

Agenda

Health and Wellbeing Board

Date: **Monday 9 December 2024**

Time: **2.00 pm**

Place: **Conference Room 1 - Herefordshire Council, Plough Lane Offices, Hereford, HR4 0LE**

Notes: New security barriers have been installed in the reception area of the Plough Lane offices, so please allow additional time to sign in and to reach the meeting room.

For any further information please contact:

Ben Baugh, Democratic Services

Tel: 01432 261882

Email: Ben.Baugh2@herefordshire.gov.uk

If you would like help to understand this document, or would like it in another format or language, please call Ben Baugh, Democratic Services on 01432 261882 or e-mail Ben.Baugh2@herefordshire.gov.uk in advance of the meeting.

Agenda for the Meeting of the Health and Wellbeing Board

Membership

Chairperson	Councillor Carole Gandy	Cabinet Member Adults, Health and Wellbeing, Herefordshire Council
Vice-Chairperson	Jane Ives	Managing Director, Wye Valley NHS Trust
	Stephen Brewster	Voluntary and Community Sector representative
	Jon Butlin	Assistant Director (Prevention), Hereford & Worcester Fire and Rescue Service
	Cate Carmichael	Director of Public Health, Herefordshire Council
	Ross Cook	Corporate Director for Economy and Environment, Herefordshire Council
	Kevin Crompton	Independent Chair, Herefordshire Safeguarding Adults Board
	Hilary Hall	Corporate Director for Community Wellbeing, Herefordshire Council
	Susan Harris	Director of Strategy and Partnerships, Herefordshire and Worcestershire Health and Care NHS Trust
	Dr Mike Hearne	Herefordshire General Practice
	Jane Ives	Managing Director, Wye Valley NHS Trust
	Councillor Jonathan Lester	Leader of the Council, Herefordshire Council
	David Mehaffey	Executive Director of Strategy and Integration, NHS Herefordshire and Worcestershire ICB
	Councillor Ivan Powell	Cabinet Member Children and Young People, Herefordshire Council
	Christine Price	Chief Officer, Healthwatch Herefordshire
	Tina Russell	Corporate Director for Children and Young People, Herefordshire Council
	Superintendent Helen Wain	Superintendent, West Mercia Police

Agenda

		Pages
1.	<p>APOLOGIES FOR ABSENCE</p> <p>To receive apologies for absence.</p>	
2.	<p>NAMED SUBSTITUTES (IF ANY)</p> <p>To receive details of any substitute nominated to attend the meeting in place of a member of the board.</p>	
3.	<p>DECLARATIONS OF INTEREST</p> <p>To receive any declarations of interest from members of the board in respect of items on the agenda.</p>	
4.	<p>MINUTES</p> <p>To approve and sign the minutes of the meeting held on 16 September 2024.</p> <p>HOW TO SUBMIT QUESTIONS</p> <p>The deadline for the submission of questions for this meeting is 5.00 pm on Tuesday 3 December 2024.</p> <p>Questions must be submitted to councillorservices@herefordshire.gov.uk</p> <p>Questions sent to any other address may not be accepted.</p> <p>Accepted questions and the responses will be published as a supplement to the agenda papers prior to the meeting. Further information and guidance is available at www.herefordshire.gov.uk/getinvolved</p>	9 - 16
5.	<p>QUESTIONS FROM MEMBERS OF THE PUBLIC</p> <p>To receive any accepted written questions from members of the public.</p>	
6.	<p>QUESTIONS FROM COUNCILLORS</p> <p>To receive any accepted written questions from councillors.</p>	
7.	<p>UPDATE TO THE BOARD ON THE GOOD MENTAL WELLBEING THROUGHOUT LIFETIME IMPLEMENTATION PLAN</p> <p>To provide an update on the progress of the implementation plan for the board's strategic priority of 'Good Mental Wellbeing (GMW) throughout lifetime', attached as Appendix 1.</p>	17 - 42
8.	<p>UPDATE ON INEQUALITIES STRATEGY 2023-2026</p> <p>This report updates the Health and Wellbeing Board on the progress made towards reducing health inequalities in Herefordshire using the CORE20+5 model.</p>	43 - 82
9.	<p>HEALTH PROTECTION ASSURANCE FORUM ANNUAL REPORT 2024</p> <p>The purpose of this report is to update the Health and Wellbeing Board on health protection system performance, achievements, and risks for 2024, as well as areas of development for 2025.</p>	83 - 142

10. WORK PROGRAMME

To consider the work programme for the board.

143 - 144

11. DATE OF NEXT MEETING

The next scheduled board meeting in public is [Monday 17 March 2025, 2.00 pm](#).

Public rights to information and attendance at meetings

You have a right to:

- Attend all council, cabinet, committee and sub-committee meetings unless the business to be transacted would disclose 'confidential' or 'exempt' information.
- Inspect agenda and public reports at least five clear days before the date of the meeting. Agenda and reports (relating to items to be considered in public) are available at www.herefordshire.gov.uk/meetings
- Inspect minutes of the council and all committees and sub-committees and written statements of decisions taken by the cabinet or individual cabinet members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting (a list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
- Access to a public register stating the names, addresses and wards of all councillors with details of the membership of cabinet and of all committees and sub-committees. Information about councillors is available at www.herefordshire.gov.uk/councillors
- Have access to a list specifying those powers on which the council have delegated decision making to their officers identifying the officers concerned by title. The council's constitution is available at www.herefordshire.gov.uk/constitution
- Access to this summary of your rights as members of the public to attend meetings of the council, cabinet, committees and sub-committees and to inspect documents.

Recording of meetings

Please note that filming, photography and recording of this meeting is permitted provided that it does not disrupt the business of the meeting.

Members of the public are advised that if you do not wish to be filmed or photographed you should let the governance support team know before the meeting starts so that anyone who intends filming or photographing the meeting can be made aware.

The reporting of meetings is subject to the law and it is the responsibility of those doing the reporting to ensure that they comply.

The council may make a recording of this public meeting or stream it live to the council's website. Such videos are made available for members of the public via the council's YouTube channel at www.youtube.com/@HerefordshireCouncil/streams

Public transport links

The Herefordshire Council office at Plough Lane is located off Whitecross Road in Hereford, approximately 1 kilometre from the City Bus Station.

Bus maps are available here: www.herefordshire.gov.uk/downloads/download/78/bus_maps

The seven principles of public life

(Nolan Principles)

1. Selflessness

Holders of public office should act solely in terms of the public interest.

2. Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

3. Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

4. Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

5. Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

6. Honesty

Holders of public office should be truthful.

7. Leadership

Holders of public office should exhibit these principles in their own behaviour and treat others with respect. They should actively promote and robustly support the principles and challenge poor behaviour wherever it occurs.

Minutes of the meeting of Health and Wellbeing Board held in Conference Room 1 - Herefordshire Council, Plough Lane Offices, Hereford, HR4 0LE on Monday 16 September 2024 at 2.00 pm

Board members present in person, voting:

Anna Davidson	Assistant Chief Officer: Director of Prevention, Hereford & Worcester Fire and Rescue Service
Rob Davies	Consultant in Public Health, Herefordshire Council
Councillor Carole Gandy (Chairperson)	Cabinet Member Adults, Health and Wellbeing, Herefordshire Council
Hilary Hall	Corporate Director Community Wellbeing, Herefordshire Council
Jane Ives (Vice-Chairperson)	Managing Director, Wye Valley NHS Trust
Councillor Jonathan Lester	Leader of the Council, Herefordshire Council
Councillor Ivan Powell	Cabinet Member Children and Young People, Herefordshire Council
Simon Trickett	Chief Executive, NHS Herefordshire and Worcestershire Integrated Care Board
Dr Andy Watts	Chair, Healthwatch Herefordshire

Board members in attendance remotely, non-voting:

Kevin Crompton	Independent Chair, Herefordshire Safeguarding Adults Board
Susan Harris	Director of Strategy and Partnerships, Herefordshire and Worcestershire Health and Care NHS Trust
Superintendent Helen Wain	West Mercia Police

Note: Board members in attendance remotely, e.g. through video conference facilities, may not vote on any decisions taken.

Others present in person:

Ben Baugh	Democratic Services Officer	Herefordshire Council
Councillor Pauline Crockett	Chairperson Health, Care and Wellbeing Scrutiny Committee	Herefordshire Council
Natalie Johnson-Stanley	Public Health Lead - Substance Misuse / Tobacco	Herefordshire Council
Alfred Rees-Glinos	Governance Support Assistant	Herefordshire Council
Julia Stephens	Public Health Lead - CYP and Sexual Health	Herefordshire Council

Others in attendance remotely:

Isobel Adams	Public Health Officer (Tobacco Control)	Herefordshire Council
Luke Bennett	Public Health Lead - Healthy Behaviour	Herefordshire Council
Hayley Doyle	Service Director - All Age Commissioning	Herefordshire Council
Philippa Ellis	Talk Community Health and Wellbeing Manager	Herefordshire Council
Lindsay MacHardy	Public Health Principal	Herefordshire Council

13. APOLOGIES FOR ABSENCE

Apologies for absence were received from the following board members: Stephen Brewster, Jon Butlin, Cate Carmichael, David Mehaffey, Christine Price, and Tina Russell.

14. NAMED SUBSTITUTES

The following substitute board members were present: Anna Davidson for Jon Butlin, Rob Davies for Cate Carmichael, Dr Andy Watts for Christine Price, and Simon Trickett for David Mehaffey.

15. DECLARATIONS OF INTEREST

No declarations of interest were made.

16. MINUTES

The minutes of the previous meeting were received.

Resolved: That the minutes of the meeting held on 10 June 2024 be confirmed as a correct record and be signed by the Chairperson.

17. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

18. QUESTIONS FROM COUNCILLORS

No questions had been received from councillors.

19. HEREFORDSHIRE'S BETTER CARE FUND (BCF) INTEGRATION PLAN 2024-25

The Service Director All Age Commissioning provided an update on the Herefordshire's Better Care Fund (BCF) Integration Plan 2024/25, the principal points included:

- i. The BCF Integration Plan 2023-25 had been approved by the board in 2023, [minute 35 of 25 September 2023 refers](#).
- ii. The refreshed plan included updates to elements of the metrics and to the spending plans, but there was no requirement for a separate narrative plan submission.
- iii. Due to the need to meet the national timeline, retrospective approval was sought for the BCF Integration Plan 2024/25.
- iv. The plan had been signed off by One Herefordshire Partnership, Herefordshire Council, and Herefordshire and Worcestershire Integrated Care Board. The West Midlands Assurance Panel had recommended the plan for approval.
- v. The Department of Health and Social Care had flagged the intention for additional metrics around discharge and reablement for 2024/25, but these had not yet been published.
- vi. Funding for the BCF had increased by £2.6m for 2024/25 but funding of £2.3m utilised in 2023/24 was not available in 2024/25. Consequently, the net increase was not sufficient to meet inflationary increases in recurrent commitments, and reductions in expenditure were necessary to deliver a balanced plan. An overview was provided of the work being undertaken collaboratively to address the pressures.
- vii. The board was advised that planned changes to demand and capacity were considered realistic but could be challenging to deliver.

- viii. It was noted that the One Herefordshire Integrated Care Executive would continue to monitor performance.

The Chairperson drew attention to the following:

- The BCF 2024/25 Update Template (agenda page 27) showed each line of income and expenditure as being identical, but the total showed a difference of £1; it was later confirmed that this was a result of rounding within the automated template.
- It was acknowledged that the narrative plan had not been updated but reference to Talk Community 'Super hubs' (agenda page 95) was no longer relevant.

Comments from board members included:

1. Simon Trickett considered that it had been a proactive and successful year due to the health and social care teams leading it. The challenges were noted but there was assurance that there was capacity and capability to manage the financial pressures. It was reported that a Point Prevalence Audit was to be conducted shortly, looking at patients and service users on a given day to understand where they were on their journeys; it was suggested that an update could be provided in due course.
2. Dr Andy Watts questioned whether there were metrics for feedback from service users in terms of the quality of discharge planning and about what happens in the days immediately following discharge. The Corporate Director Community Wellbeing said that feedback was captured later in the process, but consideration could be given to a systematic approach.
3. In response to a question from the Vice-Chairperson about the level of confidence in achieving productivity improvements, the Service Director All Age Commissioning commented on ongoing work to increase capacity, including with Home First and the Ledbury Intermediate Care Unit.
4. In response to a question from the Chairperson, the Vice-Chairperson said that the challenges with discharge into Powys were not taken into account during Care Quality Commission inspections due to the focus on quality standards. Simon Trickett commented on the work with Powys to ensure that the costs of care were met appropriately and to improve the consistency of discharge pathways; it was noted best practice was being discussed with neighbouring authorities.

Resolved: That

- a) The Herefordshire Better Care Fund 2023-25 planning template (Appendix 1) and the ICB Discharge template (Appendix 2), submitted to NHS England, be approved (retrospectively);**
- b) The ongoing work to support integrated health and care provision that is funded via the BCF be noted; and**
- c) That consideration be given to a metric for feedback from service users.**

Action 2024/25:02: That an update on the Point Prevalence Audit be provided to board members in due course.

20. UPDATE TO THE BOARD ON THE BEST START IN LIFE ACTION PLAN

The Public Health Lead - CYP and Sexual Health provided an update on progress of the action plan for the board's strategic priority of 'best start in life', the principal points included:

- i. Attention was drawn to the Implementation Plan 2023-25 (Appendix 1) which identified the Red, Amber, Green status for each action.
- ii. Following the recommissioning of the Public Health Nursing Service, the 0-19 service was represented at each Primary Care Network (PCN) partnership board, reflecting ongoing work to establish an integrated approach.
- iii. To support oral health, two new NHS dental practices had been secured (one had opened in Commercial Street, Hereford and the other was in development at Saxon Hall, Hereford), a tooth-brushing programme continued to roll out to 43 education settings, and 4-6 month oral health and weaning workshops were being delivered in localities.
- iv. It was reported that there were challenges to be explored through the Children and Young People Partnership Board in relation to the development of a cross-sector dashboard and with ensuring that the voices of families and children were incorporated across actions and plans.
- v. It was also reported that the action to 'broaden the early help / start for life offer within the community' was Red rated pending the outcome of a Talk Community review.

Comments from board members included:

1. The Chairperson welcomed the new dental practices but emphasised the need to improve access in the rural areas, potentially through mobile dental services.

Later in the discussion, the Cabinet Member Children and Young People questioned whether the new dental practices provided all the capacity that was needed.

Simon Trickett confirmed that it was the Integrated Care Board's role to commission dental services, acknowledged that the two new dental practices were a start from a low base, and said that creative solutions were needed, especially given the needs of rural populations.
2. In response to point made by the Leader of the Council about the importance of a healthy diet for oral and general health, it was confirmed that the tooth-brushing programme promoted healthy eating, and an overview was provided of the healthy schools and healthy tots programmes.
3. Further to point v., the Chairperson questioned the reasoning for any delays associated with the Talk Community review given the continuation of existing hubs. The Corporate Director Community Wellbeing said that the matter related to early help services and this point would be raised with the Corporate Director Children and Young People.
4. Further to point iv, the Cabinet Member Children and Young People noted the opportunity for detailed focus and discussion on the challenges through the Children and Young People Partnership Board, and partners were encouraged to explore the issues within their respective organisations.
5. The Vice-Chairperson commented on the positive feedback about the health visiting service, the potential to be more ambitious with the board's strategic

priorities by involving all sectors in the county, and the linkages between the 'best start in life' and 'good mental wellbeing throughout life' priorities.

The Public Health Lead - CYP and Sexual Health said that a children and young people survey had taken place during the summer which would provide intelligence on a broad range of issues.

Sue Harris commented on continued investment into children and young people's mental health and the need for engagement through the Children and Young People Partnership Board on mental health.

Resolved: That

- a) The report and updated action plan and progress to date be noted; and**
- b) All partnership organisations be encouraged to be sighted on the implementation plan and to reference it across their own strategies and plans.**

21. TOBACCO CONTROL

The Public Health Lead - Substance Misuse / Tobacco reported on the Smoke Free Generation Plan announcements and related actions in Herefordshire, the principal points included:

- i. An item on Tobacco Control had been considered by the board in 2022 following the publication of 'Kahn Review: Making Smoking Obsolete', [minute 58 of 26 September 2022 refers](#).
- ii. The government had announced 'Stopping the start: our new plan to create a smokefree generation' in October 2023, with the Tobacco and Vapes Bill introduced in the House of Commons in March 2024.
- iii. Related developments in Herefordshire were outlined, including the 'swap to stop' scheme, additional staffing capacity in the healthy lifestyles service, the roll-out of a 'train the trainer' package to widen the swap to stop offer, an initiative to raise awareness of the risks of vaping to young people through the Healthy Schools programme, and enforcement activities through the Trading Standards Team.

The key points arising from the debate included:

1. The Leader of the Council questioned whether the focus should be on tackling nicotine addiction given the harmful effects associated with smoking, vaping and other forms of ingestion. The Public Health Lead - Substance Misuse / Tobacco explained that the swap to stop scheme provided vape kit vouchers to support more adult smokers to make a quit attempt and this was intended as a short-term intervention, with nicotine levels reduced incrementally.
2. The Consultant in Public Health drew attention to the fact that smoking prevalence in adults working in routine and manual occupations (28.6%) remained much higher than the general population (12.2%).
3. Sue Harris, noting paragraph 8 of the report which identified that adults with severe mental illness (40%) and long-term mental health conditions (28.2%) were more likely to smoke than the general population, outlined tobacco cessation initiatives at the Stonebow Unit in Hereford and the offer of annual health checks through GPs.

4. The Talk Community Health and Wellbeing Manager emphasised that the swap to stop scheme followed the government's advice and guidelines.
5. Dr Andy Watts expressed support for actions towards achieving a smoke free generation.
6. Anna Davidson noted the potential benefits of smoking cessation from a fire prevention perspective.

The Cabinet Member Children and Young People commented on the need to promote home fire safety checks throughout the county.

Resolved: That

- a) **the board welcomes and supports the Smoke Free Generation plan announcements;**
- b) **the board welcomes the report and supports a renewed emphasis on tobacco control work to reduce smoking prevalence across Herefordshire;**
- c) **member organisations are asked to promote and engage in activity to work towards the Smoke Free Generation in Herefordshire; and**
- d) **board members are asked to support and engage with a new Tobacco Control Alliance and the resulting Tobacco Control Plan, with reports provided annually to the board.**

22. HEREFORDSHIRE COMMUNITY SAFETY PARTNERSHIP UPDATE

Superintendent Helen Wain introduced an update on the work of the Herefordshire Community Safety Partnership (HCSP) and highlighted the following:

- i. In addition to the priorities of 'Domestic Abuse' and 'Violence Against Women and Girls', carried over from the Community Safety Strategy 2021-2024, the agreed priorities for 2024-2027 included 'Misuse of Drugs' and 'Neighbourhood Crime'.
- ii. The HCSP had also agreed cross cutting themes of 'Serious Violence', 'Serious Organised Crime', 'Prevention', and 'Community Engagement'.
- iii. A detailed review of the HCSP had been completed in 2023 and a revised governance structure had been implemented, as shown in the [agenda supplement](#), including sub-groups aligned to the priorities, and changes to the terms of reference, scope and membership of the Multi Agency Tasking and Coordination Group (MATAC).
- iv. Information was provided in relation to funding allocated from the Office of the Police and Crime Commissioner, West Mercia Serious Violence duty grant funding, and the Home Office funded hotspot programme.
- v. Information was also provided in relation to Domestic Homicide Reviews, challenges in establishing a multi-agency data set to support crime profiles for the county, and intra youth serious violence findings.
- vi. It was noted that a new Community Resilience Team was being created within Public Health.

In response to questions from Dr Andy Watts, Superintendent Wain said: the HCSP had not met since the rioting in the UK during the summer; a hate crime sub-group reported

into MATAAC; there had been a reduction in the reporting of hate crime which needed to be understood, with engagement with relevant groups; and references were made to the Prevent and CONTEST strategies.

Resolved: That the update report be noted.

23. HEREFORDSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2023/24

Kevin Crompton, Independent Chair of the Herefordshire Safeguarding Adults Board (HSAB), introduced the annual report of the HSAB and commented on the following:

- i. The HSAB had been working productively and collaboratively to understand the impact of its work and to be a learning partnership.
- ii. Work was ongoing to build on the multi-agency approach to the safeguarding front door and on transitions for those moving from child to adult services.
- iii. It was noted that comparisons with different authority areas were difficult but the fact that 91.3% of service users felt that the services provided made them feel safe and secure was considered a good indicator of positive outcomes.
- iv. A decrease in the number of safeguarding concerns over the reporting period by 34% was attributed to a change in the referral process; all referrals were being triaged prior to being sent to the safeguarding team.
- v. The staffing capacity of partners remained a challenge, particularly given volatility in referral numbers; for example, there had been five referrals for Safeguarding Adults Reviews in 2023/24 and ten to date in 2024/25.
- vi. It was considered that the Community Wellbeing Directorate had good infrastructure to support vulnerable people, with specific references made to Talk Community and to rough sleeper initiatives.

The Vice-Chairperson said that the report demonstrated that good partnership working that was being undertaken and thanked the Independent Chair for their contribution. The Chairperson welcomed the increase in the percentage of service users that felt safe and noted the need to keep the momentum going.

Resolved: That the board has considered the HSAB Annual Report 2023/24 and discussed the effectiveness of the arrangements for safeguarding adults in Herefordshire.

24. WORK PROGRAMME

The Chairperson drew attention to the updated work programme for the board.

Resolved: That the updated work programme be approved.

25. DATE OF NEXT MEETING

The date of the next scheduled meeting in public was confirmed as [Monday 9 December 2024, 2.00 pm](#)

The meeting ended at 3.40 pm

Chairperson



Title of report: Update to the board on the Good Mental Wellbeing throughout lifetime Implementation Plan

Meeting: Health and Wellbeing Board

Meeting date: Monday 9 December 2024

Report by: Kristan Pritchard, Public Health Lead

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose

To provide an update on the progress of the implementation plan for the board's strategic priority of 'Good Mental Wellbeing (GMW) throughout Lifetime', attached as Appendix 1.

Recommendation(s)

That:

- a) That the board considers the report, updated implementation plan and notes progress to date; and**
- b) That the board considers how to ensure that all partnership organisations are clearly sighted on the implementation plan and expected outcomes and references these across their own strategies and plans: both for adults and children and young people.**

Alternative options

1. The board could choose not to adopt and support the plan but this is key to demonstrating delivery of the actions and supporting Good Mental wellbeing.

Key considerations

2. The purpose of the GMW implementation plan is to specify the actions and activity that will improve mental wellbeing across the county.
3. There has been a considerable amount of engagement and development since the last update to the board in June 2024.
4. The Mental Health Needs Assessment (MHNA) epidemiological findings to date have been considered in the development of the GMW implementation plan. This includes findings from the community wellbeing survey and children and young people survey.
5. Leads from across a range of partners and including council colleagues have been identified and confirmed against the actions listed in the implementation plan.
6. Each action has been 'made smarter' or modified slightly to ensure that meaningful, measurable targets are able to be set.
7. Targets for each action have been set and strategic leads provide an update ahead of the Adult Better Mental Health Partnership Board.
9. A comprehensive 'performance monitoring framework' has been developed and shared with the Adult Better Mental Health Partnership Board. Actions relating to CYP emotional health and wellbeing report to this group as a standing item. This is the board with oversight of the plan.
10. The 'outcomes dashboard' requires additional work with our partners to ensure that the 'actions, targets and outcomes' sequence is aligned, with each of these being ambitious but realistic within specified timescales and measurable.
11. Reporting to One Herefordshire Partnership is scheduled to take place prior to the Health and Wellbeing Board meetings.
12. There is continued commitment and enthusiasm for GMW from partners and a desire to ensure that all partnership organisations are clearly sighted on the implementation plan and reference it across their own strategies and plans.
13. The action plan (Appendix 1) has been RAG rated, to clearly demonstrate progress against targets.

Community impact

14. The purpose of the GMW implementation plan is to specify the actions and activity that will improve the wellbeing of Herefordshire residents. One of the key principles upon which the Joint Local Health and Wellbeing strategy (JLHWBS) was developed was that of involving our communities in any actions that are proposed which will be enhanced by the Herefordshire Together initiative. The plan will also support the ambitions of the Council plan specifically, supporting all residents to live healthy lives within their communities, enable people to support themselves and each other by providing the right help at the right time, and work with residents and partners to build connected and resilient communities.

