



Health Protection Assurance Forum Annual Report 2025

Report authors:

Sophie Hay, Public Health Lead for Health Protection and Sexual Health
Badri Padmanabhan, Interim Consultant in Public Health Medicine

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Executive Summary

Background

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 Herefordshire residents.

The purpose of this report is to update the system partners and the Herefordshire Health and Wellbeing Board on health protection system performance, achievements, and risks for 2025, as well as areas of development for 2026.

This report considers the following key domains of health protection:

- Communicable disease control – outbreaks and incidents
- Population screening programmes
- Population immunisation programmes
- Drugs and alcohol
- Sexual health
- Tuberculosis (TB)
- Environmental hazards to health, safety and pollution control
- Emergency planning

Although this report contains the latest available data set for each of the key health protection domains, it is important to note that due to variations in data collection periods and data cleansing processes, there may be a time lag, or delay, in receiving up-to-date data.

Findings

Herefordshire generally performs well in most areas of health protection and as a system it remains stable. A summary of key findings from within this report are listed below.

Key achievements include:

- Auditing the local health protection system against the ADPH Quality Improvement Framework for Health Protection, better known as 'what good looks like'. Herefordshire was successful in fully meeting 98 out of 105 standards.
- The number of outbreaks and incidents of infectious disease in Herefordshire remains stable. They have been well managed by the UK Health Security Agency (UKHSA) and by Herefordshire & Worcestershire Integrated Care Board (H&W ICB) who facilitate the development of local diagnostic and outbreak management pathways.
- Herefordshire NHS screening programmes continue to perform well. 4 out of the 7 NHS population screening programmes (bowel, breast, cervical in 25 – 49 years and abdominal aortic aneurysm) have seen an increase in coverage compared to the previous reporting period.
- Overall, Herefordshire immunisation programmes continue to perform well. Herefordshire is amongst the highest for pre-school vaccination and human papillomavirus (HPV) in the Midlands.
- Harm reduction continues to be a key public health intervention in drug and alcohol services. In 2024-25 over 14,000 needles, barrels and syringes were dispensed through the face-to-face needle and syringe programme.
- The number of new sexually transmitted infection (STI) diagnoses among people accessing sexual health services in England remains low and stable locally. Herefordshire remains to be significantly lower than the England average.
- Herefordshire continues to have low incidence of TB (incidence has remained below 4 per 100,000 population for over twenty years). Cross border working with Wales, Gloucester

and Worcester continues to work well; ensuring patients living out of catchment but who are registered with Herefordshire GP receive optimum management of their TB infection.

- The Environmental Health service has continued to support local health protection through proactive regulation, partnership working, and timely service delivery in the county.
- The emergency planning team continue to discharge Herefordshire Council's responsibilities under the Civil Contingency Act 2004 so that the local authority can respond to, and recover from, emergencies and significant incidents affecting Herefordshire.
- Development of Herefordshire Council 2025 air quality annual status report

Key challenges, risks and learning identified:

- Nationally and locally, potential outbreaks of measles and other vaccine preventable diseases remain a risk and concern in those who are not fully vaccinated.
- Despite a slight increase in uptake in the 25 – 49-year-old cervical screening programme (0.9% in 2024) coverage for this programme and the 50 – 64-year-old group is declining mirroring the national trend. Nationally, a new personalised approach to cervical screening is being developed to increase uptake in the 25 – 49 age group, varied initiatives are being developed including using the NHS app to send invitations and reminders, extending the screening interval from 3 years to 5 years in those who test negative for the human papillomavirus (HPV) and offering human papillomavirus (HPV) self-sampling kits to those who have not presented to services for cervical screening.
- Although Herefordshire is a top performing county for COVID-19 vaccination, there is a notable decline in the number of eligible patients coming forward for vaccination.
- Specific areas of sexual health where Herefordshire does less well include syphilis, HIV and proportion of 15 – 24-year-olds screened for chlamydia.
- Referrals into Turning Point (Herefordshire drug and alcohol service) continues to increase (increase of 16% in 2024-25). Alcohol accounts for the highest proportion of people seeking treatment.
- The number of deaths from drug misuse (persons) increased from 6.6 per 100,000 in 2020-22 to 7.6 per 100,000 in 2021-23, males remain disproportionately affected. Several strategic actions and initiatives including primary and secondary interventions have been undertaken to reduce drug related deaths in the county.

Key areas of future focus

Communicable disease control – outbreaks and incidents

- Continue collaboration with Herefordshire Council and its partners in preventing, and responding to, outbreaks and incidents of infectious diseases, chemical, biological, radiological and nuclear events and other health threats.
- Continue to support the implementation of UKHSA's strategic priorities, goals and vision as set out within UKHSA's 2023 to 2026 strategic plan.
- Herefordshire health protection system partners to address, and work towards, meeting the 7 standards which were either not met, or partially met, within the Herefordshire health protection system audit.

NHS population immunisation programmes

- Support the roll out, and raise awareness of, upcoming changes to pre-school childhood immunisation programmes which are due to commence in July 2025 and January 2026.
- Roll out the mpox and gonorrhoea vaccination for eligible higher-risk groups available from August 2025.
- At a national level, continue to improve data quality, granularity and data flows around vaccinations.
- Increase flu vaccination in the health and social care workforce in 2025-26 season.

NHS population screening programmes

- Continue to improve the uptake of screening programmes, especially those which are below coverage targets
- Support the roll out of upcoming changes to NHS cervical screening provision through local promotion.
- Secure a convenient and easily accessible screening site to locate mobile breast screening services in Hereford City.

