Management of environmental hazards including those relating to air pollution and food;
  - Health Emergency Preparedness Resilience and Response (EPRR), the management of individual cases and incidents relating to communicable disease (e.g. meningococcal disease, tuberculosis (TB), influenza) and chemical, biological, radiological and nuclear hazards;
  - Infection prevention and control in health and social care community settings and in particular, Healthcare Associated Infections (HCAs);

- Other measures for the prevention, treatment and control of the management of communicable disease (e.g. TB, blood-borne viruses, seasonal influenza).
7. The DPH is responsible for the Council's contribution to health protection matters and exercises its functions in planning for, and responding to, emergencies that present a risk to public health. The DPH is also responsible for providing information, advice, challenge and advocacy to promote health protection arrangements by relevant organisations operating in the Local Authority area. This report forms part of those arrangements.

### **Health protection a multi-agency function**

8. Local Authorities are responsible for providing independent scrutiny and challenging the arrangements of NHS England (NHSE), UK Health Security Agency (UKHSA) and providers. The responsibility for the provision of the health protection function is spread across all the organisations.
9. Gateshead Council, through the leadership role of the DPH, has a delegated health protection duty from the Secretary of State to provide information and advice to relevant organisations to ensure all parties discharge their roles effectively for the protection of the local population. This leadership role relates mainly to functions where the responsibility for commissioning or coordinating lies elsewhere. The Council also provides local support for the prevention and investigation of local health protection issues through the Public Protection Environmental Health (EH) function.
10. Screening and Immunisation Teams (SITs) employed by UKHSA are embedded in NHSE. The SITs provide local leadership and support to providers in delivering improvements in quality and changes in screening and immunisation programmes. The SITs are also responsible for ensuring that accurate and timely data is available for monitoring vaccine uptake and coverage.
11. UKHSA brings together a wide range of public health functions and is responsible for delivering the specialist health protection response to cases, incidents and outbreaks; and provides expert advice to NHSE to commission immunisation and screening programmes, as well as other responsibilities relating to surveillance and planning.
12. All organisations have responsibility to protect their staff, customers and visitors etc. with appropriate infection control, staff vaccination and information programmes.
13. Gateshead Place commissions treatment services (e.g. hospital inpatient treatment, nurses working with specific infections, such as TB) that comprise an important component of strategies to control communicable disease.
14. Emergency preparedness, resilience and response functions are provided by all category one responders; this includes the Local Authority, UKHSA, NHSE, Emergency Services and NHS Foundation Trusts. Those organisations form the Gateshead Multi-Agency Resilience and Emergency Planning Group.

### **Covid-19 (C19)**

15. The pandemic was announced in March 2020. Guidance remains in place for those living and working in care and health settings. Currently there is no public testing offer meaning C19 prevalence is difficult to estimate. We support the Covid vaccination schemes throughout the winter months as this is one of our strongest lines of prevention and protection.
16. The numbers of Covid-19 patients within the QE was significantly lower in 2023 compared to 2022. Total number of Covid-19 patients in 2022 was 17,958 compared to 12,566 in 2023 (a difference of 5,392). The number of Covid-19 deaths within the QE have also been lower in 2023 compared to 2022., with 169 deaths in 2022, compared to 140 in 2023 (a difference of 29). Similarly, the number of Covid-19 patients

receiving oxygen in the QE has also decreased in 2023 compared to 2022, from 2,476, compared to 1,795 in 2022 (a difference of 681).

17. As of 1<sup>st</sup> April 2022, the government no longer provided free tests for general public use in England. This means case numbers are likely underreported and underestimated after this time period. To maintain assurance in this area there is ongoing surveillance of healthcare data (hospital admissions and deaths) and prevalence estimates produced from the ONS Coronavirus Infection Survey. ([Coronavirus \(COVID-19\) Infection Survey, UK - Office for National Statistics](#))

The national COVID-19 inquiry hearings are ongoing and will, hopefully, identify areas for improvement around national preparedness for future pandemics.