Environmental impact

15. There are no general implications for the environment arising from this report; however the plan includes support to increase physical activity including through active travel which may have a positive environmental benefit.

Equality duty

16. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
17. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.
18. The principles of equality and the reversal of health inequalities are key strands of the plan. The (Mental Health Needs Assessment) MHNA will provide an assessment of our system need and our ongoing engagement with a wide range of partners will also support this. An Equality Impact assessment has been undertaken with the current action plan and will be regularly reviewed as we progress our activity.
19. The plan calls for intervention by working together at system, place, and community levels to tackle issues reflecting whole system priorities as well as specific concerns at the right scale. The plan will consider population needs and target relevant activity to this.

Resource implications

20. There are no resource implications associated with this report. However, the resource implications of any recommendations made by the HWBB will need to be considered by the responsible party in response to those recommendations or subsequent decisions.

Legal implications

21. In accordance with Health and Social Care Act 2012, Health and Wellbeing Boards are responsible for encouraging integrated working between health and social care commissioners, including partnership arrangements such as pooled budgets, lead commissioning and integrated provision.
22. The functions of the Health and Wellbeing Board are set out in paragraph 3.5.24 of the constitution.

Risk management

<u>Risk</u>	<u>Mitigation</u>
That funding for certain initiatives within the plan will not be continued or have reduced budget implications.	Continue to raise awareness and evidence outcomes from the initiatives to ensure continued funding.

23. There are no risk implications identified emerging from the recommendations in this report. However, the delivery of these plans require system and collaborative working across all partners. Where possible, we have identified where activity is funded, but given the fiscal position across partners these will need to be kept under review.

Consultees

24. Consultation on action planning and setting targets undertaken with the Adult Better Mental Health Partnership Board and 1HP and action leads identified.

Appendices

Appendix 1: GMW implementation plan

Appendix 2: Presentation, GMW throughout life, December update

Background papers

None identified.

Glossary of terms, abbreviations and acronyms

ABMHPB –Adult Better Mental Health Partnership Board

GMW – Good Mental Wellbeing

JLHWBS – Joint Local Health and Wellbeing strategy

1HP – One Herefordshire Partnership

MHNA – Mental Health Needs Assessment

Good Mental Wellbeing throughout lifetime Implementation Plan 2023-2025

This draft implementation plan has been developed through engagement with the Adult Better Mental Health Partnership, Health & wellbeing board partners, and the voluntary sector. In addition, the plan considers the Best Start in Life (BSiL) delivery plan, the Herefordshire children and young people's emotional health and wellbeing plan, and H&W mental health collaborative plans. The plan will continue to evolve and develop throughout its life course.

Cross-cutting, collaborative actions, required to underpin all transformational developments:

Actions	Review date	Responsible Service(s)	Indicators/measurements	RAG	Progress
A. Sign up to the National 'Prevention Concordat for Better Mental Health' initiative	Dec 2024	Herefordshire Council	Listed as signatory of the Concordat Action plan development Collaborative actions delivered		Application finalised Awaiting Regional team time-line for review
B. Deliver a Mental Health needs assessment	September 2024	Public health	Completed needs assessment		Full draft of NA currently under review
C. Create a collaborative 12 month localised comms plan to include Better Health-Every Mind Matters,	March 2024	Herefordshire Council	Completed comms plan/ No. of delivered comms		12 month plan developed in collaboration with internal HC comms and aligned with PA comms (WMH day & suicide prev) Comms messaging through Healthy schools

Ambition 1: People feel satisfied with life and have a positive sense of personal wellbeing					
Outcome 1.1: Improve individual good mental health and resilience					
Actions	Target/review date	Responsible Service(s) and reporting leads	Indicators/measurements	RAG	Progress
1.1.1 Increase uptake of Mental Health First Aid training in the community	July 2024	Talk Community	No. educational staff completing MHFA training Increase awareness of MH		MHFA (2 day training) – 72 people MH champion (1 day) - 168 MH awareness (½ day) – 15 Last training offered July
1.1.2 Increase uptake of Making Every Contact Count (MECC) training and Solihull offer	Dec 2024	Public Health	No. completing MECC training/ No.taking up Solihull offer Increase knowledge of healthy lifestyle information and signposting support Increase workforce and parental knowledge		MECC e-learning open to all Solihull continued to deliver training, train the trainer and across educational settings
1.1.3 Increase completion rate of Making Every Contact Count e-learning (incl.focus on 55+, MH services staff)	Dec 2024	All	No. MH services staff completing MECC e-learning No. people completing MECC e-learning		E-learning link shared across ABMHPB partners to increase reach into MH services Link to frailty plan
1.1.4 Ensure 5 ways to wellbeing is integrated primary care networks and associated care pathways (incl. Frailty focus)	Dec 2024	General practice	Comms to PCNs % residents in contact with family, friends, neighbours % patients signposted to community support		PC representation on BMHPB and discussions underway with PCN areas Link to frailty plan

Ambition 1: People feel satisfied with life and have a positive sense of personal wellbeing
Outcome 1.1: Improve individual good mental health and resilience

Actions	Target/review date	Responsible Service(s) and reporting leads	Indicators/measurements	RAG	Progress
1.1.5 Support the activity of the Physical activity strategy steering group to enhance wellbeing offer	March 2024	Public Health	Attendance at Physical activity strategy steering group meetings % physically active adults % physically active children	Green	PH representation at PA strategy group and PA action plan has been refreshed (July 2024) development includes MW Comms plans coordinated
1.1.6 Support employers to develop a workplace mental wellbeing support offer	Dec 2025	Public health Stride (school settings)	No. employers/workplaces supported No. employees taking up support offers/engaging with resources	Yellow	Suicide prevention officer Worcs link CVD workplace NHS Health checks commenced, holistic support offer
1.1.7 Peer mentoring in secondary schools	Dec 2024	Talk Community	No. Schools engaged No. Training sessions delivered Podcast developed Staff CPD delivered	Green	Ongoing delivery to complete delivery to remaining 5 secondary schools Linked to Healthy schools roll out

Ambition 1: People feel satisfied with life and have a positive sense of personal wellbeing					
Outcome 1.2: Reduce the rates of self-harm amongst young people					
Actions	Target/review date	Responsible Service(s) and reporting leads	Indicators/measurements	RAG	Progress
1.2.1 Distribute Mental wellbeing PSHE resource toolkits to schools	July 2024	CLD	No. schools receiving/ accessing resource toolkits		Toolkit developed Website launched Linked in to our Healthy tots & Healthy schools programme to continue delivery
1.2.2 Deliver targeted physical activity interventions to improve the mental wellbeing of children and young people e.g. Active Families, Climbing for confidence, school nursing support	July 2026	Stride Active, Wye Valley Trust	No. interventions delivered/ No. CYP participating CYP physical activity levels Qualitative feedback and impact		PH awarded contract for physical activity intervention Aug 2024-Aug 2026
1.2.3 MIND peer support pilot delivery for secondary age pupils	July 2024	MIND/Public Health	No. sessions delivered No. families engaged		1 year pilot complete PH funded further 12 months until July 2025, extend rural offer and school collaboration offer

Ambition 1: People feel satisfied with life and have a positive sense of personal wellbeing					
Outcome 1.3: Reduce the rates of suicide					
Actions	Target/review date	Responsible Service(s) and reporting leads	Indicators/measurements	RAG	Progress
1.3.1 Refresh the local suicide strategy	April 2025	Public Health	Completed strategy Stakeholder engagement		Local stakeholder engagement underway to complete 31 st Oct Online survey created, working group leading delivery

Ambition 1: People feel satisfied with life and have a positive sense of personal wellbeing					
Outcome 1.3: Reduce the rates of suicide					
Actions	Target/review date	Responsible Service(s) and reporting leads	Indicators/measurements	RAG	Progress
1.3.2 Implement and roll-out a local Real time suicide surveillance system	June 2024	Commissioning/Public Health	Completed dashboard		RTSS in place RTSS lead identified RTSS monitoring and ongoing development underway
1.3.3 Raise awareness of the issue of suicide, its causes and sources of help to those affected by either feeling suicidal or bereaved as a result of suicide.	Dec 2024	H&W suicide prevention team	No. distributed resources Signposting information Rate of Suicides (PHOF)		The <u>Life Lines campaign</u> and a stand was set up at Plough Lane for World Suicide Prevention Day Successful in our application for the <u>Baton of Hope 2025</u> , which we will host on Thursday 2 nd October 2025 Regular HT article provided
1.3.4 Increase uptake of bereaved by suicide support	Dec 2025	All partners	No. people bereaved by suicide accessing support		Attendance at BBS meetings, Development of materials for Healthy schools Close working with BBS and link from RTSS
1.3.5 Implementation of a 'safety plan' tool	Jan 2026	Suicide prevention officer and partners	No. of services using joint 'safety plan' tool Quant & Qual user feedback		Tool created Sharing with safeguarding board early Nov
1.3.6 Create a Suicide Audit group	Sept 2024	Public Health	No.group meetings		TofR developed & partner engagement Suicide audit group met Sept 2024

Ambition 2: Individuals and families are able to access appropriate Mental Health information and services					
Outcome 2.1: Improvement in access to Mental Health advice and information					
Actions	Target/review date	Responsible Service(s) and reporting leads	Indicators/measurements	RAG	Progress
2.1.1 Undertake a Children & Young People survey	Jan 2025	Herefordshire Council / Business Intelligence	Survey results		C&YP survey finalised C&YP survey live May, survey completed Sept, survey feedback expected Nov 2024
2.1.2 Undertake a Community Wellbeing survey	Survey commence Spring 2025	Public health	Survey results		Included in forward plan
2.1.3 Complete the recommissioning of the Talk Community Directory and ensure inclusion of dedicated mental health advice and information	April 2024	Herefordshire council Dementia partnership	Updated Talk Community Directory Dementia RoadMap Dedicated mental health advice and information section		Recommissioning complete Dementia RoadMap resource created TC MH information pages under development to align with MHNA service mapping
2.1.4 Ensure all schools are aware of and consider applying for the MH lead training grant	July /2024	All	No. applications for the MH lead training grant No. people who have completed MH lead training		78% schools taken up grant Information continues to be shared through various channels
2.1.5 Raise awareness of interventions that address rural isolation and loneliness	Dec 2025	Talk Community	% residents (18+) who say they feel lonely often or always; % of residents in contact with family, friends or neighbours		Included in MW 12 month comms plan Information on Talk Community Herefordshire Together grants distributed Hereford Now article focus Dec 2024
2.1.6 Improve access to advice & information for those with LD	April 2025	Partnership	Uptake of MH services for those with LD		More work to be undertaken, initial discussions, exploring carried out Lumi-nova LD exploration

Ambition 2: Individuals and families are able to access appropriate Mental Health information and services					
Outcome 2.2: Increase access to Mental Health services					
Actions	Target/review date	Responsible Service(s) and reporting leads	Indicators/measurements	RAG	Progress
2.2.1 Scope prevalence of Neurodivergent CYP in H&W to understand current and future needs	Dec 2024	ICB	Pathway agreed		New ND Pathway to meet demand will be agreed by ICB in December
2.2.2 Increase provision and uptake of a countywide peer support offer in collaboration with partners	Dec 2025	All	No. of peer support offers		Discussions undertaken, more work required to map offer. There has been some new peer support offers through partners e.g. Stride peer support
2.2.3 Ensure effective signposting to perinatal MH services	June 2024	ICB	No. referrals to perinatal MH services		Discussion with perinatal team, part of MHNA PH part of perinatal H&WB group
2.2.4 Implement relevant actions from C&YP emotional health and wellbeing transformation plan	April 2025	C&YP emotional health and wellbeing group	Review implementation progress of transformation plan actions		Meeting re-implemented Luma Nova implementation introduction of the 0-25 Early Intervention and Preventative Mental Health Service. Objectives 2,3,5 & 6 progressing as planned. Objectives 4 and 8 progressing but delayed. Progress on objectives 1 and 7 unclear – to form part of review of plan to ensure greater clarity going forward.
2.2.5 Mental Health screening outreach for farming communities	June 2025	Talk Wellbeing	No. people referred to talking therapies No take up screening		Talk wellbeing approach Workplace health (OHID funds) project implemented VCSE offer We are farming minds offer

Ambition 2: Individuals and families are able to access appropriate Mental Health information and services					
Outcome 2.2: Increase access to Mental Health services					
Actions	Target/review date	Responsible Service(s) and reporting leads	Indicators/measurements	RAG	Progress
2.2.6 Improve access to advice, information and support for veterans	November 2024	Defence Medical Welfare Service Royal British Legion Admiral Nurse Service	No. people supported by DMWS No. of people supported RBL AN Service Help for heroes offer		Improved experiences of healthcare and to support recovery from illness Help veterans and their families to access support in their local area Royal British Legion Admiral Nurse service offers specialist support and advice to families caring for people living with dementia

Ambition 2: Individuals and families are able to access appropriate Mental Health information and services					
Outcome 2.3: Improve the physical health of individuals with mental illness					
Actions	Target/review date	Responsible Service(s) and reporting leads	Indicators/measurements	RAG	Progress
2.3.1 Increase uptake of physical health checks among those living with serious mental illness (and reduce variation) ensuring appropriate signposting and provision of support to access services	Dec 2026	HLTS Health check provider	% adults with SMI with completed physical health checks		HLTS support for Oakhouse & 27a Outreach pilot commenced in workplaces

Ambition 2: Individuals and families are able to access appropriate Mental Health information and services					
Outcome 2.3: Improve the physical health of individuals with mental illness					
Actions	Target/review date	Responsible Service(s) and reporting leads	Indicators/measurements	RAG	Progress
2.3.2 Decrease smoking among people with a mental health condition by working with providers of MH services and smoking cessation services to ensure effective support	Dec 2026	Public Health	% people with a MH condition who smoke/engage services/quit attempt and successfully quit		HLTS new service funding in place Dedicated service offer developed Wellbeing question asked upon assessment
2.3.3 Pilot physical activity interventions for people living with dementia to enable them to get physically active and socialise	Pilot start autumn 2023 Dec 2024	Public Health/Halo & Herefordshire Dementia Partnership	No. pilot physical activity interventions No. people living with dementia participating in pilots		Pilot completed in Hereford and oversubscribed Further funding of new programmes approved to extend out of city (3 programmes)
2.3.4 Review referral management between teams to reduce gap in eligibility and ensure smooth transitions	June 2025 Supported in part by MHNA	Public Health/Service providers MEAM	Referral management review		Referral form for breaking the cycle created Partnership in place (TP &MHNT) Still work to be done around MHNT rejections

Ambition 3: People feel safe from harm in their community					
Outcome 3.1: Increase Community Mental Health Support					
Actions	Target/review date	Responsible Service(s) and reporting leads	Indicators/measurements	RAG	Progress
3.1.1 Produce and implement a Comms plan	MH Coms plan	All Comms	Completed Comms plan		12 month comms plan developed, including focus on

Ambition 3: People feel safe from harm in their community					
Outcome 3.1: Increase Community Mental Health Support					
Actions	Target/review date	Responsible Service(s) and reporting leads	Indicators/measurements	RAG	Progress
aimed at reducing Mental Health stigma	developed March 2024		No. of delivered Comms		loneliness, stigma and wellbeing
3.1.2 Pilot Mental Health support in different settings when out of hours	Dec 2026	Community organisations	4 ladies night sessions planned, 2 delivered		Ladies night ongoing Partnership desire for well-space to run
3.1.3 Implement relevant actions from BSiL implementation plan	Dec 2024	BSiL / Public Health link	Review implementation progress of transformation plan actions		Continue to liaise with BSiL lead and overlay plans

Ambition 3: People feel safe from harm in their community					
Outcome 3.2: Improve partnership working					
Actions	Target/review date	Responsible Service(s) and reporting leads	Indicators/measurements	RAG	Progress
3.2.1 Undertake a review of Talk Community	April 2024	Herefordshire Council	Completed Talk Community review		Review complete
3.2.2 Deliver a range of initiatives through the Safer Communities Fund to support early help and tackle the root causes of crime	June 2024	Herefordshire Council Police and Crime Commissioner	Increase in level 2 early help support How safe or unsafe do people feel when outside in their local area after dark?		Safer community initiatives delivered Linked in to Police rep, next phase of delivery underway (Leominster)

Ambition 3: People feel safe from harm in their community					
Outcome 3.2: Improve partnership working					
Actions	Target/review date	Responsible Service(s) and reporting leads	Indicators/measurements	RAG	Progress
			(Community Wellbeing survey)		
3.2.3 Continue to review approach of the 'most appropriate agency' policy across organisations to deal with problems or concerns	Policy development Dec 2026	ICB	Review and implementation of 'most appropriate agency' policy		Complete
3.2.4 Deliver the priorities of the community safety partnership to keep people safe from harm e.g. violence against women, domestic abuse	Jan 2025	Community Safety Partnership	Community Safety Strategic Assessments		Ongoing - Priorities delivered as held by CSP

Ambition 3: Individuals and families are able to access appropriate Mental Health information and services					
Outcome 3.3 : Improvements to surroundings					
Actions	Target/review date	Responsible Service(s) and reporting leads	Indicators/measurements	Resource	Action targets
3.3.1 Create a tool which allows policymakers to examine impact of their proposals decision making on mental health	Dec 2026	Public Health / planning	HIA of Local plan HIA framework in place		PH lead supporting this work MWIA being explored HIA work developing

Ambition 4: People feel connected in their communities					
Outcome 4.1: Increase access and knowledge of community support					
Actions	Target/review date	Responsible Service(s) and reporting leads	Indicators/measurements	RAG	Progress
4.1.1 Invest £75,000 into a community solutions initiatives to create meaningful connections for people to improve their emotional wellbeing	January 2024	Better Mental Health Partnership Children and Young People Partnership	Wellbeing Community networks		Herefordshire together, Grants live (Jan) Grants allocated (April)
4.1.2 Support the youth officer pilot support within diabetes/ epilepsy WVT service	June 2024	WVT (Mark Weston)	No. patients engaged		Recruited to posts, pilot delivery underway, 33 referrals, 1:1 and group sessions underway
4.1.3 Improve signposting and awareness of local community groups (e.g. support groups, activity groups, clubs) via different channels (e.g. social prescribers, town notice boards)	December 2025	All	No. people participating in local community groups No. Comms % residents who give unpaid help to any group(s), club(s) % CYP who took part in some form of volunteering outside school/college		Ongoing – Talk community, campaigns/promotions

Ambition 4: People feel connected in their communities					
Outcome 4.2: Reduce loneliness & social isolation					
Actions	Target/review date	Responsible Service(s) and reporting leads	Indicators/measurements	RAG	Progress
4.2.1 Promote volunteering opportunities available via Herefordshire Wellbeing Ambassadors and Strong Young Minds Champions	December 2024	Community organisations	% residents who give unpaid help to any group(s), club(s) % CYP who took part in some form of volunteering outside school/college		Exploring current offer
4.2.2 Continue to support the health trainers, wellbeing teams and talk wellbeing to develop community activity and link people into activities	December 2025	Healthy Lifestyle trainer service, Talk wellbeing and PCN wellbeing teams	No. health trainers No. people referred into activities Health trainer feedback		Services currently being delivered
4.2.3 Support the creation of activities and initiatives that enable people to connect with nature and greenspace to improve their wellbeing	December 2025	All	No. Comms promoting local designated wildlife sites/ visits/foot traffic to wildlife sites No.activities available CYP wellbeing scores on the Stirling Children's wellbeing scale (CYP QoL survey)		Herefordshire together grants delivered PA strategy and campaign plan support and collaboration with HWT activity underway
4.2.4 Support local befriending schemes to reduce loneliness & social isolation	December 2025	Talk community	No. people participating Proportion of residents who say they feel lonely often or always; Percentage residents in contact with family, friends or neighbours most days		Campaigns/promotion Herefordshire together grant awards Talk Community activity Engaging with primary care

Ambition 4: People feel connected in their communities					
Outcome 4.2: Reduce loneliness & social isolation					
Actions	Target/review date	Responsible Service(s) and reporting leads	Indicators/measurements	RAG	Progress
4.2.5 Implement Rambler wellbeing walks programme	Sept 2025	Public Health	No. Walks registered No. walk leaders		Toolkit purchased, training underway Programme implementation ongoing
4.2.6 Support Rotherwas historic & nature walks	December 2024	<u>Rotherwasth</u> <u>enandnow</u> historic walks Nature walks	Number of walks Number of participants		QR codes in place around Rotherwas to enable self-guided walks by Dec 2024; programme of walks undertaken between April and Dec 2024

Ambition 4: People feel connected in their communities					
Outcome 4.3: Increase community activity offer					
Actions	Target/review date	Responsible Service(s) and reporting leads	Indicators/measurements	Resource	Action targets
4.3.1 Continue to invest in the children and young people's community eating disorder team	June 2024	ICB	No. patients engaged Healthy eating and drinking data (CYP QoL survey)		Investment has continued within CYP ED community services.
4.3.2 Support the Sustainable Food Places approach and the opportunities created by 'food'	December 2024	Public Health	Review implementation of plans		Bronze award achieved Action plan 2024/25 under development
4.3.3 Increase volunteering opportunities	December 2025	All	No. of volunteering opportunities		Herefordshire together grants support this. Ongoing

Ambition 4: People feel connected in their communities					
Outcome 4.3: Increase community activity offer					
Actions	Target/review date	Responsible Service(s) and reporting leads	Indicators/measurements	Resource	Action targets
4.3.4 Promote and develop existing activities around arts and culture as part of the national creative health initiative	December 2025	Public Health	Leisure and physical activity data (CYP QoL survey)		Herefordshire together grants awarded. Hereford art trail Public Health engagement with leisure
4.3.5 Personalised Support for older people incl. those with complex needs	Dec 2024	Herefordshire Dementia partnership	No. activities for older people with complex needs		Continue to enhance community wellbeing resources to support older people with complex needs including people affected by dementia: 5 Meeting Centres across Herefordshire by June 2025 6 Memory Cafes by June 2025 Increase network of CRISP and Singing for the Brain across the county

RAG Rating Key					
	Not started	On track	Some issues / delay	Attention required / at risk	Complete

Good Mental Wellbeing
throughout lifetime (GMW)
December update
Kristan Pritchard PH Lead



Health and Wellbeing Board Update on Good Mental Wellbeing throughout lifetime

Recommendations:

- a) That the board considers the report, updated implementation plan and notes progress to date; and

- b) That the board considers how to ensure that all partnership organisations are clearly sighted on the implementation plan and expected outcomes and references these across their own strategies and plans: both for adults and children and young people.

Update to the board on the Good Mental Wellbeing throughout lifetime Implementation Plan

- Implementation (action) plan created
- Outcomes dashboard developed - review planned for January 2025



38

- The Adult Better Mental Health Partnership Board meets regularly and reports to 1HP and the Health and Wellbeing Board
- First annual report of the implementation plan to be presented to Health and Wellbeing Board, June 2025



Our Ambitions and activity so far:

1. People feel satisfied with life and have a positive sense of personal wellbeing

Mental wellbeing PSHE resource toolkits provided to schools

Implemented a local Real Time Suicide Surveillance System

Solihull Parenting Courses - 1344 'Understanding Your Child' from toddler to teenager course; 299 'Understanding Your Child with Additional Needs'. 280 early years workers have been trained in the Solihull Approach 2-day foundation training, with 95% of professionals trained reporting this training as highly relevant to their work.



2. Individuals and families are able to access appropriate mental health information and services

Undertaken a Children & Young People 'quality of life' survey – building on the 2021 survey to identify needs

Piloted and expanded physical activity interventions for people living with dementia to enable them to get physically active and socialise

Our Ambitions and activity so far:

3. People feel safe from harm in their community

Community Wellbeing Survey in development – to build on previous survey

Creating a tool which allows policymakers to examine the impact of their proposals and decision making on mental health

41

4. People feel connected in their communities

£75,000 invested into a community solutions initiative to create meaningful connections for people to improve their emotional wellbeing – Herefordshire Together





Title of report: Update on Inequalities Strategy 2023-2026

Meeting: Health and Wellbeing Board

Meeting date: 9 December 2024

Report by: Consultant in Public Health

Classification

This report is open.

Decision type

This is not an executive decision

Wards affected

(All Wards)

Purpose

This report updates the Health and Wellbeing Board on the progress made towards reducing health inequalities in Herefordshire using the CORE20+5 model.

