

Health Protection Assurance Forum Annual Report 2023

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Executive Summary

Introduction

The purpose of this report is to update the Health and Wellbeing Board on health protection system performance, achievements, and risks for 2023, as well as areas of focus for 2024.

In Herefordshire, the Health Protection Assurance Forum (HPAF) is a partnership group that helps enable the Director of Public Health to fulfil their statutory role in seeking assurance that satisfactory arrangements are in place to protect the health of the local population.

Summary messages for each of the 8 topics covered in this report are given below.

Antimicrobial Resistance (AMR)

- Internationally, antimicrobial resistance is one of the top 10 global public health threats facing humanity. Local action is also important to maintain the effectiveness of common antimicrobial drugs over the long term, including in Herefordshire.
- In Herefordshire and Worcestershire combined, the number of cases of antimicrobial resistant infection has remained relatively static between 2021/22 and 2022/23. However, 5 of the 6 infectious agents monitored are higher than agreed thresholds.
- The focus for 2024 will be reducing AMR case numbers below these agreed thresholds.
- This will be done by implementing the Herefordshire and Worcestershire ICS AMR reduction strategy.

Immunisation programmes

- In general, Herefordshire's pre-school and school-aged routine vaccination programmes achieve performance in line with England averages, and local authorities similar to our own.
- Both pre-school and school-aged programmes were affected by COVID but have bounced back to pre-pandemic levels. However, uptake in the pre-school routine programme has been declining slowly over many years, while uptake in the school-aged programmes has relatively static. There are notable exceptions within those trends.
- For example, the school HPV vaccination programme was severely affected by the pandemic in Herefordshire but has recovered back to be one of the highest performing in the country. HPV vaccination coverage achieved the recommended $\geq 90\%$ target for girls although coverage in boys was lower (85 to 89%). Both were a lot higher than the England average of 62% for boys and 67% for girls.
- Flu vaccine coverage among those aged 65 and over in 2022/23 has also remained high at 83.8%, the highest in region and comfortably over the 75% nationally set target.
- Priorities for 2024 include increasing MMR dose 1 and 2 coverage above 95%, with particularly emphasis on dose 1 (currently 93% in 2022/23), which provides the majority of protection. Measles is making a resurgence nationally in unvaccinated groups and in response, Herefordshire and Worcestershire ICS are developing a measles elimination plan.

Population screening programmes

- Herefordshire typically performs similarly to the national average across most national screening programmes, and tracks their long-term upward or downward trends.
- The programmes were differentially affected by the pandemic. For example, antenatal and new-born screening (ANNB) screening, cervical screening and bowel screening were minimally impacted.

- By contrast, Abdominal Aortic Aneurism (AAA) screening, diabetic eye screening programme (DESP) and Breast screening were more impacted, building up significant backlogs.
- The breast cancer screening programme in particular went from stably achieving over 75% coverage before 2019, to less than 60% in 2021 and 2022.
- Cervical cancer screening coverage is also on a downward trend, reducing about 5% over a decade both in Herefordshire and nationally.
- In 2024 the focus is on improving backlogs from the pandemic and maintaining focus on known inequalities in screening uptake during that recovery. This will take local and national action, including implementation of the National Screening Strategy, due shortly.

COVID-19

- COVID-19 vaccination remains the most important tool in reducing the risk of ill health as a result of COVID infection, particularly in those at higher risk of worse outcomes from infection due to age, existing illness or other vulnerability.
- As of 23 September 2023; 437,165 COVID-19 vaccinations have been taken up in Herefordshire.
- A total of 19,211 (75%) of eligible people have received a spring 2023 booster, higher than the England average of 70%.
- Our future focus will be to continue to promote COVID-19 vaccination to those who are eligible, where season boosters are recommended and available.

Sexual health

- Overall, the rate of sexually transmitted infections diagnosed among residents of Herefordshire in 2023 (322 per 100,000) was less than half the England average (694 per 100,000).
- Specific areas where Herefordshire does less well than England include HIV testing, the number of people with a late HIV diagnosis, and the proportion of 15 – 24 year olds screened for chlamydia.
- Risks include recruitment and retention of sexual health staff due to Herefordshire's rural location and patient access to sexual health services
- The focus for 2024 includes further promotion of sexual health screening in schools, and investigating the reasons behind the HIV testing and late diagnosis figures. New services are planned, including a new virtual clinic, as well as a review our young person's walk in clinic, to ensure it's meeting the needs of users.

Drugs and alcohol

- Alcohol use accounts for the highest proportion of individuals seeking treatment locally
- There has been a rise in the number of drug and / or alcohol related deaths in Herefordshire. As a result, the Herefordshire Recovery Service is establishing a new Drug Related Death (DRD) panel
- Future focus includes building better links with GP practices and offering drop-in alcohol clinics and assessments from their premises to aid further referrals and promote the availability of support.
- Exploring and identifying ways to provide earlier intervention to alcohol users before they become dependent, to reduce the risk of them developing liver disease in the future.
- Continuing to provide training for other professionals regarding Brief Interventions, which can support early discussions about motivation to change.

Tuberculous (TB)

- Herefordshire continues to be a low incidence area for TB, averaging between zero and six cases per year since 2000.
- This poses resilience and efficiency challenges for the specialist TB service locally in prevention and response
- Nationally and locally TB vaccine is not routinely offered, but continues to be provided on the NHS when a child, or adult, is thought to have an increased risk of coming into contact with TB. This was the case for 63 individuals in 2021-22, down from 144 a year earlier.

Environmental hazards to health, safety and pollution control

- COVID had a significant impact on the delivery of Environmental Health services. As a result a COVID-19 recovery plan was successfully implemented.
- There has been a small reduction in the number of reportable accidents and incidents and in year health and safety visits conducted by Environmental Health in 2022/23.
- Food premises with a food hygiene rating score at 3 (satisfactory) or above have remained consistently high (2022/23, 98.2%)
- Herefordshire has a high number of poultry farms and processing facilities, increasing its risk of avian flu outbreaks. There were four such avian flu outbreaks requiring environmental health visits in 2021/22, including to ensure biosecurity measures were in place.

Introduction

The purpose of this report is to update the Health and Wellbeing Board on health protection system performance, achievements, and risks for 2022/23, and areas of focus for 2023/24.

Health protection assurance arrangements

Due to the COVID-19 pandemic a partnership meeting called the Herefordshire Health Protection Assurance Forum (HPAF) was stood down. In April 2022, the group was re-established to fulfil the statutory role of the Director of Public Health in seeking assurance that satisfactory arrangements are in place to protect the health of the local population.

Health protection seeks to prevent, or reduce, the harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation.

The Director of Public Health (DPH) seeks assurance from the following organisations to fulfil a range of statutory functions. These organisations collectively work to protect the health of the local population that no single agency can address on its own.

Successful health protection requires strong working relationships at a local level. To underpin and support good working relationships, there are a number of legal and other levers to ensure that the relevant organisations do what is required of them to protect the public and take public health advice.

In Herefordshire, the Health Protection Assurance Forum (HPAF) aims to enable the Director of Public Health to fulfil the statutory role in seeking assurance that satisfactory arrangements are in place to protect the health of the local population.

Herefordshire Council arrangements

Under the Health and Social Care Act 2012 local authorities, through their Director of Public Health, have an assurance role to ensure that appropriate arrangements are in place to protect the health of their local populations.

Herefordshire Council has statutory health protection functions and powers, mainly in the area of environmental health, social care and supported by emergency planning, resilience and response. This includes the enforcement of safe standards for food; clean air; safe levels of noise; disposal of waste and safe housing conditions.

In addition to these existing responsibilities Herefordshire Council has a statutory duty to commission open access sexual health services and substance misuse services.

Herefordshire and Worcestershire Integrated Care Board

Since 2016, all local NHS organisations, local authority and other organisations have been working together as a sustainability and transformation partnership. Locally, our ICS is made up of two key bodies – an Integrated Care Board (ICB) and Integrated Care Partnership Assembly.

NHS Herefordshire and Worcestershire Integrated Care Board (ICB) took over from NHS Herefordshire and Worcestershire Clinical Commissioning Group (CCG) on 1 July 2022. It is part of the Herefordshire and Worcestershire Integrated Care System (ICS) and is responsible for improving health outcomes for our local population, reducing health inequalities, and supporting broader social and economic development.

The ICB does this through ensuring more effective joined up working with local partners across health, social care, voluntary and community sectors.

Wye Valley NHS Trust

Secondary care providers are responsible for treatment services, responding to emergencies, communicable disease notification and their subsequent control. NHS organisations are expected to deliver functions that support health protection in accordance with the NHS England Standard Contract. This includes areas such as emergency planning and tuberculosis specialist services.

NHS England

NHS England has a specific roles and responsibilities as set out within the NHS public health functions agreement 2018-19. They are currently responsible for commissioning a range of services such as immunisations programmes; screening programmes and cancer screening programmes however this responsibility is shortly due to transfer to ICB's. They also have a responsibility to improve public health outcomes and reduce health inequalities.

UK Health Security Agency (UKHSA)

UKHSA respond to all local health related incidents, locally this is provided by UKHSA's West Midlands Health Protection Team. They provide specialist support to prevent and reduce the impact of infectious diseases; chemical and radiation hazards and major emergencies.

Their role is to support and provide local disease surveillance; maintain alert systems; investigate and manage health protection incidents and outbreaks; and implement and monitor national action plans for infectious diseases at local level.

Antimicrobial Resistance (AMR)

Summary

- Internationally, antimicrobial resistance is one of the top 10 global public health threats facing humanity. Local action is also important to maintain the effectiveness of common antimicrobial drugs over the long term, including in Herefordshire.
- In Herefordshire and Worcestershire combined, the number of cases of antimicrobial resistant infection has remained relatively static between 2021/22 and 2022/23. However, 5 of the 6 infectious agents monitored are higher than agreed case thresholds (Figure 1).
- The focus for 2023/24 will be reducing AMR case numbers below these agreed thresholds.
- This will be done by implementing the Herefordshire and Worcestershire ICS AMR reduction strategy.

Background

The World Health Organisation (WHO) have declared antimicrobial resistance (AMR) as one of the top 10 global public health threats facing humanity. In 2019 there were 4.95 million deaths associated with bacterial AMR across 204 countries, and 1.27 million of those were directly attributed, leading the WHO to declare it a top global public health threat.

Antimicrobials, including antibiotics, antivirals, antifungals and antiparasitics, are medicines used to prevent and treat infections in humans, animals and plants. Antimicrobial Resistance (AMR) occurs when bacteria, viruses, fungi and parasites change over time and no longer respond to medicines making infections harder to treat and increasing the risk of disease spread, severe illness and death.

We rely on antibiotics, antifungals, and antiparasites to treat the microorganisms that cause many common diseases, such as tuberculosis (TB), HIV / AIDS, malaria, sexually transmitted infections, urinary tract infections, chest infections, bloodstream infections and food poisoning. These microorganisms, however, can already resist a wide range of antimicrobial medicines. This isn't just a problem in treating illness; routine surgical procedures and cancer treatment – such as caesarean sections, hip and knee replacements, cardiac surgery and chemotherapy – also rely on these antimicrobial medicines prior to carrying out surgical procedures to prevent infections.

There are few replacement antibiotics or alternative products in development, and even fewer which target specific super resistant bacterium, virus, or other microorganisms.

Misuse and overuse of antimicrobials are the main drivers in the development of drug-resistant pathogens.

Performance

Figure 1 show the number of AMR infections reported across the Herefordshire and Worcestershire Integrated Care System combined. Information is not currently available at a Local Authority level.

Figure 1 Number of AMR reported cases in Herefordshire and Worcestershire ICS during 2021-22 and 2022-23

Infection	Threshold	Reported cases by period		No. breaches for 2022-23
		2021-22	2022-23	
Methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infections	0	9 cases	10 cases*	<5 cases
Clostridioides difficile (<i>C. diff</i>)	248	284 cases	281 cases	+38 cases
Gram Negative <i>E. coli</i> bloodstream infections	459	507 cases	497 cases	+38 cases

Klebsiella sp. bloodstream infections	121	117 cases	127 cases	+6 cases
Pseudomonas bloodstream infections	72	67 cases	58 cases	-14 cases
Methicillin-resistant Staphylococcus aureus (MSSA) bloodstream infections	NA	153 cases	161 cases	NA

* Figure also includes patient/s who have been recorded on more than on occasion

Source: Herefordshire & Worcestershire ICS

Achievements

- Strengthened system working
- The ICS Health Care Associated Infection (HCAI) Forum maintains the collaborative working of IPC services throughout Herefordshire and Worcestershire, with a focus on AMS across the ICS,
- Development of an AMR reduction strategy alongside a dedicated *C. diff* group and Herefordshire & Worcestershire TB Network progressing a gap analysis against the National TB Action Plan.
- All practices to undertake a retrospective review of individual clinician antimicrobial prescribing over the period April-June 2023. Results will be shared as anonymised data across the Primary Care Network (PCN) or with at least 3 practices, with each clinician being told which their results are. Members of the ICB Medicines and Pharmacy Team attend PCN meetings so will be part of any discussions. This review is based on one already undertaken by a group of practices
- IPC Teams are participating in the NHS England IPC regional collaborative around *C. diff* infection, and gram-negative infections.
- IPC services across the ICS have continued to support a system wide response for situations such as the Mpox outbreak, Group A Streptococcal infections, seasonal Influenza, avian influenza, measles and other infections.
- IPC services have supported wider public health, specifically around contingency and bridging hotels and responding to Infectious disease incidents and outbreaks

Risks

- Low incidence integrated care system
- Challenges in undertaking new entrance latent TB infection testing (LTBI)
- Current TB service specification under review

Future focus

- Antimicrobial Stewardship being planned as one of the regular lunchtime educational session for Herefordshire and Worcestershire.
- Implementation of ICS AMR reduction strategy

Immunisation programmes

Summary

- In general, Herefordshire's pre-school and school-aged routine vaccination programmes achieve performance in line with England averages, and local authorities similar to our own.
- Both pre-school and school-aged programmes were affected by COVID but have bounced back to pre-pandemic levels. However, uptake in the pre-school routine programme has been declining slowly over many years, while uptake in the school-aged programmes has relatively static. There are notable exceptions within those trends.
- For example, the school HPV vaccination programme was severely affected by the pandemic in Herefordshire but has recovered back to be one of the highest performing in the country. HPV vaccination coverage achieved the recommended $\geq 90\%$ target for girls

although coverage in boys was lower (85 to 89%). Both were a lot higher than the England average of 62% for boys and 67% for girls.

- Flu vaccine coverage among those aged 65 and over in 2022/23 has also remained high at 83.8%, the highest in region and comfortably over the 75% nationally set target.
- Priorities for 2024 include increasing MMR dose 1 and 2 coverage above 95%, with particularly emphasis on dose 1 (currently 93% in 2022/23), which provides the majority of protection. Measles is making a resurgence nationally in unvaccinated groups and in response, Herefordshire and Worcestershire ICS are developing a measles elimination plan.

Background

“The two public health interventions that have had the greatest impact on the world’s health are clean water and vaccines” - World Health Organisation

Vaccines work by teaching your immune system how to create antibodies that protect you from diseases. It's much safer for your immune system to learn this through vaccination than by catching the diseases and treating them. Some diseases that are caused by viruses can't be cured with antibiotics so the only way to control them is through immunisations.

Immunisation is therefore the most important thing we can do to safely protect ourselves; our children and our community against ill health. It is estimated that immunisation alone prevents up to 3 million deaths worldwide every year.¹

Vaccines have been deemed one of the one of the biggest health successes of the last century. Since vaccines were introduced in the UK, diseases like smallpox, polio and tetanus that used to kill or disable millions of people are either gone or seen very rarely. Other diseases like measles and diphtheria have been reduced by up to 99.9% since their vaccines were introduced.

Having a vaccine also benefits the whole community through 'herd immunity'. If enough people are vaccinated, it's harder for the disease to spread which is especially important for those people who cannot have vaccines. For example, people who are ill; are allergic or have a weakened immune system.

However, if people stop having vaccines, it's possible for infectious diseases to quickly spread again. The World Health Organization (WHO) has listed vaccine hesitancy as one of the biggest threats to global health.

Emerging issues – vaccine preventable diseases

Measles

Data published by UKHSA shows that there has been a rise in measles cases in England. Between 1 January and 20 April 2023, there have been 49 cases of measles compared to 54 cases in the whole of 2022. Most of the cases have been in London, although there have been cases picked up across the country and some are linked to travel abroad. Since 2022, measles activity has also been slowly ramping up globally with large outbreaks currently underway in multiple countries in South Asia and Africa.

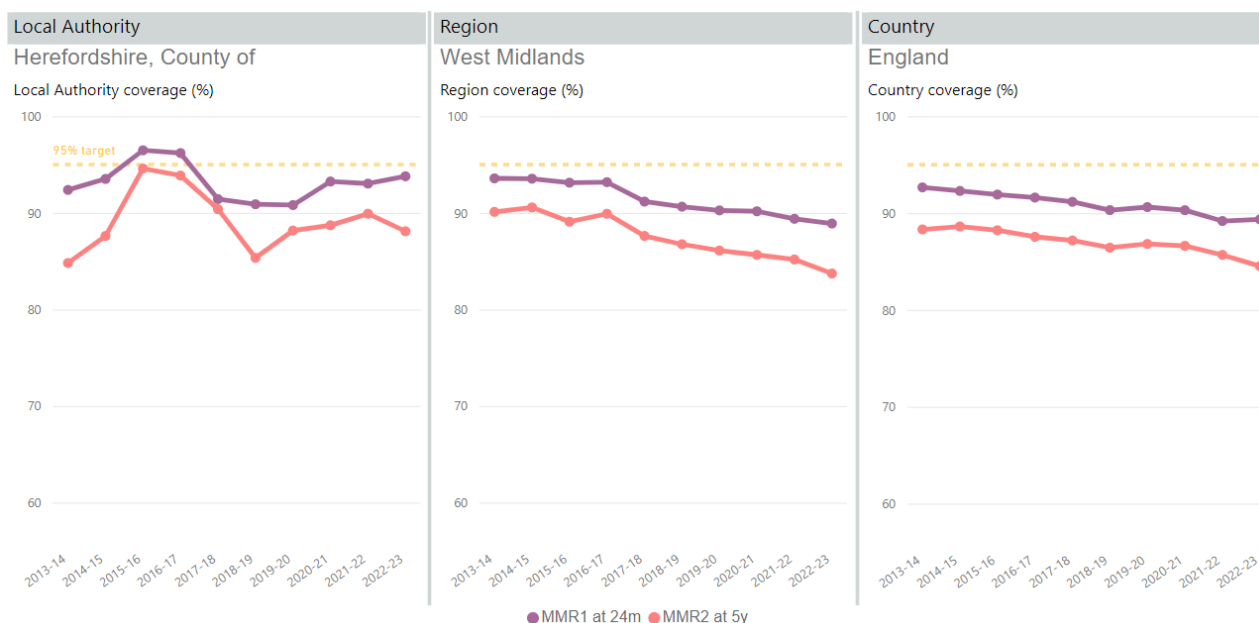
¹ <https://www.nhs.uk/conditions/vaccinations/why-vaccination-is-safe-and-important/>

Over a 10 year period (2013 – 2023) Herefordshire has had a total of 90 confirmed, probable and possible measles cases. Of this 15 were confirmed, 12 probable and 63 possible. During this period 3 reported measles situations were reported (outbreaks connected to a particular setting). Since 2020 the number of cases have dropped to <5 cases per year. COVID-19 measures such as social distancing and national lockdowns will have played a key role in the reduction of cases.