Drugs and alcohol

- Increase the provision of Hepatitis B vaccination within Turning Point. Healthcare assistants will focus on injecting drug users presenting and ensuring that they are making every contact count.
- Continue to improve access to psychosocial provision across the county with workshops available to support all relevant people
- Continue to build on the drug and alcohol outreach treatment offer through the recruitment and appointment of a new part time outreach Health Care Assistant.
- A number of strategic actions and initiatives have been undertaken to reduce drug related deaths in the county; this includes but is not limited to:
 - Establishment of a Drug Related Death (DRD) panel in 2023
 - Quarterly multi-agency case reviews to coordinate responses
 - Ongoing collaboration with Local and Regional Community Drug Partnerships (CDPs)
 - Expansion of Naloxone provision, including distribution to service users and frontline professionals (Probation, Police, Solicitors). Nixoid nasal spray is now available locally and suitable for use with young people.
 - Integration with the Complex Lives Strategy, including proactive use of Complex Adult Risk Management (CARM) and practitioner training on fluctuating mental capacity

Sexual health

- To review, and redesign, primary care based Long-Acting Reversible Contraception (LARC) provision for contraception purposes. A new offer is to be operational from 01 April 2026.
- Develop plans to deliver the new gonorrhoea and mpox vaccines from 01 August 2025.

Tuberculosis (TB)

- Complete a cohort review by end of quarter 3 in 2025/26.
- Partners and commissioning organisations to implement findings from the Getting It Right First Time (GIRFT) Report

Environmental hazards to health, safety and pollution control

- Implement priorities as set out within the Environmental Health and Trading Standards Service's 2025/26 business plan. These priority areas include proactive inspections; timely service delivery; digital transformation; air and water quality; tobacco and vape controls, CCTV and public protection and education and licensing enforcement.

The health protection assurance forum will monitor the performance and implementation of the above actions through quarterly partnership meetings. Outcomes will be reviewed and reported upon in the 2026 health protection annual report.

Communicable disease control – outbreaks and incidents

Update and performance summary

The UK Health Security Agency is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats. They are the lead responsible agency in risk assessing, and managing, all cases and outbreaks of notifiable disease. UKHSA will work closely with the local authority and its partners to provide a collaborative and cohesive response to incidents and outbreaks.

To ensure that the local authority and its partners are aware of incidents and outbreaks of communicable disease, UKHSA provides a quarterly report to the Health Protection Assurance Forum. This provides surveillance data provides an overview of disease and identifies if there are any diseases, or settings, which are above any exceedance thresholds.

Between January 2024 – December 2024, UKHSA received a total of 96 reports of outbreaks / incidents of infectious disease, this consisted of:

- A small rise in the number of outbreaks in care homes between August – October 2024. Causes included a variety of infections including acute respiratory infections (ARI), norovirus, scabies, 'flu, food poisoning and COVID-19, hence this rise cannot be explained by one infection outbreak.
- An increase in Hepatitis C diagnoses from 2023-24 from seven to 28. There have been 22 cases this year, showing a similar pattern to 2024.
- E. coli O157 cases doubled in 2024, though now these have now decreased.
- A significant rise in whooping cough (pertussis) cases associated with the national outbreak in 2024.
- Low TB cases numbers. TB case numbers remain low with seven and six cases in 2023 and 2024 respectively. There have been no cases this year to date.
- A full overview of incidents reported to UKHSA in 2024 can be found in Table 1 and Table 2.

Table 1 summary of all incidents and outbreaks in Herefordshire reported to UKHSA Health Protection Team by infection in 2024

	Acute respiratory infection	COVID-19	Influenza	Avian influenza	Norovirus	Streptococcus Group A (non invasive)	Other**	Total
Total	<5*	16	13	<5*	17	9	36	96

Source: UK Health Security Agency

* Figures <5 are suppressed

**Bordetella spp, Brucellosis, Chemical contamination, CPE, E. coli unspecified, Fire, Flooding, Food Poisoning, HFMD, Lead, Measles virus, M.Bovis, Pertussis (Whooping cough), Respiratory Tract Infection, Scabies

Table 2 summary of all incidents and outbreaks in Herefordshire reported to UKHSA by setting in 2024

Contextual setting	Total number of reports
Care home	34
Community	<5*
Day care	<5*
Hospital	18
Hotel	<5*
Household	<5*
Leisure & community venue	<5

Nursery	6
Other	11
School	17
Workplace	<5
Total	96

**Figures <5 are suppressed*

Source: UKHSA West Midlands Health Protection Team

Achievements

- In 2025, Herefordshire conducted an audit of the local health protection system using the ADPH Quality Improvement Framework for Health Protection, better known as 'what good looks like'. The framework covers 11 key outcome areas and requires an audit against a total of 105 standards. Due to the complexities of health protection, UKHSA assigned a speciality registrar to conduct the system wide health protection audit for Herefordshire as part of their contribution to the annual health protection report. This audit aimed to:
 - a. Independently assess current health protection functions against the quality standards and gather and document evidence that those have been met or not
 - b. Highlight areas for improvement
 - c. Communicate findings to the local health protection system for continuous improvement

Herefordshire was successful in fully meeting 98 out of 105 standards. 6 were partially met (including 4 'must do's standards) and one was not met.

- Significant developments and improvements have made to the UKHSA's 'report an outbreak' service, formally known as CareOBRA, for adult social care (ASC) providers. Through extensive research and user feedback several improvements have been made to the online tool so that ASC providers can report ARI outbreaks at a time that is suitable to them. The tool gives providers immediate advice via email, ensuring a faster, focused and consistent response by HPT's to help protect those most at risk. The latest updates aim to save time, make the tool easier to use and improve accuracy of reports.
- New UKHSA Cases and Incident Management System, known as CIMS, has been implemented in the West Midlands during the summer of 2024. This new system helps to strengthen health protection systems and allows UKHSA to effectively monitor, identify and respond to threats, both now and in the future.
- UKHSA has codeveloped and approved a health protection memorandum of understanding (MOU) with Herefordshire Council; which includes public, emergency planning and environmental health and trading standards; and the Integrated Care Board (ICB). This MOU facilitates the way that organisations work in partnership to achieve resolution of a health protection outbreak / incident by clarifying key roles, responsibilities and principles.