Recommendation(s)

That the Health and Wellbeing Board:

- a) Note the comprehensive and innovative programme of work which is underway to reducing health inequalities in Herefordshire;**
- b) Continue to support a system approach to delivery of the strategic priorities identified in the Inequalities Strategy; and**
- c) Support work to develop a revised action plan to incorporate the CORE20+5 approach.**

Alternative options

1. The alternative would be non-delivery of the Inequalities Strategy. This would be detrimental to the health and wellbeing of local people, there is strong evidence linking those experience health inequalities to poorer health related outcomes.
2. Non-delivery of the Inequalities Strategy would disproportionately affect those who already experience poorer health outcomes and would therefore widen health inequalities.

Key considerations

3. Health inequalities are defined as the 'unfair and avoidable differences in health across the population and between different groups within society'. They arise because of the conditions in which we are born, grow, live, work and age. This can include, although is not limited to, differences in health status, access to care and wider determinants of health such as housing and education.
4. The purpose of the Inequalities Strategy was to shape the direction and the objectives of work over three years to reduce inequalities across the county (Appendix 1). Harms caused by inequalities are largely preventable; the aim of the Inequalities Strategy is to take action to reduce inequalities and to reduce or prevent poor health and well-being to make Herefordshire a happier, healthier, and safer place to live and work in.
5. The Herefordshire Health Inequalities, Prevention & Personalisation (HIPP) board chaired by Healthwatch, oversee the Inequalities Strategy and action plan. It was decided by the board that the findings from Inequalities Strategy were pertinent, however the action plan was skewed towards COVID recovery and not fully utilising frameworks referenced in the strategy, such as the CORE20+5.
6. The Inequalities action plan will be updated to reflect use of the CORE20+5 model to reduce health inequalities. The model aims to provide a framework from which local authorities can base their health inequality strategy. This acronym can be broken down into three components:

Core20 – encompassing 20% of the national population who live in the most deprived quintile as per the Index Multiple Deprivation.

PLUS – The three 'PLUS' population groups identified below demonstrate the approach of meeting the most deprived population and have been chosen as priorities for this inequalities strategy:

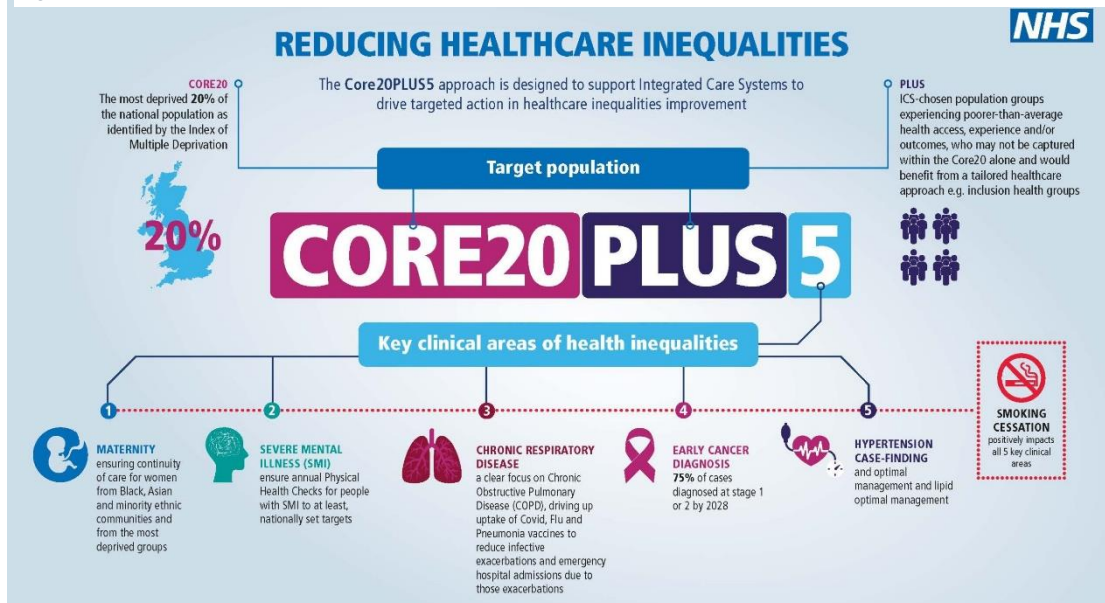
People who are not registered with a general practice: By definition, accurately quantifying the number of unregistered individuals within Herefordshire is difficult. Unregistered individuals are at risk of being 'unseen' and 'unheard' within health services, increasing health inequalities. This is a priority group that has been identified at Integrated Care System (ICS) level.

Rurally dispersed: Given Herefordshire's low population density, there is a large proportion of residents who face significant geographical barriers to accessing healthcare. 53% of residents live in areas defined as 'rural', with the majority of these in the most rural 'village and dispersed' areas nationally. The vast majority of those working in farming and agriculture also live in rurally dispersed areas. Just under a third of the population lives in Hereford city, and just under a fifth in one of the three largest market towns of Leominster, Ross and Ledbury.

Gypsy Roma and Traveller community: This population is often under-recorded in census data. Herefordshire Council estimate this community accounts for approximately 3% of the Herefordshire population. The UK Government previously stated that 'Gypsies, Travellers and Roma are among the most disadvantaged people in the country, and have poor outcomes in key areas like health and education'.

5 Key Clinical Areas – that have been prioritised within the NHS long term plan: continuity of maternity care, annual health checks for severe mental illness, vaccination uptake for individuals with chronic respiratory disease, early cancer diagnosis and hypertension case-finding and management.

Figure 1 NHS CORE20+5 Model¹ [CORE20PLUS5 Powerpoint.v3](#)



- The Public Health team propose taking a more practical approach to embed the CORE20+5 model for Primacy Care Networks (PCNs) to use in order to reduce inequalities. Using the Core20PLUS5 framework a number of indicators were identified to align with the Quality Outcomes Framework (QOF) against the 5 key clinical areas. More information on the indicators will be covered in the presentation (Appendix 2)
- Colleagues at Herefordshire General Practice supported the development of a health inequalities dashboard, using the CORE20+5 framework and data extracted from GP clinical systems. More information in Appendix 2.
- Public Health supported training PCNs, social prescribers, Talk Community and others on how the dashboard can be used to identify inequalities, plan interventions and evaluate impact in a series of workshops.
- A public health lead was assigned to each PCN to support use of the dashboard, plan interventions and provide public health expertise, such as evaluation framework and intervention checklist (Appendix 3).
- PCNs have started developing action plans, which base activity on evidence gathered from the health inequalities CORE20+5 dashboard. This will provide a more evidence-based approach and standardised approach to reduce health inequalities in Herefordshire. The vision is to have these action plans in a single location i.e. SharePoint to support and review progress through the HIPP board.
- Partnership working has been strongly encouraged across the system, reducing health inequalities is not the sole responsibility of PCNs. Partners from Talk Community, Talk Wellbeing, Health Watch, secondary care and others have been well represented during the development.

Community impact

- Interventions developed using the health inequalities dashboard will have direct impact on the most disadvantaged communities in Herefordshire.

Environmental impact

14. This report is considered to have minimal environmental impact.

Equality duty

15. The detail in the Inequalities Strategy has due regard to this duty, and a programme of work is planned and underway which seeks to deliver appropriate support for those who share protected characteristics.
16. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Resource implications

17. Accepting the recommendations of this report does not in itself have resource implications. Creative solutions will be needed including the re-prioritisation of existing budgets and applications for additional funding whenever opportunities arise, across the system.

Legal implications

18. In line with the Council's constitution paragraph 3.5.25, and as per the Health and Social Act 2014, the role of the Health and Wellbeing Board is to consider this report in line with its responsibilities to support and encourage joint working to improve health and social wellbeing across the county.

Risk management

19. Accepting the recommendations of this paper carries a minimal risk for the constituent organisations of the Health and Well-being Board, e.g. budgetary risks if funding runs out mid-project. The health inequalities work that has commenced offers many opportunities to share learning with other PCNs, identify potential gaps in need and offer a platform where multi agencies can work in partnership.

Appendices

Appendix 1: Inequalities Strategy 2023-2026

Appendix 2: Presentation, Health Inequalities, to be given at the Health and Wellbeing Board; accompanied by a demonstration of the health inequalities dashboard.

Appendix 3: Intervention Checklist, which was one of the tools developed to support developed of PCN action plan.

Background papers

None identified.

Herefordshire

Health and Well-being Board

Inequalities Strategy

2023-2026

Plan on a Page

Vision;	Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure.		
The Challenge	Requires inequalities in health outcomes between different groups of people to be reduced. This necessitates a mix of short, medium and long term action including upon the wider determinants.		
We will focus on;	Reducing health inequalities across the population, particularly within:		
	Rurally dispersed	Travelling Community	Unregistered individuals
To do this we will;	Work in partnership to develop local solutions, using national frameworks and best practice, which encourage and empower people of all ages and abilities to reduce inequalities and improve health and wellbeing; focusing on;		
1.	Engaging healthcare professionals to improve digital and health literacy		
2.	Empower and support workforces to understand and deliver equitable services that reduce inequalities and address workforce inequality and training needs		
3.	Reaching communities to work in partnership to reduce inequalities		

Context

1. Since the last strategy, the Herefordshire Health and Well-being Board agreed that its vision is that; **Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure.**
2. A new Herefordshire Health and Well-being Board Strategy is currently under development, with tackling inequalities identified as a key area of focus during 2022/23. The new strategy will be available from April 2023.
3. The purpose of this Inequalities Strategy is to shape the direction and the objectives of work over the next three years to reduce inequalities across the county.
4. Harms caused by inequalities are largely preventable; the aim of the Inequalities Strategy is to take action to reduce inequalities and to reduce or prevent poor health and well-being to make Herefordshire a happier, healthier, and safer place to live and work in.
5. Creating a more equal society, in which it is easier and fairer for all people to sustain or return to good health and well-being, will require co-production with a range of organisations and bodies over a significant period of time. Meeting the challenge requires a renewed emphasis on inequalities and prevention across all organisations with action in the long term to address the wider influences on health and well-being.

Health Inequalities

6. Health inequalities are defined as the ‘**unfair** and **avoidable** differences in health across the population and between different groups within society’. They ‘arise because of the conditions in which we are born, grow, live, work and age’. This can include, although is not limited to, differences in health status, access to care and wider determinants of health such as housing and education.
7. The [Equality Act 2010](#) identified nine protected characteristics:
 - Age;
 - Disability;
 - Race including ethnicity and national identity;
 - Sex;
 - Gender re-assignment;
 - Marriage and civil partnership;
 - Pregnancy and maternity;
 - Religion or belief, including lack of belief;
 - Sexual orientation

8. Whilst equality aims to provide individuals with the same opportunities or resources, health equity is realised when each individual has a fair opportunity to achieve their full health potential. This emphasises a non-uniform approach to facilitate the same level of health outcome and reinforces the NHS commitment that everyone should receive services according to individual need. We recognise that need and the capacity to benefit from services is shaped by the factors listed in paragraph 9 below.
9. The [Health Equity Assessment Tool \(HEAT\)](#) uses four overlapping dimensions to describe where health inequalities exist:
 - Protected characteristics
 - Inclusion health and vulnerable groups e.g., homeless individuals, people who leave prison, travelling community
 - Socio-economic groups and Deprivation e.g. deprived areas
 - Geography e.g., rural and urban
10. Health inequalities are known to exist across some of the protected characteristics (such as age, sex and ethnicity) but data is less clear for others. In addition, there are some important dimensions of health inequalities, such as deprivation, employment, income and educational attainment that are not protected characteristics under the Equality Act 2010.
11. The interplay between these factors and the wider determinants of health is complex and often requires a life course perspective. This may include targeting lifestyle factors – such as smoking and diet, as well as education, housing and employment/income.
12. A factor frequently associated with health inequalities is deprivation. This is measured using the [Index of Multiple Deprivation 2019](#) (IMD2019) that summarises the overall deprivation experienced in each Lower Super Output Area (LSOA), fixed statistical geographies of about 1,500 people designed by the Office for National Statistics (ONS), in England. It is made up of seven weighted domains of deprivation: income; employment; education; health deprivation and disability; crime; barriers to housing & services; and living environment. The health deprivation and disability domain consists of the following indicators:
 - Years of potential life lost: an age and sex standardised measure of premature death
 - Comparative illness and disability ratio: an age and sex standardised morbidity/disability ratio
 - Acute morbidity: an age and sex standardised rate of emergency admission to hospital
 - Mood and anxiety disorders: a composite based on the rate of adults suffering from mood and anxiety disorders, hospital episodes data, suicide mortality data and health benefits data

13. The coronavirus (COVID-19) pandemic has highlighted and exacerbated the widening health inequalities that occur nationally with a disproportionate impact on certain, often disadvantaged, populations such as the most deprived populations.
14. Health inequalities are, by definition, preventable. Evidence has shown that reducing health inequalities within a population helps to improve life expectancy and reduce disability throughout the social gradient. This requires a multifaceted, cross-sector collaborative approach across all social determinants of health.

What is the national picture?

15. Health inequalities exist nationally. The 'social gradient' of health' describes the relationship between deprivation and health outcomes, including life expectancy, within England (Public Health England, 2017). Individuals from a lower socioeconomic position are more likely to have poorer health outcomes and a lower life expectancy than those of higher income.
16. Healthy life expectancy is another important indicator of health inequalities. This accounts for an individual's quality of life as well as the length – encompassing morbidity as well as mortality. In England, people living in the least deprived areas of the country live around 20 years longer in good health than people in the most deprived areas.
17. The ONS 2018-20 data (2022) showed that males who live in the least deprived decile of England had over 18 years more of good health compared to the highest deprived decile.
18. As well as health outcomes, access to healthcare services is associated with health inequality. Tudor Hart's 'inverse care law', proposed in 1971, remains relevant today. This describes how the 'availability of good medical care tends to vary inversely with the need for it in the population served'. Communities with higher deprivation, rural dispersion and the travelling community tend to face more barriers in accessing services despite, on average, greater health needs.
19. The financial implications of health inequalities were estimated by the Marmot Review (2010) at over £30 billion in lost productivity, with further costs for NHS healthcare use and welfare payments.
20. Digital exclusion has the potential to exacerbate social exclusion and inequalities. This is likely to become increasingly important as it is forecast that 90% of all jobs will soon require some form of digital capability. However, the Government's digital inclusion strategy (2014) has identified key groups that are at risk of digital exclusion including social housing tenants, those with registered disabilities and those aged over 65. Ensuring these groups have equal future opportunities and prospects is imperative.

21. Common causes of digital exclusion include lacking digital skills and the confidence to use them; poor access to infrastructure, fast broadband and local amenities, which can be worse in rural areas; and costs including devices, broadband subscription or monthly fees for mobile data.

What is the scale of the problem in Herefordshire?

22. Overall, Herefordshire's residents are in good health. When compared to other areas of England, Herefordshire has, on average, lower levels of overall, multiple deprivation and there is a relatively low proportion of children living in income deprived households. However, Herefordshire is more deprived than its geographical neighbours Shropshire, Worcestershire and Gloucestershire.
23. Nine of Herefordshire's LSOAs are within the 25% most deprived in England in terms of the IMD2019's 'health and disability' domain.
24. Almost two thirds of all Herefordshire LSOAs (72 of the 116) are among the 25% most deprived in England with respect to IMD2019's 'geographical barriers to services' domain, with 53 being in the most deprived 10% across England. Of these deprived 72 LSOAs three quarters are in rural areas, with living costs estimated as 10-20% higher for rural households and deprivation related to housing and physical access to services.
25. Herefordshire is the fourth lowest population density county within England with 95% of the land classified as 'rural' which is home to over 50% of its population. Transport links are an issue in the county, with more than half of it being classified as amongst the worst in England in terms of geographical access to services. This is highlighted by the poor scores for Herefordshire in the Office for National Statistics Health Index 2020 that relate to access to services and it re-iterates the need to consider the effects of rural dispersion throughout the inequalities strategy and subsequent action plan. It is known that rural dispersion brings higher service costs as well as issues of access to services.
26. People born in the most deprived 10% of areas in Herefordshire have a shorter life expectancy at birth than those living in the least deprived 10% by an average of 4.2 years for males and an average of 3.0 years for females. Those living in the most deprived areas are 36% more likely to die prematurely of cancer; 22% more likely to die prematurely of cardiovascular disease; 18% more likely to die from respiratory disease; and approximately a third more likely to die as a result of suicide. All of these causes of death are sensitive to early, preventive, action.
27. 4,450 under 16s are living in absolute poverty. There are persistent gaps in educational attainment for disadvantaged children, and for those with Education and Health Care Plans (EHCP)/ Special Educational Needs and Disability (SEND). Furthermore, inequalities in health outcomes between socioeconomic groups can already be prevalent in childhood. For example, a Public Health England report (2018) found that there is a 20.1% difference in the prevalence of dental decay

between 5 year olds in the most deprived and least deprived communities in England (33.7% and 13.6% respectively).

28. Herefordshire is flagged as a 'cold spot' by the government's social mobility index, amongst the lowest 20% of local authorities in England in terms of the chances that disadvantaged children will do well at school, get a good job and secure housing. The key driver of this is low wages, with 31% of county jobs paying less than the living wage of £8.75 an hour and an average residents' salary of just over £350 per week – amongst the lowest 10% in England.
29. Digital exclusion is also a concern within Herefordshire and the County performed poorly for 'internet access' in the Office for National Statistics Health Index 2020. An estimated 7% of people aged 16 and over in Herefordshire last used the internet over three months ago, or have never used the internet. Over 75s, people who are economically inactive, people in housing association rented accommodation are significantly less likely to use the internet regularly. A recent survey of Telecare service users in Herefordshire (of whom there are over 1,500) found that 52% of those who responded to the survey do not use the internet.
30. COVID-19 has further widened inequalities, with 28% of the poorest fifth of Herefordshire residents furloughed and experiencing a loss of income compared to 17% of the richest fifth. Access to health services for people with pre-existing conditions was 20% lower during the peak of COVID, while in April 2020 63% of people with long term health conditions requiring treatment did not receive it. Vaccination uptake was also lower amongst the 30% most deprived areas.

Tackling the Problem - National Policy

31. The [Health and Social Care Act 2012](#) reported the rising demand on the NHS with increasing treatment costs. It noted the need for improvement in certain clinical areas such as cancer survival rates. 'Tackling inequalities in healthcare', both access and health outcomes, was considered a 'cross-cutting theme of the act'.
32. Subsequently, [The Health and Care Act 2022](#) outlined significant changes to the structure of the NHS within England. This included the formation of integrated care systems that encouraged the collaboration between NHS and other organisations such as local authorities. This is essential for successful action on health inequalities that targets the integral wider determinants of health.
33. The [NHS Long Term Plan](#) identified health inequalities and ill-health prevention as priorities in improving the healthcare of the nation. This plan's approach included distributing a higher share of funding to areas that experience high health inequalities and investing more money into meeting the needs of certain groups, such as rough sleepers. However, this initiative recognises that the NHS must work in collaboration with other organisations such as local governments.
34. To help in the approach to reducing health inequalities, national frameworks and tools exist. For example, [Core20PLUS5](#) is a new NHS England and NHS

improvement approach to health inequalities. This aims to provide a framework from which local authorities can base their health inequality strategy. This acronym can be broken down into three components:

- Core20 – encompassing 20% of the national population who live in the most deprived quintile as per the Index Multiple Deprivation
- PLUS – additional population groups that have been identified locally as being at risk of health inequalities
- 5 – five key clinical areas that have been prioritised within the NHS long term plan: continuity of maternity care, annual health checks for severe mental illness, vaccination uptake for individuals with chronic respiratory disease, early cancer diagnosis and hypertension case-finding and management.

35. The [Equality Act 2010](#) legally protects people from discrimination in the workplace and in wider society, replacing several previous pieces of legislation into one single Act that:

- protects and enables action against discrimination, harassment and victimisation related to protected characteristics and increase equality of opportunity
- requires decision makers to consider and aim to reduce socio-economic inequalities in policy making and public procurement
- requires public bodies demonstrate compliance with the Act and advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not, formally known as the [Public Sector Equality Duty](#)

36. The [Health Equity Assessment Tool \(HEAT\)](#) of UK Health Security Agency, previously Public Health England, was designed to support professionals within the public health system in their aims to identify and reduce health inequalities. This tool has been used by the West Midlands' Health and Wellbeing Team to 'drive forward work on health inequalities' (Public Health England, 2020).

37. [NICE guideline 44](#) [NG44] focusses on community engagement to improve health and wellbeing whilst reducing health inequalities. This guideline recommends working collaboratively between multiple organisations as well as the local community. They advise that strategies should consider how to facilitate communities to engage in the initiatives including those who may have additional barriers to engagement, such as non-English speakers and those with additional needs.

38. NICE also recommends taking the '[Making Every Contact Count](#)' (MECC) approach. This is an evidence-based initiative that aims to deliver opportunistic brief interventions during routine appointments and contacts. These may take the form of conversation, encouragement or referrals to help behaviour change such as reducing alcohol intake or smoking cessation. This will be particularly beneficial

for those who do not attend healthcare services frequently and/or have less uptake in health promotion and preventative services.

39. The role of anchor institutions in promoting social mobility and value to a local population is highlighted by the '[Health Anchors Learning Network](#)'. This describes anchor institutions as 'large public sector organisations which are rooted in place and connected to their communities, such as universities, local authorities, and hospitals. Anchors have significant assets and spending power and can consciously use these resources to benefit communities.' Examples of positive actions that these institutions can make include:

- Engaging with other organisations that have high value of social benefit to the local population such as the opportunity of apprenticeships
- Increasing the access to available spaces for community use such as provision for the voluntary sector
- Reducing their environmental impact with the production of a sustainability strategy

40. Whilst these national policies are essential in ensuring all areas of England are aiming to reduce health inequalities, these must be tailored and applied to local populations.

What is Herefordshire doing now?

41. The emerging 'Health and Wellbeing Strategy' for Herefordshire is currently out for consultation to determine the priorities but there will be a strong theme of narrowing health inequalities throughout.

42. At Integrated Care System level for Herefordshire and Worcestershire, tackling inequalities is one of four 'strategic purpose' areas. Within the 'ICS health inequalities, prevention and personalisation strategic intent', empowerment of staff, working collaboratively and improvement of health literacy are identified as ways to do this. Milestones that have been set include a waiting list dashboard through a health inequalities lens by 2022/23 and targeted engagement with the Core20PLUS5 groups in 2023/24. Subsequent intended outcomes include a reduced variation in healthy life expectancy by ethnicity, deprivation and rurality.

43. Recent Council initiatives to directly minimise inequalities included: the development and implementation of a COVID vaccine inequalities programme; support for more than 11,000 bill payers through the council tax reduction scheme; and support for over 200 individuals via debt, financial and fuel poverty service available in all market towns.

44. Talk Community is a Herefordshire-based initiative that aims to make Herefordshire a 'better place to live and work'. There is an on-line and an in-person offer. The online service offers an extensive range of information covering

everything from health and wellbeing, housing, carers support and transport to legal and financial advice, bereavement support and home adaptations, and signposts to local services, groups, events and activities across the county.

45. There are also 65 volunteer-led 'Talk Community Hubs' based in existing community buildings, such as churches and village halls, across the county where local people can access information and activities to support their wellbeing and independence and that bring together and connect people to each other, their communities and local areas. They have also established the Talk Community kitchen that provides healthy meals to the local community.

46. The Herefordshire Community Partnership brings public, voluntary and community stakeholders together with statutory partners to work towards the common goal of a commitment to producing and designing health, wellbeing and care solutions together. They have identified four key topics that the community want to prioritise for their work on reducing health inequalities in Herefordshire, formed cross-sector project groups interested in each topic, secured funding for each work stream to facilitate collaborative working, and have had initial meetings of each work stream to confirm membership, identify leads and begin scoping and planning. These topics are:

- Rurality, transport and access
- Health and managing preventative actions
- Managing mental health loneliness and isolation
- Deprivation, food and fuel poverty

47. Fastershire is a partnership between Herefordshire Council and Gloucestershire County Council to bring faster broadband to the two counties and promote digital inclusion. They have worked with suppliers to reach 93.7% of premises with superfast and full fibre broadband and introduced a new community broadband scheme to connect some of the hardest to reach premises.

48. With the aim of improving the health and wellbeing of children, the Council has: provided free gym and swimming lessons for children; created 14 enhanced play areas supported by the COVID recovery grant; introduced new Universal Public Health nursing visits for 4-6 month olds; introduced an on-line oral health training package reaching 177 professionals and parents; and launched a new campaign to improve young children's oral health based on 'Brush, Book, Bed' with packs from libraries and supervised tooth brushing in children's settings.