**Screening**

18. Screening is used in a population to identify the possible presence of an as-yet undiagnosed disease or increased risk of disease in individuals without signs or symptoms. The purpose of screening is to identify and intervene early to reduce potential harm. Each programme is underpinned by rigorous quality assurance, including a programme of visits by the UKHSA screening quality assurance service and monitoring arrangements to ensure that the target population benefit from the service and those individuals are not exposed to potential harms (e.g. failures to correctly identify individuals requiring further tests).

19. The screening programmes, commissioned by NHSE for which the DPH has an assurance role are:

- Cancer screening programmes (breast, bowel and cervical)
- Diabetic Retinopathy
- Abdominal Aortic Aneurysm (AAA)
- Antenatal and Newborn screening programmes.

20. Data for the adult screening programmes are available for 2022/23.

21. Two key indicators can be used as measures of assurances alongside national uptake of screening programmes; these are:

- National baseline indicators.
- Clinical standards that are required to ensure patients safety and control disease.

22. Table 2 demonstrates that Gateshead has a general higher screening coverage than the England average. Some programmes are still below the national standard and further work to understand and increase these rates is needed.

23. Uptake of the AAA and cancer screening programmes in Gateshead continues to be either similar or above the national average. The table below present's coverage for the adult screening programmes.

24. Data for the Diabetic Eye Screening Programme is unavailable at a Gateshead level. Performance, reported at North of Tyne and Gateshead area level, suggests that uptake is below the England average and national standard. The SITs are also aware of inequalities in the uptake of the service, with lower uptake amongst younger age groups and those from more deprived socioeconomic areas.

**Table 1: Adult Screening Programme Coverage/Uptake 2022/23**

Screening Programme	National Standard	% Coverage	
		England	Gateshead

Cervical Cancer (25-64 years) (50-64 years), 2022/2023	80%	65.8% 74.4%	72.7% 75.6%
Breast Cancer (53-70 years, 2023)	70%	66.2%	67.6 %
Bowel Cancer (60-69 years, 2023)	No threshold recorded	72%	74.1%
AAA (men 65 years, 2022/2023)	75%	78.3%	81.7%
Diabetic eye screening*	75%	79.1%	74.7%

\*North of Tyne and Gateshead diabetic eye screening programme data

Ref: [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk)

25. The Antenatal and Newborn screening programme covers six areas:

- Fetal anomaly
- Sickle cell and thalassemia
- Infectious diseases in pregnancy
- Newborn infant physical examination
- Newborn hearing screening
- Newborn bloodspot screening

26. Data on the coverage of the entire Ante-Natal and Newborn screening programme is not uniformly available at a Gateshead level. Some are available at Gateshead level, others are available at Newcastle Gateshead level, please see key and table 3 for further detail. Overall table 2 demonstrates high coverage for this screening programme.

**Table 2: Antenatal and Newborn screening coverage Q4 2022/23**

Screening programme	National Standard	% Coverage 2022/23	
		England	Gateshead
Infectious Diseases in Pregnancy – HIV	95.0%	99.8%	99.5%
Sickle Cell and Thalassaemia	95.0%	99.7%	100.0%
Newborn Blood Spot Screening	95.0%	96.4%	98.1%*
Newborn Hearing Screening	98.0%	98.9%	99.6%**
Newborn and Infant Physical Examination Screening	95.0%	96.4%	96.9%

\*Data is for NHS Newcastle/Gateshead. \*\*Data is a combined Sunderland South Tyneside and Gateshead.

Ref: [Q4 2022-23 Publication ANNB KPI data V2 NF.ods \(live.com\)](https://live.com)

### Immunisation and vaccination

27. Immunisation remains one of the most effective public health interventions for protecting individuals and the community from serious diseases. The national routine childhood immunisation programme currently offers protection against 13 different vaccine-preventable infections. In addition to the routine childhood programme, selective vaccination is offered to individuals reaching a certain age or with underlying medical conditions or lifestyle risk factors.