In Herefordshire, the 0-9 age group accounted for the highest number of cases. Since 2013 there have been 68/90 case involving this age group. This mirrors the age profile of recent national cases with 41% of cases being in children under the age of 5 years and 27% in 15 to 34 year olds.

Figure 2 shows the number of children vaccinated against measles has fallen in recent years across Herefordshire, the West Midlands and England. In 2022-23 uptake for the first dose of the MMR vaccine, which protects against measles, mumps and rubella, in children aged 24 months in Herefordshire was 93.0%, this marked slight increase (0.8%) in coverage compared to the previous year. However, uptake of 2 doses of MMR in children at 5 years decreased to 88.1%. Both uptake indicators are below the 95% target set by the World Health Organization (WHO), which is necessary to achieve and maintain elimination.

Figure 2 First and second dose MMR vaccination coverage 2013-14 to 2022-23, Herefordshire compared with West Midlands and England



Source: Childhood Vaccination Coverage Statistics, NHS England (2022/23)

Measles is a highly infectious disease that can lead to serious problems such as pneumonia, meningitis, and on rare occasions, long-term disability or death. In order to have maximum protection people need to have 2 doses of the MMR vaccine which protects against measles, mumps and rubella.

A single dose of MMR vaccine²:

- 90% of people will develop measles, mumps and rubella antibodies
- Is at least 95% effective in preventing clinical measles
- provides close to 100% protection against laboratory confirmed rubella
- provides between 61 and 91% protection against mumps

² [Green book, Chapter 21: Measles, 2019](#)

A second dose of MMR vaccine:³

- protects those who do not respond to the first dose
- increases protection against measles to well above 95%
- increases protection against mumps
- provides a much lower likelihood of suffering complications from mumps

The UK briefly achieved measles elimination in 2016 and 2017, but by 2018 measles virus transmission had re-established in the UK, at a time when the whole of Europe was experiencing large epidemics. Due to the COVID-19 pandemic cases of measles reduced significantly from early 2020.

As part of the UK's commitment to achieve measles and rubella elimination the Herefordshire public health team is therefore working with colleagues across Herefordshire and Worcestershire Integrated System to develop a comprehensive measles elimination action plan. This plan will outline key actions in order to address measles immunity gaps, reduce inequalities and meet local population needs.

Focus / priorities

As a system the focus and priorities for 2023/24 onwards includes:

- Increasing MMR uptake in the county through:
 - Developing and implementing a joint measles elimination plan across Herefordshire and Worcestershire
 - Taking a data driven approach to identifying inequalities and exploring interventions to tackle and address MMR uptake in the county.
 - Review and implement findings from NHS England's national call / recall MMR initiative
- Working with system partners to ensure that the delegation of immunisation commissioning from 2025/26 is established and integrated locally.
- Reviewing and implementing findings from the national immunisations strategy at a local system level

Routine childhood immunisations

Summary

- Locally, only 4 out of 14 routine childhood immunisations achieved the World Health Organisation's (WHO) 95% coverage target.
- In 2021-22 vaccination coverage was lowest in diphtheria; tetanus; whooping cough and polio vaccination and MMR second dose in 5 year olds
- The school HPV programme was severely affected by the pandemic in Herefordshire but has recovered well in the last few years. HPV achieved the recommended $\geq 90\%$ target for females however coverage in males is lower.
- From September 2023, the HPV vaccination programme will move from two doses to a single dose following updated advice.
- Although Herefordshire mirrors the national trend for flu vaccination coverage in 2-3 year olds Herefordshire did not achieve the recommended $>65\%$ coverage target in 2021-22.

³ [Green book](#)

- With the exception of secondary school aged children Herefordshire achieved and exceeded the >65% coverage target for school aged flu vaccination in 2022-23.

Background

As children develop they're exposed to many risks, one of these risks being infections. Most of these will cause mild illnesses. However, despite great medical advances, infection can still cause severe illness, disability and, at times, death.

In the UK, the NHS vaccination schedule sets out a list of routine vaccinations which are recommended across a person's life course. The majority of these vaccinations take place when you are a child aged between 8 weeks – 14 years. An overview of the recommended routine vaccinations for children and how they are delivered can be seen in Table 1

Locally, the majority of childhood vaccinations are provided through Primary Care (where they are registered at a GP Practice) which is commissioned by NHS England. However, for school aged children NHS England have commissioned a schools based immunisations provider. In Herefordshire, Vaccination UK are currently commissioned to deliver this service.

In 2025 it is expected that NHS England will transfer and delegate their vaccine commissioning responsibility to local Integrated Care Boards (ICB's). This marks an important transformational change.

Most immunisations such as the 6-in-1 vaccine and MenB vaccine need to be given several times to build long-lasting protection. Until they receive all the doses they need, they are still at risk of getting sick if they come into contact with these diseases. It's therefore extremely important that children are vaccinated at the recommended age when they are invited to receive them.

Table 1 NHS vaccination schedule for children up to 14 years of age

Age offered	Vaccination	Helps protect against	Provided by
8 weeks	6-in-1 vaccine	Diphtheria; hepatitis B; Hib (Haemophilus influenzae type b); polio; tetanus; whooping cough (pertussis)	GP Practice
	Rotavirus vaccine	Highly infectious gastrointestinal (GI) infection	GP Practice
	MenB vaccine	Meningococcal group B bacteria (meningitis and sepsis)	GP Practice
12 weeks	6-in-1 vaccine (2nd dose)	Diphtheria; hepatitis B; Hib (Haemophilus influenzae type b); polio; tetanus; whooping cough (pertussis)	GP Practice
	Pneumococcal vaccine	Pneumococcal infections caused by the bacteria Streptococcus pneumonia	GP Practice
	Rotavirus vaccine (2nd dose)	Highly infectious gastrointestinal (GI) infection	GP Practice
16 weeks	6-in-1 vaccine (3rd dose)	Diphtheria; hepatitis B; Hib (Haemophilus influenzae type b);	GP Practice

		polio; tetanus; whooping cough (pertussis)	
	MenB vaccine (2nd dose)	Meningococcal group B bacteria (meningitis and sepsis)	GP Practice
1 Year	Hib/MenC vaccine (1st dose)	Haemophilus influenzae type b (Hib) and meningitis C.	GP Practice
	MMR vaccine (1st dose)	Measles, mumps and rubella	GP Practice
	Pneumococcal vaccine (2nd dose)	Pneumococcal infections caused by the bacteria Streptococcus pneumonia	GP Practice
	MenB vaccine (3rd dose)	Meningococcal group B bacteria (meningitis and sepsis)	GP Practice
2 to 10 or 11 years	Children's flu vaccine (every year until children finish primary school)	Influenza (flu)	School based immunisations provider
3 years and 4 months	MMR vaccine (2nd dose)	Measles, mumps and rubella	GP Practice
	4-in-1 pre-school booster vaccine	Diphtheria; tetanus; whooping cough and polio	GP Practice
12 to 13 years	HPV vaccine	Helps protect against cancers and genital warts caused by the human papillomavirus (HPV).	School based immunisations provider
14 years	3-in-1 teenage booster vaccine	Diphtheria; tetanus and polio	School based immunisations provider
	MenACWY vaccine	4 strains of the meningococcal bacteria – A, C, W and Y – which cause meningitis and blood poisoning (septicaemia).	School based immunisations provider

Source: NHS

Performance

A snapshot of current performance on annual coverage childhood immunisations is summarised in Table 2 below. The immunisation listed within table two are specific to those which have a coverage target of $\geq 95\%$.

Vaccination rates that are $\geq 95\%$ provide immunity and protection for wider society. High vaccination rates provide increased probability of immunity throughout the population (herd immunity), which is particularly important for protecting individuals who cannot be vaccinated, and can also lead to the elimination of some diseases. Even when a disease is no longer common in the UK, without sustained high rates of vaccination it is possible for these diseases to return as demonstrated by recent the increase in national measles cases.

Table 2 Herefordshire routine childhood immunisations coverage summary – latest annual data

Below 90% coverage					
Immunisation	Period	Local coverage	Recent trend	Comparator average	
				CIPFA neighbours	England
Dtap & IPV booster (5 yrs.)	2021/22	88.2%	No significant change	90.1%	84.2%
MMR 2 doses (5 yrs.)	2021/22	89.9%	No significant change	91.1%	85.7%
Between 90% - 95% coverage					
Immunisation	Period	Local coverage	Recent trend	Comparator average	
				CIPFA neighbours	England
Men B (1 year)	2021/22	94.8%	Increasing	94.8%	91.5%
Dtap IPV Hib (2 yrs.)	2021/22	94.9%	No significant change	95.7%	93.0%
MenB booster (2 yrs.)	2021/22	92.1%	Not available	92.8%	88.0%
Rotavirus (1 yrs.)	2021/22	93.1%	Increasing	93.6%	89.9%
MMR 1 dose (2 yrs.)	2021/22	93.0%	No significant change	93.7%	89.2%
PCV booster	2021/22	92.5%	Not available	93.7%	89.3%
Hib & MenC booster (2 yrs.)	2021/22	92.9%	Increasing	Not available	89.0%
Above 95% coverage					
Immunisation	Period	Local coverage	Recent trend	Comparator average	
				CIPFA neighbours	England
Dtap IPV Hib (1 yrs.)	2021/22	95.0%	Increasing	95.1%	91.8%
PCV	2019/20	95.0%		95.1%	93.2%
Hepatitis B (2 yrs.)	2021/22	100%	Not available	88.0%	N/A
MMR 1 dose (5 yrs.)	2021/22	95.3%	No significant change	96.3%	93.4%

Sources: [NHS Digital](#); [Public Health Outcomes Framework \(PHOF\)](#)

Based on data from Table 2, two childhood immunisation performance indicators are below 90% coverage. For example, two doses of Measles, Mumps and Rubella (MMR) vaccine before the age of 5 provides the best protection against those diseases. Herefordshire’s coverage (88.2%) is higher than the England average (84.2%) but is below the average seen in local authorities similar to our own (90.1%).

Human papillomavirus (HPV) vaccination uptake

Human papillomavirus (HPV) is very common, more than 70% of unvaccinated people will get it. There are more than 100 different types of HPV, and around 40 that affect the genital area. HPV can be caught through any kind of sexual contact with another person who already has it.

Most people will get an HPV infection at some point in their lives and their bodies will get rid of it naturally without treatment. However, some people infected with a high-risk type of HPV will not be able to clear it. Over time, this can cause abnormal tissue growth as well as other changes, which can lead to cancer if not treated. High risk types of HPV can be found in more than 99% of cervical cancers.

More than 280 million doses of the HPV vaccine have been given worldwide, including 120 million doses in the US and over 10 million in the UK. The HPV vaccine has been offered to all girls in

school year 8 since September 2008. From September 2019 the vaccine has also been offered to year 8 boys.

For operational purposes a 12 month gap between the two doses is currently recommended, that is, the first HPV vaccine dose should be offered in year 8 (aged 12 to 13) and the second dose should be offered in year 9 (aged 13 to 14), as this reduces the number of HPV vaccination sessions required in school.

However, children who become eligible for the HPV vaccine from the academic year 2023 to 2024 (date of birth between 1 September 2010 to 31 August 2011) onwards will only require one dose. This is because the Joint Committee on Vaccination and Immunisation (JCVI) has advised that a one dose HPV vaccine schedule has shown to be just as effective as 2 doses at providing protection from HPV infection.

It is expected that the vaccine will save hundreds of lives every year in the UK. A recent Scottish study has already shown a 71% reduction on pre-cancerous cervical disease in young women⁴.

Table 3 HPV population vaccination coverage in 2021/22 in Herefordshire

Indicator	Coverage %	
	Herefordshire	England
HPV vaccination coverage, one dose, 12-13yrs, males	85.5%	62.4%
HPV vaccination coverage, one dose, 12-13yrs, females	90.4%	69.6%
HPV vaccination coverage, one dose, 13-14yrs, male	89.2%	62.4%
HPV vaccination coverage, one dose, 13-14yrs, females	91.4%	67.3%

Source: [Public Health Outcomes Framework \(PHOF\)](#)

As Table 3 indicates, coverage is lower in males than females. It is important to note that the male HPV programme was only introduced in September 2019 just before the start of the COVID-19 pandemic and has had less time to embed. In 2019/20 one dose of HPV vaccine in 12-13 year old males in the county was 23.0%. Since then coverage has increased significantly. In 2020/21, coverage increased to 90.7% and achieved the recommended $\geq 90\%$ target. However, in 2021/22 coverage reduced by 5.2% to 85.5%.

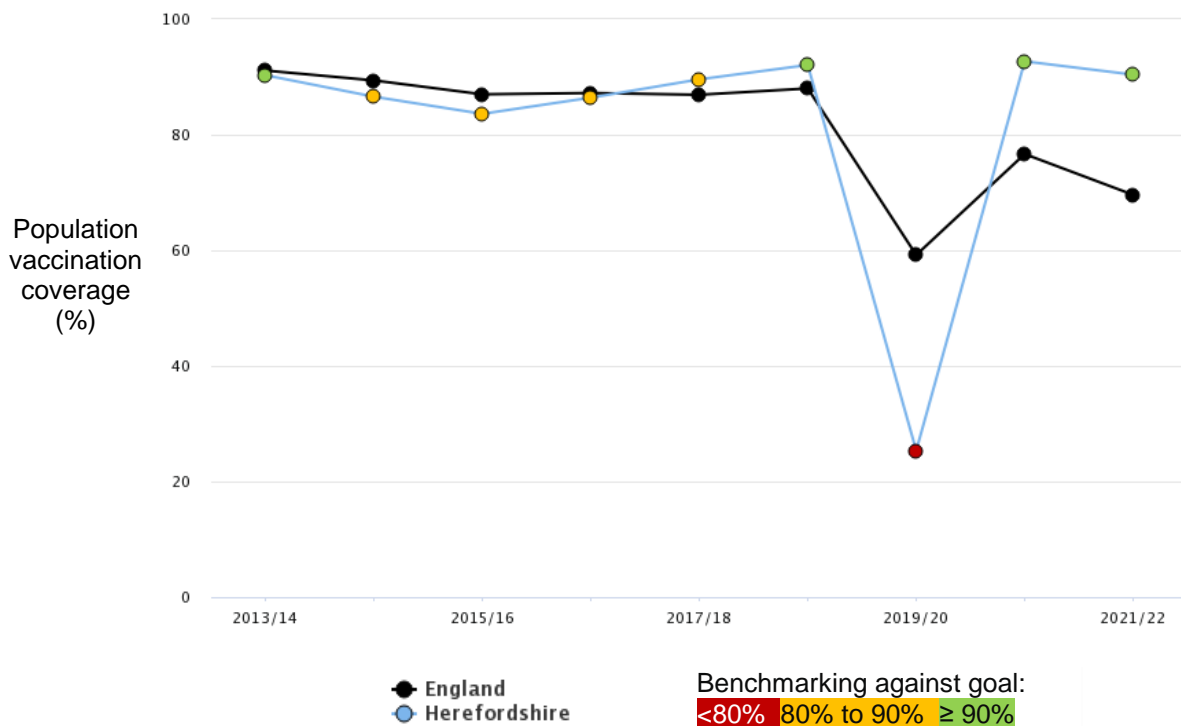
When compared to other areas Herefordshire was one of highest performers in England for HPV coverage in 2021/22. Out of a total of 153 areas Herefordshire had the:

- third highest vaccination coverage uptake for one dose in 12-13 year old females
- seventh highest vaccination coverage uptake for one dose in 12-13 year old males
- second highest vaccination coverage uptake for two doses in 13-14 year olds females
- second highest vaccination coverage uptake for two doses in 13-14 year olds males

Figure 3 show's that the school HPV programme was severely affected by the pandemic in Herefordshire but has recovered well in the last few years. Vaccination coverage for this cohort is within the $\geq 90\%$ recommended target range.

⁴ [Information on the HPV vaccination - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/one-dose-HPV-vaccine-protects-against-cervical-cancer)

Figure 3 Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 years olds, female)



Source: [Public Health Outcomes Framework \(PHOF\)](#)

Flu vaccination

Flu can be an extremely unpleasant illness in children, with those under the age of 5 being more likely to be hospitalised due to flu than any other age group. A vital part of protecting the whole population from flu is to vaccinate children, who we know are ‘super-spreaders’, passing the virus more easily to those around them who are vulnerable and can suffer from the complications of flu.

Each year the childhood flu vaccine helps to prevent thousands of hospitalisations and deaths from flu and helps protect the NHS every winter. In 2022/23 the national NHS flu vaccination programme was available to:

- Priority cohort:
 - all children aged 2 or 3 years – these children are vaccinated via their GP Practice
 - primary school aged children (from reception to year 6) – through an NHS England commissioned school based immunisations provider
- Secondary cohort:
 - secondary school-aged children focusing on Years 7, 8 and 9 and
 - any remaining vaccine offered to years 10 and 11, subject to vaccine availability.

The flu vaccination benchmark coverage goal is significantly lower than that of other routine childhood vaccinations and therefore is excluded from Table 2. Currently, the recommended benchmark for flu vaccination coverage is >65%.

Herefordshire did not achieve the >65% for coverage in 2 – 3 year olds as referenced in Table 4.

Table 4 Flu vaccination coverage in 2 – 3 year olds (%)

Between 40-65% coverage				
Immunisation	Period	Local coverage	Comparator average	
			CIPFA neighbours	England
Flu (2-3 years)	2021/22	57.1%	Not available	50.1%

Only one out of sixteen CIPFA nearest neighbours to Herefordshire achieved ≥65% for vaccinating children aged 2-3 years against flu. All remaining areas including Herefordshire achieved between 48.4% and 64.4% coverage.

As Figure 4 shows, Herefordshire has continued to mirror the national trend for flu vaccination coverage in 2-3 year olds. Although we saw increase in uptake in this cohort during 2020-21, mainly due to the impacts from the COVID-19 pandemic, coverage reduced locally by 4.5% when compared to the previous year.