49. Active Herefordshire and Worcestershire (Active HW) were provided with 'Tackling Inequalities' and Herefordshire Council COVID-19 recovery plan funding to help reduce the negative impact of COVID-19 and to tackle the widening of the inequalities in sport, physical activity and exercise by supporting local communities to become and remain active following the pandemic. Through the Birmingham

2022 Commonwealth Games, they were able to fund community sport and physical activity projects that supported residents who needed it most or were from underrepresented groups.

50. The Council has also worked with partners to increase the skills and workforce in the county by: establishing contracts with two Community Renewal Fund projects; backing the Kickstart scheme launched to support young people into work / apprenticeships; and using COVID-19 recovery funding to support 28 young people most at risk of not being in education, employment and/or training.
51. The creation of a joint Community Integrated Response Hub with Wye Valley NHS Trust to facilitate patients receiving care at home by providing access to a range of community responses that routinely meets need on the day.
52. The recently launched Coffee and Memory Bus (CMBUS) scheme comprises of two minibuses/vans that travel around Herefordshire and Worcestershire reaching out to people in their community and providing a safe and friendly space for people to enjoy a tea or coffee, have a chat, find out useful information and access support services. In Herefordshire, the CMBUS 'Molly' is operated by Dementia Matters Here, which supports people affected by dementia and memory issues, their carers and families across Herefordshire to live well.
53. The Advancing Mental Health Equality (AMHE) Collaborative is a Royal College of Psychiatrists initiative that Herefordshire and Worcestershire Health and Care NHS Trust have signed up to. It is a quality improvement and co-production informed three year structured programme designed to support providers identify and address aspects of inequality in the services they provide; specifically inequalities in access, experience and outcome. It includes access to equality resources; an 'improvement community'; a network of experts (clinicians, academics, service users/carers) including a QI coach assigned to the trust; support around co-production, data collection and evaluation; and shared learning from other participating organisations (there are 21 in total across the UK). The AMHE toolkit provides a framework for identifying inequalities, designing services differently to address these, delivering a measurable strategy and evaluating the impact of changes/interventions introduced. The Trust have identified three key cohorts to focus activity on within this framework; our local farming & agricultural communities; transgender people; and children and young people. The farming and agricultural work stream is already well established; the work is being overseen by a sub-group consisting of a broad range of stake holders including the local council, public health, Healthwatch and a broad range of VCSE providers already working in this area.
54. Community Diagnostic Centres (CDCs) are an NHS initiative aimed at building capacity for more diagnostic testing in England, thereby relieving pressure on hospitals. They are to be multi-diagnostic facilities, separate from acute hospitals

and placed in local communities. Among the primary aims of CDCs are to reduce health inequalities by improving access to diagnostics for people in health inequalities groups and to deliver a better patient experience by providing coordinated tests in the community and in as few visits as possible. Wye Valley NHS Trust are currently at an advanced stage of planning for a Hereford City CDC, supported by the ICB.

55. Each Primary care network has been tasked to use available data to identify a focus area based on priority patient populations within the PCN experiencing inequality in health provision and/or outcomes (see section 60).

The Inequalities Strategy

56. There are a range of national policies that aim to reduce health inequalities but with a lack of clear, consistent methodology at local level.

57. Herefordshire's Health Inequalities Group plan to develop a shared-system wide understanding of inequalities. The empowerment of others in the system will enable effective collaborative work.

58. The Core20PLUS5 approach sets out a national NHS framework for action to narrow health inequalities in order to ensure delivery of the NHS Long Term Plan commitment on health inequalities. It defines a target population for local action. This is made up of three elements: the most deprived 20% of the national population; five clinical areas with identified tasks for accelerated improvement; and a third locally defined target population. It recommends incorporating their lived experiences with evidence-based approaches to utilise pre-existing services, such as community hubs, as well as developing new initiatives that can provide data to ensure the objectives are fulfilled.

59. Evaluation and impact assessment of change is imperative but there is an expectation that some outcomes will be long-term and the use of intermediate goals may be required.

Our Target Groups

60. Using the Core20PLUS5 framework, as noted in paragraph 57, Herefordshire's target groups include:

- Core20 – 9 out of 116 LSOA's within Herefordshire were within England's most deprived quintile in 2019 (with one LSOA in the 10% most deprived). These most deprived communities are identified in the JSNA [Herefordshire's Joint Strategic Needs Assessment - Understanding Herefordshire](#) and are targeted across the public sector

- PLUS – these have been agreed as: people who are not registered with a general practice, the most rurally dispersed population, and Gypsy Roma and traveller community (see paragraph 60)
- 5 – For these five key clinical areas identified nationally, Herefordshire have pre-existing initiatives that include:
 - i. Maternity care – within Herefordshire, data is collected for the BAME population for both antenatal and postnatal continuity of care. However, continuity of care does not include care during birth. It is estimated by the service that all BAME women receive continuity of care during the antenatal and postnatal periods.
 - ii. Severe mental illness – the mental health collaborative of the ICS have agreed a transformation plan with the uptake of annual health checks in individuals with serious mental illness being a priority.
 - iii. Chronic respiratory disease – Herefordshire have a vaccination programme that has been built upon learning from the COVID vaccination scheme and includes outreach services such as a vaccination bus. The Respiratory Pathway is a priority scheme for 1HP and service improvement work is underway.
 - iv. Early cancer diagnosis - the development of a community based diagnostic hub aims to improve the proportion of cancer diagnoses that are made at an early stage. Furthermore, initiatives for this clinical area have been identified as a priority at PCN level (see table on paragraph 62).
 - v. Hypertension case-finding and management – the county are currently reviewing their health checks offer for the 40-74 year old and a population health management approach to individuals who have had a single high reading in clinic.

61. The three 'PLUS' population groups identified below demonstrate our approach of meeting the most deprived population and have been chosen as priorities for this inequalities strategy:

People who are not registered with a general practice: By definition, accurately quantifying the number of unregistered individuals within Herefordshire is difficult. Unregistered individuals are at risk of being 'unseen' and 'unheard' within health services, increasing health inequalities. This is a priority group that has been identified at Integrated Care System (ICS) level.

Rurally Dispersed: Given Herefordshire's low population density, there is a large proportion of inhabitants who face significant geographical barriers to accessing healthcare. 53% of inhabitants live in areas defined as 'rural', with the majority of these in the most rural 'village and dispersed' areas nationally. The vast majority of those working in farming and agriculture also live in rurally dispersed areas. Just under a third of the population lives in Hereford city, and just under a fifth in one of the three largest market towns of Leominster, Ross and Ledbury.

Gypsy Roma and Traveller community: This population is often under-recorded in census data. The Gypsy traveller team in Herefordshire Council estimate they account for approximately 3% of the Herefordshire population. The UK Government previously stated that ‘Gypsies, Travellers and Roma are among the most disadvantaged people in the country, and have poor outcomes in key areas like health and education’.

Objectives

62. There are three over-arching objectives for this Inequalities Strategy which run above and through the priorities discussed above. These are;

<p>Digital and health literacy - Engage healthcare professionals to help improve digital and health literacy skills among rural residents to reduce isolation and poorer health outcomes. This refers to both improving these residents’ literacy as well as ensuring the professionals are able to identify those with lower literacy skills and suitable adapt their consultations.</p>
<p>Empowering workforces - Empower workforces to deliver equitable services to reduce inequalities: what workforce/practitioners/providers need to do differently to reduce inequalities whilst understanding and addressing workforce inequality and need for staff training to consider their work through an inequality or inequity lens</p>
<p>Reaching our communities - Explore use of link or community development workers in practice to reduce inequalities; Improving uptake of services and help seeking through community building approaches</p>

63. Examples of actions to be undertaken against each of the three objectives is outlined in the table below. These actions will be reviewed on a quarterly basis to monitor progress and to respond to challenges, remain appropriate and proportionate to the needs of the county. Where applicable, new actions will be agreed for the following year(s);

Improving digital and health literacy			
AIM	ACTION	OUTCOME	LEAD AGENCY
Improve digital access in communities at risk of exclusion	Increasing awareness of digital training that is available in libraries	Greater use of digital resources by wider communities	Herefordshire Council and NHS
	Provide free public Wi-Fi access in priority sites	Reducing barriers of accessibility to digital resources	Herefordshire Council / Talk Community
	Ensure the provision of devices that are freely available to use in community settings such as libraries and Talk Community hubs	Enhanced use of digital resources by wider communities	Herefordshire council / Talk Community /PCNs / Public Health
Ensure accessibility of other formats of health information	Encourage the availability of hard-copy information in both easy-read and non-English versions. This will start with a county-wide focus on early signs and symptoms of cancer throughout 2023/24 using the above formats and tailoring ways of reaching target populations	Improved access to health information	All agencies including healthy pharmacies
	Ensuring those at risk of the poorest outcomes receive tailored information and signposting following a cancer diagnosis	Improved education and service uptake for those diagnosed with cancer	S&W PCN
	Develop information for patients who have declined bowel and/or cancer screening	Increased uptake of screening	S&W PCN and Public Health

Empowering workforces that work collaboratively			
AIM	ACTION	OUTCOME	LEAD AGENCY
System staff training in narrowing health inequalities and developing evidence-based improvement plans	Promote e-learning that is available for staff such as e-LFH	Practitioners to have better awareness of health inequalities and their impact	All agencies
Empower system staff to communicate well with people at risk of poor health outcome	System staff training in health literacy	Improved communication skills	Public Health
Embed asset-based models in practice delivery to enable wide understanding of community led service design and co-production.	System staff training on asset-based practice	Understanding of community development and support	Public Health
Support Primary Care Networks (PCNs) to deliver inequalities reduction schemes tailored to their communities	Using social prescribing links to reduce obesity in individuals with BMI>30, depression and no Covid-19 vaccination.	Reduced obesity prevalence	East PCN/Public Health
Create population health management approaches to tackling health inequalities	Identify patients affected by adverse childhood experiences & understand how this cohort can be better supported. Improve system staff awareness and trauma informed care training and working with partner organisations, VCSE and service users	Improved health outcomes for people who have experiences ACEs	Herefordshire Medical Group PCN/Public Health

	Identify patients BMI >30 with depression and no COVID vaccination	Improved COVID vaccination rates	S&W PCN
	Patients who have declined bowel and/or cancer screening	Increased uptake of screening	S&W PCN
	BMI>35 who have used GP services 4 or more times in 2 months – offer dietician group consultations and HWbC	Reduced obesity prevalence	S&W PCN
	Group approach for BMI >30, fibromyalgia, loneliness & isolation identifying and tailoring the offer to those at risk of experiencing health inequalities	Reduced obesity prevalence	N&W PCN
	Group approach BMI >30, pre-diabetes and anxiety identifying and tailoring the offer to those at risk of experiencing health inequalities	Reduced obesity prevalence	N&W PCN
Utilise the power of anchor institutions in promoting social mobility	<p>First step: initial anchor institution meeting led through 1HP – to review the ‘Health Anchors Learning Network’ 6 strategic areas and Purpose Coalition Impact Report to identify local existing activity and where there are gaps.</p> <p>Continuation of applying an Equalities Impact Assessment for all specifications/service change, Procurement Initiation Documents and business case proposals.</p>	<p>Development of a 1HP anchor mission that includes a commitment to use assets and resources in partnership with the community and other anchors to benefit the local population.</p> <p>Improved social mobility of local population</p>	1HP and constituent organisations, Public Health

Use of co-design to inform our work and address the currently fragmented approach.	Complete an options appraisal on co-design capacity to be discussed at 1HP	Robust way to deliver initiatives that incorporates the use of co-design	1HP partners
Ensure that changes to existing services and new services do not worsen health inequalities	Use of the Health Equity Assessment Tool (HEAT) and local impact assessments for all major service developments in order to demonstrate impact on health inequalities	Service redesign and new service implementation reduces health inequalities rather than worsens them.	1HP partners

Reaching Communities			
AIM	ACTION	OUTCOME	LEAD AGENCY
Undertake a pilot of a community survey to explore the perspectives and lived experiences of the local population	1HP Health Inequalities Group to Lead	Inequalities initiatives that are tailored to local population needs	1HP partners
Find new ways to reach harder to reach populations	Marquee at Belmont Community Centre on Fridays to coincide with a visiting food van	Increased uptake of health assessment services Raised awareness about health screening opportunities through conversations with the health and wellbeing team Identify challenges and highlight opportunities to improve trust, engagement and relationships	Hereford City WBC PCN
Use learning from COVID-19 vaccinations to determine methods to engage typically 'hard to reach' groups	Increase uptake of annual health checks and other screening programmes among hard to reach groups	Uptake of annual NHS health checks and other screening programmes	All PCNs and Public Health
Ensure that those living in areas of deprivation are not facing bias when accessing emergency, urgent and planned care	Undertake an analysis of patient waiting lists by index of multiple deprivation	Understanding and removing barriers to accessing healthcare	Wye Valley NHS Trust

64. Progress and implementation of the Inequalities Action Plan will be reported to the One Herefordshire Partnership, ICS Health Inequalities Collaborative and Herefordshire Health and Well-being Board.

Evidence, Strategies and Guidance

Core20PLUS5

[NHS England » Core20PLUS5 – An approach to reducing health inequalities](#)

Equality Act 2010

[Equality Act 2010: guidance - GOV.UK \(www.gov.uk\)](#)

Herefordshire Council Joint Strategic Needs Assessment (JSNA)

[Herefordshire's Joint Strategic Needs Assessment](#)

Indices of Deprivation

[English indices of deprivation 2019 - GOV.UK \(www.gov.uk\)](#)

The Marmot Review, 2010

[Fair Society, Healthy Lives.](#)

NHS Long Term Plan

[NHS Long Term Plan](#)

Office for National Statistics, 2022

[Health state life expectancies by national deprivation deciles](#)

Public Health England, 2017

[Chapter 6: social determinants of health](#)

Public Health England, 2018

[National Dental Epidemiology Programme for England: oral health survey of five-year-old children 2017](#)

Public Health England, 2020

[Health Equity Assessment Tool: practice example. Health and Wellbeing Team, West Midlands \(publishing.service.gov.uk\)](#)

Public Sector Equality Duty

[Equality Act 2010 \(legislation.gov.uk\)](https://legislation.gov.uk)

Tudor Hart, 1971. The Inverse Care Law.
[THE INVERSE CARE LAW - The Lancet](#)

[The role of digital exclusion in social exclusion](#), Martin, C., Hope, S. and Zubairi, S., Ipsos MORI Scotland, 2016.

[Government Digital Inclusion Strategy](#), Cabinet Office, 2014.

[Internet Users - Table 6b](#), ONS, 2019.

Using Telecare and technology survey, Herefordshire Council, 2019.

[Active Herefordshire & Worcestershire - Birmingham 2022: Active HW receives £60k to support community sport & physical activity projects](#)

[Active Herefordshire & Worcestershire - £105,000 invested into Tackling Inequalities across Herefordshire \(activehw.co.uk\)](#)

[Community Diagnostic Hubs \(CDHs\) in London \(england.nhs.uk\)](#)

[Introducing CAMBUS – Association for Dementia Studies Blog \(wordpress.com\)](#)


[Community Partnership - Healthwatch Herefordshire](#)

Health Inequalities

69

“Health inequalities are not inevitable and can be significantly reduced... avoidable health inequalities are unfair and putting them right is a matter of social justice”

Michael Marmot
Fair Society, Healthy Lives: The Marmot Review. London;
2010.



What are health inequalities?

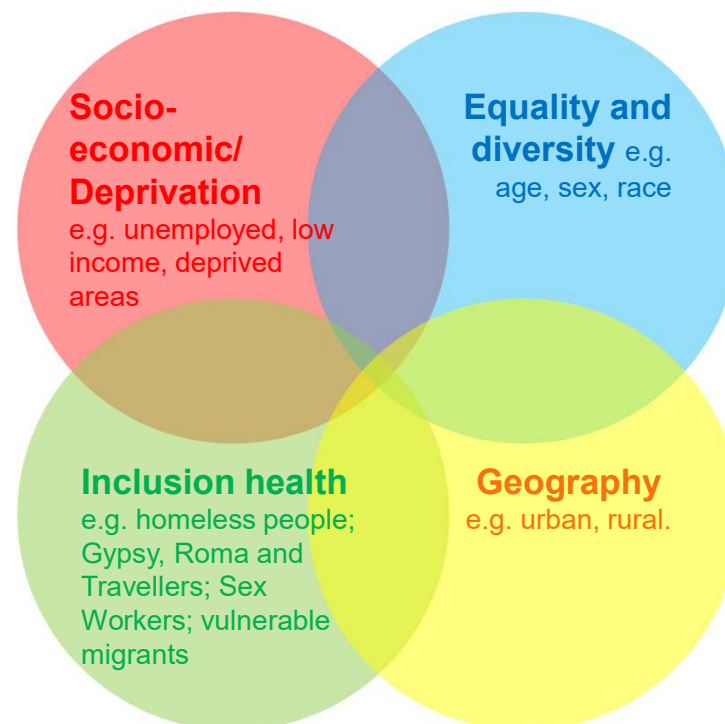
Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society.

Health inequalities arise because of the conditions in which we are **born, grow, live, work and age**. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.

Health inequalities have been documented between population groups across at least four dimensions, as illustrated to the right.

Action on health inequalities requires improving the lives of those with the worst health outcomes, fastest.

Dimensions of health inequalities



Health Inequalities in Herefordshire



Health inequalities across Herefordshire

- Health inequalities are unfair and avoidable differences in health across the population and between different groups of people
- A range of individual characteristics and societal factors have been identified as contributing to health inequalities, including deprivation, vulnerable groups, protected characteristics or where people live
- Males born in most deprived areas can expect to live 5.4 years less, and females 4.0 years less, than those in least deprived areas
- People living in the most deprived areas within the Herefordshire were 1.5 times more likely to die with COVID-19 than those living in the least deprived areas¹



What are we doing?

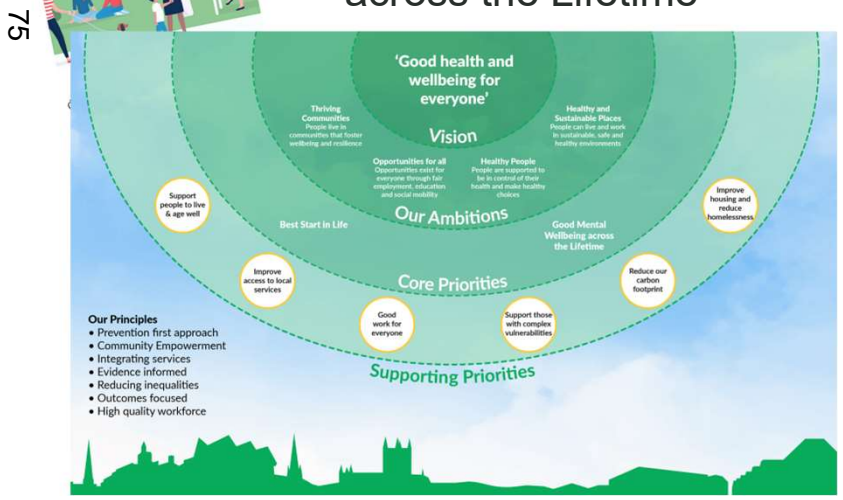
Our main strategies to tackle HI

Health & Wellbeing Strategy



Core Priorities

- Best Start in Life
- Good Mental Wellbeing across the Lifetime



Health Inequalities Strategy

Core Priorities

- Rurally Dispersed
- Travelling Communities
- Unregistered Individuals

The Vision	Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure.		
The Challenge	Requires inequalities in health outcomes between different groups of people to be reduced. This necessitates a mix of short, medium and long term action including upon the wider determinants.		
We will focus on	Reducing health inequalities across the population, particularly within:		
	Rurally dispersed	Travelling Community	Unregistered individuals
To do this we will	Work in partnership to develop local solutions, using national frameworks and best practice, which encourage and empower people of all ages and abilities to reduce inequalities and improve health and wellbeing; focusing on;		
	1.	Engaging healthcare professionals to improve digital and health literacy	
	2.	Empower and support workforces to understand and deliver equitable services that reduce inequalities and address workforce inequality and training needs	
	3.	Reaching communities to work in partnership to reduce inequalities	

Core20+5

- Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level.

- Capture all the great work already happening in different PCNs

76

- Use data to inform our interventions. Evaluate and share what works and what doesn't.

- Room for growth, but start simple



HEALTHCARE INEQUALITIES IN ENGLAND

The 'Core 20 Plus 5' initiative is designed to drive targeted health inequalities improvements in the following areas:

CORE20
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



Target population

CORE20 PLUS 5

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Key clinical areas of health inequalities

1 MATERNITY
ensuring continuity of care for 75% of women from BAME communities and from the most deprived groups

2 EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028

3 SEVERE MENTAL ILLNESS (SMI)
ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

4 CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

5 HYPERTENSION CASE-FINDING
to allow for interventions to optimise BP and minimise the risk of myocardial infarction and stroke

Plus groups will be locally determined based on H&W strategy & HI Strategy:

- Rurality
- Unregistered
- Gypsy, Roma traveller communities
- Best start to life
- Good mental health throughout life

- The percentage of patients aged 79 years or under with **hypertension** in whom the last blood pressure reading
- **Diabetes**: QOF prevalence (17year +)
- Uptake of **NHS health checks**

- The percentage of patients with **COPD** on the register, who have had a review in the preceding 12 months
- The percentage of patients with COPD and Medical Research Council (MRC) dyspnoea scale ≥ 3 at any time in the preceding 12 months
- **Smoking** : The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months

- The percentage of patients diagnosed with **dementia** whose care plan has been reviewed in the preceding 12 months
- The percentage of patients aged 18 or over with a new diagnosis of **depression**
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a **comprehensive care plan** documented in the record, in the preceding 12 months

- The proportion of women eligible for **Cervical screening** aged 25-49 years that an adequate cervical screening test has been performed in the previous 3 years and 6 months
- **Bowel cancer** screening uptake

- Identify proportion of overall county **IMD 1** reside in each PCN
- Identify PCN most deprived 20% and highlight using Geographic Information System (GIS)

- **Smoking status** at time of delivery
- **Breastfeeding** prevalence at 6-8 weeks

Flow of HI work

PCN HI Leads & PH

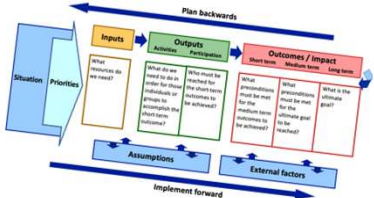
Place HIPP → 1HP & System HIPP

Identify Gaps informed by data



Microsoft Power BI

Plan intervention using evidence



Monitor, evaluation & share

PCN Lead name	Date of last update	5 Key Clinical Areas	Plus groups	Rationale	Activity	Outcome	Progress	End date	BAG status
Core 20		Total registered population is 5.5k. Total registered population are most deprived 10th and 9th deciles are most deprived in Herefordshire. 10th decile is a priority 10th decile average of 1st England surgery	10 Deciles: Hypertension prevalence, higher than national average and/or other PCNs. Practice location include	Hypertension prevalence in 10th decile compared to other PCNs/hospital average. Appropriate intervention.	Prevention Group intervention program based on clinical evidence with only 6 months.	Prevent CVD, reduce risk, improve GP control, behavioural change (SGLT, RA, smoking), overall most compliance	Targets, targeted demographics, top of clinic.	6 months period July 2024	As complete

PCN's priorities for 24/25



Hypertension

19.91% (national prevalence
14.42% - 18.53% Herefordshire)

- Tenbury : 22.07% prevalence (2109 patients)
- 77.30% (2676) of patients aged 45-79, with hypertension and BP in last 12months is \geq 130/80 or less

Continue with group sessions in Tenbury for those patients diagnosed with Hypertension in the last 12months.

Review of the programme underway to sense check outcomes, benefits and agree plan for 2024/2025 onwards.

Cervical Screening

Uptake in Cervical Screening: aged 24-64yrs

- 29.52% (3576 patients) not had their cervical screening
- Outlier practices Kington [33.84%] and Tenbury [31.11%]
- 35% No cervical screening in IMD 1

Practices using HeroHealth to offer patients a direct online booking of an appointment in the evening or weekend via EA

Review data in 6months time, has this improved uptake.

If not, look at Wellbeing Team support with telephone calls to patients to understand the barriers to accessing an appointment

Smoking Cessation: 11.71% prevalence (13.30% national, 12.06% Herefordshire)

- Although below the national prevalence, Ryeland are at 15.15% (2898 patients), and the trend shows this is increasing, and there are a couple of IMD1 areas of deprivation within Leominster.