28. NHSE is responsible for commissioning local immunisation programmes and accountable for ensuring local providers of services will 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.

## Routine childhood immunisation programme

29. Current coverage for routine childhood immunisation programme in Gateshead is presented in table 4 below. Achieving population coverage of >95% is important as this is the point at which the entire population is protected, including the 5% that are not vaccinated. This is referred to as herd immunity.

**Table 3: Coverage routine childhood immunisation programme Gateshead 2022/23**

Vaccine and booster programme	Age cohorts					
	12 months		24 months		5 years	
	England	G'head	England	G'head	England	G'head
Diphtheria, tetanus, pertussis, polio, haemophilus influenza type b (DTaP/IPV/Hib) <sup>1</sup>	91.8%	93.3%	92.6%	96.2%		
DTap/IPV Booster <sup>2</sup>					87.9	83.3%*
PCV <sup>3</sup>	93.7%	96.5%	88.5%	92.2%		
Measles, mumps and rubella (MMR) <sup>4</sup>			89.3%	93.7%	92.5% 84.5%**	93.8% 88.5%**
Hib/Men C booster <sup>5</sup>			89.2%	93.9%	90.7%	92.3%
Rotavirus <sup>6</sup>	88.7	90.5%				
Meningitis B <sup>7</sup>	91.0%	92.3%	87.6%	91.9%*		

\*Boosters \*\* 2 doses MMR 22/23

Refs: 1 [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk), 2 [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk), 3 [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk), 4 [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk), 5 [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk), 6 [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk), 7 [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk)

30. Gateshead generally achieves a higher uptake of childhood immunisation programmes than the England average, although does not always reach the target level of 95% or higher. Therefore, it is important we still strive to improve our rates to reach the target of 95% and understand any inequalities in access or uptake.
31. All girls and boys aged 12 to 13 are offered HPV (human papilloma virus) vaccination as part of the childhood vaccination programme. The vaccine protects against cervical cancer and some oropharyngeal cancers. It's usually given in year eight at schools in England with, until 2023, a second dose administered within 6 to 12 months.
32. 2021 to 2022 was the seventh year HPV vaccine coverage for the 2-dose schedule has been calculated in school Year 9 females (aged 13 to 14 years) in England. Uptake of the first and second vaccine for boys and girls is generally higher in Gateshead than nationally.

**Table 4: HPV Vaccine Coverage in Gateshead (2021/22)<sup>1</sup>**

	Females : 12- to 13-year-olds (Year 8)	Males : 12- to 13-year-olds (Year 8)	Females cohort 17: 13- to 14-year-olds (Year 9)	Males cohort 1: 13- to 14-year-olds (Year 8)
<b>Gateshead</b>	73.6%*	67.4%*	74.6%**	67.7%**
<b>England</b>	69.6%	62.4*	67.3%**	62.4%**

\*% Vaccinated with at least one dose by 31/08/2021 \*\*% Vaccinated with 2 doses by 31/08/2021

33. Changes to the HPV programme were introduced in 2023. From September 2023:

- routine adolescent HPV immunisation programme for all children in school year 8 (aged 12 to 13 years) will move from 2 doses to one dose, offered mainly in secondary schools – this includes children not in mainstream school via a community clinic delivery model
- eligible gay, bisexual, and other men who have sex with men (GBMSM) under the age of 25 will move from 2 doses to one dose, offered through sexual health clinics
- eligible GBMSM aged 25 to 45 years will remain on a 2-dose schedule, offered through sexual health clinics
- eligible individuals who are immunosuppressed or those known to be HIV-positive will remain on a 3-dose schedule
- catch-up: eligible individuals who started their HPV vaccination schedule and have already received one dose of the vaccine by September 2023 will be considered fully vaccinated – those who missed out on their one dose HPV vaccine can catch up until their 25th birthday via their GP practice
- Td/IPV (tetanus, diphtheria and polio) teenage booster is the final dose of the routine childhood immunisation programme. The national plan provides the Td/IPV booster in year 9 alongside the final MenC booster. Table 6 demonstrates high levels of uptake in Gateshead.
- The routine offer of MenACWY vaccine to the year 9 cohort was implemented alongside catch-up for the year 10 cohort in 2020/21.