Risks

- Vaccine preventable diseases remain a national and local threat. By achieving high levels of immunity against vaccine preventable diseases we can help reduce the spread of infection and prevent outbreaks.

Future focus

- Continue collaboration with Herefordshire Council and its partners in preventing, and responding to, outbreaks and incidents of infectious diseases, chemical, biological, radiological and nuclear events and other health threats.
- Continue to support the implementation of UKHSA's strategic priorities, goals and vision as set out within UKHSA's 2023 to 2026 strategic plan.
- Herefordshire health protection system partners to address, and work towards, meeting the 7 standards which were either not met, or partially met, within the Herefordshire health protection system audit.

Population screening programmes

Update and performance summary

- Screening services in Herefordshire largely have good performance in their pathways.
- 4 out of 7 NHS population screening programmes saw an increase in coverage compared to the previous reporting period, refer to Table 3 for a summary of the latest data.
- From summer 2025 onwards, there are some expected changes to the delivery of the NHS cervical screening provision:
 - Personalised cervical screening – from 01 July 2025 women aged 25 to 49 years who test negative for the human papillomavirus (HPV), which means that they are very low risk of cervical cancer over the next 10 years, will safely be invited at 5-year intervals rather than 3, in line with major clinical evidence.
 - Human papillomavirus (HPV) self-sampling kits– from 01 January 2026 under-screened women to be offered convenient human papillomavirus (HPV) self-sampling kits under new 10 Year Health Plan. Home kits will be offered to those who have missed their invite, making care more convenient and supporting the shift from treatment to prevention.

Table 3 Summary of the latest Herefordshire NHS population screening coverage data (%)

Screening coverage indicator	local coverage (%)	Period	Direction	Context
Cervical cancer (50-64 yrs)	74.6%	2024	↓	0.4% reduction compared to previous year (2023). Herefordshire remains slightly above that of England (74.3% in 2024).
Newborn hearing	99.3%	2023/24	↓	0.1% reduction compared to previous year (2022/23). Herefordshire continues to be above England (99.0% in 2023/24).
Cervical cancer (25-49 yrs)	68.3%	2024	↑	0.9% increase compared to previous year (2023). Herefordshire continues to be above England (66.1% in 2024)
Bowel cancer	77.0%	2024	↑	0.8% increase compared to previous year (2023). Herefordshire continues to be above England (71.8% in 2024)
Breast cancer	73.2%	2024	↑	5.5% increase compared to previous year (2023). Herefordshire exceeded England coverage for second year running (69.9% in 2024).
Abdominal aortic aneurysm (AAA)	87.2%	2023/24	↑	1.7% increase compared to previous year (2022/23). Herefordshire continues to be above England (81.9% in 2023/24).
Newborn and infant physical examination	97.8%	2023/24	→	No change in coverage compared to previous year (2022/23). Herefordshire continues to be above England (96.1% in 2023/24)

Source: Public Health Outcomes Framework

Achievements

- Bowel cancer screening coverage continues to increase. In 2024, 77.0% were screened for bowel cancer, this exceeds recommended targets.
- Breast cancer screening coverage was 73.2% in 2024, the first time this was above the acceptable target of 70% since before the pandemic.
- Abdominal aortic aneurysm (AAA) screening coverage increased to 87.2% in Herefordshire during 2023/24, this exceeded both the acceptable target of 75% and the achievable target of 85%.
- The bowel screening service has now offered screening to those who are aged 50 to 74 years for over a year and has since then commenced as an early adopter site for the screening threshold change in the programme. The service has changed the threshold at which someone has an abnormal screening test and needs additional assessment. Doing so will improve the impact of the programme, finding and preventing more cancers.

Risks

- The breast screening service is working to secure a new screening site in Hereford, with support from NHSE as commissioners, the Local Authority and ICB. Finding an appropriate site will be critically important for the service.
- Cervical cancer screening coverage for women aged 50 to 64 in Herefordshire is slightly better than the England average. However in 2023, uptake dropped to 74.6%, the lowest coverage in Herefordshire for this age group since 2010. Herefordshire continues to mirror the England trend.
- Although Herefordshire's cervical cancer screening coverage for women aged 25 to 49 is better than the England average recent trend shows that coverage is decreasing and getting worse in line with the England trend.

Future focus

- Secure a new breast screening site in Hereford City.
- Continue to improve the uptake of screening programmes, especially those which are below coverage targets
- Support the roll out of upcoming changes to NHS cervical screening provision through local promotion.

Population immunisation programmes

Update and performance summary

- 5 out of 13 routine childhood vaccination measures achieved the recommended $\geq 95\%$ coverage in Herefordshire. 9 out of 13 measures also increased their coverage during 2023/24. Full immunisation coverage data can be found in Table 4.
- Latest data is not yet publicly available for routine adult NHS population vaccination programmes, this includes PPV vaccination and shingles vaccination coverage (71 years).
- Seasonal influenza vaccine uptake for school age children increased in 9 out of 12-year groups in 2024-25. Uptake coverage data can be found in Table 5.
- To optimise individual and community level protection, the UK vaccination is kept under constant review.
- Several changes will be made to the routine NHS childhood vaccination schedule and the selective hepatitis B vaccination programme during 2025 and early 2026, this includes:
 - From the 1 July 2025:
 - The pneumococcal conjugate vaccine (PVC13) will have the first dose moved from 12 weeks of age to 16 weeks of age.