Working collaboratively between PCN Wellbeing Team and Healthy Lifestyle Team, to increase the uptake in offer to stop smoking via

Training for Wellbeing Team re HLT 'quick questions' and resources

HLT targetted outreach to be agreed after further analysis of the data

Health Inequalities Checklist

Dear colleagues after identifying a gap or outlier using the CORE20+5 dashboard, please considers these items when planning an intervention

- Review [NICE guidelines](#) to better understand subject topic and best practice
- Review [OHID \(Evidence Reviews\)](#) to check the current evidence base on your subject area
- Review other formats for evidence:
 - WVT Open Athens accounts – pubmed, etc
 - Pub Med - <https://pubmed.ncbi.nlm.nih.gov/>
 - Cochrane - <https://www.cochranelibrary.com/>
 - Ebsco – [Ebsco library](#)

Consider **wider determinants of health**, where can you find additional data to support understand population need further? Who else can support a preventative approach? (Talk community, Talk Wellbeing, Herefordshire council, voluntary sector etc)



Source: Dahlgren, G. and Whitehead, M. (1993) Tackling inequalities in health: what can we learn from what has been tried?

Consider other **Local interventions** and services that may have done something similar, was it evaluated? Do you need to change your intervention based on these findings?

Ensure you have thought about **evaluating your intervention**, so you know if you have made a difference



Title of report: Health Protection Assurance Forum Annual Report 2024

Meeting: Health and Wellbeing Board

Meeting date: Monday 9 December 2024

Report by: Rob Davies, Consultant in Public Health; Sophie Hay, Public Health Lead (Health Protection)

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards)

Purpose

The purpose of this report is to share the Health Protection Assurance Forum Annual Report 2024 with the board.

This serves to update the Health and Wellbeing Board on the health protection system performance, achievements, and risks for 2024, as well as areas of focus for 2025.

Recommendations

That:

- a) **The Health and Wellbeing Board note the health protection system performance, achievements, and risks for 2024, as well as areas of focus for 2025.**
- b) **The Health and Wellbeing Board seek any further assurance via the Health Protection Assurance Forum.**

Alternative options

1. The board could choose not to consider this report.

Key considerations

2. In Herefordshire, the Health Protection Assurance Forum (HPAF) is a partnership group that helps 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.
3. It meets quarterly and is a sub-group of the Health and Wellbeing Board with members from across the Health Protection System (see below):



4. The Forum have produced an annual report aiming to summarise the health protection system performance for Herefordshire in 2024, as well as areas of development for 2025 (See Appendix 1 – Health Protection Assurance Forum Annual Report 2024).
5. This year’s update had two elements. A data update: a review of relevant data to understand what is improving, what is getting worse, and what has stayed the same since last year. And a narrative update: professional commentary on progress against 2024 ambitions and plans for 2025.
6. The 2024 report follows the same structure as 2023, updating eight health protection areas:
 - Antimicrobial resistance
 - Immunisation programmes
 - Population screening programmes
 - COVID-19
 - Sexual health
 - Drugs and alcohol
 - Tuberculosis
 - Environmental hazards to health, safety and pollution control
7. The Executive Summary shows a short “2023 Summary” then a “2024 Update” so that one builds on the other, and to maintain continuity with last year’s aspirations.

Community impact

8. In accordance with the adopted code of corporate governance, Herefordshire Council achieves its intended outcomes by providing a mixture of legal, regulatory and practical interventions. Determining the right mix of these is an important strategic choice to make sure outcomes are

achieved. The council needs robust decision-making mechanisms to ensure its outcomes can be achieved in a way that provides the best use of resources whilst still enabling efficient and effective operations and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development and review.

Environmental impact

9. Producing this annual report had minimal environmental impacts. In its production and dissemination, consideration has been made to minimise waste and resource use in line with the Council's Environmental Policy, for example, by reducing paper waste and using virtual meetings to reduce car use.

Equality duty

10. Due to the potential impact of this function being low, a full Equality Impact Assessment is not required. However, equality of access to health protection related services, including vaccination and screening, remains an ongoing focus.

Resource implications

11. There are no resource implications associated with this report. However, the resource implications of any recommendations made by the HWB will need to be considered by the responsible party in response to those recommendations or subsequent decisions

Legal implications

12. The Health and Wellbeing Board carries out statutory functions as required by the Health and Social Care Act 2012. The board's functions are set out in Part 3.5.25 of the Council's constitution.

Risk management

13. There are no risk implications identified emerging from the recommendations in this report.
14. Any specific system risk/s identified within the body report are included within the Health Protection Assurance Forum's risks and issues log and will be monitored and reviewed by Health Protection Assurance Forum partners on a quarterly basis.

Consultees

- Members of the Health Protection Assurance Forum
- Contributors to the Health Protection Annual Report
- Public Health Leadership Team
- Dr Cate Carmichael (Interim Director of Public Health)

Appendices

Appendix 1: Health Protection Assurance Forum Annual Report 2024

Appendix 2: Presentation, Health Protection Assurance Forum Annual Report 2024

Background papers

None identified.

Health Protection Assurance Forum Annual Report 2024

Contents

Executive Summary	3
Introduction	9
2024 update	9
Antimicrobial resistance	9
Immunisation programmes.....	10
Population screening programmes.....	23
COVID-19	28
Sexual health	28
Drugs and alcohol	35
Tuberculosis	39
Environmental hazards to health, safety and pollution control	41
Appendix.....	44

Executive Summary

The purpose of this report is to update the Health and Wellbeing Board on health protection system performance, achievements, and risks for 2024, as well as areas of development for 2025.

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.

Summary messages for each of the eight topics covered in this report are given below. We have included the 2023 summary points from last year's report for continuity with last year's update and aspirations.

Antimicrobial resistance

2023 Summary

- Internationally, antimicrobial resistance (AMR) is one of the top 10 global public health threats. The overuse and inappropriate use of antibiotics is the main cause. Local action is 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, and five of the six 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 Integrated Care System (ICS) AMR reduction strategy.

2024 Update

- In 2023/24, five of the six antimicrobial resistant infectious agents monitored remain higher than agreed thresholds.
- The focus for 2025 includes reducing AMR case numbers through implementing quality requirements with the NHS Standard Contract 2024/25; delivery of the Antimicrobial Resistance National Action Plan 2024-2029 and continued implementation of the Herefordshire and Worcestershire Integrated Care System (ICS) AMR reduction strategy.

Immunisation programmes

2023 Summary

- In general, Herefordshire's pre-school and school-aged routine vaccination programmes achieve performance in line with England averages, and local authorities like our own.
- Both pre-school and school-aged immunisation programmes were negatively 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 is relatively static. There are notable exceptions within those trends.
- For example, the school human papillomavirus (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 also remained high at 83.8%, the highest in the region and comfortably over the 75% nationally set target.

- Priorities for 2024 include increasing measles, mumps and rubella (MMR) dose 1 and 2 coverage above 95%, with particularly emphasis on dose 1 (currently 93% in 2022/23), which provides most of the protection. Measles is making a resurgence nationally in unvaccinated groups and in response, Herefordshire and Worcestershire ICS are developing a measles elimination plan.

2024 update

i. Routine children's immunisations

- Four of 14 routine children vaccination measures achieved the recommended 95% and above coverage in Herefordshire. The majority (n=8) were slightly below target (range between 91.8% - 94.1%) and two indicators were below 90% coverage.
- A national incident was declared by UKHSA in January 2023 following a significant rise in measles cases, especially in the West Midlands. Herefordshire had fewer than five confirmed cases, at least in part due to higher-than-average Measles Mumps and Rubella (MMR) vaccination uptake. While uptake for MMR dose 1 (93.8%) and MMR dose 2 (88.1%) compares well to other areas, they remain short of the 95% national and local goal.
- The focus for 2025 includes.
 - continuing to support and promote routine childhood vaccination programmes, especially those where uptake is below the recommended 95% target.
 - continue to work with maternity services and GP practices to embed the respiratory syncytial virus vaccine for pregnant women and older adults.
 - support this year's primary care national catch up campaign for pertussis.
 - support potential vaccination programme changes for varicella (chickenpox) vaccination and MMR vaccination.

ii. Flu vaccination

- Vaccination coverage in 2–3-year-olds in Herefordshire was 54.2%. Although this is above the England average of 44.4% it is still below the recommended target of ≥65%.
- Vaccination coverage in school aged children (reception to Year 11) increased across all cohorts apart from children in year 9, year 10 and year 11 in 2023/24. When compared to West Midlands and England averages Herefordshire's uptake remains significantly higher across all eligible cohorts.
- For flu vaccination coverage in people aged 65 years, since 2020/21, Herefordshire has consistently exceeded the national recommended target of ≥75% and continues to do so in 2023/24 (81.6%).
- The focus for 2024 and 2025 remains to ensure maximum uptake of the vaccine, especially in those most vulnerable.

Population screening programmes

2023 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 COVID-19 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 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.

2024 update

- Screening services are now focused on increasing coverage and uptake after working to clear backlogs from the pandemic in recent years.
- Although Herefordshire's cervical cancer screening coverage for women aged 25 to 49 is better than the England average, uptake dropped to 67.4% in 2023, the lowest recorded coverage for this age group since 2010. Recent trend shows that coverage is decreasing and getting worse in line with the England trend.
- 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 75%, the lowest coverage in Herefordshire for this age group since 2010. Herefordshire continues to mirror the England trend.
- Bowel cancer screening coverage continues to increase. In 2023, 76.2% were screening for bowel cancer, this exceeds recommended targets.
- The bowel screening service has now completed its age extension, this is the first service to do so in the West Midlands. Bowel screening is now offered in Herefordshire to those who are aged 50 to 74 years.
- Breast cancer screening was negatively affected by the COVID-19 pandemic and is yet to recover fully. Herefordshire has had an 11.5% increase in coverage from 2022 to 2023, rising from 56.2% to 67.7%. The local coverage remains below the acceptable uptake target of 70% and the achievable target of 80%. The latest unpublished service data indicates that uptake is equal to, and for some months above, pre pandemic levels and over 70%.
- Abdominal aortic aneurysm (AAA) screening coverage increased to 85.5% in Herefordshire during 2022/23, this exceeded both the acceptable target of 75% and the achievable target of 85%. The recent trend shows no significant change, but Herefordshire's coverage remains significantly better than the national average.
- Newborn screening in Herefordshire remains high. In 2022/23, 97.8% of new-borns and infants in Herefordshire had their physical examination screening. Coverage continues to be significantly higher than the England average and exceeds the average of our CIPFA neighbours.
- In 2024 / 2025 the focus will remain on improving uptake of screening programmes, especially those which are below coverage targets.

COVID-19

2023 summary

- COVID-19 vaccination remains the most important tool in reducing the risk of ill health because 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.

2024 update

- A successful spring COVID-19 vaccination programme was delivered across Herefordshire.
- It was announced that there will be COVID-19 vaccinations offered to those in care homes for older adults, those who are 65 and over, at risk, immunosuppressed and front-line health and social care workforce. This commenced on the 3rd of October and will end on the 20th of December 2024.
- 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

2023 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 STI testing rate (excluding chlamydia) aged 25 and under, 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. New services are planned, including a new virtual clinic, as well as a review of a young person's walk-in clinic, to ensure it is meeting the needs of users.

2024 update

- Rates of newly diagnosed sexually transmitted infections (STIs) in Herefordshire reduced in 2023 (289 per 100,000 compared to 316 per 100,000 in 2022). The lowest newly diagnosed STI rate in England.
- The proportion of 15 – 24-year-olds screened for chlamydia continues to remain lower than the England average. Recent data shows no significant change for both females and males.
- The diagnosis rate of syphilis remains significantly lower than the national average for England, with no changes in the recent trend.
- The gonorrhoea diagnostic rate, significantly lower than both the England average and the average of our CIPFA neighbours.
- Three new national HIV indicators have been developed and published in autumn 2024. They are based on very low numbers of cases, so rates based on them, will fluctuate a lot.
- Although the risk in the UK is low Mpox clade 1 remains a risk to sexual health services and health services in general in the UK. Arrangements are underway to ensure that any risks associated with the identification and management of Mpox locally are mitigated.
- To improve access, the sexual health service is launching a new online booking system in autumn 2024.
- The focus for 2025 includes continuing to build networks within the community, providing new opportunistic cervical screening at the sexual health clinic, rolling out in-house training plans and supporting and rolling out any new, or extended, national Mpox vaccination campaign.

Drugs and alcohol

2023 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 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.

2024 update

- In 2023-24, 803 people were referred to Turning Point, a marked increase on the previous year (695 in 2022-23).
- Alcohol continues to account for the highest proportion of individuals seeking treatment locally.
- The majority (61%) of those entering structured treatment successfully completed their programme with the highest number of completions seen in alcohol only users.
- Harm reduction remains central to drug and alcohol treatment services. Over 300 naloxone kits and 19,500 barrels, needles and syringes were distributed in 2023-24.
- Reducing drug and alcohol related deaths remains a priority locally. The latest data (2020-22) shows that Herefordshire is higher than the average for England and other local authorities most like us.
- A new drug related death panel has been established in Herefordshire. This allows for agencies to collaboratively review all drug related deaths in the county; ensures learning is shared; recommends changes to local procedures (if required) and supports the roll out of additional harm reduction messages.
- Hepatitis C has been an area of focus for partners throughout 2023 and 2024. As result, Herefordshire successfully achieved Micro-Elimination of Hepatitis C in July 2024. Turning Point are continuing to increase education support and testing of harder to reach people through having a new peer trained by the Hepatitis C Trust.
- An increase in synthetic opioids and contaminated drugs remains a risk both nationally and locally. To mitigate the harms associated with synthetic opioids Turning Point are offering testing strips and harm reduction support, including increasing naloxone provision, to increase the safety of people using these substances.
- The focus for 2025 includes:
 - Focus on alcohol use and reducing alcohol related harm. The service will continue to build links with GP practices and offer drop-in alcohol clinics and assessments from their premises. Earlier intervention opportunities will be also explored.
 - Rolling out a three-month syphilis testing pilot as part of the Turning Point's dry blood spot testing offer.
 - Building on the current injectable buprenorphine offer and ensuring that people who are living remotely with poor pharmacy access still have an option of OST.
 - Develop the mental health offer to service users in Herefordshire through the appointment of an Advanced Recovery Practitioner.
 - Increase the offer of basic drug and alcohol awareness training to both school staff also provide awareness and information to young people aged 11 to 17 years.

Tuberculosis

2023 summary

- Herefordshire continues to be a low incidence area for Tuberculosis infection (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 encountering TB. This was the case locally for 63 individuals in 2021/22, down from 144 a year earlier.

2024 update

- Herefordshire continues to be a low incidence area for Tuberculosis (TB). In 2019-21 and 2020-22, values were suppressed due to having such small numbers.
- A Getting It Right First Time (GRIFT) review of Herefordshire TB services was conducted in April 2024, it concluded that Herefordshire has an excellent well-run service.
- The GRIFT review also recognised several limitations risks and limitations included expanding impacts and pressures on the service from increased referrals regarding latent TB, succession planning, limited infrastructure (secretarial support and availability of clinic rooms at short notice) and funding arrangements for cross-border activity.
- The focus for 2025 includes review and implementing findings and recommendations from the GRIFT review; conducting an annual cohort review; focusing on succession planning for the TB service and exploring funding / payment mechanisms for cross-border TB activity undertaken by the Herefordshire TB service.

Environmental hazards to health, safety and pollution control

2023 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.

2024 update

- The number of reportable 2023/24 accidents and incidents and in year health and safety visits conducted by Environmental Health are consistent with those of the previous year.
- Food premises with a food hygiene rating score at 3 (satisfactory) or above have remained consistently high (2023/24, 98.0%).
- Trading standards continued to tackle the trade in illicit cigarettes and vapes, resulting in significant seizures and a criminal prosecution.
- A total of 186 food standards interventions were made, including allergen sampling.

Introduction

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.

The purpose of this report is to update the Health and Wellbeing Board on health protection system performance, achievements, and risks for 2024, as well as areas of development for 2025.

This year's update had two elements:

- 1) Data update. A review of relevant data to understand what is improving, what is getting worse, and what has stayed the same.
- 2) Narrative update. Professional commentary on progress against 2024 ambitions and plans for 2025.

2024 update

Antimicrobial resistance

The overuse and inappropriate use of antibiotics are major drivers of the development of antimicrobial resistance (AMR).

2024 update

- In Herefordshire and Worcestershire combined, 5 out of the 6 infectious agents monitored are higher than agreed thresholds (2023-24).
- The focus for 2025 includes reducing AMR case numbers through implementing quality requirements with the NHS Standard Contract 2024/25; delivery of the Antimicrobial Resistance National Action Plan 2024-2029 and continued implementation of the Herefordshire and Worcestershire Integrated Care System AMR reduction strategy.

Performance

Table 1 shows the number of AMR infections for the Herefordshire and Worcestershire ICS system combined. Herefordshire data alone was available in previous years so is no longer directly comparable for long term trend purposes.

Table 1 Number of AMR reported cases by Herefordshire and Worcestershire ICS during 2023-24

Infection	Threshold	Reported cases	No. breaches
Methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infections	0	1	1
Clostridioides difficile (<i>C. difficile</i>)	247	335	88
Gram Negative <i>E. coli</i> bloodstream infections	435	555	120
Klebsiella sp. bloodstream infections	107	133	26
Pseudomonas bloodstream infections	51	53	2
Methicillin-resistant Staphylococcus aureus (MSSA) bloodstream infections	NA	182	NA

Source: Herefordshire & Worcestershire ICS

Achievements

- Implementation of the Herefordshire and Worcestershire Antimicrobial Stewardship (AMS) strategy action plan for April 2023 – March 2025
- Continued collaborative working through Herefordshire and Worcestershire AMS Forum
- Antimicrobial stewardship is now included within the new Clinical Excellence and Investment Framework (CEIF) contract from July 2024. Practices will be required to nominate an Antimicrobial Stewardship Guardian; this guardian will be responsible for undertaking target training.
- Development and review of Herefordshire and Worcestershire antibiotics safety leaflet.
- Development of *C. difficile* action plan for 2024-25

2025 priorities

- The NHS Standard Contract 2024/25 includes quality requirements for NHS trusts to minimise the biggest healthcare associated infections. This involves reducing these infections rates to threshold levels set by NHS England. These requirements support the delivery of the Antimicrobial Resistance National Action Plan 2024-2029 which includes a target to prevent any increase in all Gram-Negative Bloodstream Infections (GNBSIs) from the 2019/20 baseline by 2029 and is not limited only to Healthcare-Associated infections.

Immunisation programmes

2024 update

iii. Routine children's immunisations

- Four of 14 routine children vaccination measures achieved the recommended 95% and above coverage in Herefordshire. The majority (n=8) were slightly below target (range between 91.8% - 94.1%) and two indicators were below 90% coverage.
- Herefordshire's HPV vaccination uptake in 2022/23 ranked in the top 3 highest of all local authorities in England.
- Cases of pertussis (whooping cough) rose substantially in the UK in 2024. Although Herefordshire is above the recommended 95% coverage for those aged 1 year (95.1%) and 2 years (95.8%), we fall short on the pre-school booster, measured at 5 years (86.7%)
- A national incident was declared by UKHSA in January 2023 following a significant rise in measles cases, especially in the West Midlands. Herefordshire had very few cases, likely due to higher-than-average Measles Mumps and Rubella (MMR) vaccination uptake. While uptake for MMR dose 1 (93.8%) and MMR dose 2 (88.1%) compares well to other similar areas, they remain short of the ideal 95% goal.
- The focus for 2025 includes:
 - continuing to support and promote routine childhood vaccination programmes, especially those where uptake is below the recommended 95% target.
 - continue to work with maternity services and GP practices to embed the respiratory syncytial virus vaccine for pregnant women and older adults.
 - support this year's primary care national catch up campaign for pertussis.
 - support potential vaccination programme changes for varicella (chickenpox) vaccination and MMR vaccination.

iv. Flu vaccination

- Vaccination coverage in 2–3-year-olds in Herefordshire was 54.2%. Although this is above the England average of 44.4% it is still below the recommended target of ≥65%.

- Vaccination coverage in school aged children (reception to Year 11) increased across all cohorts except for children in year 9, year 10 and year 11 in 2023/24. When compared to West Midlands and England averages Herefordshire's uptake remains significantly higher across all eligible cohorts.
- The focus for 2024 and 2025 remains to ensure maximum uptake of the vaccine, especially in those most vulnerable.

v. Routine adult immunisations

- Recent trend data indicates that pneumococcal vaccination (PPV) coverage in Herefordshire is improving. Although Herefordshire is within the recommended 65% to 75% uptake target benchmark goal, local coverage has consistently remained below the England average since 2011.
- For flu vaccination coverage in people aged 65 years, since 2020/21, Herefordshire has consistently exceeded the national recommended target of $\geq 75\%$ and continues to do so.
- As of 01 September 2023, the NHS shingles vaccination programme was extended to those turning 65 years of age. In Herefordshire, uptake of the shingles vaccine remains consistently lower than both the England average, and the recommended national uptake target of $\geq 60\%$. Despite uptake remaining below recommended targets, Herefordshire achieved its highest uptake of 44.4% in 2022/23.

vi. Selective immunisation programmes

- During 2022/23 and 2023/24 the Herefordshire sexual health clinic administered a total of 185 Mpox vaccines, the majority of which (90%) were for first dose.
- The focus in 2025 will be to implement any local Mpox vaccination programmes following a national review and guidance.

Performance

i. Routine childhood immunisations

Table 2 shows Herefordshire's childhood immunisation coverage for 2022/3 for immunisations that have a national coverage target of $\geq 95\%$.

Table 2 Herefordshire routine childhood immunisations summary 2022/23

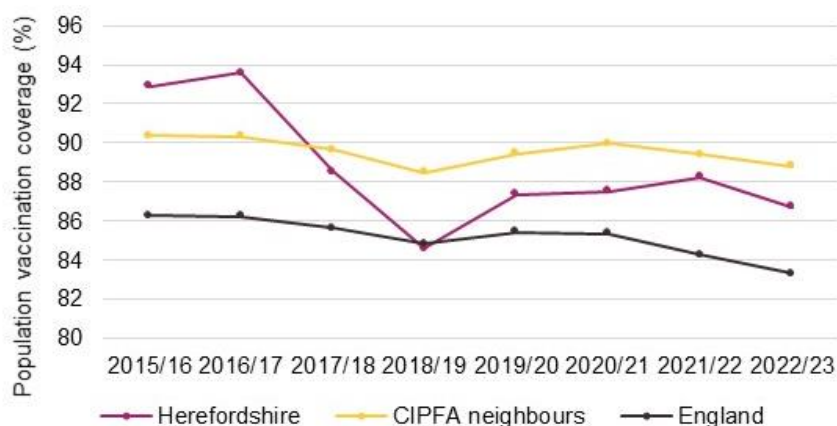
Below 90% Coverage					
Immunisation	Period	Local Coverage	Recent Trend	Comparator Average	
				CIPFA Neighbours	England
DTaP & IPV booster (5 yrs.)	2022/23	86.7%	No significant change	88.8%	83.3%
MMR 2 doses (5 yrs.)	2022/23	88.1%	No significant change	89.8%	84.5%
Between 90%-95% Coverage					
Men B (1 yr.)	2022/23	94.1%	No significant change	94%	91%
MenB booster (2 yrs.)	2022/23	91.8%	Increasing	92%	87.6%
Rotavirus (1 yr.)	2022/23	92.3%	Increasing	Not available	88.7%
MMR 1 dose (2 yrs.)	2022/23	93.8%	Increasing	Not available	89.3%
PCV booster (2 yrs.)	2022/23	93.1%	No significant change	Not available	88.5%

Hib & MenC booster (2 yrs.)	2022/23	93.2%	Increasing	92.6%	88.7%
MMR 1 dose (5 yrs.)	2022/23	94%	No significant change	95.1%	92.5%
Hib & MenC booster (5 yrs.)	2022/23	92.7%	Not available	Not available	90.4%
Above 95% Coverage					
DTaP IPV Hib (1 yrs.)	2022/23	95.1%	Increasing	Not available	91.8%
PCV	2022/23	96.2%	Increasing	Not available	93.7%
Hepatitis B (2 yrs.)	2022/23	100%	Not available	Not available	Not available
Dtap IPV Hib (2 yrs.)	2022/23	95.8%	Increasing	Not available	92.6%

Source: [Public Health Outcomes Framework](#)

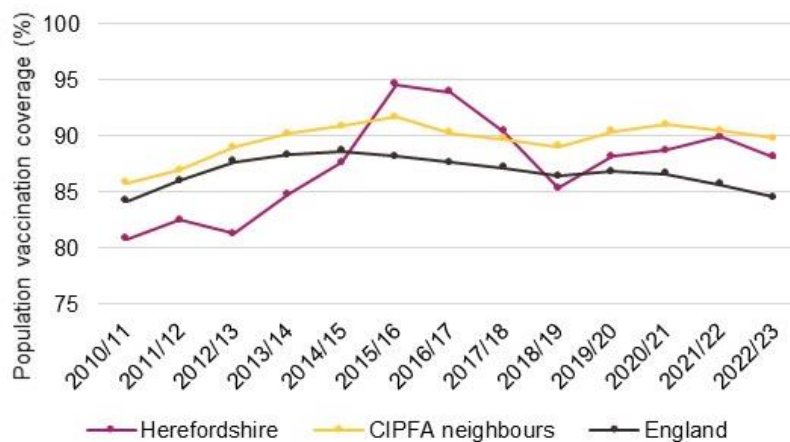
Figure 1 to 5 Table 2 shows vaccination coverage trends with no significant change over time, while Figures Figure 6 to 12 highlight vaccinations with increasing coverage in recent years. These figures compare local trends with those of CIPFA neighbours and national trends in England.