**Table 5: Td/IPV Booster 2021/22 and Men ACWY 2021/22**

Vaccine and booster programmes	Age Cohorts			
	Year 9		Year 10	
	England	Gateshead	England	Gateshead
Td/IPV <sup>1</sup>	69.9%	73.5%	79.5%	89.1%
MenACWY (Years 9 and 10) <sup>2</sup>			79.6%	87.9%

**At risk immunisation programme**

34. The at risk immunisation comprises the following:

- Pneumococcal (PPV) vaccine single dose at 65 years
- Shingles vaccine single dose at 70 years (catch up for 78 and 79 year olds)

**Table 6 Pneumococcal (PPV) and Shingles immunisation coverage**

Vaccination	England	Gateshead
PPV 2021/22 <sup>1</sup>	70.6%	76.1
Shingles (70 years) 2021/22 <sup>2</sup>	44.0%	50.0%

35. The coverage rate for the at risk immunisation programme in Gateshead is higher than the England rate, although it is noted that the overall uptake rates remain low in Gateshead and could be an area for further improvement.

**Seasonal flu vaccine programmes**

36. In 2022/23 annual seasonal flu vaccine was offered to:

- Those aged 2 and 3 years on 31 August 2022
- School aged children (all primary school aged children and eligible secondary school aged children)



- those aged 6 months to under 50 years in clinical risk groups
- pregnant women
- 50 to 64 year olds
- all those aged 65 years and over
- those in long-stay residential care homes
- carers / in receipt of carer's allowance / or main carer of an older or disabled person
- close contacts of immunocompromised individuals
- frontline health and social care staff

**Table 8: Seasonal flu Vaccination Coverage Gateshead 2022/23**

Indicator	Standard	Geography	2022/23
Population vaccination coverage - Flu (aged 65+) (%)	75	Gateshead England	82.0% 79.9%
Population vaccination coverage - Flu (at risk individuals) (%)	55	Gateshead England	52.6% 49.1%
Population vaccination coverage - Flu (Child, 2022) (%)	65	Gateshead England	70.3% 56.3%
Population vaccination coverage - Flu (2-3 years old) (%)	48	Gateshead England	45.5% 43.7%

Ref: [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

37. Gateshead has higher coverage rate than England across the seasonal flu vaccination programme.
38. The Gateshead Council Employee Winter Flu Vaccination programme for frontline staff 2022/23 used a voucher scheme which all eligible staff could use at local pharmacies. It is not possible to provide data on uptake.

### **Covid Vaccine Uptake**

39. The Covid vaccination programme for 22/23 offered a booster for the following groups:
- residents in a care home for older adults and staff working in care homes for older adults
  - frontline health and social care workers
  - all adults aged 50 years and over
  - persons aged 5 to 49 years in a clinical risk group
  - persons aged 5 to 49 years who are household contacts of people with immunosuppression
  - persons aged 16 to 49 years who are carers

Data for Gateshead up to 25 October 2023 showed that 82.9% of residents had received one vaccination, with 79.2% receiving two vaccinations. 63.6% of residents had received a booster/third vaccination.

40. There is still a gradient of deprivation, with the highest coverage in Whickham, Low Fell East and Low Fell West. The lowest coverage was in Bensham South and Saltwell, Bensham North and Gateshead Town.