Figure 4 Flu population vaccination coverage for 2 to 3 years olds in Herefordshire

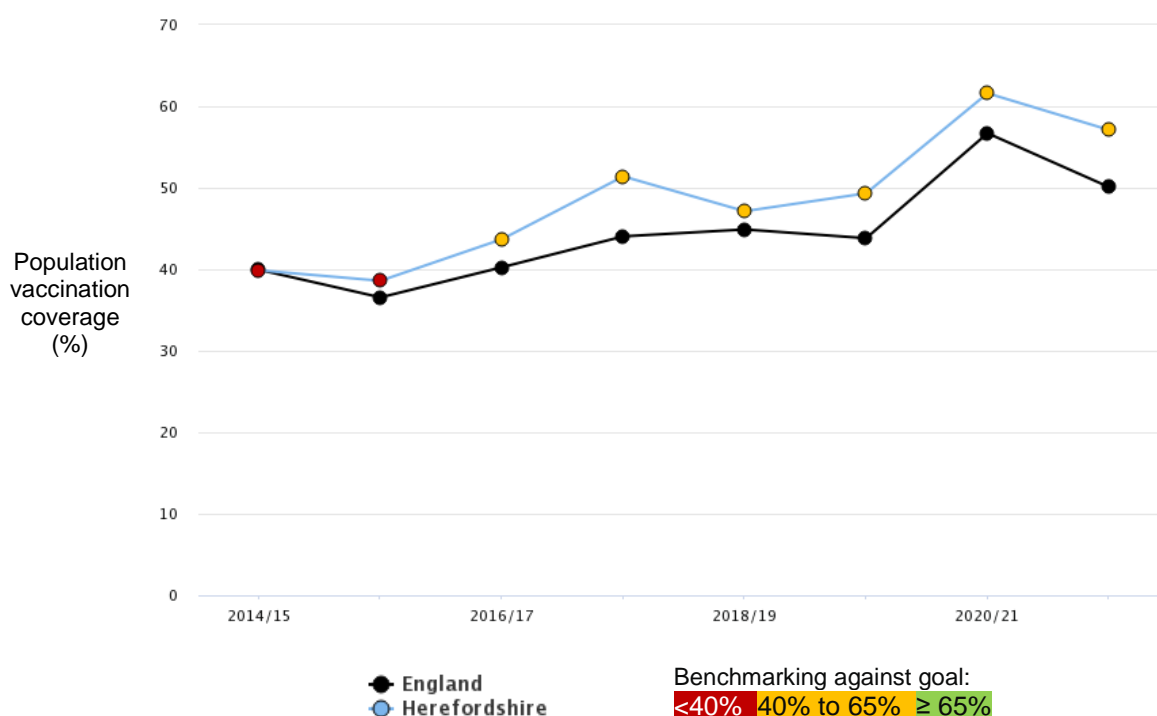


Table 5 shows that we have achieved and exceeded the >65% coverage target in the majority of school aged children who were within the initial priority cohort.

Table 5 Seasonal influenza vaccine uptake in children of school age from 1 September 2022 – January 2023

Above 65% coverage target				
Flu immunisation cohort	Period	Local coverage	Comparator average	
			Midlands	England
All eligible primary school aged children 4-11 years	2022-23	70.5%	53.4%	55.9%
All eligible secondary school aged children 11-14 yrs	2022-23	67.1%	40.8%	40.2%
Year Reception (4-5 years)	2022-23	70.2%	53.5%	56.3%
Year 1 (5-6 years)	2022-23	68.8%	53.6%	56.0%
Year 2 (6-7 years)	2022-23	70.0%	54.7%	57.2%
Year 3 (7-8 years)	2022-23	71.4%	54.5%	56.9%
Year 4 (8-9 years)	2022-23	73.4%	53.0%	55.9%
Year 5 (9-10 years)	2022-23	71.0%	53.0%	55.3%
Year 6 (10-11 years)	2022-23	68.6%	51.8%	53.8%
Year 7 (11-12 years)	2022-23	68.0%	44.4%	43.5%
Year 8 (12-13 years)	2022-23	67.7%	39.5%	39.4%
Year 9 (13-14 years)	2022-23	65.4%	38.6%	37.5%

Below 65% coverage				
Immunisation	Period	Local coverage	Comparator average	
			Midlands	England
All secondary school children aged 11-16 years	2022-23	42.8%	27.9%	26.8%
All school aged children 4- 16 years	2022-23	59.0%	43.4%	44.4%
Year 10 (14-15 years)	2022-23	1.1%	1.3%	1.1%
Year 11 (15-16 years)	2022-23	1.5%	1.2%	1.0%

Source: [UKHSA](#)

Although coverage was low for both Year 10 and Year 11 cohorts it was still above the England and Midlands average. These cohorts were not listed as a priority group within the National Flu Immunisation Letter for 2022/23 and were therefore only eligible for vaccination if there was any remaining vaccine, subject to availability.

As Year 10 and Year 11 students were included within the data it therefore reduced local coverage figures giving a false representation of accurate coverage for the following two indicators:

- All secondary school children aged 11 – 16 years
- All school aged children 4 –16 years

Routine adult immunisations

Summary

- Shingles vaccination (71 years) and pneumococcal polysaccharide vaccination (PPV) coverage are below the England average and benchmark target for 2021/22.
- Flu vaccination in those aged 65 years and over exceeded the England average and national benchmark target in 2021/22.

- As of 1 September 2023, more people will be eligible to receive the shingles vaccine. Further work is therefore required to increase awareness and coverage in both new and existing cohorts.

Background

Many of the vaccines we receive as children can create immunity and last a long time. However, as we age immunity may fade or we may become more susceptible to diseases and therefore require a vaccination to provide protection.

For some adults, such as those not in an at-risk group or who have not been pregnant, this may be their first vaccination that they have been invited to attend since childhood. In the UK, adults are routinely offered three vaccinations as part of the NHS vaccination schedule, these are outlined in Table 6.

Table 6 NHS vaccination schedule for adults

Age offered	Vaccination	Helps protect against	Provided by
65 years old	Pneumococcal polysaccharide vaccine (PPV)	Pneumonia and meningitis	GP Practice
65 years and every year after	Flu vaccine	Influenza (flu)	GP Practice or Community Pharmacy
70 to 79 years	Shingles vaccine	Shingles (varicella-zoster virus)	GP Practice

Performance

Table 7 shows adult vaccination coverage from the most recent year where information is available. Each immunisation has different coverage goals so cannot be compared like for like.

Table 7 Adult vaccination coverage summary

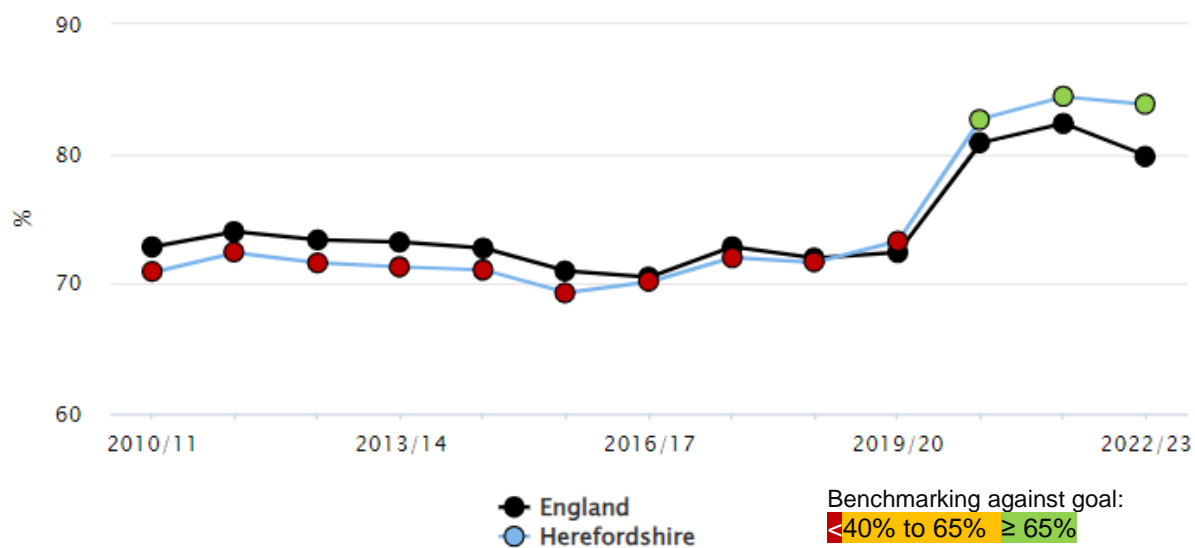
Indicator	Period	Coverage %			National benchmark coverage goal %		
		Herefordshire	CIPFA	England			
PPV coverage	2021/22	68.4%	NA	70.6%	<65%	65-75%	>75%
Flu aged 65 and over vaccination coverage	2022/23	83.8%	NA	79.9%	<75%		>75%
Shingles vaccination coverage (71 years)	2021/22	37.8%	45.7%	44.0%	<50%	50-60%	≥60%

Source: [Public Health Outcomes Framework \(PHOF\)](#)

Coverage across the three vaccinations is mixed with only one vaccination exceeding the set benchmark coverage goal.

Figure 5 shows, flu vaccination coverage in those aged 65 years has varied between 82% and 84% over the last 3 years (2020-2023) and exceeded the national coverage goal of over 75% each year. Although coverage was in-line with the national trend, the increase in uptake coincides with the COVID-19 pandemic. Research showed that some people, coinfection of COVID-19 and flu increases the risk of complications and death.

Figure 5 population vaccination coverage for flu vaccination in 65 years and over in Herefordshire

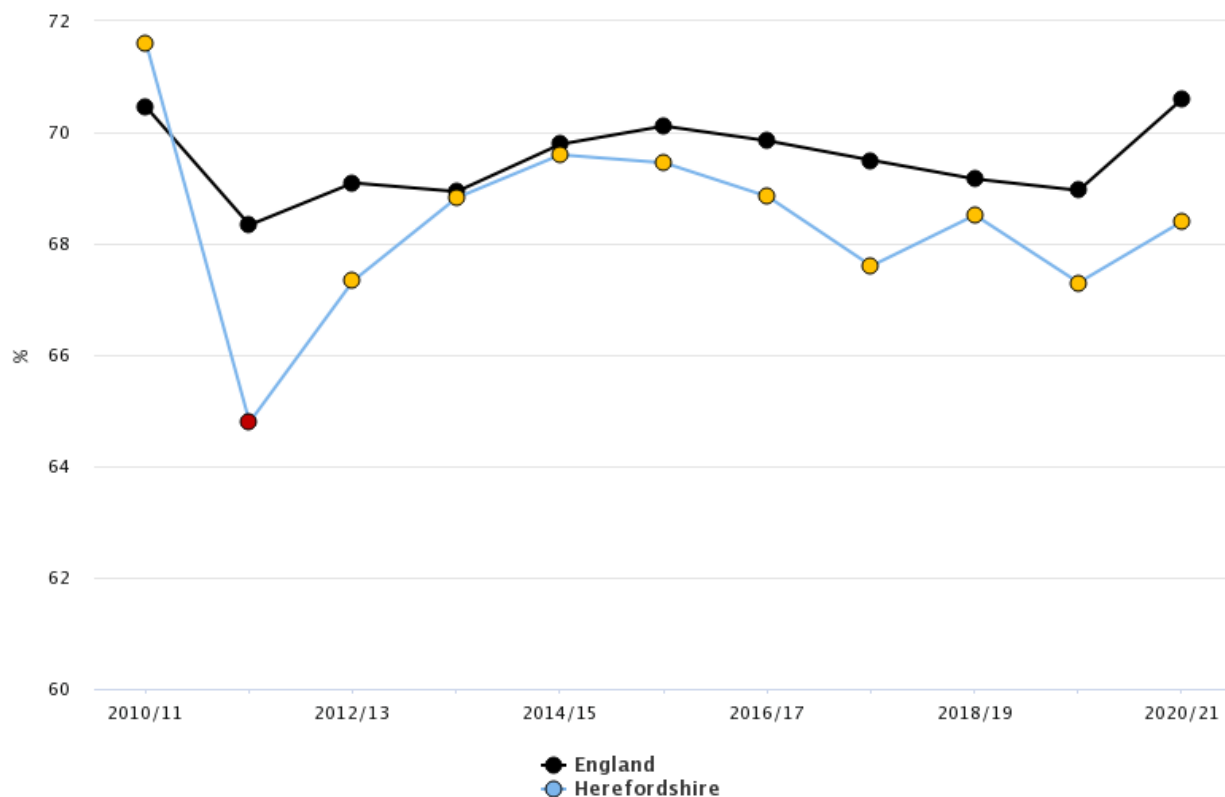


Source: [Public Health Outcomes Framework \(PHOF\)](#)

As indicated within Figure 6, there has been no significant change in PPV coverage in Herefordshire in recent years. Since 2012-13, coverage has constantly been within the 65% to 75% benchmark goal.

Out of sixteen CIPFA areas, Herefordshire is one of thirteen which are within the 65% to 75% coverage. Only three out of the sixteen Local Authority areas achieved $\geq 75\%$ in 2020-21.

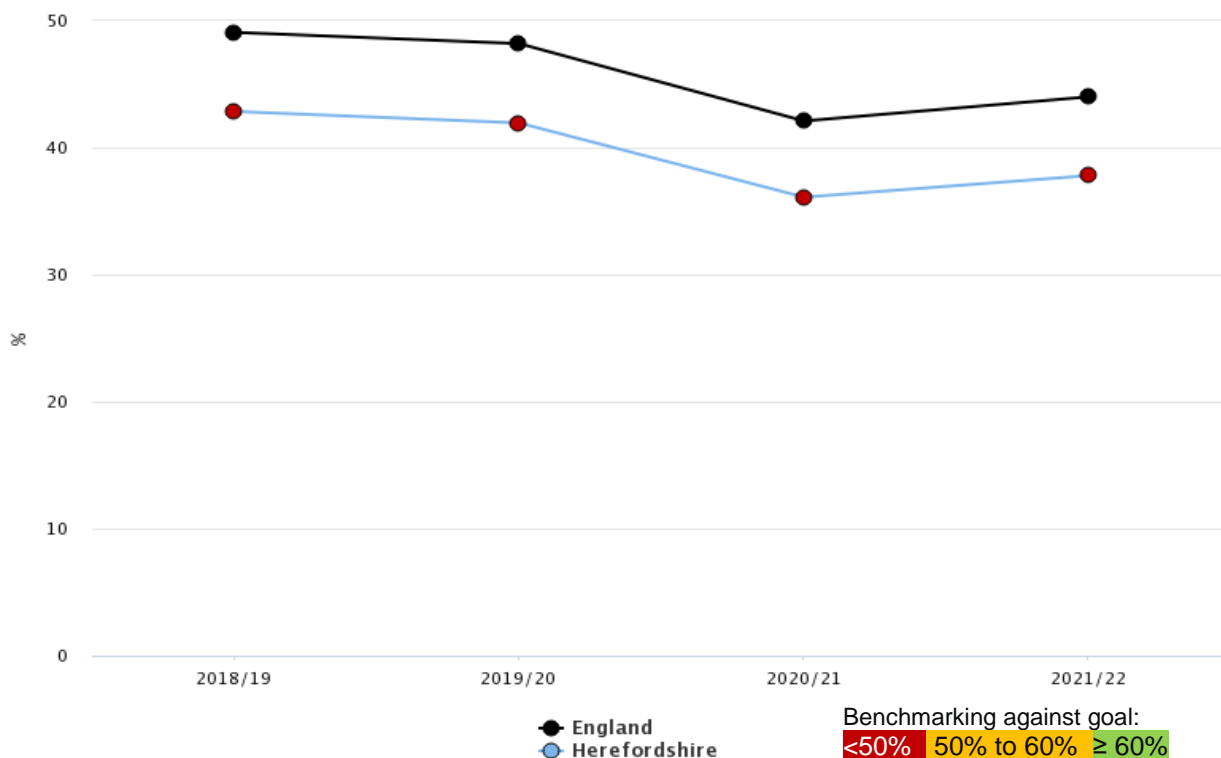
Figure 6 PPV population vaccination coverage in Herefordshire



Source: [Public Health Outcome Framework \(PHOF\)](#)

As Figure 7 shows, shingles vaccination coverage in Herefordshire has been slowly declining since 2018-19. Herefordshire are one of thirteen CIPFA nearest neighbours which are within 50% coverage. Only four out of the sixteen Local Authority areas achieved $\geq 60\%$ in 2020-21.

Figure 7 Shingles vaccination coverage in Herefordshire (71 years) by financial year



Source: [Public Health Outcomes Framework \(PHOF\)](#)

From 1 September 2023, more people will be eligible to receive the shingles vaccine. As well as people aged 70 to 79 the following individuals will also be eligible:

- Those aged 65 years (turned 65 before 1 September 2023)
- Those aged 50 or over and have a severely weakened immune system

In order to address and increase vaccination awareness in newly eligible, and existing cohorts, further work across the ICS is required in order to address low uptake.

Selective immunisation programmes

Summary

- Flu vaccination uptake remains low in pregnant women

Background

There are a number of selective immunisation programmes that target children and adults who are at particular risk of serious complications from certain infections, such as hepatitis B, influenza, meningococcal and pneumococcal infection.

Other vaccines, including BCG, HPV, hepatitis B and hepatitis A, are also recommended for individuals at higher risk of exposure to infection, due to lifestyle factors, close contact or recent outbreaks in their community

Individuals at risk of exposure through their work should be advised about any required vaccinations by their employer or their occupational health service and are therefore excluded from this report.

A summary of selective immunisation programmes are outlined in Figure 8.

Figure 8 Individuals eligible for NHS selective immunisation programme

Target group	Age and schedule	Disease	Vaccine
Babies born to hepatitis B infected mothers	At birth, 4 weeks and 12 months	Hepatitis B	Hepatitis B (Engerix B/HBvaxPRO)
Infants in areas of the country with tuberculosis (TB) incidence \geq 40/100,000	Around 28 days old	Tuberculosis	BCG
Infants with a parent or grandparent born in a high incidence country	Around 28 days old	Tuberculosis	BCG
Children in a clinical risk group	From 6 months to 17 years of age	Influenza	Live Attenuated Influenza Vaccine (LAIV) or inactivated flu vaccine if contraindicated to LAIV or under 2 years of age
Pregnant women	At any stage of pregnancy during flu season	Influenza	Inactivated flu vaccine
	From 16 weeks gestation	Pertussis	dTaP/IPV (Boostrix-IPV)

Performance

Nationally, pregnant women remains one of the lowest cohorts for flu vaccination uptake. From 1 September 2022 – 28 February 2023 only 35.0% of pregnant women in England obtained the flu vaccine. Herefordshire mirrored this with an uptake of 35.1%.

Population screening programmes

Summary

- Herefordshire typically performs similarly to the national average across most national screening programmes, and tracks their long-term upward or downward trends.
- The programmes were differentially affected by the pandemic. For example, antenatal and new-born screening (ANNB) screening, cervical screening and bowel screening were minimally impacted.
- By contrast, Abdominal Aortic Aneurism (AAA) screening, diabetic eye screening programme (DESP) and Breast screening were more impacted, building up significant backlogs.

- The breast cancer screening programme in particular went from stably achieving over 75% coverage before 2019, to less than 60% in 2021 and 2022.
- Cervical cancer screening coverage is also on a downward trend, reducing about 5% over a decade both in Herefordshire and nationally.
- In 2024 the focus is on improving backlogs from the pandemic and maintaining focus on known inequalities in screening update during that recovery. This will take local and national action, including implementation of the National Screening Strategy, due shortly.

Background

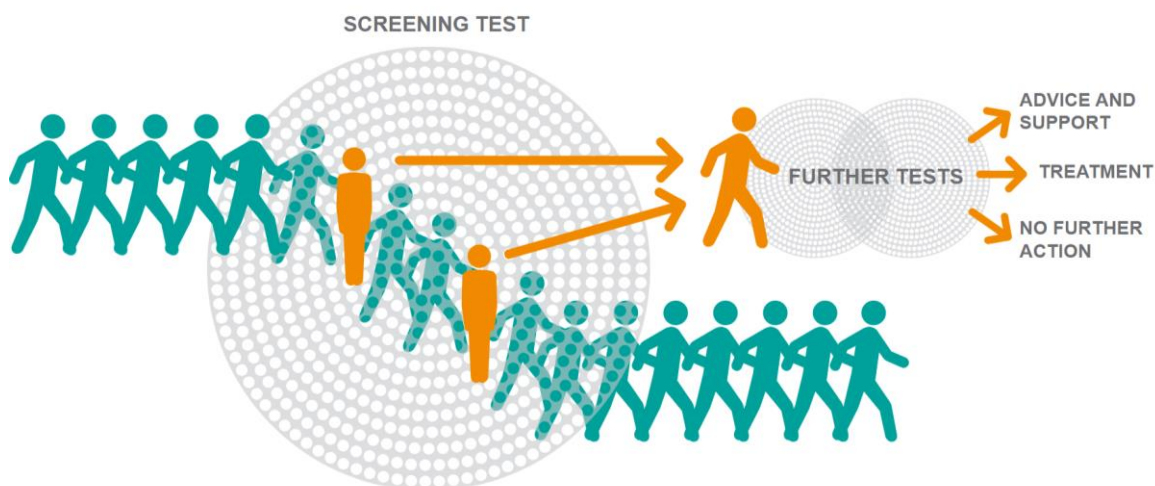
Screening is the process of identifying apparently healthy people who may have an increased chance of a disease or condition. The NHS offers a range of screening tests to different sections of the population who are most likely to benefit from it. It is an individual's choice whether or not to have screening, people can opt out if they do not want to receive screening invitations.