Figure 1 DTaP and IPV booster (5 years) coverage, Herefordshire compared with CIPFA neighbours and England 2015/16 – 2022/23



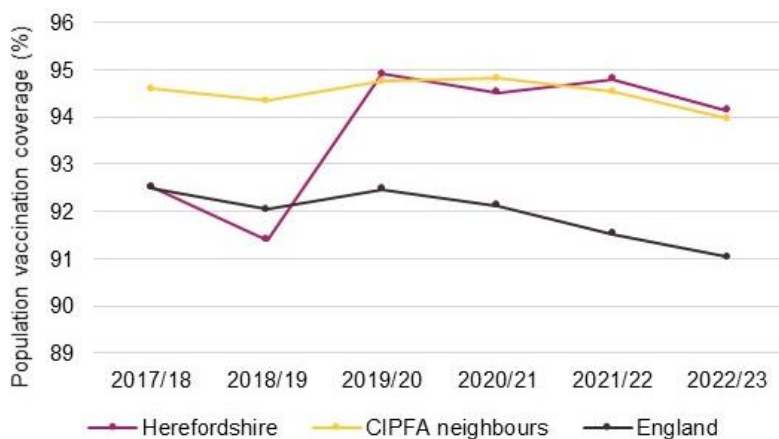
Source: [Public Health Outcomes Framework](#)

Figure 2 MMR 2 doses (5 years) coverage, Herefordshire compared with CIPFA neighbours and England 2010/11 – 2022/23



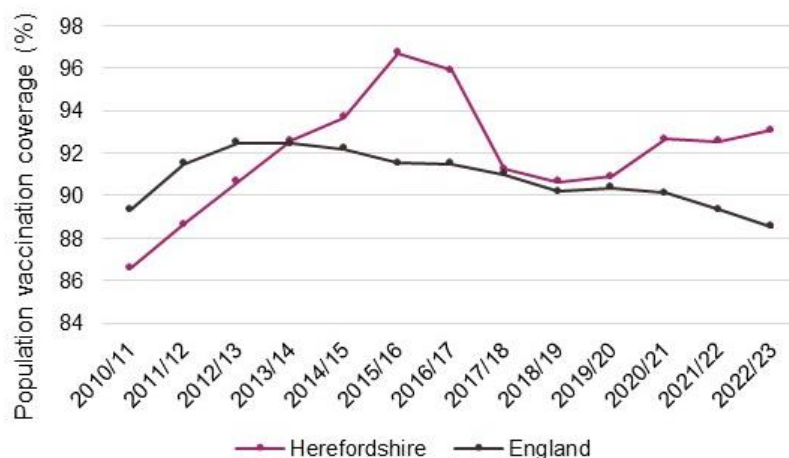
Source: [Public Health Outcomes Framework](#)

Figure 3 MenB (1 year) coverage, Herefordshire compared with CIPFA neighbours and England, 2017/18 to 2022/23



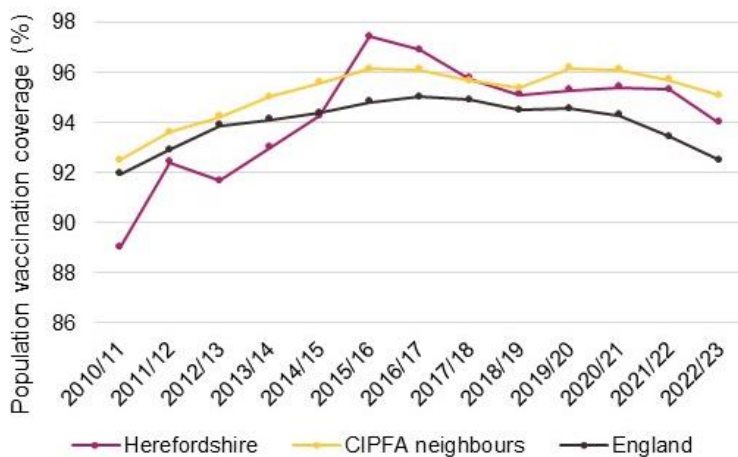
Source: [Public Health Outcomes Framework](#)

Figure 4 PCV booster coverage, Herefordshire compared with England, 2010-11 to 2022-23



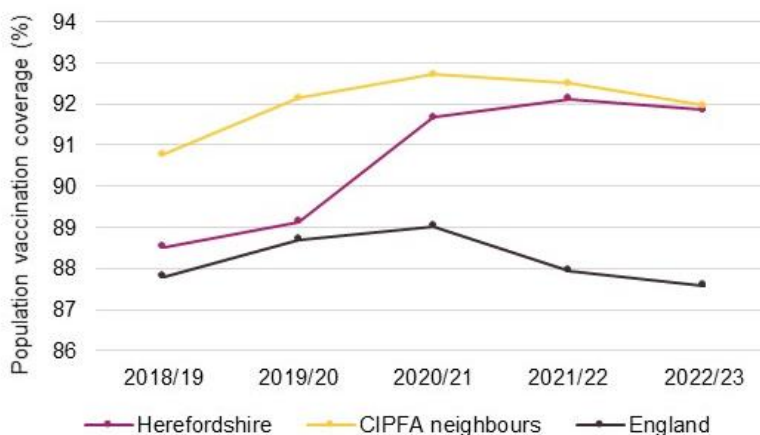
Source: [Public Health Outcomes Framework](#)

Figure 5 MMR 1 dose (5 years) coverage, Herefordshire compared with CIPFA neighbours and England, 2010/11 to 2022/23



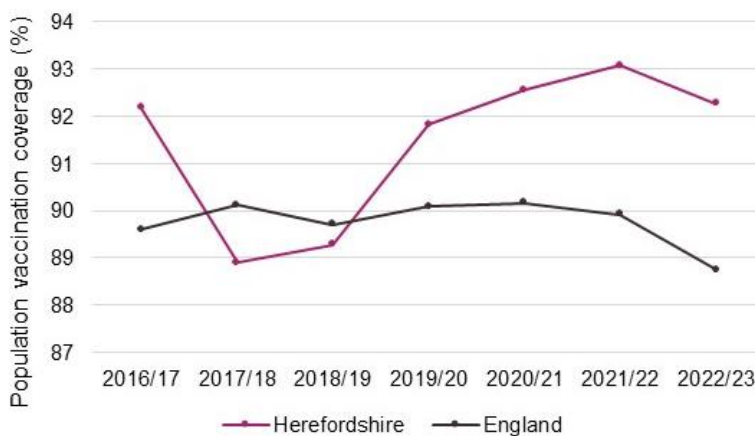
Source: [Public Health Outcomes Framework](#)

Figure 6 MenB booster (2-year coverage), Herefordshire compared with CIPFA neighbours and England, 2018/19 to 2022/23



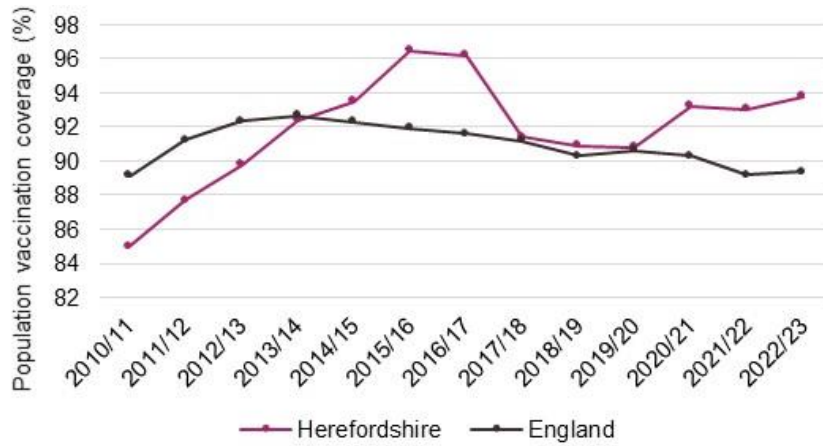
Source: [Public Health Outcomes Framework](#)

Figure 7 Rotavirus (1 year) coverage, Herefordshire compared with England, 2016/17 to 2022/23



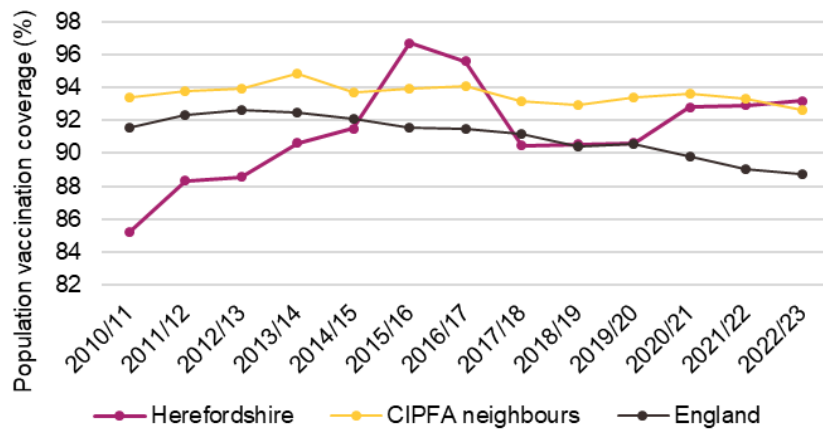
Source: [Public Health Outcomes Framework](#)

Figure 8 MMR 1 dose (2 years) coverage, Herefordshire compared with England, 2010/11 to 2022/23



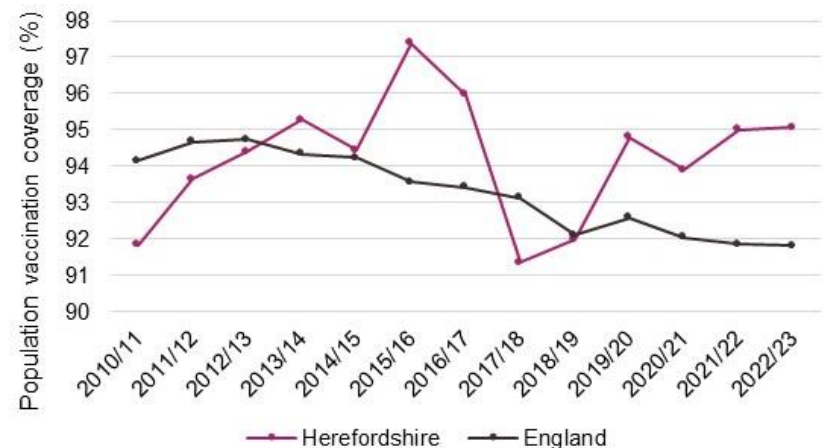
Source: [Public Health Outcomes Framework](#)

Figure 9 Hib & Men C booster (2 years) coverage, Herefordshire compared with CIPFA neighbours and England, 2010/11 to 2022/23



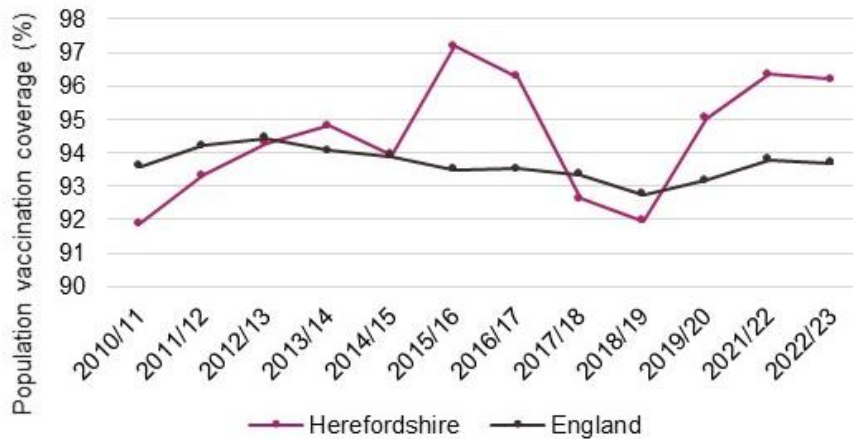
Source: [Public Health Outcomes Framework](#)

Figure 10 DTaP IPV Hib (1 year) coverage, Herefordshire compared with England 2010/11 to 2022/23



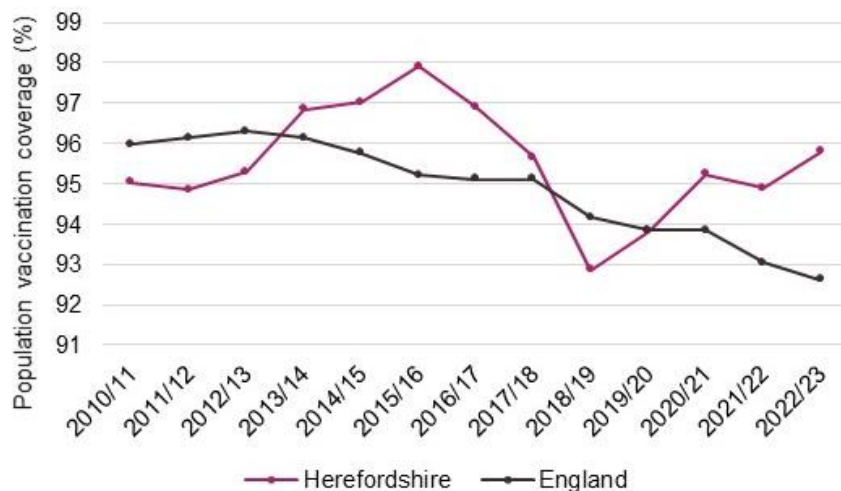
Source: [Public Health Outcomes Framework](#)

Figure 11 PCV coverage, Herefordshire compared with England, 2010/11 to 2022/23



Source: [Public Health Outcomes Framework](#)

Figure 12 DTaP IPV Hib (2 years), Herefordshire compared with England, 2010/11 to 2022/23



Source: [Public Health Outcomes Framework](#)

ii. Human Papillomavirus Vaccination

Human papillomavirus (HPV) is the name of a common group of viruses. They do not cause any problems in most people, but some types can cause genital warts or cancer.

The HPV vaccination coverage for 12–13-year-old males has significantly improved in the last 5 years, rising from 23% in 2019/20 to 86.1% in 2022/23. Coverage for 12–13-year-olds has increased for both females and males compared to last year, while it has decreased slightly for those aged 13-14 years. Coverage for all genders and age groups has remained significantly higher than the England average since 2020/21.

Table 3 Human Papillomavirus Vaccination Coverage in Herefordshire 2022/23

Indicator	Annual Recent Trend	Coverage	
		Herefordshire	England
HPV vaccination coverage, one dose, 12-13 yrs., males		86.1%	65.2%
HPV vaccination coverage, one dose, 12-13 yrs., females		91.2%	71.3%
HPV vaccination coverage, two doses, 13-14 yrs., males		83%	56.1%
HPV vaccination coverage, two doses, 13-14 yrs., females		87.2%	62.9%

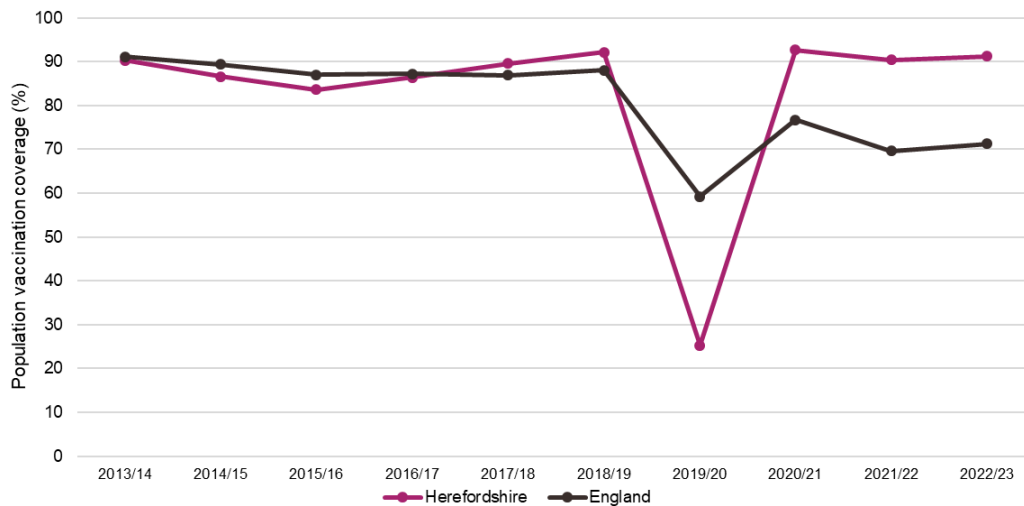
Source: [Public Health Outcomes Framework](#)

When compared to other areas in England, Herefordshire is one of the highest performers in 2022/23 for HPV vaccination coverage. Out of a total of 153 areas Herefordshire had the:

- third highest vaccination coverage uptake for one dose in 12–13-year-old females
- second 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 13 shows how the HPV vaccination programme was negatively affected by the COVID-19 pandemic but has recovered to pre-pandemic levels locally.

Figure 13 HPV vaccination coverage for one dose (12- to 13-year-old females), Herefordshire and England, 2013 to 2023

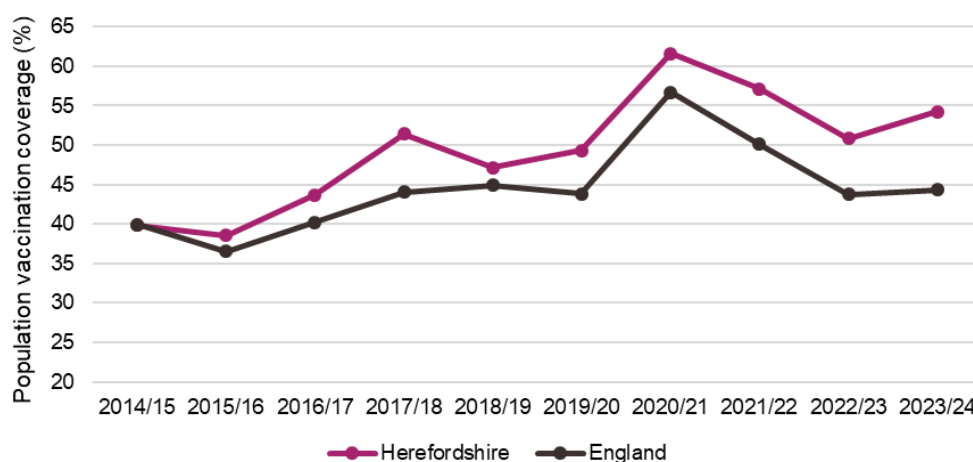


Source: [Public Health Outcomes Framework](#)

iii. Flu vaccination

Flu vaccination coverage for 2–3-year-olds in Herefordshire and its CIPFA neighbours remains below the national target of 65%. Figure 14 shows that Herefordshire's coverage is higher than the England average and mirrors the national trend. Coverage has declined from a peak of 61.6% in 2020/21 to 54.2% in 2023/24.

Figure 14 Flu vaccination coverage (2 to 3 years), Herefordshire and England, 2014 to 2024



Source: [Public Health Outcomes Framework](#)

Table 4 shows seasonal influenza vaccine uptake in children of school age from 1 September 2023 to 31 January 2024. When compared to the previous year, uptake increased across all cohorts except for children in Year 9 (12-14 yrs.); Year 10 (14 – 15 yrs.) and Year 11 (15 – 16 yrs.).

Table 4 Seasonal influenza vaccine uptake in children of school age from 1st September 2023 to 31 January 2024

Above 65% coverage (recommended target)				
Cohort	Period	Local Coverage	Comparator Average	
			Midlands	England
All eligible primary school children aged 4-11 yrs.	2023-24	75.1%	52.1%	55.2%
All eligible secondary school children aged 11-14 yrs.	2023-24	65.1%	41.1%	45.7%
Year Reception (4-5 yrs.)	2023/24	76.2%	52.3%	56%
Year 1 (5-6 yrs.)	2023/24	75.4%	53%	56.5%
Year 2 (6-7 yrs.)	2023/24	75.1%	52.1%	55.7%
Year 3 (7-8 yrs.)	2023/24	73.6%	53.1%	55.8%
Year 4 (8-9 yrs.)	2023/24	76.1%	52.6%	55.2%
Year 5 (9-10 yrs.)	2023/24	74.7%	50.9%	54.2%
Year 6 (10-11 yrs.)	2023/24	74.4%	50.5%	53.4%
Year 7 (11-12 yrs.)	2023/24	69.1%	46.8%	49.3%
Year 8 (12-13 yrs.)	2023/24	67.2%	43%	45.2%
All secondary school children aged 11-16 yrs.	2023/24	65.1%	41.1%	43%
Below 65% coverage				
Year 9 (12-14 yrs.)	2023/24	64.8%	40.5%	42.6%
Year 10 (14-15 yrs.)	2023/24	64.6%	40.2%	41.7%
Year 11 (15-16 yrs.)	2023/24	60%	34.5%	35.9%

In July 2023, the vaccination programme was expanded to secondary school children. Only year 11 pupils fell below target by more than a fraction. For all secondary-school-aged pupils, Herefordshire performs significantly better (65.1%) than the England (43.0%) and Midlands averages (41.1%).

iv. Routine adult immunisations

Table 5 provides adult vaccination coverage from the most recent year where information is available. The coverage target for each immunisation indicator is different and therefore cannot be compared like for like.

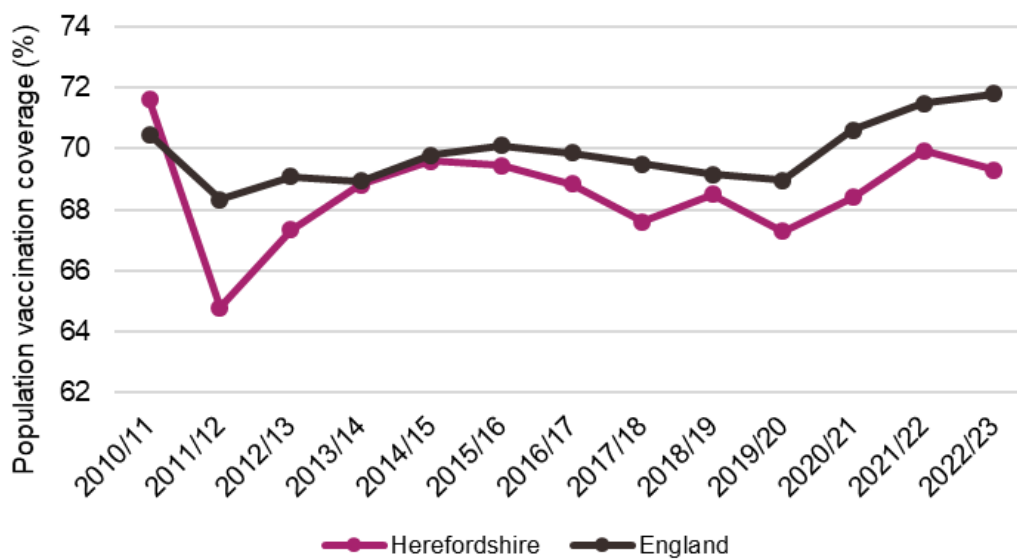
Table 5 Summary of routine NHS vaccination coverage uptake in 2022-23

Indicator	Period	Local Coverage	Recent Trend	Comparator Average		National Benchmark Coverage Goal		
				CIPFA Neighbours	England	<65%	65 to 75%	≥75%
PPV coverage	2022/23	69.3%	Increasing	-	71.8%	<65%	65 to 75%	≥75%
Flu (aged ≥65) vaccination coverage	2023/24	81.6%	No significant change	-	77.8%	<75%		≥75%
Shingles vaccination coverage (71 yrs.)	2022/23	44.4%	No significant change	51.9%	48.3%	<50%	50 to 60%	≥60%

Source: [Public Health Profiles: Vaccination](#)

Figure 15 shows that the recent trend for PPV vaccination coverage in Herefordshire is improving, with coverage falling within the 65% to 75% benchmark goal. However, local coverage has remained below the England average since 2011. Among the 14 CIPFA neighbours with available data, only 4 achieved coverage of 75% or higher in 2022/23. Herefordshire ranks 13th out of these 14 neighbours for PPV vaccination coverage.