### **Surveillance and communicable diseases**

41. Effective surveillance systems ensure the early detection and notification of specific communicable diseases. UKHSA Health Protection Team obtains data from a wide variety of sources, including healthcare staff, hospitals, microbiology laboratories, sexual health services, local authority environmental health teams, care homes, schools and nurseries. This information is closely monitored to make sure that individual cases of disease are effectively treated and prevented from spreading, and that outbreaks of infections are monitored, analysed and controlled.
42. 2023 saw an outbreak of pertussis/whooping cough within a Gateshead locality. By the end of the outbreak 31 cases had been notified. The council's Public Health Team worked with the community and primary care to improve awareness of signs and symptoms amongst the community and to publicise the availability of vaccinations for pregnant women and for children while the Health Protection Team supported those with the disease to isolate and traced contacts.
43. In June/July 2023 four confirmed, community-acquired cases of Legionnaire's disease were reported to the UKHSA North East Health Protection Team (HPT) who were all resident in the same area of Gateshead. All four cases required hospitalisation. The only common exposure identified was living in the same area. Further investigations by EHOs and the Health Protection Team did not identify any evidence of a likely source of infection. Community clusters of legionellosis can be challenging to investigate and it is not uncommon for the only link to be the proximity of cases in time and space.

### **Environmental health and food safety**

44. Gateshead Council's Environmental Health team are an important resource in preventing, identifying and investigating cases and outbreaks of, especially, foodborne infections, including food poisoning.
45. The Environmental Health team received 460 food hygiene and food standards complaints (2023/24). All complaints were investigated in a timely manner and action taken where appropriate. These investigations identified the following issues:
- 4 complaints about people having an allergic reaction to food items purchased from businesses and a further 5 complaints about businesses not controlling allergens.
  - 4 businesses agreed to close during the year due to poor hygiene conditions found during an inspection.
  - A food business was prosecuted and fined £15,257 after deductions and addition of costs when it was found they were operating for 67 days without hot water and consequently were unable to keep the premises clean and hygienic.
46. The team conducts a food sampling programme. In 2023/24 916 samples were obtained. The food sampling programme identified issues relating to hand washing, cleaning, incorrectly labelled products. All establishments which were unsatisfactory were given advice and resamples taken to monitor improvement.
47. Over the period the team investigated 456 cases of infectious disease including 335 cases of Campylobacter. There was a cluster of Legionella cases identified during the year, which required the Environmental Health

Team to carry out investigations across the NE9 area. Investigations included UKHSA and HSE to identify possible sources of the Legionella. No sources were identified, and the investigation was closed after 6 months.

48. Over the year it was identified during inspections that conditions at 8 premises had deteriorated significantly, and their Food Hygiene Rating had dropped by 2 or more. Conversely, 20 premises had significantly improved by at least 2.

### Control of specific diseases

49. Early diagnosis by clinicians, prompt treatment of cases and early reporting by microbiologists and clinicians to the UKHSA Health Protection Team are essential in enabling prompt public health action for diseases such as meningococcal infection. For other diseases such as gastrointestinal infections, initial reporting may be through sampling undertaken by local authority environmental health officers. The tables below present data on the notifications received for specific communicable diseases. Data for 2021 are the most up to date data available. Please note this data was shared in the previous Annual Health Protection Assurance report.

**Table 9: Measles, mumps, meningococcal disease and whooping cough Notifications, 2021**

Area	Disease									
	Measles		Mumps		Rubella*		Meningococcal disease		Whooping cough	
	No.	Rate per 100k	No.	Rate per 100K	No.	Rate per 100K	No.	Rate per 100K	No.	Rate per 100K
England and Wales	360	0.6	3214	5.4	67	0.1	58	0.1	527	0.9
North-East	36	1.4	360	13.6	1	0.04	3	0.1	59	2.2
Gateshead	2	1.0	32	16.3	0	0	1	0.5	3	1.5

All rates are per 100,000 population calculated using the mid-year population estimates from ONS.

50. Cases of measles infections rose nationally in 2023. The outbreak has seen clusters in London and the West Midlands amongst, especially, vaccine hesitant communities. Improving rates of uptake of the MMR vaccine has become a priority for those partners involved in delivering childhood vaccination programmes.