Screening can:

- save lives or improve quality of life through early identification of a condition;
- reduce the chance of developing a serious condition or its complications;
- give pregnant women informed reproductive choice.

Figure 9 illustrates the current screening process. Most people will pass through the screening test and get a normal result (a screen negative result) and therefore are at low risk of having the condition that they are being screened for. However, some people may receive a higher-risk result (a screen positive result) which means that they may have the condition which they have been screened for. At this point individuals will be offered further diagnostic tests to confirm if they have condition. They will then be offered treatment, advice and support.

Figure 9 Illustration of the screening process



Screening is a way of finding out if people have a higher chance of having a health problem, so that early treatment can be offered or information given to help them make informed decisions. NHS England commissions 6 national screening programmes as summarised in Table 1.

The UK National Screening Committee (UK NSC) advises the NHS, in all 4 UK countries, on which screening programmes to offer. In England, 6 national screening programmes are commissioned by NHS England. These programmes and providers are listed in [Table 8](#).

Table 8 NHS Screening Programmes commissioned by NHS England

Screening programme	Programme details	Provider
Breast cancer screening	Offered to women aged 50 – 70 years, every 3 years to detect early signs of breast cancer. Women over 70 can self-refer.	Worcestershire Acute Hospitals NHS Trust (WAHT)*
Bowel cancer screening	Currently offered to everyone aged 60 to 74 every 2 years. Men over 75 years can self-request a screening kit every 2 years. Since 2021, the programme has been gradually expanded over a 4 year period to include all those aged 50 to 59 years.	WAHT*
Cervical cancer screening	Offered to all women and people with a cervix aged 25 to 64 years to check the health of cells within the cervix. It is offered every 3 years for those aged 25 to 49 and every 5 years for those aged 50 to 64 years.	GP practices
Diabetic Eye screening (DESP)	Diabetics from the age of 12 are offered an annual diabetic eye test to check for early signs of diabetic retinopathy.	NEC Care **
Abdominal Aortic Aneurism (AAA) screening	Offered to men during the screening year (1 April to 31 March) that they turn 65 to detect abdominal aortic aneurysms (a dangerous swelling in the aorta). Men over 65 can self-refer.	WAHT*
Antenatal and New-born screening (ANNB)	Screening in pregnancy: <ul style="list-style-type: none"> • Infectious diseases • Down’s syndrome, Patau’s syndrome and Edwards syndrome • Sickle cell disease and thalassaemia • 20-week scan for physical development of the baby New-born screening: <ul style="list-style-type: none"> • Physical examination • Hearing test • Blood spot (9 rare conditions) 	Wye Valley NHS Trust – maternity service

*joint Herefordshire and Worcestershire programme

** Recently completed a procurement exercise, this Provider will cease as of 30th September 2023 with a new DESP Provider (In Health Intelligence Ltd) commencing as of 1st October 2023- Mobilisation of the new Contract Award is currently under way.

Performance

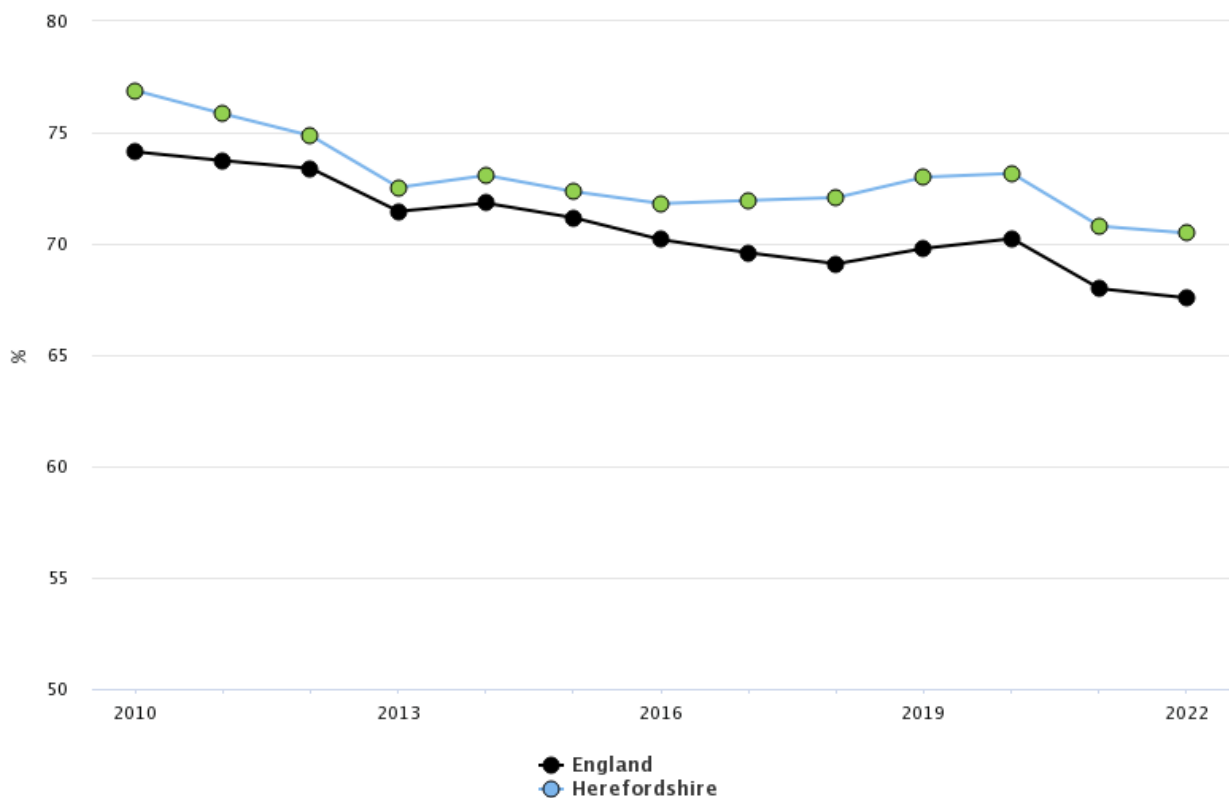
This report presents a selection of published performance data. It concentrates on uptake/coverage (proportion of those eligible or invited that attend screening) rather than service performance (eg: timeliness of results letters being sent out). Most data relates to Herefordshire only but only up to 2022. DESP data relates to the whole programme covering Arden, Herefordshire and Worcestershire.

Cervical cancer (aged 25 – 49 years old)

Cervical screening checks the health of your cervix and helps find any abnormal changes before they can turn into cancer. All women aged 25 to 64 are invited by letter to cervical screening (a smear test) to check the health of their cervix. During the screening appointment, a small sample of cells are taken from the cervix. The sample is checked for certain types of human papillomavirus (HPV) that can cause changes to the cells in the cervix. These are called "high risk" types of human papillomavirus (HPV).

Figure 10 Cancer screening coverage: cervical cancer (aged 25 – 49 years old) in Herefordshire. Figure 10 outlines cervical cancer screening coverage for those aged 25-49 years old in Herefordshire. In 2022, 70.5% of those who were eligible were screened. Although this is significantly better than the England average (67.6%) it is below the acceptable performance coverage level of 80% or greater. Herefordshire coverage is following a similar decreasing trend to England. Statistical neighbour comparison data is not available for this indicator.

Figure 10 Cancer screening coverage: cervical cancer (aged 25 – 49 years old) in Herefordshire

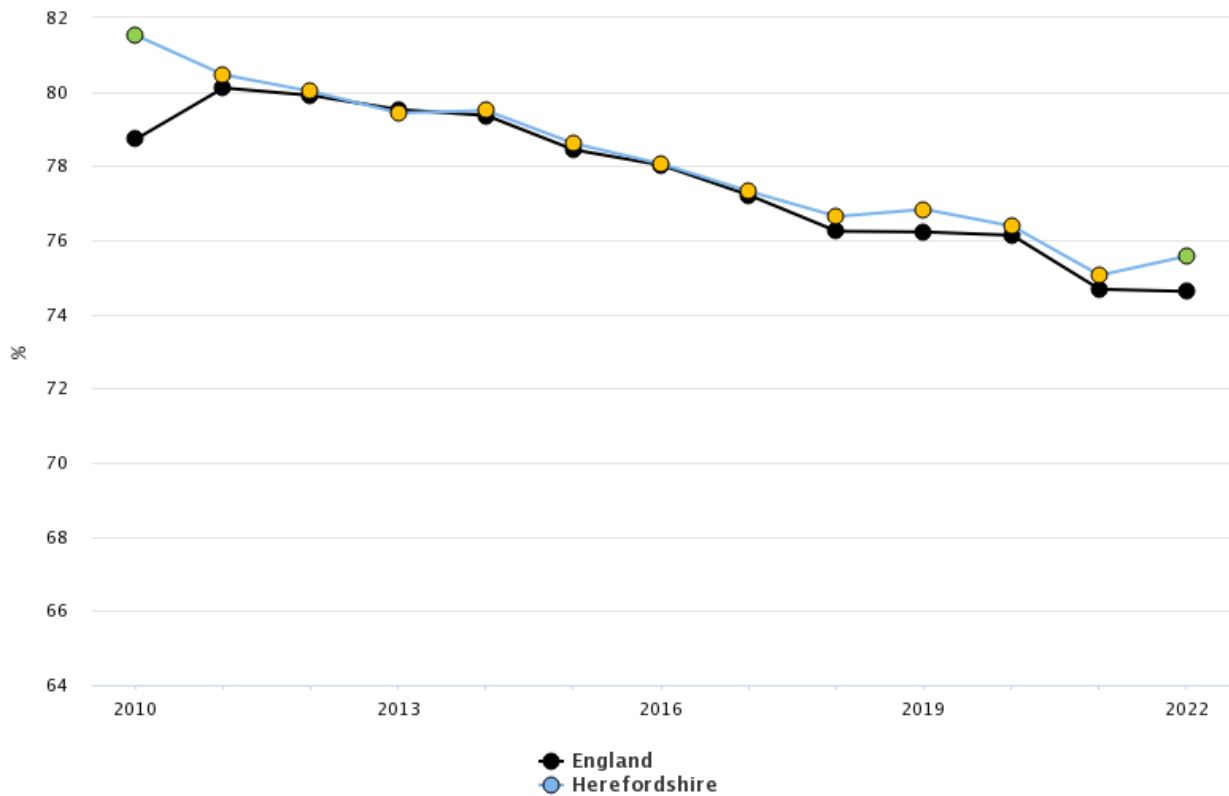


Source: [Public Health Outcomes Profile \(PHOF\)](#)

Cervical cancer (aged 50 – 64 years old)

As Figure 11 indicates, local coverage (75.6%) in the 50 – 64 year population is higher than that of England (74.6%) but still below the acceptable coverage target of 80%. Up until 2022, Herefordshire had been mirroring England with a slow decline in screening coverage. Statistical coverage data shows that Herefordshire is within range of its neighbours, their coverage for 2022 ranges between 74.6% - 77.8%.

Figure 11 Cancer screening coverage: cervical cancer (aged 50 to 64 years old) for Herefordshire



Source: [Public Health Outcomes Profile \(PHOF\)](#)

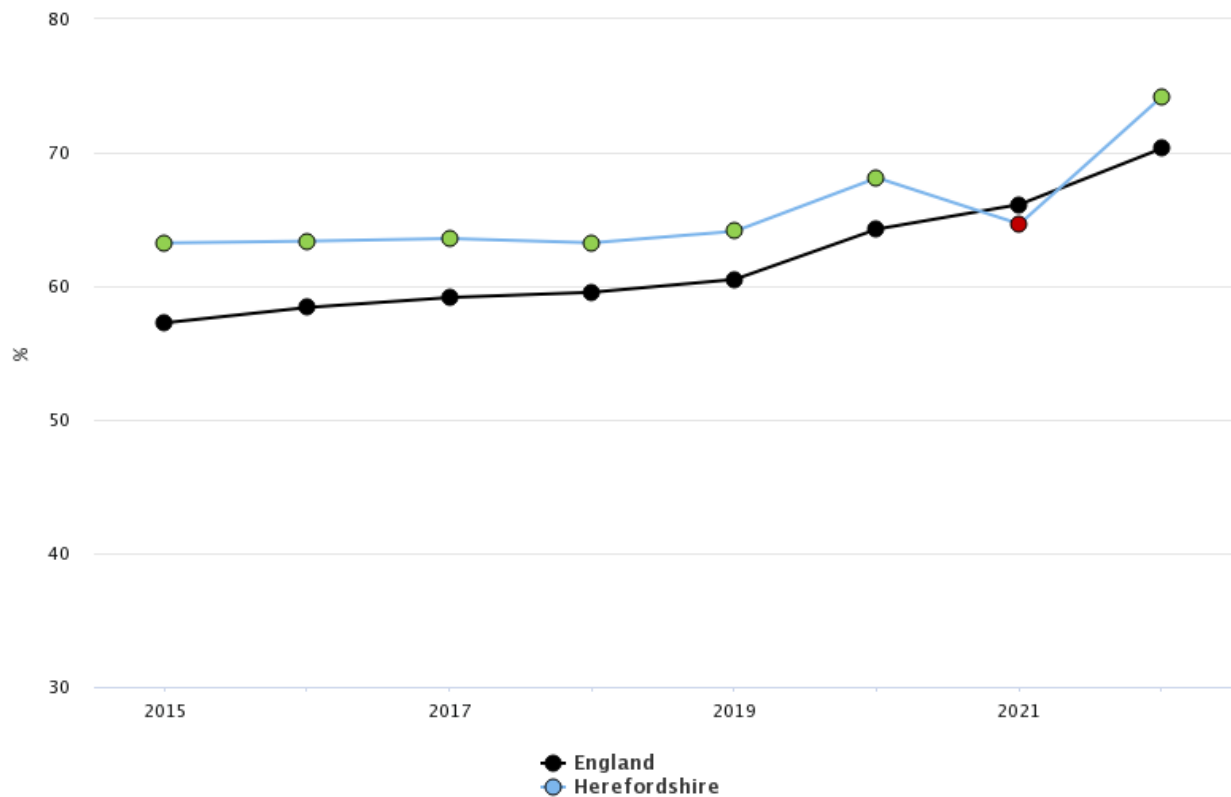
Bowel cancer

Bowel cancer is the 4th most common type of cancer. Screening can help prevent bowel cancer or find it at an early stage, when it's easier to treat. Those eligible are automatically sent a home test kit, called a faecal immunochemical test (FIT), every 2 years to collect a small sample of faeces and send it to a lab. This is checked for tiny amounts of blood. Blood can be a sign of polyps or bowel cancer. Polyps are growths in the bowel. They are not cancer, but may turn into cancer over time. Regular NHS bowel cancer screening reduces the risk of dying from bowel cancer.

Figure 10 Cancer screening coverage: cervical cancer (aged 25 – 49 years old) in Herefordshire
 Figure 12 outlines bowel cancer screening coverage in Herefordshire. In 2022, 74.2% of those eligible were screened. Local uptake is not only better than the England average (70.3%) but it also met both the acceptable uptake target of 52% and achievable target of 60%.

In line with England trends, bowel screening coverage is increasing locally. Statistical coverage data shows that Herefordshire is within range of its five comparable neighbours, coverage for 2022 ranged between 73.3% - 77.6%.

Figure 12 Bowel cancer screening coverage for Herefordshire



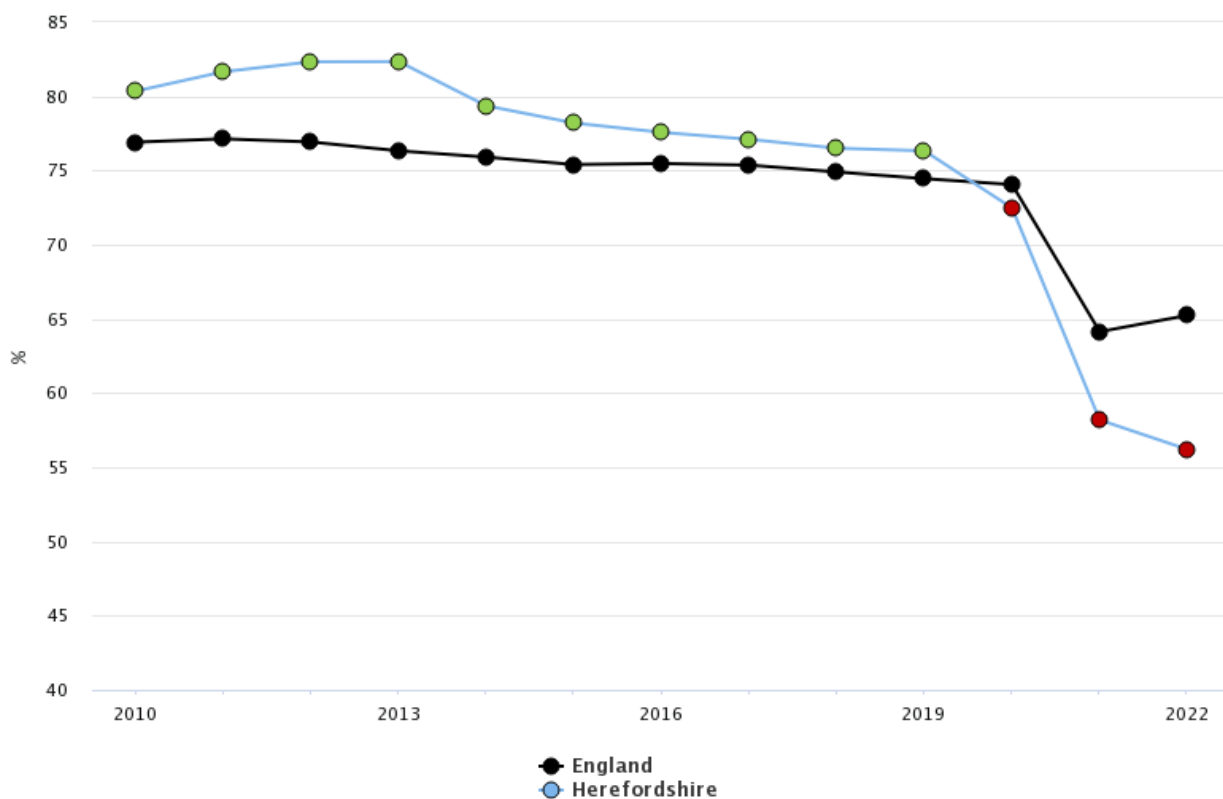
Source: [Public Health Outcomes Framework \(PHOF\)](#)

Breast cancer

Breast cancer is the most common type of cancer in the UK. The chance of getting breast cancer increases as you get older. Most breast cancers are diagnosed in women over 50 years old. NHS breast screening checks use X-rays (mammograms) to look for cancers that are too small to see or feel. Regular breast screening can find breast cancer before people notice any signs or symptoms.