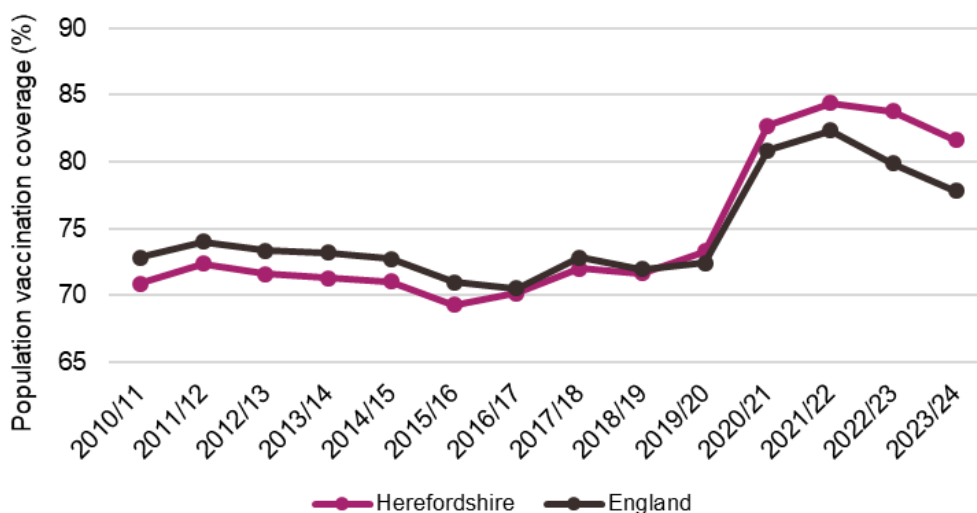
Figure 15 PPV population vaccination coverage from 2010 to 2023.



Source: [Public Health Outcomes Framework](#)

Figure 16 shows flu vaccination coverage for people aged 65 and over in Herefordshire and England. Since 2020/21, Herefordshire's coverage has consistently exceeded the benchmark goal of $\geq 75\%$. In 2022/23, all our CIPFA neighbours also surpassed this benchmark, with 15 out of 16 areas achieving coverage rates of 80% or higher.

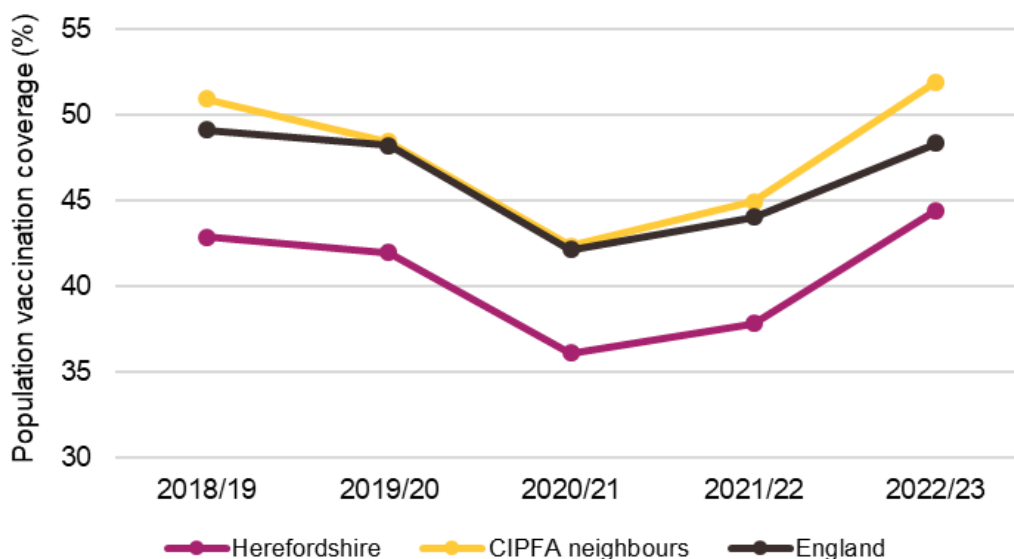
Figure 16 Flu vaccination coverage for people aged 65 years and over, Herefordshire and England, 2010 to 2024



Source: [Public Health Outcomes Framework](#)

Figure 17 shows shingles vaccination coverage in Herefordshire, CIPFA neighbours, and England over the last five years. Since 2018/19, Herefordshire's coverage has been consistently lower than the national average. Among the 14 CIPFA neighbours with available data, Herefordshire ranks last for shingles coverage (71 yrs.). In 2022/23, only 6 of our CIPFA neighbours had coverage below 50%.

Figure 17 Shingles vaccination coverage (71 years) in Herefordshire, CIPFA and England from 2018 to 2023



Source: [Public Health Outcomes Framework](#)

v. Selective immunisation programmes

Mpox (previously known as monkeypox) is a rare infection most commonly found in parts of central and east Africa. The risk of catching it in the UK is low.

Following the UK Mpox clade two outbreak in 2022-23 an NHS Mpox outbreak vaccination programme was established. This universal programme ceased in of July 2023, however a targeted programme remained in London and Greater Manchester for:

- Men who are gay, bisexual or have sex with other men, and who have multiple partners, participate in group sex or attend sex-on-premises venues.
- Staff who work at sex-on-premise venues

During 2022-23 and 2023-24 the Herefordshire sexual health clinic administered a total of 185 Mpox vaccines, the majority of which (90%) were for first dose.

Risks

i. Long-term fall in vaccination uptake across several programmes

There continues to be a long-term fall across several vaccination programmes including childhood vaccination, and vaccinations in pregnancy. The fall in uptake is associated with vaccine hesitancy and includes links to vaccine confidence, complacency and access.

ii. Measles

Following rising cases and outbreaks of measles in England, UKHSA declared a national incident in January 2024. In Herefordshire, the uptake of the measles, mumps and rubella (MMR) vaccination remains below the recommended 95% World Health Organisation across all MMR target indicators.

iii. Pertussis (whooping cough)

January – June 2024 saw a high number of pertussis cases the UK. Whooping cough is a cyclical disease that regularly peaks every 3 to 5 years. However, in 2024 the UK is seeing increasing rates of following a prolonged period of very low case numbers due to restrictions and reduced social mixing patterns during the COVID-19 pandemic.

The whooping cough vaccine is given as part of the routine NHS childhood vaccination schedule in the UK. Babies receive three doses at 8, 12 and 16 weeks old (the 6 in 1 vaccine) followed by a booster at 3 year 4 months. Pregnant women are also offered the pertussis vaccine between 20 to 32 weeks so that they can protect their baby from birth in the first months of life. The vaccination of pregnant women has been shown to be over 90% effective in preventing whooping cough deaths in young babies.

In Herefordshire, 2023-24 vaccination coverage data shows that the DTaP IPV Hib vaccine was just above 95% for children aged 1 year (95.1%) and 2 years (95.8%). However, only 86.7% of eligible children were vaccinated at 5 years. A resurgence of the disease is therefore possible in our unvaccinated population.

Achievements

- The response to the national upsurge in measles cases.
 - NHS England developed a GP best practice tool kit; worked to reduce immunisation waiting lists, provided high-quality clinical advice and provided webinars to GP's. An

- MMR catch-up programme was rolled out nationally, this programme proved effective especially in some traditionally low uptake groups.
 - Herefordshire has successfully implemented a local MMR catch up campaign, this saw an increase across all measuring markers.
- The response to the national upsurge of pertussis cases through:
 - Working with maternity services to improve access to vaccinations in maternity settings.
 - Improving GP provision through wider childhood immunisations work. This includes sharing of the best practice GP toolkit, work to reduce immunisation waiting lists and provision of high-quality clinical advice.
- NHS England are supporting system level vaccination governance infrastructure ahead of formal delegation in April 2026.
- Herefordshire and Worcestershire have been awarded funding for vaccination health inequality initiatives which are due to commence in autumn 2024. Programme evaluation is expected May 2025.
- A new national respiratory syncytial virus (RSV) vaccine programme is to be launched in England on 01 September 2024. The UK will become the first country in the world to have a national programme that uses the same vaccine to protect both new-borns and older adults against RSV. Each year in the UK, RSV accounts for around 30,000 hospitalisations in children aged under 5 and is responsible for 20 to 30 infant deaths. It also causes around 9,000 hospital admissions in those aged over 75. The RSV programme could free up thousands of hospital bed days and help to avoid hundreds of deaths each year. In Herefordshire, People aged 75 to 79 years old on 1 September 2024 will be invited to receive their RSV vaccination with their GP, and those turning 75 after this date will also receive an invitation from their GP once eligible. Women that are at least 28 weeks pregnant will be able to be vaccinated by their maternity service or GP surgery. A strong start has been seen locally across both eligible groups in Herefordshire.
- Pilot of a new Herefordshire infectious disease surge response service.

2024-25 focus

- Continue to support and promote routine childhood vaccination programmes, especially those where uptake is below the recommended 95% vaccination target.
- Continue to work with maternity services and GP practices to embed the RSV vaccine for pregnant women and older adults.
- Delivery of COVID-19 and annual NHS flu vaccination programmes for autumn / winter 2024. Targets have been established locally to ensure maximum uptake in the most vulnerable patients.
- Pertussis has been confirmed as this year's primary care national catch up campaign. This campaign will run from 01 October 2024 – 31 March 2025.
- Support potential vaccination programme changes, included but not limited to:
 - Mpox vaccinations – either the current programme will be expanded, or a new programme established, in the UK following the WHO announcement, it is likely vaccination will be available for high-risk gay, bisexual and men who have sex with men, contacts and some health care workers.
 - Varicella (chickenpox) vaccination – a universal varicella vaccination programme has been recommended by the Joint Committee on Vaccination and Immunisation (JCVI). It is anticipated that this should be a two-dose programme offering vaccination at 12 and 18 months of age using the combined MMRV (measles, mumps, rubella and varicella) vaccine.
 - MMR vaccination - the JCVI have advised that the second dose of the MMR vaccine should be brought forwards from 3 years and 4 months to 18 months of age once current national vaccine supply has been used.
- Implement vaccination health inequality initiatives.

- Continue to use Talk Wellbeing service to target areas of health inequalities across Herefordshire supporting vaccinations and wider health interventions.

Population screening programmes

2024 update

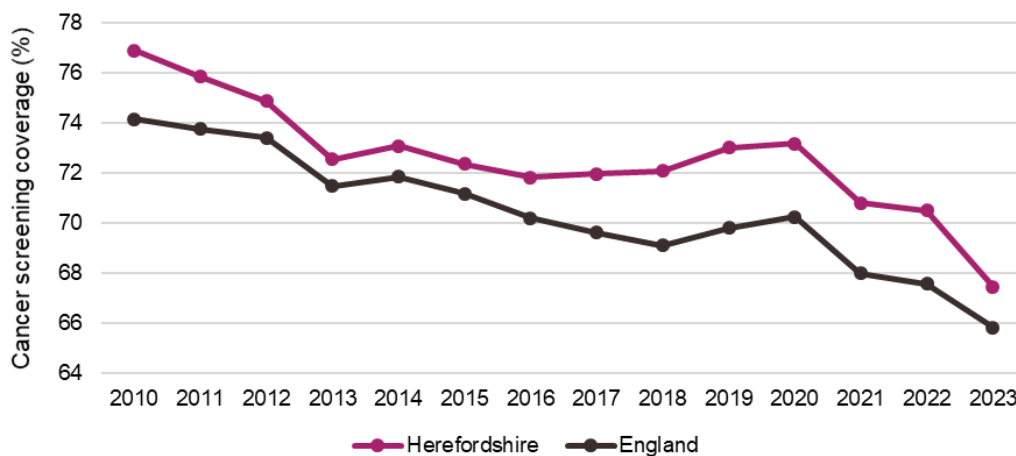
- Screening services are now focused on increasing coverage and uptake after working to clear backlogs from the pandemic in previous years.
- Although Herefordshire's cervical cancer screening coverage for women aged 25 to 49 is better than the England average, uptake dropped to 67.4% in 2023, the lowest recorded coverage for this age group since 2010. Recent trend shows that coverage is decreasing and getting worse in line with the England trend.
- 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 75% which is the lowest coverage in Herefordshire for this age group since 2010. Herefordshire continues to mirror the England trend. Herefordshire has the second lowest screening percentage for cervical cancer screening in this age group in 2023.
- Bowel cancer screening coverage continues to increase. In 2023, 76.2% were screening for bowel cancer, this exceeds recommended targets.
- The bowel screening service has now completed its age extension, this is the first service to do so in the West Midlands. Bowel screening is now offered in Herefordshire to those who are aged 50 to 74 years.
- Breast cancer screening was negatively affected by the COVID-19 pandemic and is yet to recover fully. Herefordshire has had an 11.5% increase in coverage from 2022 to 2023, rising from 56.2% to 67.7%. The local coverage remains below the acceptable uptake target of 70% and the achievable target of 80%. The latest unpublished service data indicates that uptake is equal to, and for some months above, pre pandemic levels and over 70%.
- Abdominal aortic aneurysm (AAA) screening coverage increased to 85.5% in Herefordshire during 2022/23, this exceeded both the acceptable target of 75% and the achievable target of 85%. The recent trend shows no significant change, but Herefordshire's coverage remains significantly better than the national average.
- Newborn screening in Herefordshire remains high. In 2022/23, 97.8% of new-borns and infants in Herefordshire had their physical examination screening, coverage continues to be significantly higher than the England average and exceeds the average of our CIPFA neighbours.
- In 2024 / 2025 the focus will remain on improving uptake of screening programmes, especially those which are below coverage targets.

Performance

- i. Cervical cancer screening

Figure 18 shows cervical cancer screening coverage for women aged 25 to 49 dropped to 67.4% in 2023, the lowest recorded coverage for this age group since 2010. The recent trend is decreasing and getting worse. Although this rate is significantly better than the England average of 65.8%, it remains below the target coverage level of 80% or higher. While none of our CIPFA neighbours hit the target coverage in 2023, Herefordshire still has the lowest percentage of women screened for cervical cancer in this age group among them.

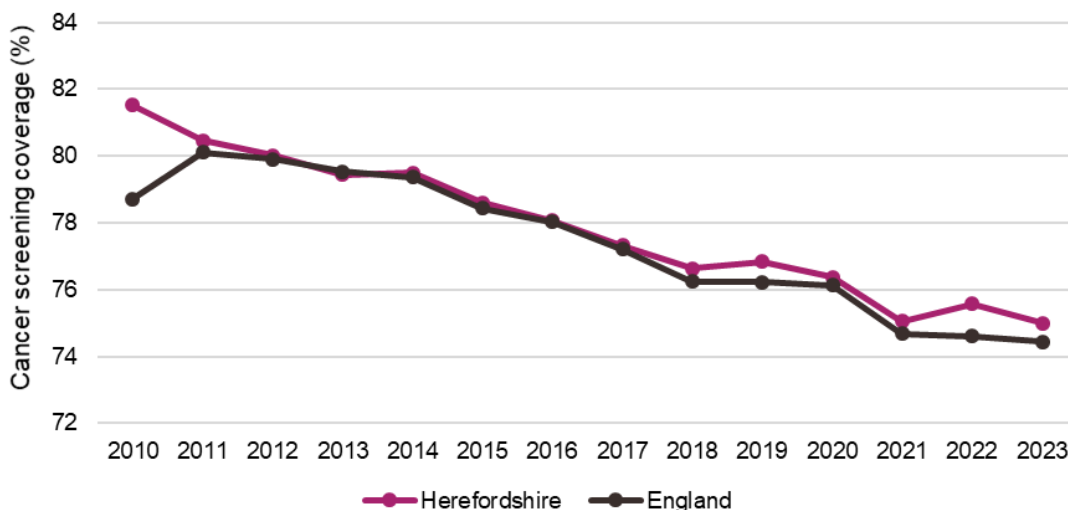
Figure 18 Cervical cancer screening in women aged 25 – 49 years in Herefordshire and England from 2010 to 2023



Source: [Public Health Profiles](#)

75% of the eligible women aged 50 to 64 were screened for cervical cancer in 2023, which is the lowest coverage in Herefordshire for this age group since 2010. The recent trend is decreasing and getting worse. While this rate is slightly above the England average of 74.4%, it is not significantly different and falls below the acceptable coverage target of 80%. Among our CIPFA neighbours, Herefordshire has the second lowest screening percentage for cervical cancer screening in this age group in 2023.

Figure 19 Cervical cancer screening coverage in women aged 50 – 64 years in Herefordshire and England in 2020 to 2023

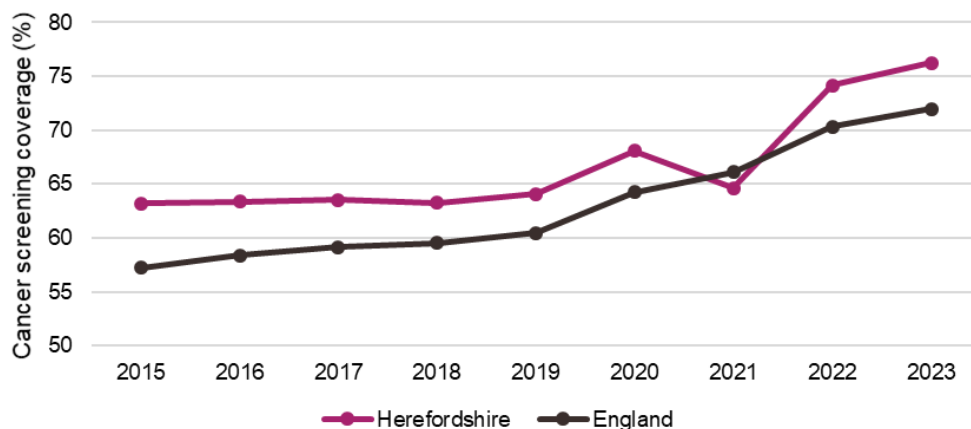


Source: [Public Health Outcomes Framework](#)

ii. Bowel cancer screening

As Figure 20 shows 76.2% of eligible individuals in Herefordshire were screened for bowel cancer in 2023, exceeding both the acceptable coverage target of 52% and the achievable target of 60%. Local coverage is also significantly better than the England average and the recent trend is increasing and getting better. All our CIPFA neighbours have also exceeded the acceptable and achievable targets.

Figure 20 Bowel cancer screening coverage in Herefordshire and England from 2015 to 2023



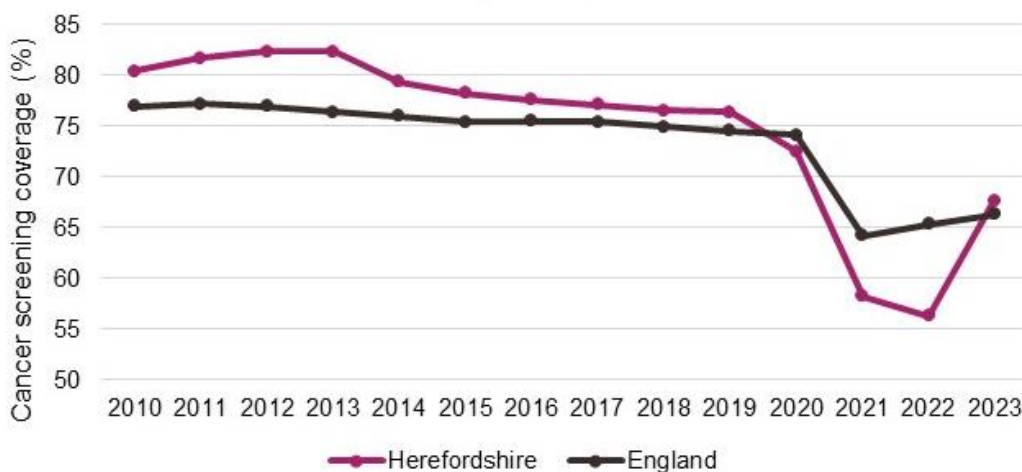
Source: [Public Health Outcomes Framework](#)

iii. Breast cancer screening

Breast cancer screening was negatively affected by the COVID-19 pandemic and is yet to recover fully. Figure 21 shows that Herefordshire has had an 11.5% increase in coverage from 2022 to 2023, rising from 56.2% to 67.7%. The local coverage remains below the acceptable uptake target of 70% and the achievable target of 80%. The latest unpublished service data indicates that uptake is equal to, and for some months above, pre pandemic levels.

Compared to England, Herefordshire's 2023 coverage is significantly better than the national average. Among the 14 CIPFA neighbours with available data, only one shows a recent trend that is increasing and getting better, while the other 13 are experiencing trends that are decreasing and getting worse.

Figure 21 Breast cancer screening coverage in Herefordshire and England from 2010 to 2023

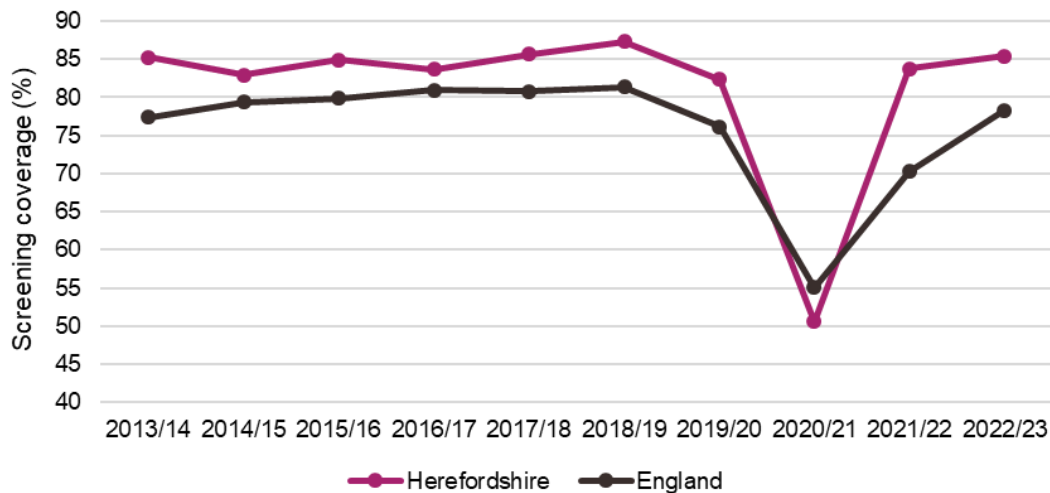


Source: [Public Health Outcomes Framework](#)

iv. Abdominal aortic aneurysm screening

In 2022/23, local coverage for abdominal aortic aneurysm (AAA) screening in Herefordshire is 85.5%, exceeding both the acceptable target of 75% and the achievable target of 85%. The recent trend shows no significant change, but Herefordshire's coverage remains significantly better than the national average. Figure 22 highlights the impact of COVID-19 on AAA screening and shows how coverage has rebounded. Among the 16 CIPFA neighbours, only 3 counties failed to meet the 75% acceptable target in 2022/23.