51. All rates are per 100,000 population calculated using the mid-year population estimates from ONS.

52. Last year, we identified low numbers of cases of Hepatitis C infection within NOIDS data. This has been investigated by the Public Health team. A report on this will be presented to the Health and Wellbeing Board separately, following presentation to Health Protection Assurance Board.

**Table 12: Sexually transmitted infections (STI) and new HIV diagnosis notifications (2022)**

Area	Rate per 100,000 population						
	All new STI diagnoses*	Chlamydia <sup>1</sup>	Genital Herpes <sup>2</sup>	Genital Warts <sup>3</sup>	Gonorrhoea <sup>4</sup>	Syphilis <sup>5</sup>	HIV (new diagnoses) <sup>6</sup>
England	496	352	44.1	46.1	146	15.4	6.7
North East	368	336	38.7	33.7	118	14.8	3.7
Gateshead	428	354	36.7	39.3	129	16.8	3.1

Refs: 1 [Public health profiles - OHID \(phe.org.uk\)](#), 2 [Public health profiles - OHID \(phe.org.uk\)](#), 3 [Public health profiles - OHID \(phe.org.uk\)](#), 4 [Public health profiles - OHID \(phe.org.uk\)](#), 5 [Public health profiles - OHID \(phe.org.uk\)](#), 6 [Public health profiles - OHID \(phe.org.uk\)](#)

53. The rates of STIs in Gateshead are similar to the England average for most of the above indicators, but often the Gateshead rates remain slightly above the NE average. There has been an increase in the rate of gonorrhoea and syphilis infections.

### Healthcare associated infections (HCAs)

54. Prevention of HCAs in healthcare settings is a key responsibility of healthcare providers, with most employing or commissioning dedicated specialist infection control teams. Hospital Trusts each have a Director of Infection Prevention and Control providing assurance to the Trust Board on HCAI prevention. UKHSA provides infection control advice in non-healthcare community settings such as care homes and schools. Rates of HCAs for Newcastle Gateshead CCG are given below:

**Table 12: Rates of Healthcare Associated Infections 2022/23**

	Rates of Healthcare Associated Infections per 100,000 bed-days** 2021/22	
	England	Gateshead Health NHS Foundation Trust
MRSA <sup>1</sup>	0.8	0.0
MSSA <sup>2</sup>	11.0	13.5
E. coli <sup>3</sup>	22.2	17.5
C. difficile <sup>4</sup>	16.2	9.0

Refs: 1 [Public health profiles - OHID \(phe.org.uk\)](#), 2 [Public health profiles - OHID \(phe.org.uk\)](#), 3 [Public health profiles - OHID \(phe.org.uk\)](#), 4 [Public health profiles - OHID \(phe.org.uk\)](#)

\* These data do not provide a basis for decisions on the clinical effectiveness of infection control interventions in individual Trusts: further investigations considering potential confounders would need to be undertaken before this could be done.

Nor do these data provide a basis for comparisons between acute Trust or CCGs. Rate information, using rate calculations as currently defined, is not appropriate for comparison. The counts of infections have not been adjusted to give a standardised rate considering factors such as organisational demographics or case mix. Rate information is of use for comparison of an individual organisation over time.

\*\* Bed-days are based on overnight occupancy from NHS Digital

### Excess Winter Deaths

55. The ONS has currently suspended publication of data on excess winter mortality. This national statistic is currently being consulted on as part of the wider cross government consultation on health and social care statistical outputs.