As Figure 13 indicates, coverage in Herefordshire has slowly been declining since 2020. In 2022, local coverage was lower than that of England (65.2%) by 9%. Locally, screening uptake is also below the acceptable uptake target of 70% and achievable uptake target of 80%. When compared with its five statistical neighbours it is one of two counties which are below the England average.

Figure 13 Breast cancer screening coverage for Herefordshire



Source: [Public Health Outcomes Framework](#)

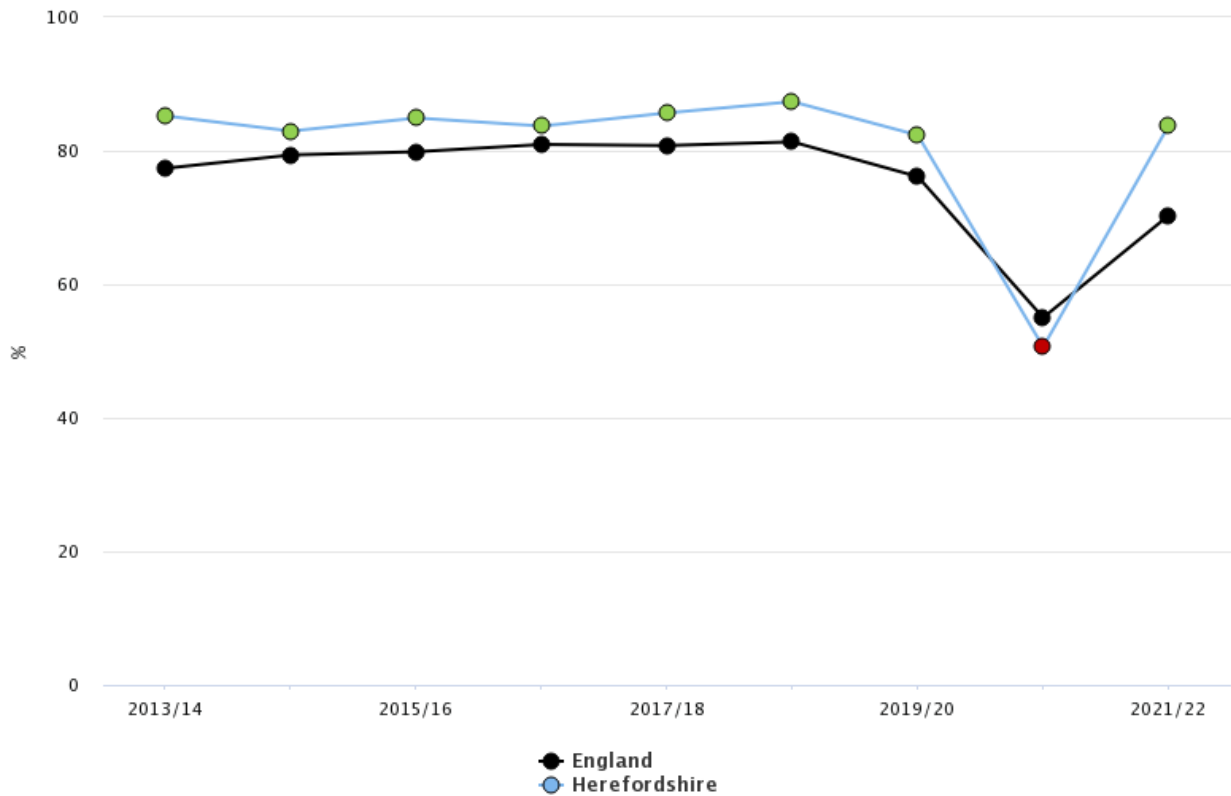
Abnormal Aortic Aneurysm Screening Coverage

Abdominal aortic aneurysm (AAA) screening is a way of checking if there's a bulge or swelling in the aorta, the main blood vessel that runs from your heart down through your abdomen. This bulge or swelling is called an abdominal aortic aneurysm, or AAA. Screening for AAA involves a quick and painless ultrasound scan of the abdomen

Men aged 65 or over are most at risk of getting AAAs. An AAA will often cause few or no obvious symptoms, but if it's left to get bigger, it could rupture and cause life-threatening bleeding inside your abdomen. About 8 in every 10 people who have a burst AAA die before they get to hospital or do not survive emergency surgery to repair it. Screening can pick up an AAA before it bursts. If an AAA is found, individuals can choose to have regular scans to monitor it or surgery to stop it bursting. Research suggests it can halve the risk of dying from an AAA.

Figure 14 show AAA screening locally (83.7%) is significantly higher than the England average (70.3%) and following a similar trend. Uptake in Herefordshire has exceed the acceptable coverage target of 75% but narrowly missed the achievable target of 85%. Statistical coverage data shows that Herefordshire is within range of its five comparable neighbours, coverage for 2022 ranged between 79.7% - 88.8%.

Figure 14 Abdominal Aortic Aneurysm (AAA) screening coverage for Herefordshire



Source: [Public Health Outcomes Framework](#)

Diabetic eye screening programme (DESP)

Diabetic eye screening is offered annually to anyone with diabetes who is 12 years old or over. A range of eye problems can affect people with diabetes one of these conditions is diabetic retinopathy. This is a complication of diabetes, which is caused by high blood sugar levels damaging the back of the eye (retina). Diabetic retinopathy can cause blindness if it is left undiagnosed and untreated.

DESP data relates to the whole programme coverage covering Arden, Herefordshire and Worcestershire. Herefordshire specific data is not available.

The proportion of those offered routine digital screening (RDS) who attended a RDS event where images were captured is captured is shown in Table 9. Although Arden, Herefordshire & Worcestershire is higher than the Midlands it is still below the England average by 2.7%.

Whilst Arden, Herefordshire & Worcestershire have achieved the acceptable uptake target of 75% they have not met the achievable uptake target of 85%.

Table 9 DESP performance by screening service, Q3 October 2022 to December 2022

Programme	Numerator	Denominator	Performance (%)
Arden, Herefordshire & Worcestershire	70,036	92,490	75.7%
Midlands	455,867	628,603	72.5%
England	2,356,894	3,009,511	78.3%

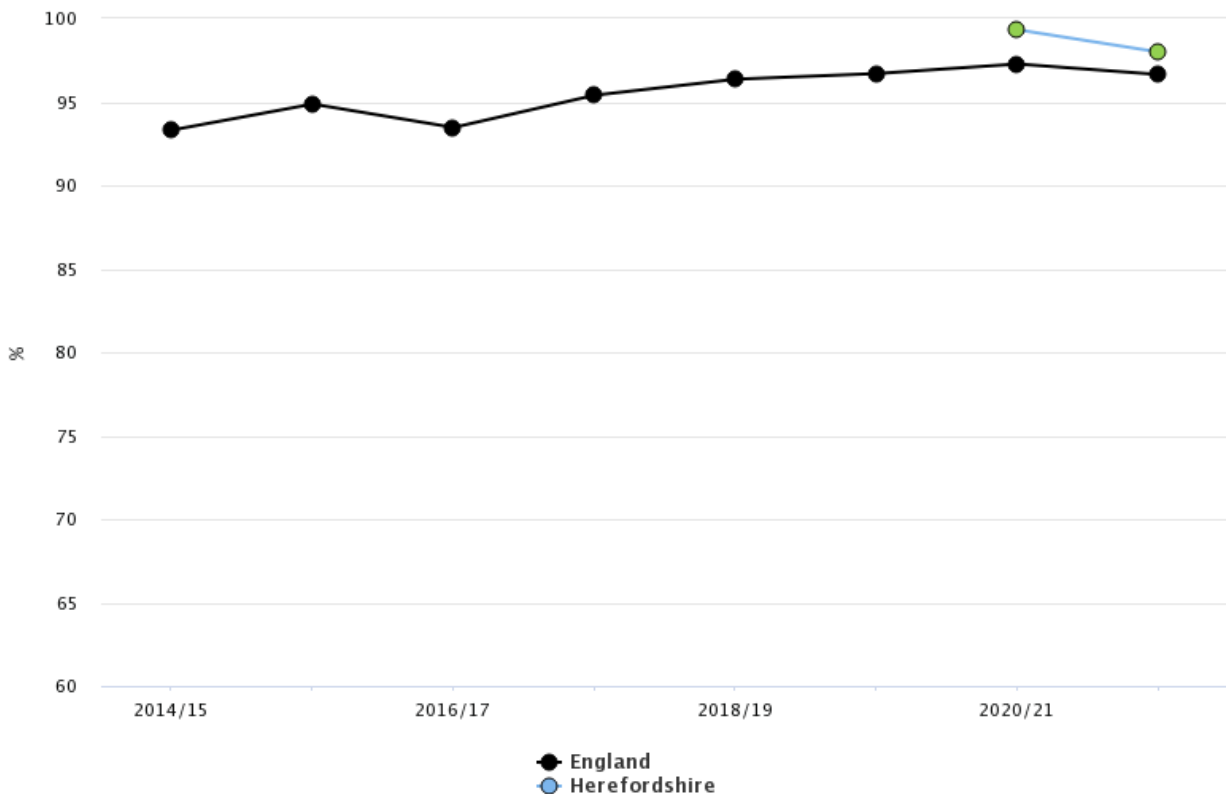
Source: NHS England

New-born Screening Coverage

All parents are offered a thorough physical examination for their baby within 72 hours of giving birth. The examination includes screening tests to find out if the baby has any problems with their eyes, heart, hips and, in boys, testicles (testes).

As Figure 15 indicates, data prior to 2020/21 is limited due to the implication of new data platforms. In 2021/22, 98.0% new-borns and infants were screened, this is above the national average of 96.6%. Statistical neighbour comparison data is not available for this indicator.

Figure 15 new-born and infant physical examination screening coverage for Herefordshire



Source: [Public Health Outcomes Framework \(PHOF\)](#)

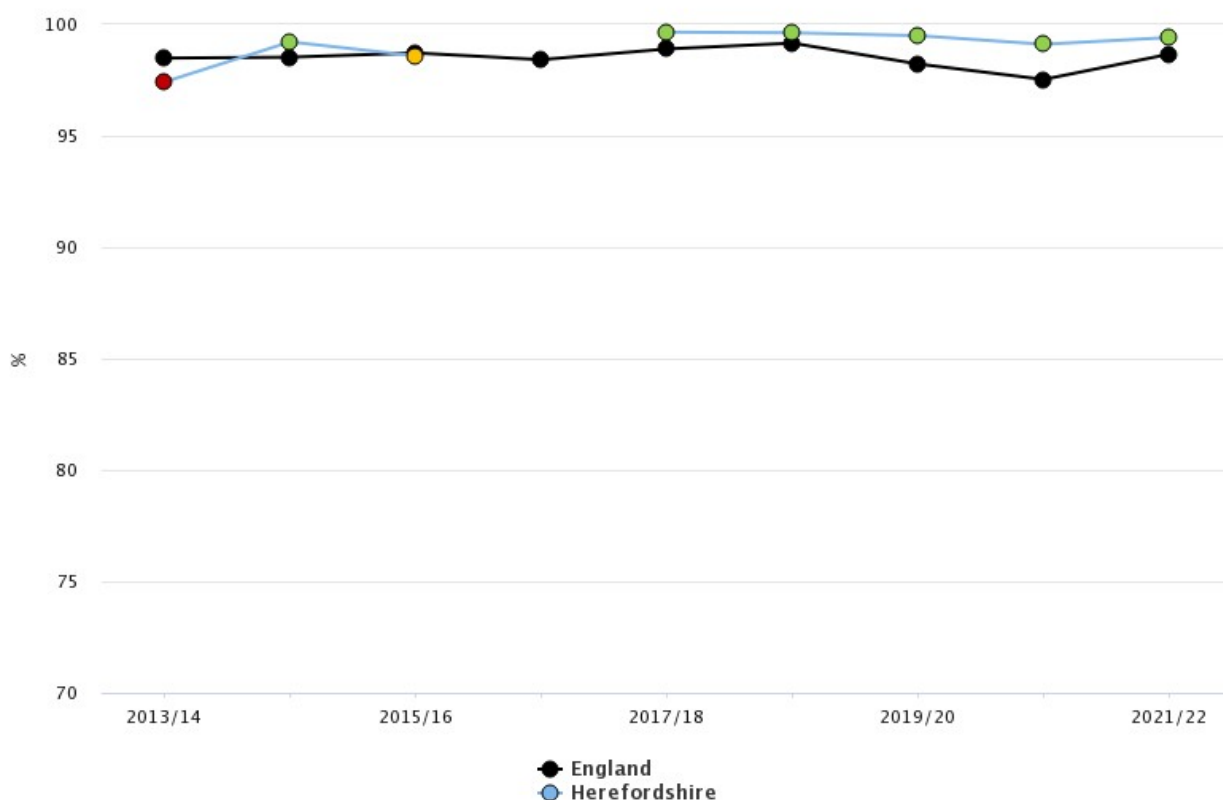
1 to 2 babies in every 1,000 are born with permanent hearing loss in 1 or both ears. This increases to about 1 in every 100 babies who have spent more than 48 hours in intensive care. Most of these babies are born into families with no history of permanent hearing loss. Permanent hearing loss can significantly affect babies' development. Finding out early can give these babies a better chance of developing language, speech and communication skills. Babies born in hospital maybe offered a new-born hearing best before discharge otherwise it is done by a health care professional

or health visitor within the first few weeks (ideally in the first 4 to 5 weeks, but it can be done up to 3 months of age).

As Figure 16 indicates Herefordshire has a high rate of new born hearing screening coverage. There has been no significant change in screening coverage. Since 2017/18 Herefordshire has been consistently above the England average. In 2021/22, screening coverage was 99.4%, although this above both the acceptable coverage target of 98% it is slightly below the achievable coverage target of 99.5%.

When compared to its nearest CSSNBT neighbours Herefordshire has the second highest coverage out of five areas (range 93.3% - 99.8%).

Figure 16 Newborn hearing screening coverage for Herefordshire



Source: [Public Health Outcomes Framework](#)

Every baby is offered new-born blood spot screening, also known as the heel prick test, ideally when they're 5 days old. New-born blood spot screening involves taking a blood sample to find out babies have 1 of 9 rare but serious health conditions such as sickle cell disease, cystic fibrosis, congenital hypothyroidism and inherited metabolic diseases. Most babies won't have any of these conditions but, for the few who do, the benefits of screening are enormous. Early treatment can improve their health, and prevent severe disability or even death.

Achievements

Screening services have worked well to clear backlogs from the pandemic and to implement expansion of some programme such as age extension in bowel screening.

Risks

The key risks tend to be around workforce especially in some specialist fields. NHS England is working closely with ICBs, Cancer Boards and the national team to mitigate these risks.

Programmes are regularly reviewed through Programme Boards and also receive NHS England SQAS (Screening Quality Assurance Service) quality visits where the whole pathway is reviewed and recommendations are made with implementation monitored by SQAS and commissioners.

Future focus

In 2023/24 the key focus/priorities are to:

- emphasise on health inequalities and coverage/uptake now that backlogs from the pandemic are reduced
- working more closely with Integrated Care Systems and Cancer Boards to leverage change
- implementation of the National Screening Strategy when it is published
- implement 2023/24 programme changes

COVID-19

Summary

- COVID-19 vaccination remains the most important tool in reducing the risk of ill health as a result of COVID infection, particularly in those at higher risk of worse outcomes from infection due to age, existing illness or other vulnerability.
- As of 23 September 2023; 437,165 COVID-19 vaccinations have been taken up in Herefordshire.
- A total of 19,211 (75%) of eligible people have received a spring 2023 booster, higher than the England average of 70%.
- Our future focus will be to continue to promote COVID-19 vaccination to those who are eligible, where season boosters are recommended and available.

Background

Coronaviruses are a large family of viruses that usually cause mild to moderate upper-respiratory tract illnesses in humans. However, to date the following three coronaviruses have caused more serious and fatal disease in people:

- SARS coronavirus (SARS-CoV) which emerged in November 2002 and causes severe acute respiratory syndrome (SARS);
- MERS coronavirus (MERS-CoV) which emerged in 2012 and causes Middle East respiratory syndrome (MERS);
- SARS-CoV-2, which emerged in 2019 and causes coronavirus disease 2019 (COVID-19).

SARS-CoV-2, also known as COVID-19, was identified Chinese city of Wuhan in December 2019. Despite attempts to contain it spread to other countries and on the 30 January 2023 the World Health Organisation (WHO) declared the outbreak as a public health emergency of international concern (PHEIC).

Anyone can get sick with COVID-19 and become seriously ill or die, but most people will recover without treatment. However, people over the age of 60 and those who have pre-existing health problems are at higher risk of getting seriously ill and developing complications from COVID-19.

Over 760 million cases and 6.9 million deaths have been recorded worldwide since December 2019, but the actual number is thought to be higher.

In Herefordshire, Herefordshire Council, the Clinical Commissioning Group (now known as integrated Care Boards) and Public Health England (now known as UK Health Security Agency)

worked in partnership to support settings with high risk cases, or outbreaks of COVID-19, in their settings. Common settings where an outbreak response was required included care homes (residential and nursing); domiciliary care settings; supported living settings; early years and education settings; healthcare settings and workplaces.