- The meningococcal B vaccine second dose brought forward from 16 weeks of age to 12 weeks of age.
- Children born on, or after 01 July 2024 will no longer receive the routine Hib/MenC (Menitorix) offer to those turning 1 year old.
- Infants eligible for the selective neonatal HepB programme, born on or after 1 July 2024, will no longer be offered monovalent HepB dose offered at one year from the selective neonatal HepB programme schedule. The addition of a dose of hexavalent vaccine at 18 months from 1 January 2026, replaces the need to receive a dose of monovalent HepB vaccine at one year.
- From the 1 January 2026 children born on, or after, 01 July 2024 will:
 - Receive an additional (4th dose) of DTaP/IPV/Hib/Hep B (hexavalent) vaccine at a new routine appointment at 18 months. It will replace the Hib dose which was previously given at the 1-year appointment. This will help to provide longer term protection and against Hib infection.
 - Have their second measles, mumps and rubella (MMR) vaccination moved from 3 years and 4 months to the new 18-month appointment. This will help to improve uptake and provide earlier protection.
- A new vaccination appointment at 18 months of age will be created to provide:
 - An additional dose of a Hib-containing multivalent vaccine (the hexavalent DTaP/IPV/Hib/Hep B vaccine which is given in infancy) should be administered at 18 months of age to replace the Hib component of the Hib/MenC (Menitorix) vaccine which was given at 12 months.
 - Second dose of measles, mumps and rubella (MMR) vaccination. This has been moved from 3 years and 4 months to 18 months of age.

Table 4 Herefordshire routine childhood immunisation summary for 2023/24

Immunisation programme indicator	2023/24 local coverage data	Recent local trend (compared to 2022/23 data)	England average
Below 90% coverage			
DTaP & IPV booster (5 yrs.)	88.5%	1.8% increase	82.7%
MMR 2 doses (5 yrs.)	89.6%	1.5% increase	83.9%
Between 90 – 95% coverage			
MenB booster (2 yrs.)	91.6%	0.2% decrease	87.3%
PCV booster (2 yrs.)	92.5%	0.6% decrease	88.2%
MMR 1 dose (2 yrs.)	93.0%	0.8% decrease	88.9%
Hib & MenC booster (2 yrs.)	93.1%	0.1% decrease	88.6%
Rotavirus (1 yr.)	93.2%	0.9% increase	88.5%
Hib & MenC booster (5 yrs.)	94.8%	2.1% increase	92.4%
≥95% coverage			
Men B (1 yr.)	95.1%	1% increase	90.6%
MMR 1 dose (5 yrs.)	95.5%	1.5% increase	91.9%
DTaP IPV Hib (1 yrs.)	95.6%	0.5% increase	91.2%
Dtap IPV Hib (2 yrs.)	95.8%	0.2% increase	92.4%
PCV	96.6%	0.4% increase	93.2%
Coverage not available			
Hepatitis B (2 yrs.)	Value suppressed	Not available	Not available

Source: Public Health Outcomes Framework

Table 5 Seasonal influenza uptake for children of school age, end of season data for 01 September 2024 to 31 January 2025, uptake for Herefordshire and England

Above 65% coverage (recommended target)				
Cohort	Herefordshire uptake (%)			England uptake (%)
	2023-24	2024-25	Difference	2024-25
Year Reception (4-5 yrs.)	76.2%	75.9%	-0.3%	54.7
Year 1 (5-6 yrs.)	75.4%	73.2%	-2.2%	55.6
Year 2 (6-7 yrs.)	75.1%	75.5%	0.4%	55.3
Year 3 (7-8 yrs.)	73.6%	76.8%	3.2%	54.6
Year 4 (8-9 yrs.)	76.1%	74.9%	-1.2%	54.6
Year 5 (9-10 yrs.)	74.7%	76.4%	1.7%	54.1
Year 6 (10-11 yrs.)	74.4%	75.2%	0.8%	52.9
Year 7 (11-12 yrs.)	69.1%	72.3%	3.2%	50.0
Year 8 (12-13 yrs.)	67.2%	67.7%	0.5%	46.0
Year 9 (13-14 yrs.)	64.8%	68.6%	3.8%	44.5
Year 10 (14-15 yrs.)	64.6%	67.2%	2.6%	42.5
Year 11 (15-16 yrs.)	60%	67.5%	7.5%	40.0

Source: UKHSA

Achievements

- Herefordshire has amongst the highest pre-school vaccination uptake rates in the Midlands. In the latest published data (Quarter 3, 2024/25) uptake for 1 dose of MMR at 2 years of age was 93.9% (England 89.3%) and for 2 doses of MMR at 5 years of age was 92.3% (England 85.0%). It is also the only Local Authority in the Midlands where uptake has increased over the last 10 years with most other areas experiencing a slow but steady fall between 2023/24 and 2013/14.
- Herefordshire has the highest HPV dose one uptake in the Midlands with 89.0% in the 2023/24 academic year for Year 8 females (England 72.9%). Most areas have had significant falls in HPV uptake during the pandemic with only partial recovery since. Herefordshire has had one of the strongest recoveries in the Midlands with uptake only 3.1% lower than in 2018/19.
- Flu vaccine coverage in 2 – 3-year-olds increased by 3.4% in 2023/24 (54.2% uptake in 2023/24 versus 50.8% in 2022/23).
- Flu vaccination coverage in school aged children increased across 9 of the 12 eligible groups in 2024-25. The most notable increase was seen in children who were in years 9 to 11.
- Herefordshire and Worcestershire along with all providers across the system, again delivered an extremely successful autumn / winter vaccination programme in 2024/25. Across both COVID-19 and Flu programmes, vaccinations were administered ensuring that the most vulnerable within the system received the protection necessary.
- In 2024/25 Flu uptake in Herefordshire was consistently higher for all patient cohorts than the regional or national comparator except for pregnant women. For example, uptake in those aged 65 and over was 78.8% (Eng 74.9%) and in Primary School children was 75.4% (Eng 54.6%)
- Improving vaccination uptake in looked after children (LAC) has remained a priority for Herefordshire Council. In 2023/24, 81% of LARC were reported to be up to date with their vaccination in line with the NHS schedule. To understand current uptake, barriers and required actions public health held a series of meeting with partner agencies. Herefordshire

Council and health colleagues are currently working jointly to identify, and vaccinate, any LAC who are not up to date with their vaccinations and to also identify ways to improve uptake.