### Emergency Preparedness Resilience and Response

56. Planning for emergency situations, such as extreme weather events, flooding, evacuations, police operations including modern slavery cases and outbreaks or terror incidents, takes place at regional and local levels.
57. UKHSA co-ordinate the health management of the response to biological, chemical, radiological and environmental incidents, including specialist services which provide management advice and/or direct support to incident responses.
58. The Gateshead Multi-Agency Resilience and Emergency Planning Group-meets quarterly,-has a remit to ensure that the council and partners are equipped to respond to an emergency in Gateshead. This includes reviewing and developing internal policies, providing shared awareness for issues concerning the Gateshead borough and Northumbria Local Resilience Forum area and engagement in and sharing the learning from exercises and reviewing and learning from local emergency situations e.g. flooding
59. The DPH continues to be part of regional on-call arrangements to chair the Scientific and Technical Advice Cell (STAC), convened by UKHSA to co-ordinate such advice in the event of an emergency incident.
60. Gateshead Council's Resilience and Emergency Planning Team represents the authority at Northumbria Local Resilience Forum (LRF) strategic and tactical board meetings and planning groups to ensure considerations for regional plans are incorporated into local plans, including identified risks and mitigations.
61. Gateshead Council's Emergency Response Team will provide strategic and tactical level representation at multi-agency coordination meetings during incident response. Representatives will make decisions on the Council's behalf, commit resources where required and liaise with internal command and control structures to ensure shared situational awareness.
62. Representatives from Gateshead's Resilience and Emergency Planning and Public Health Teams will attend Event Safety Advisory Groups (SAGs) when required to provide advice and guidance to event planners/management to strengthen security and public health arrangements.

### **Air Quality**

63. There are various contributory factors to air pollution, including road transport, domestic and industrial sources. There are two pollutants associated with road transport that cause problems with health in Gateshead. They are nitrogen dioxide (NO<sub>2</sub>) and particulate matter less than 2.5 microns in size (PM<sub>2.5</sub>) - both have short and long-term effects on human health. NO<sub>2</sub> is a colourless gas released from motor vehicle exhaust systems when fuels are burned. PM<sub>2.5</sub> is also linked to exhaust systems but is also released from braking systems and tyre wear.
64. There are two different arrangements in place for monitoring and reporting on air quality in the UK. Firstly, there is the national monitoring arrangement whereby the UK Government must report to the European Commission annually on its progress in meeting the requirements of the 2008 Ambient Air Quality Directive (2008/50/EC), which sets the UK legally binding limits of maximum permissible levels for

roadside concentrations of pollutants that impact public health including NO<sub>2</sub> and PM<sub>2.5</sub>. The Government operates an extensive national monitoring network which is supplemented by pollution control modelling. Secondly, there are requirements placed on local authorities like Gateshead Council under The Environment Act 1995. This is known as Local Air Quality Management (LAQM). LAQM is the statutory process by which local authorities monitor, assess and act to improve local air quality.

65. The Government has set specific LAQM air quality objective standards for pollutants that should not be exceeded. When pollutants are found to be close to or higher than these standards and where there is relevant exposure, local Councils are required to declare Air Quality Management Areas (AQMA) and take steps to reduce air pollution.
66. Due to measured levels of NO<sub>2</sub> repeatedly exceeding the annual mean objective of 40 micrograms per cubic metre ( $\mu\text{g}/\text{m}^3$ ), Gateshead Council declared an AQMA in April 2005 within Gateshead Town Centre. This was extended to the south along Durham Road in April 2008.
67. In 2017 Gateshead and Newcastle City Councils were directed by central government to develop a plan that will address how to reduce NO<sub>2</sub> exceedances on the Tyne Bridge and A167 in Newcastle that exceed legal limits set by the European Directive which is now part of UK law. Subsequently (2020, with an update in 2022) government have directed the local authorities to implement a Clean Air Zone (CAZ). Work on implementing a Clean Air Zone (CAZ) which would subject older, more polluting vehicles to a charge for using the road network, has been subject to lengthy delays due to the Covid pandemic, legal challenges and funding issues. In January 2023 a category C CAZ will be launched. This includes non-compliant buses, coaches, taxis, HGVs and LGVs, with the phased approach including LGVs from July 2023. The zone covers central Newcastle and the bridges between Newcastle and Gateshead in the central area.
68. Gateshead Council continues with its monitoring regime which was extended from 2018 to reflect additional monitoring requirements linked to the CAZ, using 5 automatic monitoring stations (3 of which are within the AQMA) to record real time concentrations of NO<sub>2</sub>, PM<sub>2.5</sub> and PM<sub>10</sub>. NO<sub>2</sub> is also measured across a network of 64 non – automatic sites using low cost passive diffusion tubes. 23 of these sites are located inside the AQMA. Every month 74 individual tubes are exposed (with 15 co – located at the 5 automatic monitoring stations).
69. For several years now, levels of NO<sub>2</sub> have generally fallen and have remained consistently below the annual mean objective in these locations within the AQMA. The impact of Covid19 and the lockdowns during 2020 meant significantly lower traffic volumes on the road network. This had a positive impact on reducing the concentrations of NO<sub>2</sub> and Particulate Matter during this period. The recovery from covid has generally seen concentrations of NO<sub>2</sub> increase back towards, but not yet return to, pre-pandemic levels.
70. The maximum real time concentration of NO<sub>2</sub> within the AQMA during 2023 as an annual average was 33  $\mu\text{g}/\text{m}^3$  measured at the Tyne Bridge (compared to 34  $\mu\text{g}/\text{m}^3$  in 2021 and 35  $\mu\text{g}/\text{m}^3$  in 2022). However, there is no 'relevant exposure' in this location. The highest concentrations where there is relevant exposure were on Lychgate Court and Bottle Bank, measuring 23  $\mu\text{g}/\text{m}^3$  and 22  $\mu\text{g}/\text{m}^3$  respectively (25