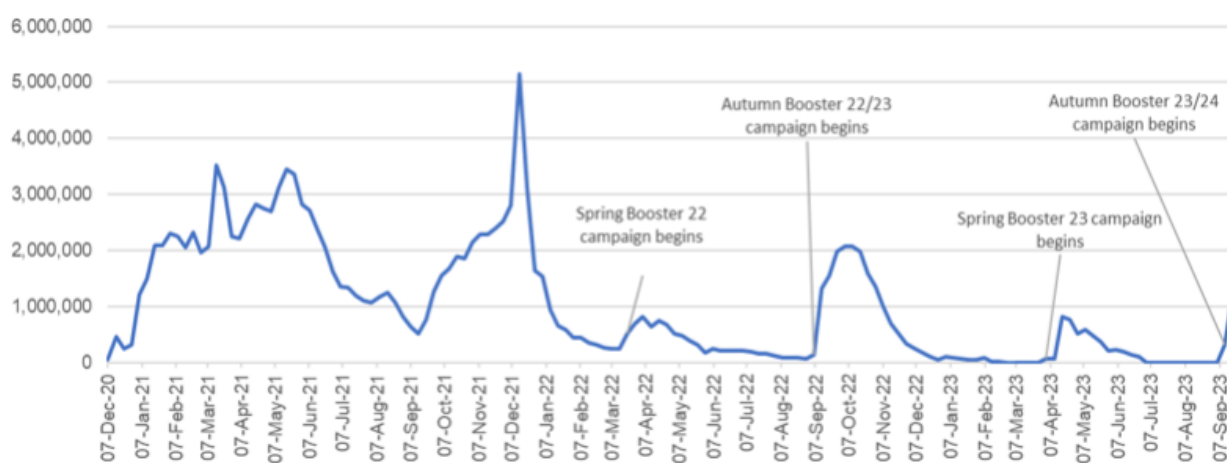
Surveillance and performance

COVID-19 vaccination

Figure 17 details the roll out of the COVID-19 vaccination programme in the UK to date. In Herefordshire:

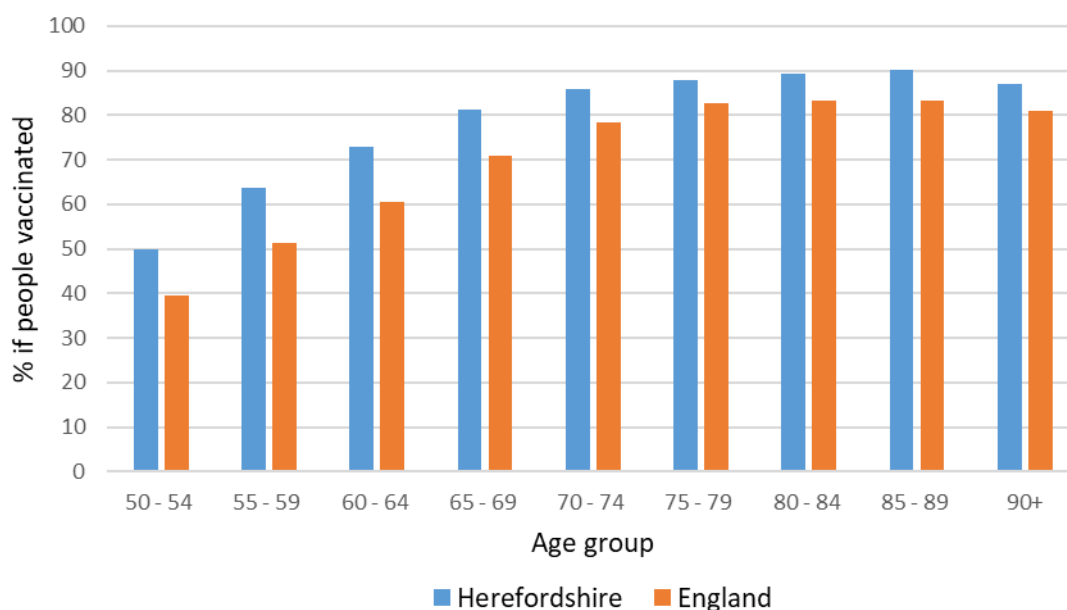
- A total of 437,165 vaccinations have been given as of the 23 September 2023.
- A total of 19,211 (75%) people received a spring 2023 booster by the end of 27 September 2023. This is higher than the England average of 70%. Of this:
 - 69.5% of people aged 75 years and over received a spring booster COVID-19 vaccination. Uptake of the spring booster was highest in 85-89 year group (77.8%). This was closely followed by the 80-84 year group (77.4%) and 90 year plus age group (75.1%).
- Nationally, rates for unvaccinated adults were higher for Black Caribbean, Black African and White Other ethnic groups. Rates were also higher for those living in deprived areas, who have never worked or are long-term unemployed, who are limited a lot by a disability, who identify as Muslim or as having an “Other Religion”, or who are male

Figure 17 Number of COVID-19 vaccinations by week of vaccination in England, 8 December 2020 to 1 October 2023



Source [NHS England](https://www.nhs.uk)

Figure 18 Percentage of people in Herefordshire who have received an autumn 2022 booster COVID-19 vaccination by age group up until 27 September 2023



Risks

- Possible future pandemic threats

Future priorities

- Herefordshire Council to develop and implement a pandemic threat plan
- To continue to promote COVID-19 vaccination to those who are eligible, where season boosters are recommended and available.

Sexual health

Summary

- Overall, the rate of sexually transmitted infections diagnosed among residents of Herefordshire in 2023 (322 per 100,000) was less than half the England average (694 per 100,000).
- Specific areas where Herefordshire does less well than England include HIV testing, the number of people with a late HIV diagnosis, and the proportion of 15 – 24 year olds screened for chlamydia.
- Risks include recruitment and retention of sexual health staff due to Herefordshire’s rural location and patient access to sexual health services
- The focus for 2024 includes further promotion of sexual health screening in schools, and investigating the reasons behind the HIV testing and late diagnosis figures. New services are planned, including a new virtual clinic, as well as a review our young person’s walk in clinic, to ensure it’s meeting the needs of users.

Background

Sexual health is fundamental to the overall health and well-being of individuals, couples and families, and to the social and economic development of communities and countries.

- *World Health Organisation*

Certain population groups are particularly affected by poor sexual and reproductive health, this include young people; men who have sex with men; black and minority ethnic populations and women of reproductive age.

Sexual health services are commissioned at a local level to meet the needs of the local population, including provision of information, advice and support on a range of issues, such as sexually transmitted infections (STIs), contraception, relationships and unplanned pregnancy.

Since 1 April 2023, Local authorities have been responsible for commissioning comprehensive open access sexual health services (including free STI testing and treatment, notification of sexual partners of infected persons and free provision of contraception). Some specialised services are directly commissioned by integrated care systems (ICSs), and at the national level by NHS England, these commissioning responsibilities are outlined below.

Commissioning responsibilities		
Local Authorities	ICS's	NHS England
<ul style="list-style-type: none"> comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP additionally-provided contraception STI testing and treatment, chlamydia screening and HIV testing specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies 	<ul style="list-style-type: none"> most abortion services sterilisation vasectomy non-sexual-health elements of psychosexual health services gynaecology including any use of contraception for non-contraceptive purposes 	<ul style="list-style-type: none"> contraception provided as an additional service under the GP contract HIV treatment and care (including drug costs for post-exposure prophylaxis following sexual exposure (PEPSE)) promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs sexual health elements of prison health services sexual assault referral centres cervical screening specialist fetal medicine services

In Herefordshire, the Local Authority has commissioned Solutions 4 Health to deliver an integrated sexual health service until March 2024. Currently services are delivered under a single contract with a lead provider who the works in partnership, or subcontracts services to other organisations.

Following an extensive recommissioning process the new service for April 2024 onwards has been awarded to Solutions 4 Health. The contract is awarded on a new 5 year plus 2 year term contract.

Performance

Genitourinary Medicine Clinic Activity Dataset (GUMCAD) is the mandatory surveillance system for STIs and collects data on STI tests, diagnoses and services from all commissioned sexual health services in England.

UK Health Security Agency (UKHSA) are responsible for coordinating and managing data collection, processing, storage, analysis, and reporting of GUMCAD data on behalf of the Department of Health and Social Care (DHSC). All Local Authority commissioned specialist (level 3) and non-specialist (level 2) sexual health services are required to complete and return GUMCAD data to UKHSA.

All STI's

Overall, the number of new sexually transmitted infections (STIs) diagnosed among residents of Herefordshire in 2023 was 603. The rate was 322 per 100,000 residents, lower than the rate of 694 per 100,000 in England.

Herefordshire ranked 143rd highest out of 156 unitary authorities (UAs) for new STI diagnoses excluding chlamydia in those aged under 25 in 2022, with a rate of 184 per 100,000 residents, better than the rate of 322 per 100,000 for England.

In March 2020, in response to the Coronavirus Disease 2019 (COVID-19) pandemic, the UK Government implemented strict non-pharmaceutical interventions (NPIs) in the form of national and regional lockdowns, as well as social and physical distancing measures including an emphasis on staying at home. Sexual health services (SHS) in England had substantially reduced capacity to deliver face-to-face consultations but underwent rapid reconfiguration to increase access to STI testing via telephone or internet consultations. STI testing and diagnoses decreased across all infections during 2020. Testing levels largely recovered during 2021, while diagnoses overall remained lower. Larger decreases in diagnoses were observed for STIs that are usually diagnosed clinically at a face-to-face consultation, such as genital warts or genital herpes, when compared to those that could be diagnosed using remote self-sampling kits such as chlamydia and gonorrhoea.³ STIs continue to disproportionately impact gay, bisexual and other men who have sex with men (MSM), young people aged 15 to 24 years, and people of Black Caribbean ethnicity.

Chlamydia

Chlamydia is the most common bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group.

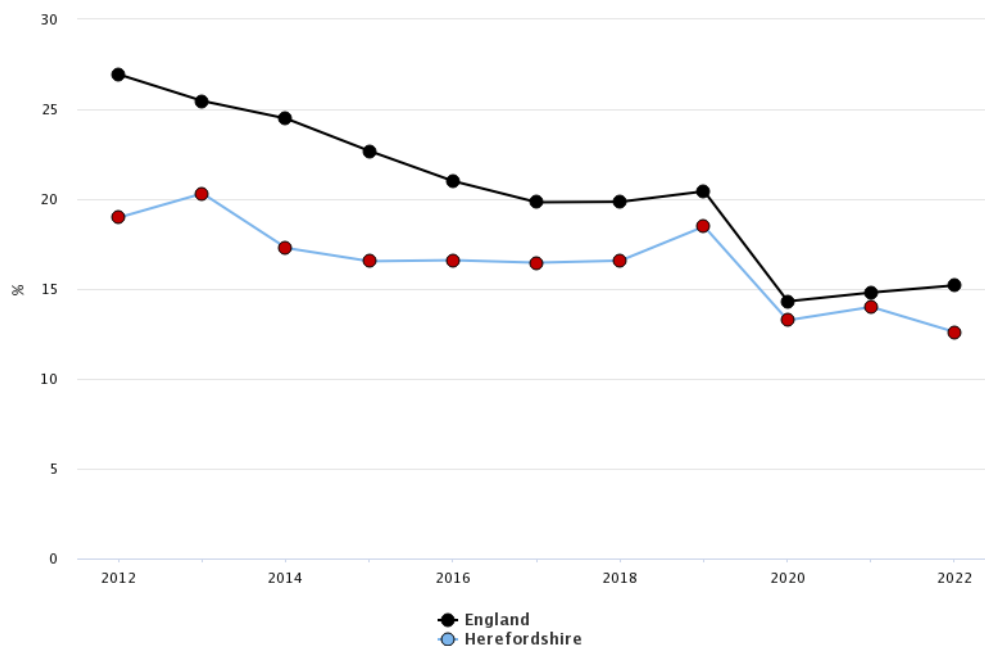
By diagnosing and treating asymptomatic chlamydia infections, chlamydia screening can reduce the duration of infection, which will reduce an individual's chance of developing chlamydia associated complications, and also reduce the amount of time someone is at risk of passing the infection on, which in turn will reduce the spread of chlamydia in the population.

The National Chlamydia Screening Programme (NCSP) promotes opportunistic screening to sexually active young people aged under 25 years. In June 2021, the NCSP changed to focus on reducing the harms from untreated chlamydia infection. These harms occur predominantly in young women and other people with a womb or ovaries - this includes transgender men, non-binary people assigned female at birth, and intersex people with a womb or ovaries.

As chlamydia is most often asymptomatic, a high detection rate reflects success at identifying infections that, if left untreated, may lead to serious reproductive health consequences.

As Figure 19 depicts, the proportion of 15 – 24 year olds screened for chlamydia both locally and nationally is decreasing. In 2022, 12.6% were screened locally compared to 15.2% in England. When comparing to its nearest CIPFA neighbours Herefordshire are one of thirteen counties and unitary authorities who are below the England average (range 9.1% - 14.7%). Only three counties and unitary authorities were above the England average (range 17.1% - 18.1%).

Figure 19 Chlamydia proportion (%) aged 15 – 24 screened in Herefordshire



Source: [Public Health Outcomes Framework \(PHOF\)](#)

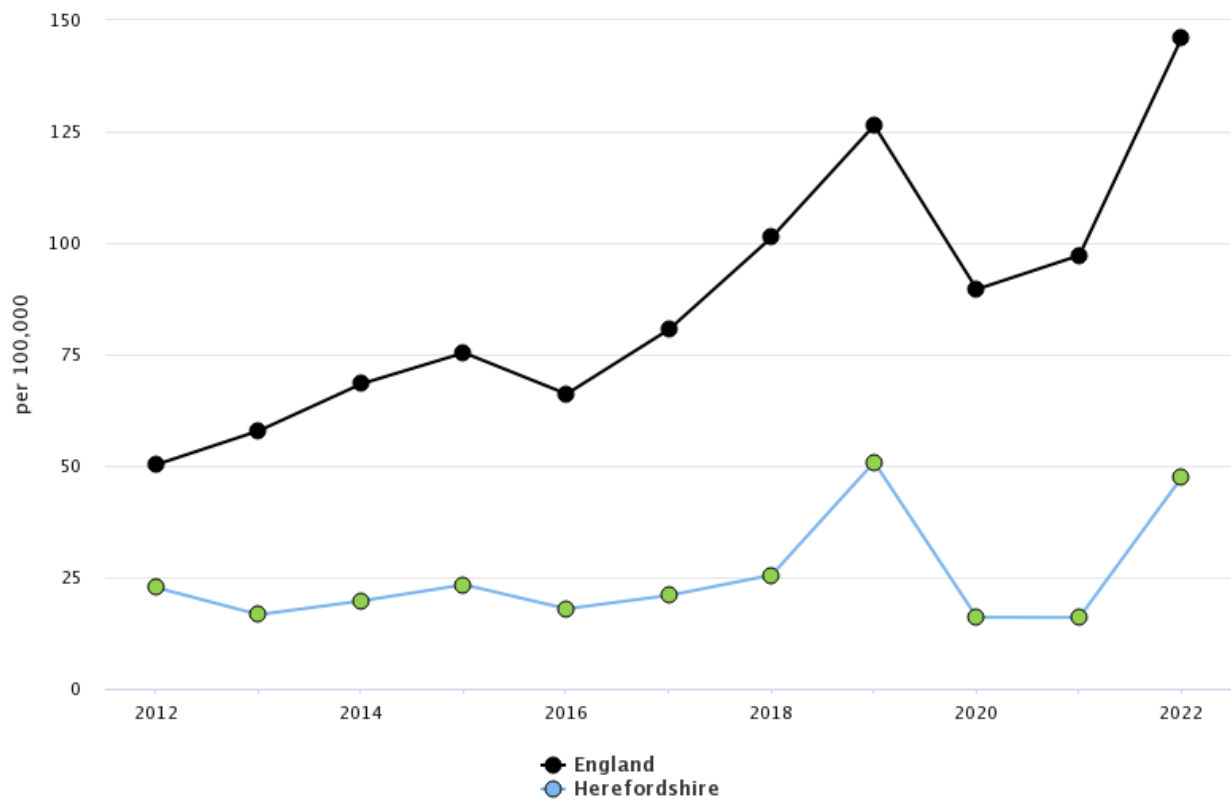
The chlamydia detection rate in 15 to 24 year olds in 2023 in Herefordshire was 1,107 per 100,000 population, this is lower than that of the England average (1,680 per 100,000) and the 2,300 NCSP target. When broken down by sex, the chlamydia detection rate is higher in females (1,554 per 100,000) than males (694 per 100,000 population) locally.

Gonorrhoea

The rank for gonorrhoea diagnoses (which can be used as an indicator of local burden of STIs in general) in Herefordshire was 145th highest (out of 150 UTLAs/UAs) in 2021.

As figure 7 depicts, Herefordshire has consistently mirrored the national trend for gonorrhoea diagnoses. In 2022, the rate per 100,000 was 47 which was better than the rate of 146 in England. A notable decrease was seen locally and nationally in 2021, this coincides with the COVID-19 pandemic and national restrictions.

Figure 20 Gonorrhoea diagnostic rate per 100,000 in Herefordshire



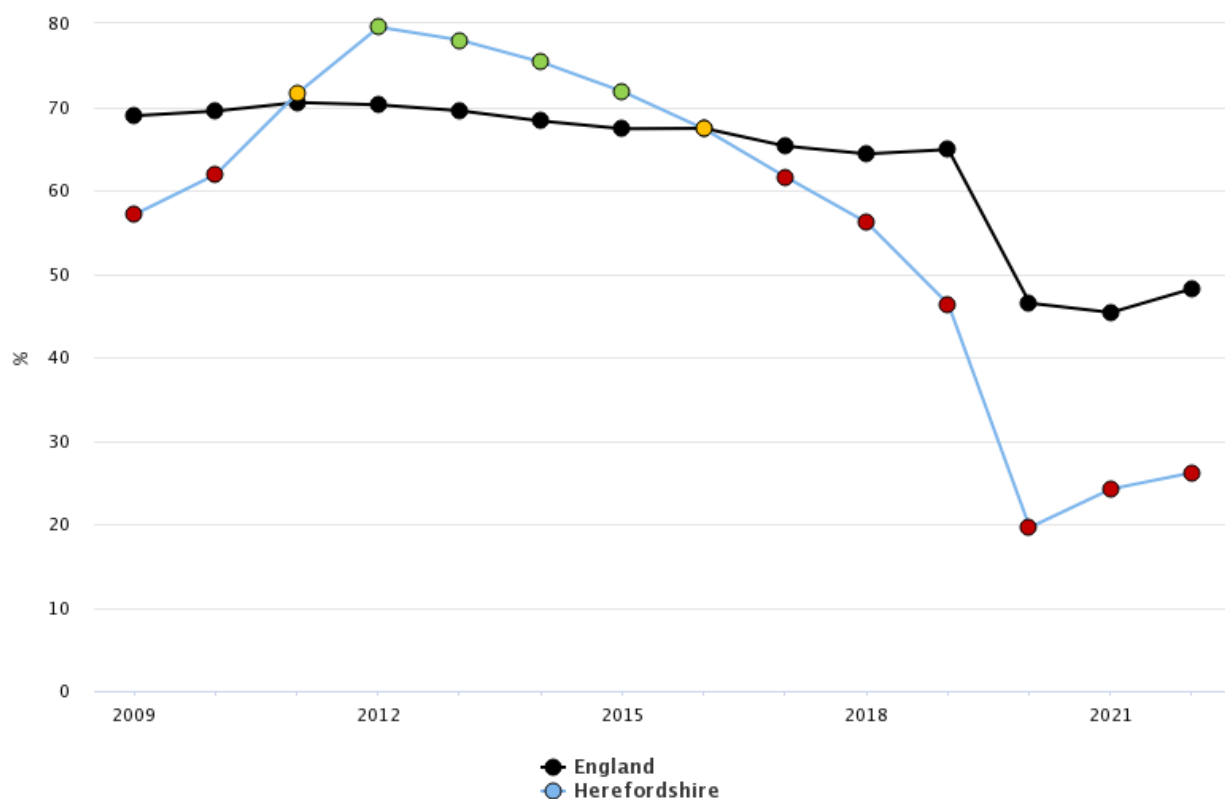
Source: [Public Health Outcomes Framework \(PHOF\)](#)

HIV

HIV testing is integral to the treatment and management of HIV infection. Knowledge of HIV status increases survival rates, improves quality of life and reduces the risk of onward transmission.

As Figure 21 depicts, Herefordshire HIV testing coverage between 2012 – 2019 had been decreasing and getting worse. In 2022, 26.2% of eligible patients in Herefordshire were tested for HIV, this is worse than the England average of 48.2%. When compared to CIPFA nearest 16 neighbours, Herefordshire is the lowest for HIV testing coverage. There is also a notable drop in testing coverage in 2020, this coincides with the COVID-19 pandemic and national restrictions.

Figure 21 HIV testing coverage for Herefordshire sexual health service (SHS) patients, 2009 – 2022.