- To gain further insight into local barriers to childhood NHS vaccinations Herefordshire Council has commissioned HealthWatch to undertake an engagement exercise with families and young people in 2025. Following completion of the exercise a formal report will be produced outlining key themes and recommendations. In addition to this project Healthwatch will film and produce a series of short videos in order to raise awareness about the importance of childhood vaccination in Herefordshire.

Risks

- Nationally there appears to be increasing vaccine hesitancy and greater need for one-to-one conversations meaning that more time and opportunity has to be available to ensure individuals receive the information they need to make informed choices. This may partly reflect a pandemic effect with citizens less likely to automatically accept the safety and effectiveness of vaccines than previously. The overall level of confidence in vaccines and the NHSE however remains high.
- National and locally, outbreaks of measles remain a risk in those who are not fully vaccinated.
- There is still a visible decline in the number of COVID-19 vaccinations being administered across the programme, notably during the Spring 2025 campaign. Herefordshire is still a top performing county, however, there has been a considerable drop in the number of patients coming forward for a vaccination.

Future focus

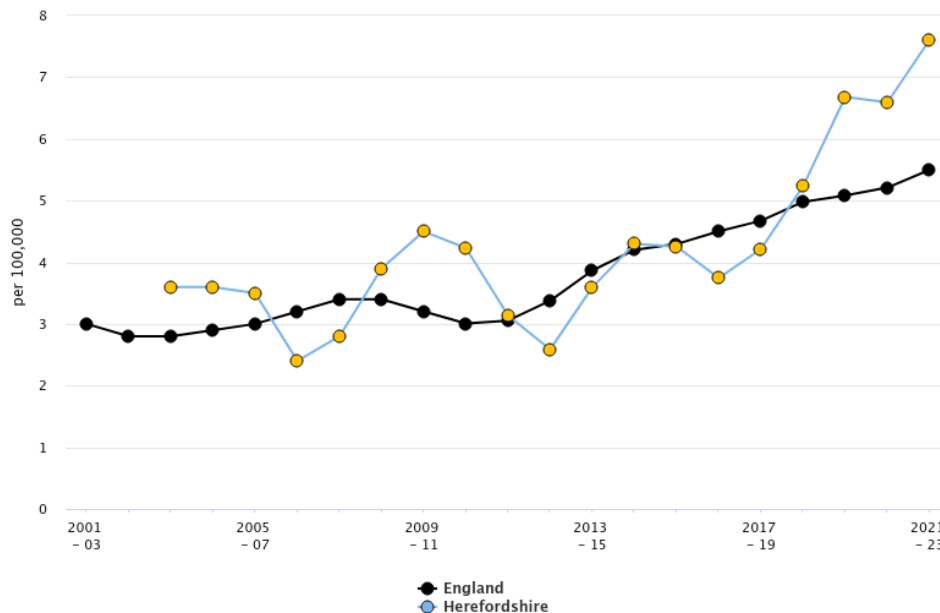
- Roll out the mpox and gonorrhoea vaccination for eligible higher-risk groups available from August 2025.
- Support the roll out, and raise awareness of, upcoming changes to pre-school childhood immunisation programmes which are due to commence in July 2025 and January 2026.
- At a national level continue to improve data quality, granularity and data flows around vaccinations
- Increase flu vaccination in the health and social care workforce in 2025-26 season.

Drugs and alcohol

Update and performance summary

- In 2024-2025 Turning Point received 956 referrals into service, this is 16% more than the previous year (153 in 2023-24).
- Alcohol continues to account for the highest proportion of individual's seeking treatment locally.
- Harm reduction remains a key intervention for Turning Point. In 2024-25, over 14,000 needles, barrels and syringes were dispensed through the face-to-face needle and syringe programme.
- As Figure 1 shows, compared to 2020-22 the number of deaths from drug misuse (persons) increased from 6.6 per 100,000 in 2020-22 to 7.6 per 100,000 in 2021-23. This rate is higher than the national average for England (5.5 per 100,000) and ranks third highest out of sixteen CIPFA neighbours.
- Drug related deaths disproportionately impact men. In Herefordshire between 2021 – 2023 there were 29 deaths in men from drug misuse, equating to a rate of 12.1 per 100,000 population. Female deaths numbered 8. (Source: [Public Health Outcomes Framework](#))

Figure 1 Deaths from drug misuse per 100,000 in Herefordshire and England, 2021 to 2022



Source: [Public Health Profiles](#)

- A number of strategic actions and initiatives have been undertaken to reduce drug related deaths in the county; this includes but is not limited to:
 - Primary interventions
 - Ongoing collaboration with Local and Regional Community Drug Partnerships (CDPs) to disrupt supply chains in the county, contributing to the multi-agency delivery plan.
 - Expansion of Naloxone provision, including distribution to service users and frontline professionals (Probation, Police, Solicitors). Nixoid nasal spray is now available locally and suitable for use with young people.
 - Integration with the Complex Lives Strategy, including proactive use of Complex Adult Risk Management (CARM) and practitioner training on fluctuating mental capacity. This strategy will also include care experienced young people.
 - Dedicated harm reduction worker
 - Implementation of Local Drug Information System (LDIS) early alert system for contaminated drugs, this is done at the earliest opportunity and confirmed with follow up laboratory testing.
 - Secondary interventions
 - Establishment of a Drug Related Death (DRD) panel in 2023
 - Quarterly multi-agency case reviews to coordinate responses
- A range of actions have been implemented to discourage substance use among young people and enhance access to drug and alcohol services. These actions include but are not limited to:
 - Safer Neighbourhood Teams referring young people into diversionary practices such as Steer Clear. This practice helps to highlights the dangers associated with drug use.