µg/m<sup>3</sup> and 25 µg/m<sup>3</sup> respectively in 2021 and 24 µg/m<sup>3</sup> and 23 µg/m<sup>3</sup> in 2022 respectively). The highest concentration measured using a bias adjusted diffusion tube within the AQMA was 35.6 µg/m<sup>3</sup>. This was tube TB6 on the A167 Tyne Bridge, but again does not represent relevant exposure (36.2 µg/m<sup>3</sup> in 2021 and 33.2 µg/m<sup>3</sup> in 2022). The highest concentration where there is relevant exposure was seen at Lychgate Court with 25.3 µg/m<sup>3</sup>, compared to 27.5 µg/m<sup>3</sup> in 2021 and 27.5 µg/m<sup>3</sup> at the same locality in 2022.

The monitoring data also indicates that there were no exceedances of the annual mean objective level outside of the AQMA

## **Conclusions**

71. The Health Protection Arrangements across Gateshead are multi-agency. This report alongside an overview of the meeting and reporting structures, aims to provide the necessary assurance that the local health protection systems are robust and equipped to both prevent and suitably react to health protection situations.
72. There are clear limitations to the report in relation to the data, not all data sets are complete and some vary in time period. Many of the data sources offer rates per 100,000 of the population but these are often not standardised so differing population demographics and factors such as socioeconomic status are not accounted for and skew the data when comparing to the north east and nationally. Therefore, in order to draw robust conclusions the data should be triangulated with service reports, trend data and other qualitative data sources.
73. From the limited conclusions we can draw it is apparent that Gateshead remain very strong in its screening and vaccination coverage across both adult and children services. Health protection incidents/outbreaks have a clear protocol and established multidisciplinary and multiorganizational partnerships have helped deal with issues promptly to reduce local spread.

## **Recommendations**

74. Screening: Reviewing the data in more detail to consider the health inequalities around access and coverage despite relatively good uptake levels across Gateshead as a whole.
75. Immunisation: It is noted that Gateshead has good uptake rates of its immunisation programmes, further work could be considered to continue to push coverage rates up to the national targets of 95% and also review local variation in uptake to support targeted initiatives in areas with lower uptake rates.
76. EPRR: Embed the Health Protection Assurance Board
77. Pandemic preparedness: Following dissemination of national guidance (not yet available), work with local and regional partners to take this forward.
78. Air Quality: Implementing the Clean Air Zone to improve air quality in Gateshead.
79. Review data around food and water borne diseases, bloodborne viruses and TB