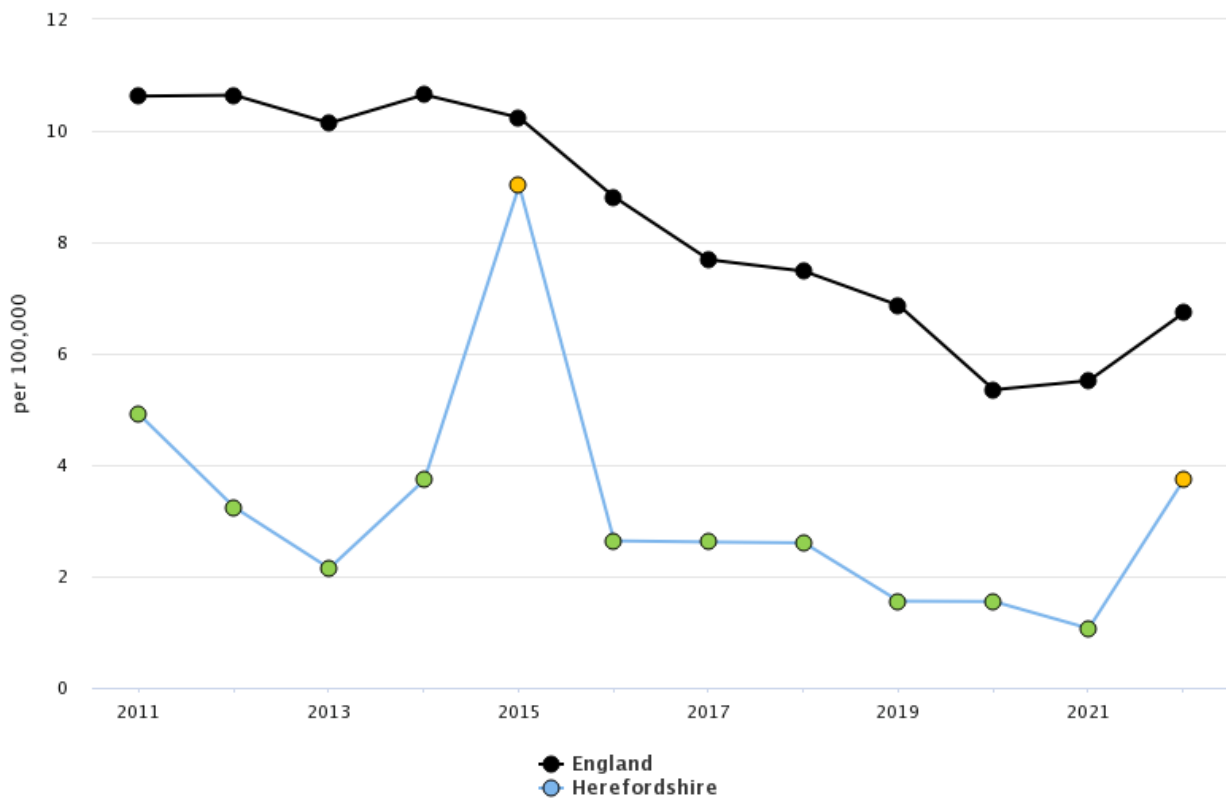


Source: [Public Health Outcome Framework \(PHOF\)](#)

Between 2012 – 2019, HIV testing coverage in women had been slowly decreasing in Herefordshire (76.9%, 2012 – 11.3%). Although, testing coverage increased by 3.7% between 2020 – 2022 (11.3%, 2022 – 15.0%, 2022) it is still significantly lower than the 2022 England average of 38.5%. Coverage has been consistently higher in both men (55.4%, 2022) and gay, bisexual and other men who have sex with men (80.5%, 2022).

As Figure 22 shows, the new HIV diagnosis rate per 100,000 (all ages) in Herefordshire saw a marked increase in 2022. Despite the recent local increase Herefordshire rates is still lower than that of England (6.7 per 100,000, 2022).

Figure 22 new HIV diagnosis rate per 100,000 (all ages) in Herefordshire, 2011 - 2022



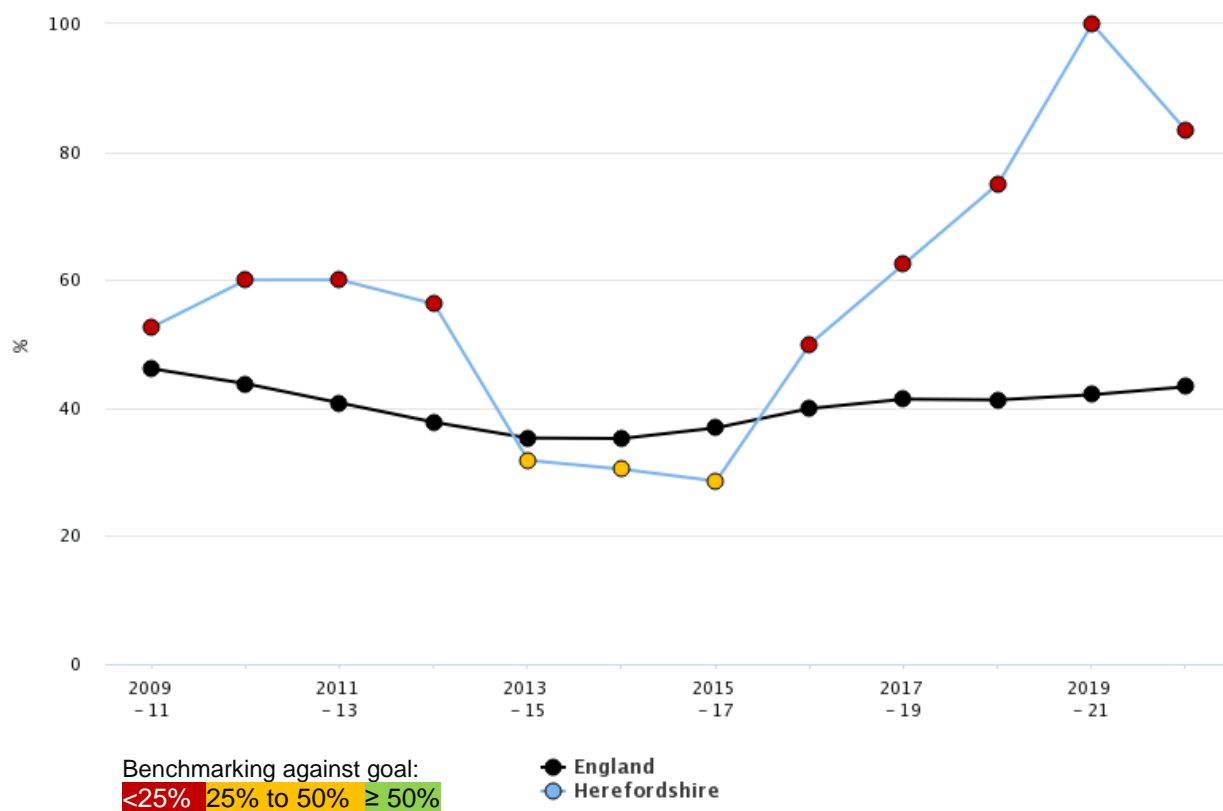
Source: [Public Health Outcomes Framework \(PHOF\)](#)

In Herefordshire, in the three year period between 2019 - 21, the percentage of HIV diagnoses made at a late stage of infection amongst those first diagnosed in the UK (all individuals with CD4 count ≤ 350 cells/mm³ within 3 months of diagnosis) was 100%, similar to 43.4% in England.

Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. Among those diagnosed in England, those diagnosed late in 2019 had more than a 7-fold increased risk of death within a year of diagnosis compared to those diagnosed promptly, and this indicator is essential to evaluate the success of expanded HIV testing.

As Figure 24 indicates, Herefordshire is above the threshold benchmark of $\geq 50\%$ for the percentage of adults (aged 15 years +) with a late HIV diagnosis (newly diagnosed with HIV with a CD4 count less than 350 cells mm³ within 91 days of diagnosis, excluding those with evidence of recent seroconversion).

Figure 23 HIV late diagnosis in people first diagnosed with HIV in the UK for Herefordshire and England, 2009-11 to 2019-21



Source: [Public Health Outcomes Framework \(PHOF\)](#)

Risks

- Recruitment and retention of staff due to Herefordshire's rural location.
- Patient access to sexual health services

Future focus

- Continue to work in partnership with school nursing teams, colleges and Turning Point, in order to raise awareness and promote the sexual health service and its screening offer
- Explore reason for high HIV testing refusal rate
- Explore recent increase in late diagnosis in people first diagnosed with HIV in Herefordshire
- Roll out of a new virtual clinic with a remote working nurse in order to extend patient offer.
- Review of young person's walk in clinic to ensure that service is meeting their needs.

Drugs and alcohol

Summary

- Alcohol use accounts for the highest proportion of individuals seeking treatment locally
- There has been a rise in the number of drug and / or alcohol related deaths in Herefordshire. As a result, the Herefordshire Recovery Service is establishing a new Drug Related Death (DRD) panel
- Future focus includes building better links with GP practices and offering drop-in alcohol clinics and assessments from their premises to aid further referrals and promote the availability of support.

- Exploring and identifying ways to provide earlier intervention to alcohol users before they become dependent, to reduce the risk of them developing liver disease in the future.
- Continuing to provide training for other professionals regarding Brief Interventions, which can support early discussions about motivation to change.

Background

Drug misuse is a significant cause of premature mortality in the UK. Analysis of the Global Burden of Disease Survey 2013 shows that drug use disorders are now the third ranked cause of death in the 15 to 49 age group in England. Nearly one in nine deaths registered among people in their 20s and 30s in England and Wales in 2014 were related to drug misuse. Deaths from drug misuse substantially increased in England in 2013 and 2014, with a 42% total increase over these two years.

The impact of harmful drinking and alcohol dependence is much greater for those in the lowest income bracket and those experiencing the highest levels of deprivation. The reasons for this are not fully understood. People on a low income do not tend to consume more alcohol than people from higher socioeconomic groups. The increased risk is likely to relate to the effects of other issues affecting people in lower socioeconomic groups.

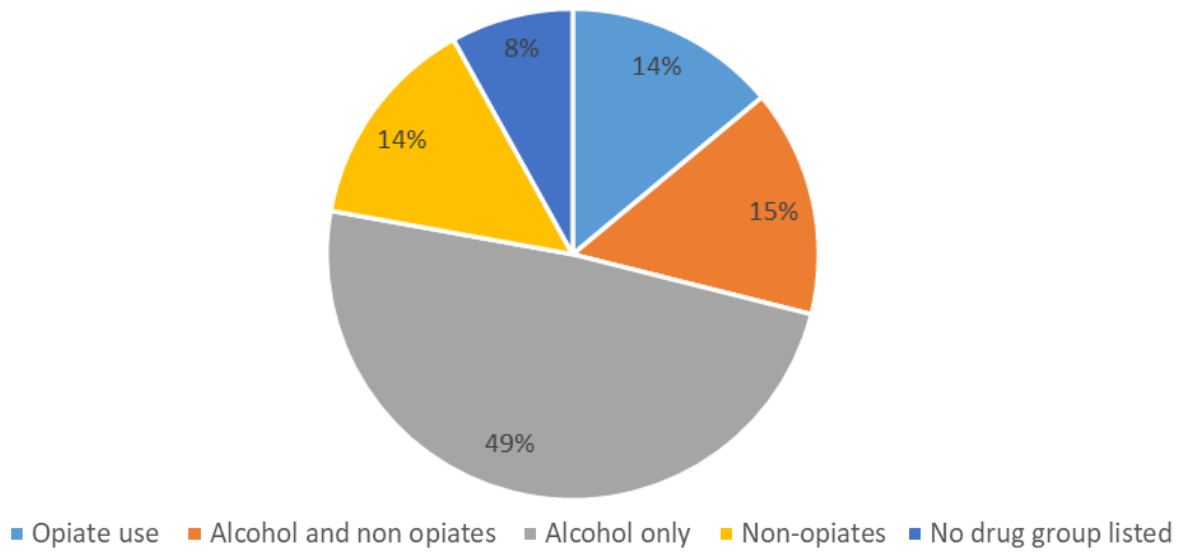
In order to reduce harms, and support people to rebuild their lives from drug and alcohol misuse, Turning Point have been commissioned by Herefordshire Council to provide the Herefordshire Recovery Service. This service provides an integrated drug and alcohol treatment service to people aged 11 years plus. In order to reduce inequalities the service offers support and interventions in community settings across the county.

Performance

During 2022-23 Turning Point had 695 services users referred to them for treatment. Of this:

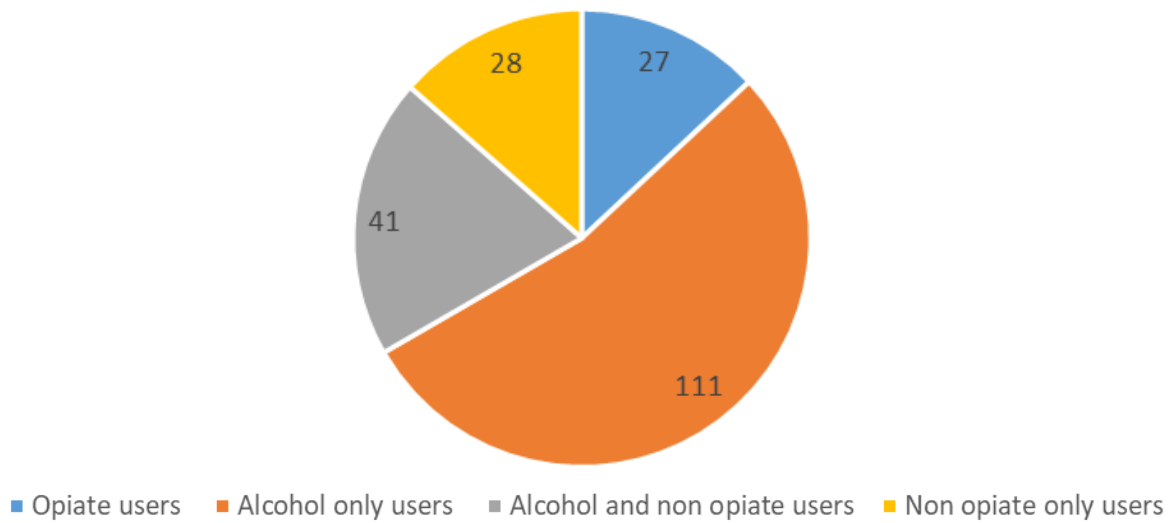
- The majority of these referrals were self-referrals, other referral sources included GP practices, hospitals and mental health services.
- As Figure 24 indicates, the majority of referrals (45%) were related to solely alcohol use.
- The majority of referrals received were for men (64%).
- 65% of those entering structured treatment successfully completed their treatment programme. As Figure 25 indicates, the highest number of completions were seen in alcohol only users.
- Turning point distributed over 200 naloxone kits
- Dispensed over 15,500 barrels, needles, and syringes through their needle exchange programme.
- Completed 365 dry blood spot tests to check for Hepatitis B, C and HIV status.

Figure 24 Percentage of referrals to Turning Point by drug type, 2022-23



Source: Turning Point

Figure 25 Number of Turning Point service users successfully completing drug treatment, by drug type, 2022-23

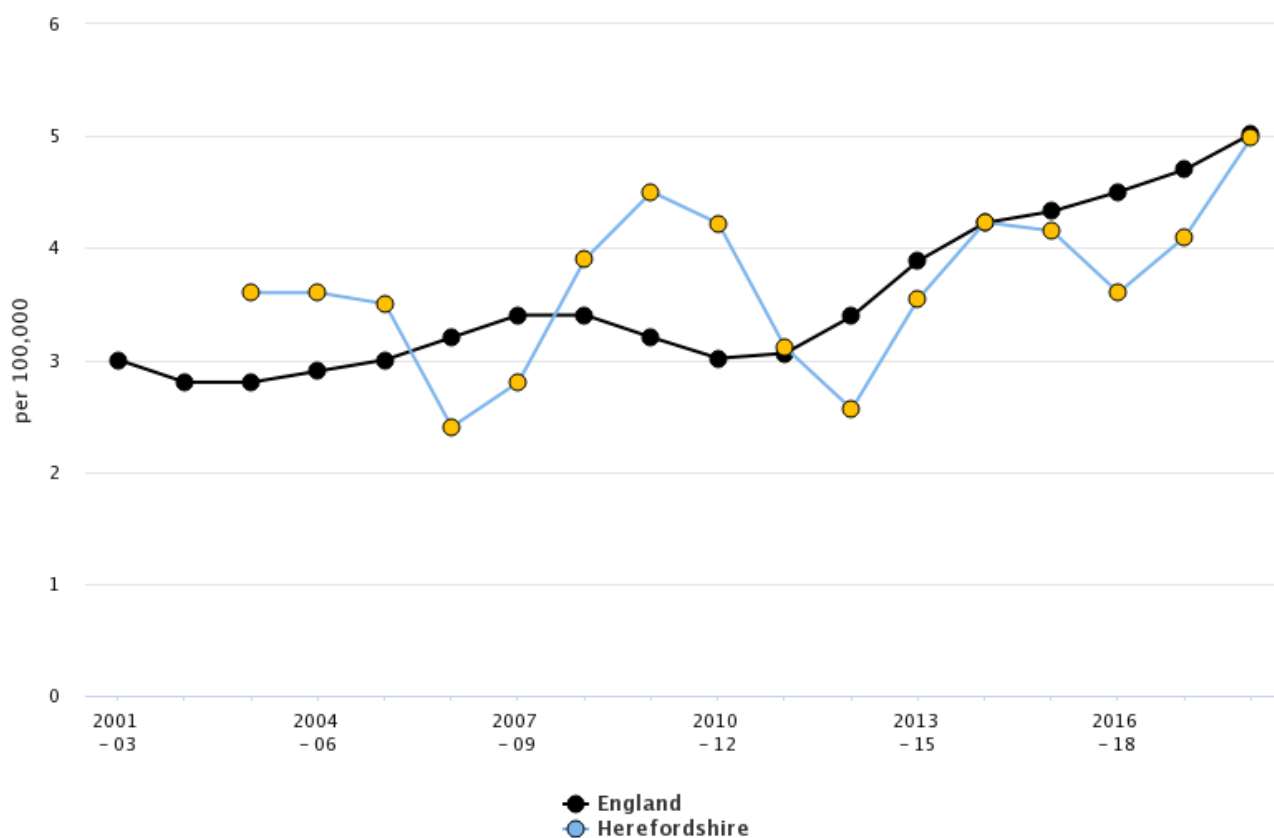


Source: Turning Point

As

Figure 26 indicates, latest data shows that drug related deaths in Herefordshire were the same rate as England (5.0 per 100,000 population) for the period 2018 - 20. 2018-20 marked the highest rate of deaths in Herefordshire since records began in 2003.

Figure 26 Deaths from drug misuse in Herefordshire (per 100,000 population), 2001-03 to 2018-20



Source: [Public Health Outcomes Framework \(PHOF\)](#)

During 2022-23 Turning Point service data identified 11 deaths which could be linked to drug or alcohol use. The majority of these deaths were linked to liver disease.

Locally, reducing drug and alcohol related deaths remains a priority. Turning Point are currently in the process of establishing a Drug Related Death (DRD) Panel, which will draw various agencies together to review drug related deaths in the county and ensure that learning is shared, which changes to local procedure where necessary. The panel will also support the roll out of additional harm reduction messages to key agencies, this includes naloxone training to prevent avoidable

opiate overdose, and champion for improvements in health inequality. The process will also include a 72-hour investigation period for all service user deaths, followed by a 60-day report where appropriate. So that any learning and service improvement actions can be shared and implemented.