- Reviewing and improving Turning Point referral pathways and access routes for young people
- Increased collaboration and partnership working with the Leaving Care Team, ECHO, Youth Offending Service and young person's hub. Turning Point also have an outbreak worker attending schools.
- Working with, and supporting, care experienced young adults

Achievements

- As of March 2025, Herefordshire were able to re-declare Hepatitis C Micro Elimination.
- Herefordshire has been able to commence, and offer, injectable buprenorphine for suitable candidates. <5 individuals have been able to complete treatment and exit opiate treatment successfully. This new treatment offer helps reduce inequalities by allowing those who may work, struggle to access a pharmacy daily or don't have pharmacy provision in their area, an option of opiate substitution treatment.
- A new mental health practitioner role has been established. This roll will support complex cases, those with dual diagnosis and the suicide prevention strategy.
- A new online ordering system for needle and syringe provision, known as NSP direct; is being implemented in the county.
- A new postal naloxone provision has commenced

Risks

- The increase in synthetic opioids and contaminated drugs remains a risk both nationally and locally. To mitigate the harms associated with synthetic opioids Turning Point continue to offer testing strips and harm reduction support. A local drug alert system is also in operation sending early earnings to registered organisations and partners of potential contamination.

Future focus

- Increase the provision of Hepatitis B vaccination within Turning Point. Healthcare assistants will focus on presenting injecting drug users presenting and ensuring that they are making every contact count.
- Continue to improve access to psychosocial provision across the county with workshops available to support all relevant people
- Continue to build on the drug and alcohol outreach treatment offer through the recruitment and appointment of a new part time outreach Health Care Assistant.
- Reduce drug related deaths through a variety of interventions including:
 - Extending Naloxone training to include night-time economy staff (e.g. security personnel, taxi drivers, bar staff, housing officers)
 - Strengthen harm reduction approaches across all service areas
 - Enhance joint working with Public Health teams in neighbouring counties
 - Supporting Turning Point in resolving pathway challenges for service users
 - Improve engagement with A&E departments, including participation in DRD Panel meetings
 - Increase involvement of Mental Health services in DRD Panel processes.
 - Increased collaboration between mental health services and Turning Point on Community Orders. These orders now have a mental health treatment requirement which can run alongside a drug rehabilitation requirement and alcohol treatment requirements.

Sexual health

Update and performance summary

- Major national changes to sexual health services are expected in summer / autumn 2024, Table 6 provides an outline summary of these.
- The latest available sexual health performance data can be found in Table 6 **Error! Reference source not found..**
- Herefordshire sexual health service level data for April 2024 – March 2025 indicates that:
 - There were 4,674 attendances to the service, this is significantly higher than the previous year with an additional 1,267 attendances
 - By gender, females continue to account for the majority of all attendances (63% in 2024-25).
 - By age group, the 25 – 34 age group continues to account for the majority of attendances.
 - Long-Acting Reversible Contraception (LARC) accounted for 73% of all contraception prescribed by the service. The majority of LARC procedures are carried out by the sexual health service in Hereford City Centre.
 - There were 487 attendances to community pharmacies for emergency hormonal contraception. This is slightly higher than the previous year with 422 attendances in 2023-24.
 - 127 Hep A, B and HPV vaccinations were issued, this is slightly higher than the previous year.

Table 6 Anticipated national changes to sexual health services from 01 August 2025

Service / intervention	Overview	Commissioning body
Community pharmacy Emergency Hormonal Contraception (EHC) provision	In England from October 2024, EHC will become available free of charge in pharmacies on the NHS for the first time. It aims to reduce the 'postcode lottery' women face and reduce inequalities.	NHS England. (Local authorities will no longer be responsible for commissioning this aspect of community provision).
New mpox and gonorrhoea vaccination programme	A world first pre-exposure vaccination programme primarily targeting gay, bisexual, and other men who have sex with men (GBMSM) at higher risk, is scheduled to begin rolling out on August 1, 2025, with all providers expected to offer vaccinations by September 2025.	NHS England. (Delivered by local authority commissioned sexual health services).
Doxycycline post-exposure prophylaxis (DoxyPEP)	DoxyPEP is a dose of antibiotics taken after sex that reduces the risk of acquiring syphilis and chlamydia. It is up to 70% effective at preventing both syphilis and chlamydia. DoxyPEP will be available on the NHS to those at increased risk of syphilis, including gay and bisexual men and trans women.	NHS England. (Delivered by local authority commissioned sexual health services).

Table 7 Latest available sexual health performance data for Herefordshire

Indicator	Herefordshire rate	Period	Recent trend	Context
Syphilis diagnostic rate per 100,000	7.4 per 100,000 population	2024	↑	Although still significantly better than England (16.5 per 100,000) Herefordshire saw a increase when compared to the previous year (2023 rate, 4.2 per 100,000).
HIV testing rate per 100,000	1,385.7 per 100,000 population	2023	↑	Although worse than the England average (2,7707.7 per 100,000 in 2023) Herefordshire has seen a steady and significant increase in the local HIV testing rate. Rates are now just below that of pre pandemic levels.
New HIV diagnosis rate per 100,000	5.3 per 100,000 population	2024	↑	Although a slight increase was observed during 2023, Herefordshire remains significantly lower than that of the national average (10.4 per 100,000 in 2023).
New STI diagnoses (ex. Chlamydia in 24 years and under) per 100,000	180 per 100,000 population	2024	→	Herefordshire remains significantly better than the England average. Since 2012 diagnoses have steadily declined locally are currently at their lowest since 2012.
All new STI diagnoses rate per 100,000	249 per 100,000 population	2024	→	Herefordshire saw a reduction in comparison to the previous year. (2023 rate, 288 per 100,000). The rate remains significantly lower than the national average.
Chlamydia detection rate per 100,000 aged 15 to 24 years (persons)	730 per 100,000 population	2024	↓	Herefordshire remains below the national average for England. In 2024, there was a marked decrease in the detection rate in comparison to the previous year (1,136 per 100,000 in 2023). Higher detection rates are considered a positive indicator of successful identification and management of infections.
Gonorrhoea diagnostic rate per 100,000	31 per 100,000 population	2023	↓	Since 2022, Herefordshire has had seen a year-on-year reduction in the gonorrhoea diagnosis rate. Herefordshire has the lowest diagnosis rate of its nearest comparator neighbours.

Source: Public Health Outcomes Framework

Achievements

- There have been several service improvements and developments at the sexual health clinic based in Hereford City, this includes but is not limited to:
 - Effective triage process for LARC services to ensure that waiting lists are maintained at 3 weeks

- Installation of a new software-based phone system to significantly improve telephone access to the service
- Building an on-line booking system which is due to go live from autumn 2025

Risks

- Despite a well attended young person's clinic the Chlamydia detection rate for 15 to 24 years in Herefordshire remains low. Further work is needed to identify whether those most at risk are presenting for testing.
- Further work is required to improve the syphilis diagnostic rate, HIV testing rate and chlamydia detection rate in young people aged 15 to 24 years.

Future focus

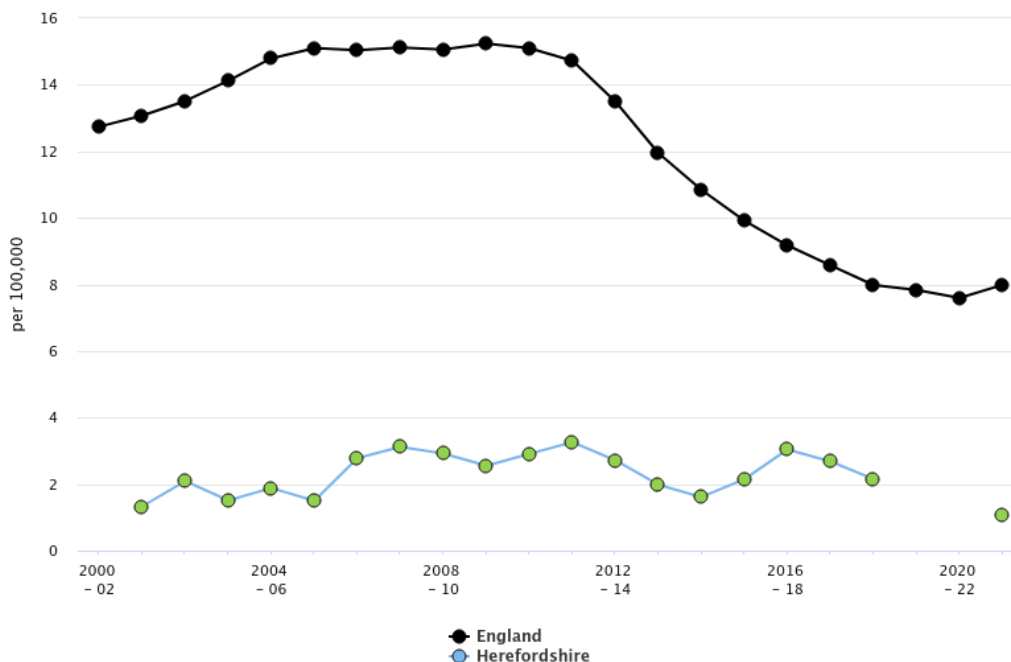
- To review, and redesign, primary care based LARC provision (for contraception purposes only). A new offer is to be operational from 01 April 2026.
- Develop plans to deliver the new gonorrhoea and mpox vaccines from 01 August 2025.

Tuberculosis (TB)

Update and performance summary

- As Figure 2 shows, the incidence of TB in Herefordshire continues to remain low, below 4 per 100,000, for over twenty years. Herefordshire has one of the lowest TB incidence rates compared to England and its CIPFA neighbours.
- There were six cases of confirmed TB infection commenced treatment in 2024. No new confirmed TB cases have commenced treatment in 2025; at time of writing this report 15th June 2025.
- Management of latent TB infection (LTBI) continues to be a significant percentage of the CNS workload (screening of contacts of index cases, patients being considered for biologics therapy and in overseas workforce).
- Getting It Right First Time (GIRFT) is a comprehensive review reporting on TB services in England. The report was issued to stakeholders in March 2025, an implementation framework outlining key areas for improvement has been issued with a framework to ensure commissioning organisations maintain an understanding and have a clear oversight of local TB services.
- The GIRFT report indicates that ICB's will be fundamental in supporting local TB services in delivering improvements and to help drive change & monitor the impact of local interventions.
- The Herefordshire and Worcestershire TB Network continues to meet as a system regularly with a targeted focus on each County's risks. An area of ongoing consideration is the low incidence status given to Worcestershire and Herefordshire system as this impacts on resource to fulfil additional latent TB screening for identified at risk groups from countries with a reported high TB incidence. It is noted – since 2022 there has been an increase of >50% in TB confirmed infections reported in patients who are residents in Herefordshire & Worcestershire. Despite this increase in confirmed cases both counties continued to be rated as low incidence.