The service also utilises a risk assessment process in line with their national governance framework, which supports staff to review static and dynamic risks, including overdose risk, suicide risk and deterioration of health. The service has several Multi-Disciplinary Team (MDT) pathways to review risk and discuss clinical treatment plans for dependent drinkers, injecting heroin users, those currently pregnant, and people with severe or enduring mental health issues.

Achievements

- Robust pathway in place with Hepatology where positive service users can be referred for hepatitis C treatment.
- Delivered a recent event in partnership with the Hepatitis C Trust to offer rapid-result testing for people at risk of infection
- Working towards micro-elimination of Hepatitis C within the county by providing hard to reach groups with regular testing events, incentivised testing, peer to peer support, targeted testing activity and opportunistic in service and at other services.

Future focus

- To build links with GP practices and offer drop-in alcohol clinics and assessments from their premises to aid further referrals and promote the availability of support.
- Explore and identify ways to provide earlier intervention to alcohol users before they become dependent to reduce the risk of them developing liver disease in the future.
- Explore and scope the offer of wider harm reduction advice to prevent other impacts of alcohol use, including societal risks i.e. domestic violence and offending behaviour).
- Continue to provide training for other professionals regarding Brief Interventions, which can support early discussions about motivation to change.
- Continue to work towards micro-elimination of Hepatitis C within the county.
- Preparing to deliver a pilot of Buvidal (prolonged-release Buprenorphine injection), which will initially include 10 service users, including those who we struggle to engage, those who are classed as 'stable' (i.e. working full-time), and those who live in more remote areas and are unable to access pharmacies daily. Previous pilots of this scheme in other areas have shown positive results, with people who may otherwise not have successfully engaged with Opiate Substitute Treatment (OST) being able to maintain engagement and stabilise their substance use.
- Identify and explore opportunity to provide service users with seasonal flu vaccination.

Tuberculous (TB)

Summary

- Herefordshire continues to be a low incidence area for TB, averaging between zero and six cases per year since 2000.
- This poses resilience and efficiency challenges for the specialist TB service locally in prevention and response
- Nationally and locally TB vaccine is not routinely offered, but continues to be provided on the NHS when a child, or adult, is thought to have an increased risk of coming into contact with TB. This was the case for 63 individuals in 2021-22, down from 144 a year earlier.

Background

Tuberculosis, also known as TB, is an infectious illness caused by the airborne bacteria *Mycobacterium Tuberculosis*. It is spread through inhaling tiny droplets from the coughs or sneezes of an infection. TB mainly affects the lungs however it can affect any part of the body, including the glands, bones and nervous system.

Pulmonary TB, in which TB which affects the lungs, is the most contagious type. However, it usually only spreads after prolonged exposure to someone with the illness, for example within family members who live in the same household.

Although it is a serious condition it can usually be cured with prompt and proper treatment.

- A person with TB can infect up to 10-15 other people per year but once diagnosed and started on treatment the majority of persons are considered no longer infectious after just two weeks of taking medication.
- If left untreated it can be life threatening – about 1 in 20 patients with TB die each year in England.

In Herefordshire, TB services are provided by Wye Valley NHS Trust based at the County Hospital. They provide a specialist service to manage and support patients with active and latent TB infections, their services include:

- contact tracing and screening for close contacts of both human and Bovine Infection
- early detection and treatment of active and latent TB through contact, immigrant and diagnostic screening
- diagnostic investigations inclusive of assessment, chest x-ray, Mantoux (skin test), sputum and T-spot blood test
- telephone advice for health professionals and the public
- treatment initiation, monitoring and supervision for adherence and adverse drug reactions
- a comprehensive, tailor made daily video observed treatment programme
- pre-treatment assessment, testing and counselling
- BCG vaccinations to selected pre-school and adult high risk groups
- health promotion and education in order to raise awareness of TB

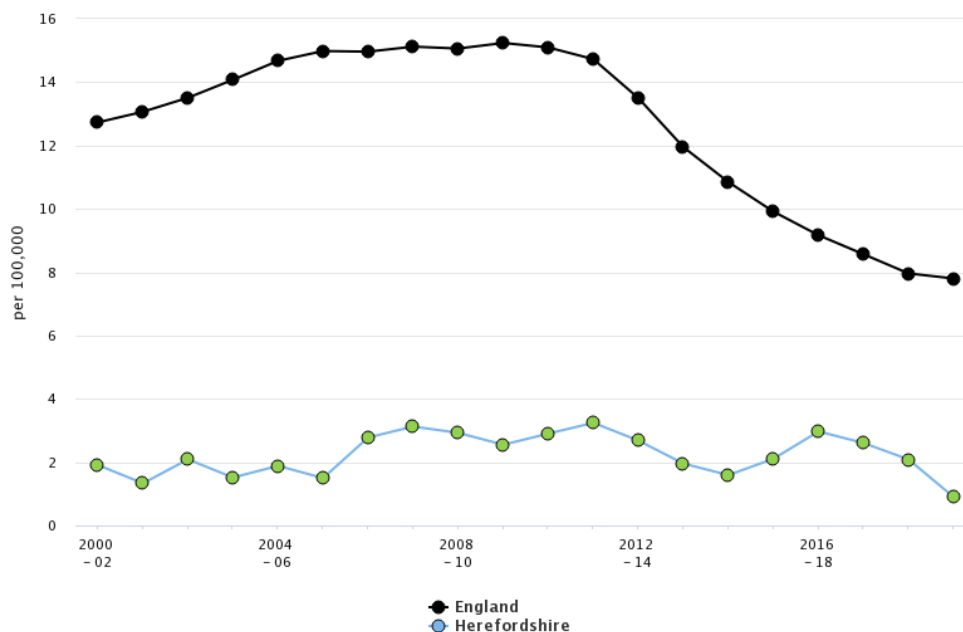
Surveillance

TB continues to be a major cause of disease and death worldwide, being the second leading infectious killer after COVID-19. It is estimated that 10.6 million people became ill with TB and an estimated 1.6 million TB related deaths in 2021 (according to the [WHO Global tuberculosis report 2022](#)).

The UK is considered a low incidence country (country with an estimated incidence rate less than 40 per 100,000). In England, the highest rates of TB remain concentrated in large urban areas. For example London alone accounted for 35.5% of cases in 2021.

As outlined in Table 10, Herefordshire continues to have a low incidence rate of TB. Herefordshire has seen a steady decline in cases since 2016-18 and had the lowest incidence rate recorded at 0.9 per 100,000 population in 2019-2021.

Table 10 TB incidence (three year average) for Herefordshire



Source: [Public Health Outcomes Framework](#)

Although Herefordshire is a low TB incidence rate area this creates several challenges, this includes:

- small TB workforce which is therefore impacted by leave, sickness and patient capacity
- limited cross over / surge capacity
- lack of resources due to small number of cases
- resources for incident management are less available as it's a rare event
- difficulties in commissioning an appropriate specialist service due to very small numbers
- little support for complex case management or management of TB outbreaks
- succession planning

Health inequalities

TB is also strongly associated with deprivation. Certain groups are disproportionately affected by TB and this under-served population includes:

- ethnic minority groups
- refugees and asylum seekers
- migrants
- those with a history of or current homelessness
- those with a history of or current imprisonment
- those with a history of or current drug or alcohol misuse
- people who are immunocompromised

TB patients with social risk factors have a greater potential for infecting others, have poorer treatment completion as well as a greater risk of having drug resistance. There is significant regional and local variation in rates of TB in England, depending on population characteristics, socioeconomic factors and level of local risk.

People living with HIV are PLHIV are 18 (15–21) times more likely to develop active TB disease than people without HIV. TB remains the leading cause of death among people living with HIV (PLHIV). In 2019, TB accounted for an estimated 30% of the 690 000 AIDS-related deaths in the world. These 208 000 deaths represented approximately 15% of the 1.4 million TB deaths that year.

As Table 11 indicates, due to Herefordshire being a low incidence area data is routinely suppressed for the proportion of TB cases who are routinely offered a HIV test. 2018 is the only period in which data is publically available. In 2018, 87.5% of TB cases were offered a HIV test, although this is lower than England by 9.2% it is not significantly different to the England average.

Table 11 Proportion of TB cases offered an HIV test in Herefordshire

Period	Benchmark	Herefordshire		England
		Count	Value %	Value %
2012		7	Supressed <5	93.2%
2013		Supressed <5	Supressed <5	93.6%
2014		Supressed <5	Supressed <5	95.4%
2015		Supressed <5	Supressed <5	96.3%
2016		Supressed <5	Supressed <5	97.0%
2017		Supressed <5	Supressed <5	96.5%
2018	●	7	87.5%	96.7%
2019		Supressed <5	Supressed <5	97.6%
2020		Supressed <5	Supressed <5	97.4%

Benchmark = ● Better 95% | ● Similar | ● Worse 95%

Source: [Public Health Outcomes Framework \(PHOF\)](#)

Bacillus Calmette-Guérin (BCG) immunisation

The Bacillus Calmette-Guérin vaccine, or BCG as it is more commonly known, is a vaccine which helps provide protection against the most severe forms of TB, such as TB meningitis in children.

The BCG vaccine is no longer given as part of the routine NHS vaccination schedule. Since 2005 the BCG vaccine is only provided on the NHS when a child, or adult, is thought to have an increased risk of coming into contact with TB. Examples of increased risk include:

- i. children who have a parent or grandparent who was born in a country where there's a high rate of TB
- ii. children who have recently arrived from countries with high levels of TB, including those in Africa, the Indian subcontinent, parts of southeast Asia, parts of South and Central America, and parts of the Middle East
- iii. children who will be living with local people for 3 months or longer in countries with high rates of TB
- iv. children who live with, or are close contacts of, someone with infectious TB

In addition to this selective approach all infants (0 to 12 months old) living in an area where the incidence of TB is greater than 40 per 100,000 should be offered BCG vaccine. Due to large cross boundary movements a universal vaccination offer is in place across all London boroughs, regardless of TB incidence.

As Herefordshire is a low TB incidence area it provides a risk based BCG programme. As Table 12 indicates, 63 children received the BCG vaccine in 2021-22. This demonstrates a marked reduction in when compared to previous years for which there is available data.

Table 12 Number of children in Herefordshire who were vaccinated for BCG by their first birthday by year

Year	Number of children vaccinated
2019 – 2020	127
2020 – 2021	144
2021 – 2022	63

Source: [Public Health Outcomes Framework \(PHOF\)](#)

Environmental hazards to health, safety and pollution control

Summary

- COVID had a significant impact on the delivery of Environmental Health services. As a result a COVID-19 recovery plan was successfully implemented.
- There has been a small reduction in the number of reportable accidents and incidents and in year health and safety visits conducted by Environmental Health in 2022/23.
- Food premises with a food hygiene rating score at 3 (satisfactory) or above have remained consistently high (2022/23, 98.2%)
- Herefordshire has a high number of poultry farms and processing facilities, increasing its risk of avian flu outbreaks. There were four such avian flu outbreaks requiring environmental health visits in 2021/22, including to ensure biosecurity measures were in place.

Background

One of Herefordshire Council's most important roles is helping to protect the people of Herefordshire from threats to their safety and health.

Environmental Health and Trading Standards regulation fulfils a number of key public policy objectives, including public protection, fair business competition and environmental stewardship. The environmental health contribution to public health and health improvement span:

- community support and community development,
- economic, social and environmental regeneration,
- housing and planning,
- availability of wholesome drinking water supplies,
- quality and availability of safe and nutritious food supplies and support for local food production,
- prevention of accidents and injuries,
- control of infectious diseases,
- noise, pollution and the management of air quality and nuisances,
- control on the use of contaminated land, and occupational health and safety, and the achievement of workplace standards

Surveillance

Food safety:

Food inspections, in hotels and cafes as well as hospitals and schools, have as their primary purpose the protection of the public. Public information schemes such as "Scores on the Doors" are managed by Environmental Health, to provide information about food hygiene that enables all consumers to make informed choices. Officers from environmental health carry out food hygiene interventions either six monthly, annually, every 18 months, every two years, or every three years depending upon the risk assessment.

Last year's COVID-19 recovery plan was successful in targeting the highest risk food premises, and maintaining public safety. In 2022/23, 282 high risk food inspection (A-C) were undertaken together with 374 lower risk inspections (Ds) and 291 interventions through the alternative enforcement strategy. The percentage of food premises with a food hygiene rating score at 3 (satisfactory) or above remained consistently high at 98.2% by end of year.

In 2022/23 Herefordshire Council were involved in the School Food Standards compliance pilot project. The project delivered by Environmental Health food inspectors and Public Health has given

insight into what's happening nutritionally in schools today and identified additional support needed to drive positive change in the school food system.

Occupational health and safety:

People are entitled to assurance that employers are complying with proportionate and risk-based safeguards to prevent deaths, serious injuries and industrial diseases in the workplace. It is through regulation of occupational health and safety legislation that Environmental Health intervene to reduce the number of personal tragedies, accidents and ill health as far as reasonably practicable. Promoting healthier lifestyles and safer workplaces is a key strand of improving public and environmental health. Providing advice for the safe operation of sports and leisure activities are at the forefront of protecting people from possible harm, particularly in the summer months.

In 2022/23, Environmental Health reviewed and investigated 74 reportable accidents and incidents (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) in accordance with the HSE enforcement management model. There were also 24 in year health and safety visits (in accordance with LAC 67/2 (rev6)). When compared to the previous year there was a small reduction in both the number of reportable accidents and incidents which were reviewed (n=82 in 2021/22) and the number of health and safety visits (n=34, 2021/22).

Private water supplies

Clean water is fundamental to human health and well-being. Whether it is used for drinking, cooking, washing or recreation, we all expect our water to be safe. If it is not, micro-organisms can cause health problems, ranging from a mild stomach upset, to a serious illness such as cryptosporidiosis and chemicals can additionally cause poisoning.

Environmental Health protect water quality with a particular focus on private water supplies. Where quality standards fall below those required, the service works with the water providers to minimise risks to health. Herefordshire has one of the largest number of private water supplies in the UK. It is estimated that between 5 and 10 percent of Herefordshire's population use a private water supply for domestic purposes. Key activity and interventions undertaken include:

Activity / intervention	2021/22	2022/23
Number of private water supply samples taken	325	388
% of resampled supplies passed chemical and / or bacteriological parameters, demonstrating an improvement in the supply	76.7%	81.8%
DWI private water supply risk assessment reports completed	29	45

Environmental protection

There is growing public awareness of the science linking our physical environment and human health. The air we breathe, the water essential for so much of our daily routine, the noise we are exposed to, the land we build on and cultivate - all can affect our health.

Air pollution is associated with a number of adverse health impacts. It is recognised as a contributing factor in the onset of heart disease and cancer. Additionally, air pollution particularly affects the most vulnerable in society: children and older people, and those with heart and lung conditions. The annual health cost to society of the impacts of particulate matter alone in the UK is estimated to be around £16 billion.

In Herefordshire, there are two Air Quality Management Areas (AQMA's) declared due to levels of NO₂ exceeding national standards (40µg/m³). The AQMAs cover parts of the A49 Road through Hereford and the Bargates Road junction in Leominster.

In 2022, the ratified continuous monitored NO₂ annual mean concentration was 31.0 µg/m³ in the Hereford AQMA. From 2021 to 2022 the nitrogen dioxide levels at this site decreased by 2 µg/m³.

NO₂ is also measured at 15 locations in the AQMA using passive diffusion tubes. This is an indicative method which is less accurate than the continuous monitor. The maximum concentration measured using diffusion tubes in the Hereford AQMA was 33.3 µg/m³.

NO₂ concentrations in the Bargates AQMA are monitored at five locations. The highest annual mean concentration in 2022 was 36.4µg/m³ (site 61b, 35 Bargates, Leominster). From 2021 to 2022, the nitrogen dioxide levels at this site decreased by 1.4µg/m³.

During the summer months of 2022, Environmental Health again successfully ran an out of hours noise nuisance service providing late night community support at weekends, up to and including the August Bank holiday.

Key activity and interventions undertaken include:

Activity / intervention	2021/22	2022/23
Air quality monitoring systems (AQMS) in the Leominster and Hereford AQMA	Funding allocated to commission system	Systems introduced
Number of environmental protection service requests received and actioned	2576	2634
Number of environmental protection planning consultations received and actioned	763	593

Housing

Environmental health practitioners, working with social landlords, social care providers and housing action trusts are responsible for the regulation of housing standards, e.g. in relation to fitness for human habitation and standards for houses of multiple occupation (HMO).

Key activity and interventions undertaken for 2022/23 include:

- 611 housing standards enquires received and actioned
- 76 HMO inspections completed
- 77 HMO self-certifications completed
- 78 single family dwelling inspections completed
- 75 housing notices served
- 16 houses in multiple occupation licenced

Regulatory response to COVID-19

During 2021/22 officers across Environment Health and Trading Standards (EHTS) continued joint patrols with West Mercia Police to deliver reassurance patrols, which operate in the daytime and on Friday and Saturday nights for the licensed trade.

This continued until restrictions were lifted in the summer of 2022. The Trading Standards intelligence officer was embedded with the police at Hereford police station, assisting joint working and coordination between the council and police to provide a shared and unified regulatory response.

Working with the police, EHTS officers patrolled known hotspot areas in the city and market towns that were reported or known to be areas of social gatherings or non-compliant retail, including restaurants and hospitality businesses disregarding the government's legislative controls in relation to the pandemic.

Key activity and interventions undertaken for 2021/22 were:

- responding to 158 requests for CV19 advice,

- responding to 103 CV19 complaints,
- undertaking 226 patrol visits where the target was deemed to be compliant, and
- undertaking 30 patrol visits where the target was deemed to be non-compliant and taking appropriate enforcement action.

Trading standards interventions

Trading Standards continue to support and promote strategies and practices to address passive smoking targets by contributing to the enforcement of no smoking policies in workplaces and public spaces, and the use of proof-of-age cards.

Data for 2022/23 is currently unavailable however key activity / interventions undertaken in 2021/22 includes:

- Enforcement activity saw over 135,000 illegal cigarettes and 32kg of hand rolling tobacco seized from premises in Herefordshire which were being sold on the black market. The value of these products combined were circa £94,000.
- All of the individuals involved in the supply and sale of the illegal tobacco products were charged with multiple offences at both Magistrates' and Crown court. Due to the delays in the court system due to Covid, these cases were pushed back well beyond 2021/22
- A number of multi-agency operations saw problem premises closed under the Anti-social Behaviour, Crime and Policing Act 2014. Cash seizures of over £5000 were made for concealed cash linked to illegal tobacco supply
- Impacts from COVID as above

Animal health

Animal health is important because major outbreaks of diseases, particularly on livestock farms can have the following implications:

- Serious welfare problems for affected animals
- A huge effect on business and the economy
- Certain diseases can be passed on to the human population e.g. avian influenza, foot and mouth, swine fever, rabies.

Preparedness and responses for emergency outbreak control work for potentially zoonotic animal health diseases are therefore extremely important.

Data for 2022/23 is currently unavailable however key activity / interventions undertaken in 2021/22 includes:

- 225 Animal welfare complaints were responded to
- 285 Animal health compliance checks were carried out over and above the welfare complaints
- 4 Avian flu outbreaks were responded to with all premises within a 3 kilometre radius of the infected premise were visited to determine if any birds were kept at the property, advise any bird keepers of the outbreak and to ensure biosecurity measures were in place and the birds were kept inside as per the legislation to prevent further spread of the disease.
- 2 farmers were banned from keeping livestock for life due to not providing suitable environment and unnecessary suffering.