Figure 2 Tuberculosis incidence, three-year average, per 100,000 from 2000 to 2023 in Herefordshire and England



Source: [Public Health Outcomes Framework](#)

Achievements

- Cross border working with Wales, Gloucester and Worcester continues to work well; ensuring patients living out of catchment but who are registered with Herefordshire GP receive optimum management of their TB infection.
- Nomination of an ICB TB Lead for Herefordshire and Worcestershire has been the starting point to this improvement work with the aim to gain a clear understanding of local risks and to agree and target improvement strategies that will support the global 'End TB Strategy' aims by 2035.

Risks

- Although Herefordshire is a low TB incidence rate area this creates several challenges, these include:
- Cross cover for Herefordshire TB clinical nurse specialist (CNS) continues to be problematic. Consultant WLI clinics were required during a recent planned absence of the CNS.
- Succession planning of key staff remains a concern; the date of retirement of the current post holder is not confirmed but is likely to be imminent.
- There has been delays in completing an annual cohort review. The last review was completed in 2022. A review was planned for March 2025 however due to a combination of events, including delays with data collection, this could not be completed.

Future focus

- Complete a cohort review by end of quarter 3 in 2025/26.
- Partners and commissioning organisations to implement findings from the Getting It Right First Time (GRIFT) Report

Environmental hazards to health, safety and pollution control

Update and performance summary

i. 2024/25 Environmental Health and Housing Summary

The Environmental Health service has continued to support local health protection through proactive regulation, partnership working, and timely service delivery:

Food Safety: Officers carried out 730 food safety inspections across the County and actioned 760 food safety enquiries. A full inspection programme was delivered, with a continued focus on supporting safe food practices, of which 97.9% of food businesses achieved a hygiene rating of 'Satisfactory' or above, reflecting strong ongoing compliance.

Private Sector Housing and Water Quality:

- 40 Houses in Multiple Occupation (HMOs) and 51 single-family dwellings were inspected.
- 36 new or renewed HMO licences were issued.
- Housing service requests were responded to within target in 93.2% of cases.
- The council undertook 365 water quality samples and 33 risk assessments for private water supplies. Compliance with safety parameters remains a key focus.

Health and Safety: The service delivered 121 workplace safety inspections and accident notifications investigations in line with national guidance. The service supported safe working practices through targeted interventions and advice.

Environmental Protection: Air quality remained within expected levels across Herefordshire's monitoring sites. The service also provided professional input into 547 planning consultations covering noise, nuisance, land, air quality and water considerations. Herefordshire Council is also developing their 2025 air quality annual status report.

Waste, Environmental and Enforcement - Fly-tipping monitoring and enforcement of 1121 incidents and 285 abandoned vehicles reported throughout the year reports supported by community engagement.

Nuisance and ASB Community Protection: Investigation, advice, and enforcement of 4273 community nuisance and antisocial behaviour enquiries, partner working with police and housing associations. During the summer months of 2024, Environmental Health again successfully ran an out of hours noise nuisance service providing late night community support at weekends.

ii. Trading Standards and Consumer Protection – 2024/25

Consumer Protection: The service delivered a range of interventions to support fair trading, product safety, and responsible business practices. A particular focus was placed on tobacco and vaping controls, with interventions aimed at protecting young people and ensuring product compliance. During 2024/25 trading standards seized 216,120 illegal cigarettes, 50.8kg of illegal hand rolling tobacco and 679 illegal vape devices

Food Standards: Officers carried out 211 inspections, including allergen checks, to support food quality and public confidence.

iii. **Licensing and Gypsy & Traveller Services – 2024/25**

The Licensing team supported a wide range of local businesses and community events, ensuring compliance with public safety and regulatory frameworks.

The Gypsy and Traveller service maintained ongoing engagement and site management, ensuring fair access to services while balancing community needs

Future focus

In line with Environmental Health and Trading Standards Service's 2025/26 Business Plan, the following areas have been identified as priorities:

1. Proactive Inspections: Expand planned inspections across Environmental Health and Trading Standards to support public safety and business compliance.
2. Timely Service Delivery: Maintain consistent and prompt responses to resident and business enquiries.
3. Digital Transformation: Introduce a new case management system to improve service delivery and modernise operational workflows.
4. Air and Water Quality: Continue monitoring activities and support planning decisions with robust environmental health input.
5. Tobacco and Vape Controls: Deliver a programme of checks and interventions to support public health objectives.
6. CCTV and Public Protection: Maintain effective CCTV operations to support community safety and local policing efforts.
7. Education and Licensing Enforcement: Support statutory responsibilities relating to school attendance and child employment licensing.

Emergency planning

Update and performance summary

The emergency planning team are responsible for discharging Herefordshire Council's responsibilities under the Civil Contingency Act 2004. The team work to ensure that the Council can respond to, and recover from, emergencies affecting Herefordshire.

The emergency planning team work closely with multi-agency partners and the Local Resilience Forum (LRF) on a variety of activities including risk assessment, producing emergency plans and training and exercising. The team always have a Duty Officer on call who is able to support the emergency services and wider stakeholders to respond to emergencies and put the relevant plans into action.

Herefordshire Council's emergency planning team support the emergency services, and other agencies, in responding to major emergencies. This may be through:

- providing shelter for displaced people in rest centres
- implementing traffic management procedures
- providing public health advice
- getting information to residents
- working with stakeholders to reduce and adapt the risk of flooding

Future focus

- The team are involved with the planning and development for Exercise PEGASUS which is taking place nationally in the Autumn 2025. Exercise PEGASUS is '*designed to test the UK's current preparedness for, capabilities, and arrangements to respond to a pandemic*

arising from a novel infectious disease and will assess our progress since COVID-19 ... it will examine our ability to control, contain, and mitigate the effects of any future pandemics'. Following this exercise local plans will be developed and updated after national findings and recommendations are released.

Appendix

Our local health protection system comprises five main partner organisations who have contributed to this assurance report.

Herefordshire Council

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 public health, 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

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.