Figure 22 Abdominal aortic aneurysm screening coverage in Herefordshire and England from 2013 to 2023

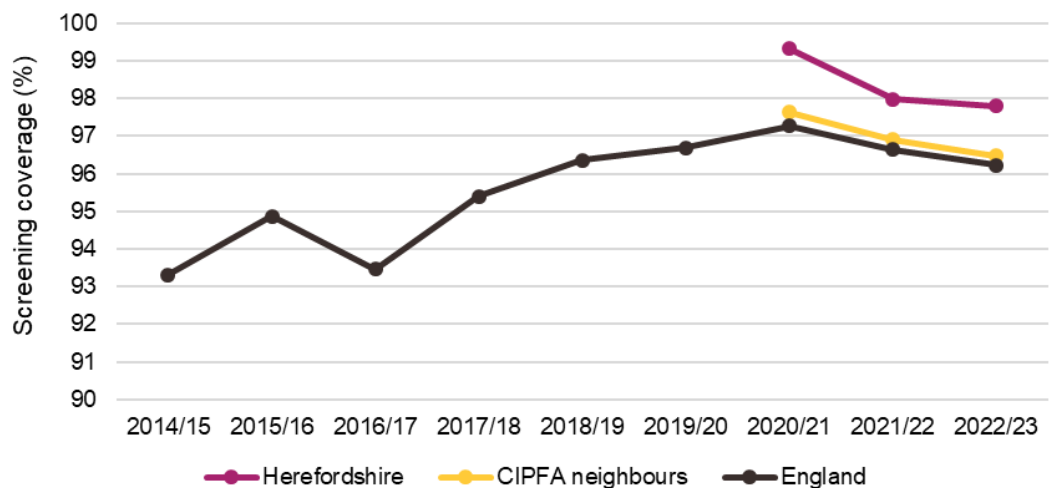


Source: [Public Health Outcomes Framework](#)

v. New-born screening

In 2022/23, 97.8% of new-borns and infants in Herefordshire had their physical examination screening. Local coverage is significantly higher than the England average and exceeds the average of our CIPFA neighbours. The recent trend for this indicator could not be calculated.

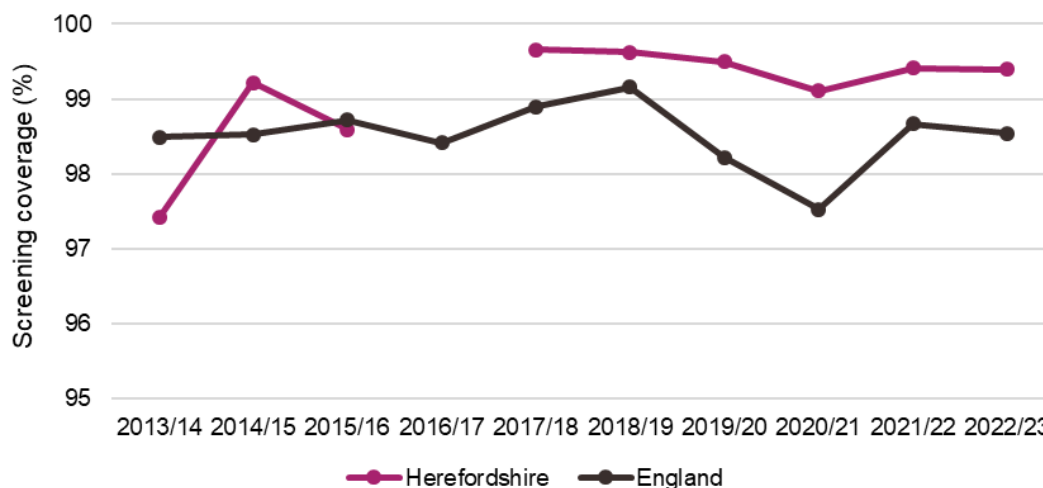
Figure 23 New-born and infant physical examination screening coverage in Herefordshire, CIPFA neighbours and England from 2014 to 2023



Source: [Public Health Outcomes Framework](#)

In 2022/23, 99.4% of new-borns in Herefordshire underwent hearing screening. This is above the acceptable target of 98% but falls just short of the achievable target of 99.5%. Since 2017/18, Herefordshire's coverage has been significantly higher than the England average. The recent trend shows no notable change.

Figure 24 New-born hearing screening coverage in Herefordshire and England from 2013 to 2023



Source: [Public Health Outcomes Framework](#)

Achievements

- Screening services are now focussed on increasing coverage and uptake having cleared backlogs from the pandemic in previous years.
- The bowel screening service has now completed its age extension, this is the first service to do so in the West Midlands. Bowel screening is now offered in Herefordshire to those who are aged 50 to 74 years.
- The Herefordshire and Worcestershire bowel screening service has been successful in submitting an expression of interest to the national screening programme to be a pilot for a threshold change. This will lower the threshold in which screening tests are positive and therefore identify more cancer. Further colonoscopy capacity is required to assess positive screens.
- Screening services have started health equity audits in 2024-25. This audit work continues with the expectation of follow up actions to address priority issues starting in 2025.
- The regional bowel screening hub have been working in Herefordshire on a project to support people with learning disabilities by better identifying them and providing more suitable information.

Risks

Risks tend to be around workforce, especially in some specialist fields, this is not specific to Herefordshire but reflective of national patterns. NHS England is working closely with ICB's, Cancer Boards and the national team to mitigate these risks. The Herefordshire service is not seeing any significant impacts of these.

2024-25 Focus

- Renewed emphasis on health inequalities, coverage and uptake now that backlogs from the pandemic are reduced. There will be a notable focus on the health equity audit work.
- NHS England want to work more closely with ICB's and Cancer Boards to leverage change.

- Implement programme changes and support any pilot implementation such as the bowel screening threshold change.
- Cervical screening coverage is a local priority. Partnership working with the partners including general practice, ICB's and primary care commissioners will be key.

COVID-19

2024 update

- A successful spring COVID-19 vaccination programme was delivered across Herefordshire.
- It was announced that there will be COVID-19 vaccinations offered to those in care homes for older adults, those who are 65 and over, at risk, immunosuppressed and front-line health and social care workforce. This commenced on the 3rd of October and will end on the 20th of December 2024.
- Our future focus will be to continue to promote COVID-19 vaccination to those who are eligible, where season boosters are recommended and available.

Performance

- Across the region there was a reduction in the number of vaccinations administered compared to 2023.
- So far into the autumn winter 2024 campaign 718,193 vaccinations have been administered across the midland's region.

Achievements

- Herefordshire continues to perform well against regional and national targets.

Risks

- Possible future pandemic threats

2025 focus

- Develop an ICS pharmaceutical countermeasures plan that includes vaccine deployment in outbreak scenarios.
- To continue to promote COVID-19 vaccination to those who are eligible, where season boosters are recommended and available.

Sexual health

2024 update

- Rates of newly diagnosed sexually transmitted infections (STIs) in Herefordshire reduced in 2023 (289 per 100,000 compared to 316 per 100,000 in 2022).
- Herefordshire had the lowest newly diagnosed STI rate in England in 2023.
- The proportion of 15 – 24-year-olds screened for chlamydia continues to remain lower than the England average. Recent data shows no significant change for both females and males.
- The diagnosis rate of syphilis remains significantly lower than the national average for England, with no changes in the recent trend.
- The gonorrhoea diagnostic rate, significantly lower than both the England average and the average of our CIPFA neighbours.
- Three new national HIV indicators have been developed and published in autumn 2024. The rates are based on very small numbers, so need to be treated with caution:
 - Although there has been an increase the new HIV diagnosis rate in 2023 there remains no significant change to the local trend. Herefordshire remains significantly lower than the national average of 10.4 per 100,000 in 2023.

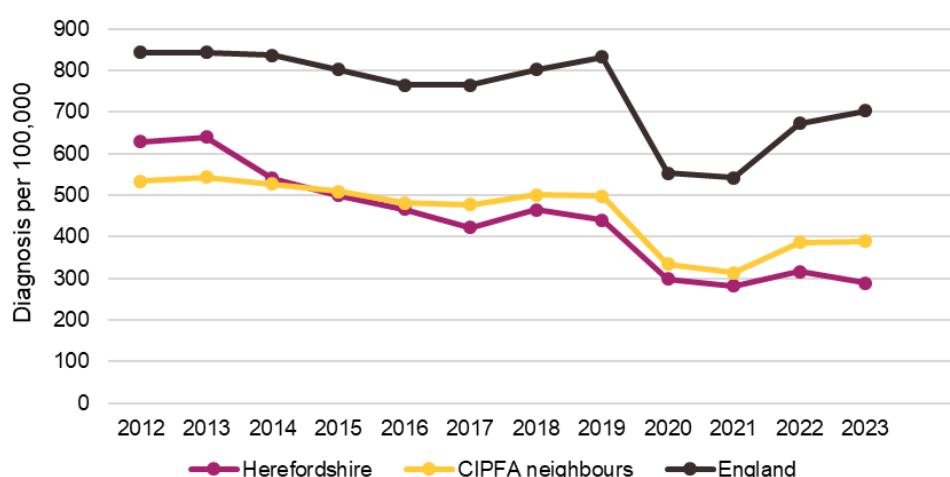
- While was a slight increase in the local HIV diagnosed prevalence rate in 2023 there remains to be no significant change to its trend. Since 2011, Herefordshire has continued to achieve the national benchmarking goal of <2.
- Herefordshire is above the threshold benchmark of ≥50% for the percentage of adults (15 yrs. and above) 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). Although data shows a downward trend after 2019/21, the number of cases has increased from 1 in 2019/21 to 9 in 2021/23.
- Although the risk in the UK is low Mpxv clade 1 remains a risk to sexual health services and health services in general in the UK. Arrangements are underway to ensure that any risks associated with the identification and management of Mpxv locally are mitigated appropriately.
- To improve access, the sexual health service is launching a new online booking system in autumn 2024.
- The focus for 2025 includes continuing to build networks within the community, providing new opportunistic cervical screening at the sexual health clinic, rolling out in-house training plans and supporting and rolling out any new, or extended, national Mpxv vaccination campaign.

Performance

i. All new sexually transmitted infections

Figure 25 shows the number of new sexually transmitted infections (STIs) diagnosed in Herefordshire in 2023 was 545, a rate of 289 per 100,000 persons. The rate is significantly lower than the national average and has been consistently so since 2012. Herefordshire had the lowest STI diagnosis rate in England in 2023.

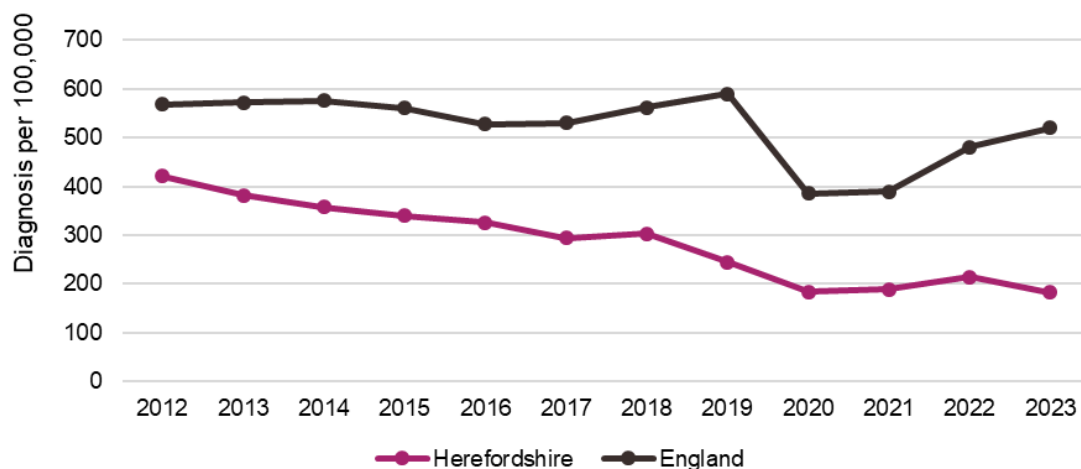
Figure 25 All new STI diagnosis per 100,000, Herefordshire compared with CIPFA neighbours and England from 2021 to 2023



Source: [Public Health Profiles](#)

Figure 26 shows the new STI diagnosis per 100,000 (excluding chlamydia) for aged >25. The rate for Herefordshire in 2023 is 182 per 100,000, which is significantly lower than England (520 per 100,000). Herefordshire ranks the second lowest when compared to our CIPFA neighbours.

Figure 26 New STI diagnosis (excluding chlamydia for ages >25) per 100,000, Herefordshire compared with England from 2012 to 2023



Source: [Public Health Outcomes Framework](#)

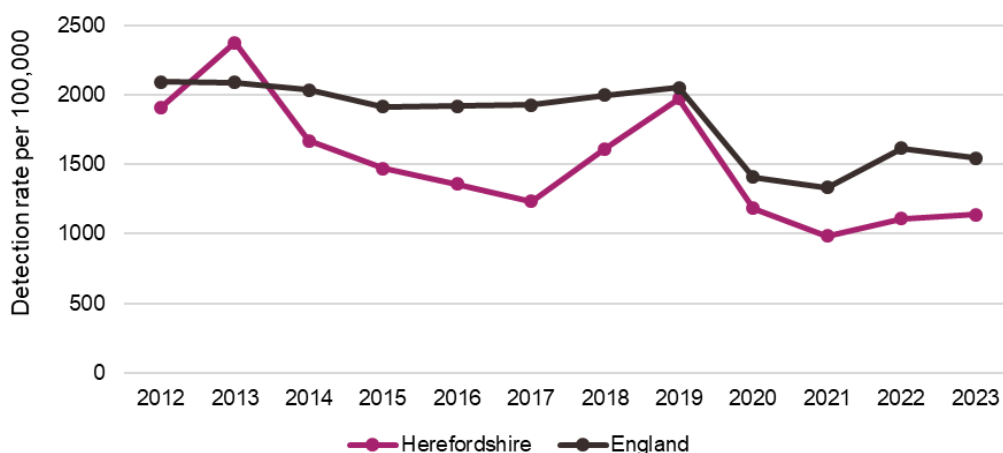
ii. Chlamydia

The Chlamydia detection rate in Herefordshire for 2023 remains below the national average for England and has been consistently lower since 2014. Breaking down the detection rate by sex, the rate in females is higher than males (1,611 compared to 710 per 100,000). Recent data shows no significant change for both females and males. Among our 16 CIPFA peer areas, only one meets the target range of 2,400 to 3,250 detections per 100,000, while the rest fall below this benchmark.

As seen in Figure 27 the proportion of females (aged 15 to 24) screened for Chlamydia is significantly lower than national average in 2023. Among our 16 CIPFA neighbours, only two have a screening coverage that is significantly higher than England.

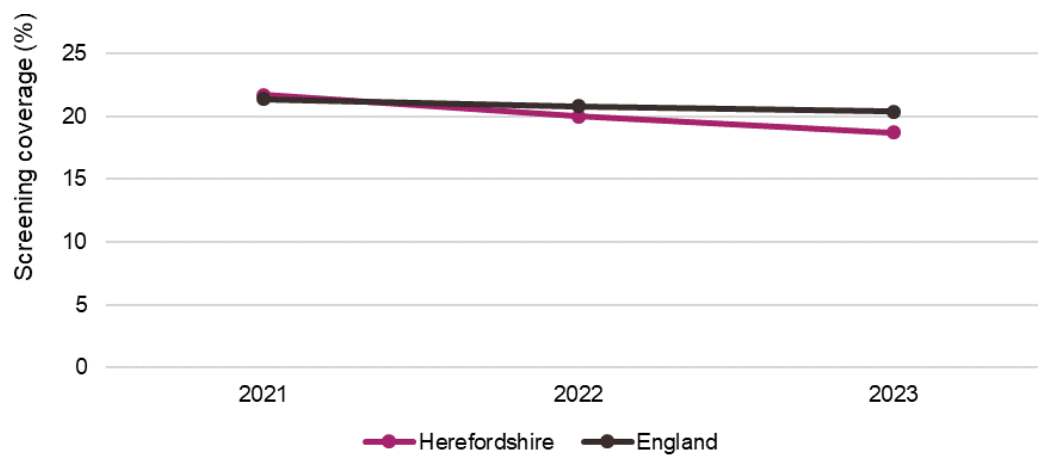
It's important to note that since Chlamydia is often asymptomatic, higher detection rates are considered a positive indicator of successful identification and management of infections.

Figure 27 chlamydia detection rate per 100,000 aged 15 to 24 years (persons) for Herefordshire and England, 2012 to 2023



Source: [Public Health Outcomes Framework](#)

Figure 28 Chlamydia proportion of females and 15 to 24 years screened in Herefordshire and England, 2021 to 2023



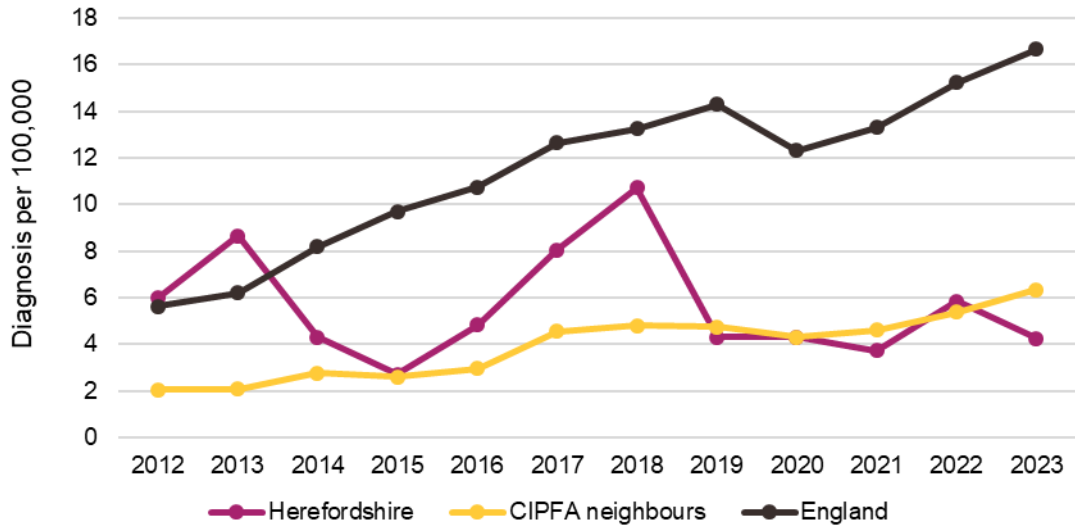
Source: [Public Health Outcomes Framework](#)

iii. Syphilis

As

Figure 29 shows the gnostic rate per 100,000 in Herefordshire has been significantly lower than the national average for England, with no changes in the recent trend. Compared to our CIPFA neighbours, Herefordshire experienced a spike in rates from 2015 to 2018, followed by a decline, remaining close to the CIPFA neighbours' average since 2019.

Figure 29, syphilis diagnostic rate per 100,000 population, Herefordshire and England, 2012 to 2023

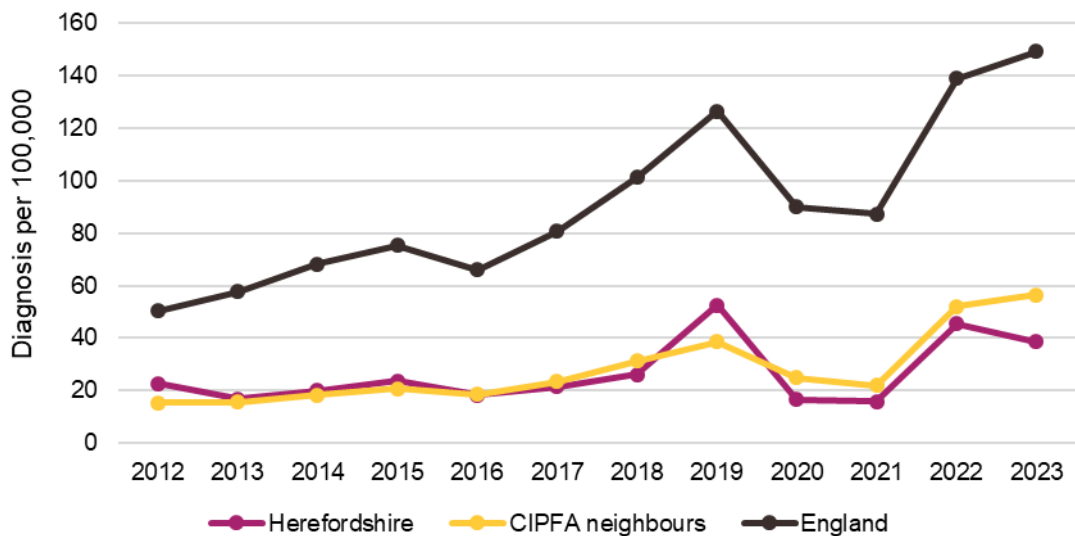


Source: [Public Health Outcomes Framework](#)

iv. Gonorrhoea

In 2023, the gonorrhoea diagnosis rate in Herefordshire was 39 per 100,000 people, significantly lower than both the England average and the average of our CIPFA neighbours. Herefordshire has the 2nd lowest diagnosis rate among its CIPFA neighbours for gonorrhoea and 4th lowest in England.

Figure 30 Gonorrhoea diagnostic rate per 100,000 in Herefordshire and England, 2012 to 2023



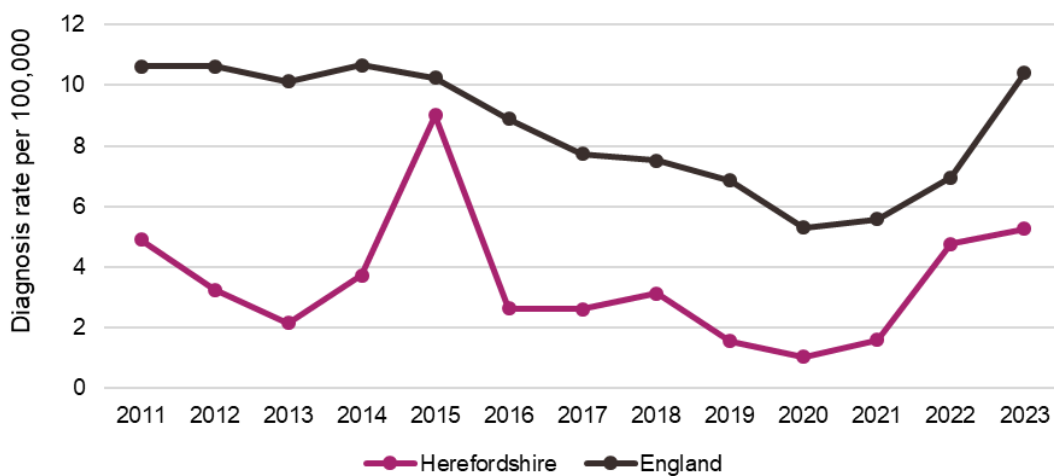
Source: [Public Health Outcomes Framework](#)

v. HIV

As of autumn 2024, three new revised HIV indicators have been developed and published on the Public Health Outcomes Framework. While reviewing the HIV indicators for Herefordshire, it is important to interpret the data with caution due to the low number of cases.

Figure 31 shows the new HIV diagnosis rate per 100,000 (all ages) in Herefordshire saw a marked increase in 2022 (from 3 cases in 2021 to 9 in 2022) and a further increase in 2023. Although there has been an increase in 2023 there remains no significant change to the local trend. Herefordshire remains significantly lower than the national average of 10.4 per 100,000 in 2023.

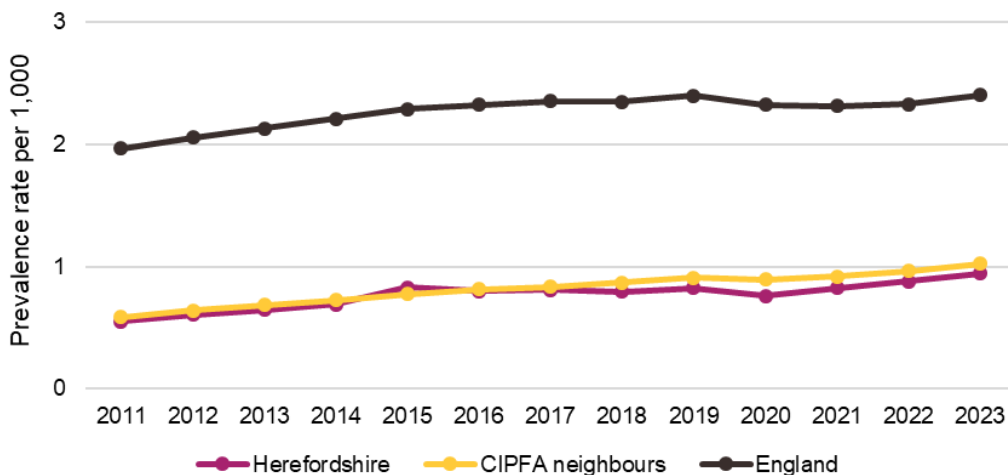
Figure 31 New HIV diagnosis rate per 100,000 in Herefordshire and England, 2011 to 2023



Source: [Public Health Outcomes Framework](#)

As Figure 32 shows, although there was a slight increase in the local HIV diagnosed prevalence rate in 2023 there remains to be no significant change to its trend. Since 2011, Herefordshire has continued to achieve the national benchmarking goal of <2 per 100,000 people. The prevalence rate for Herefordshire and its CIPFA neighbours is significantly better than the national average.

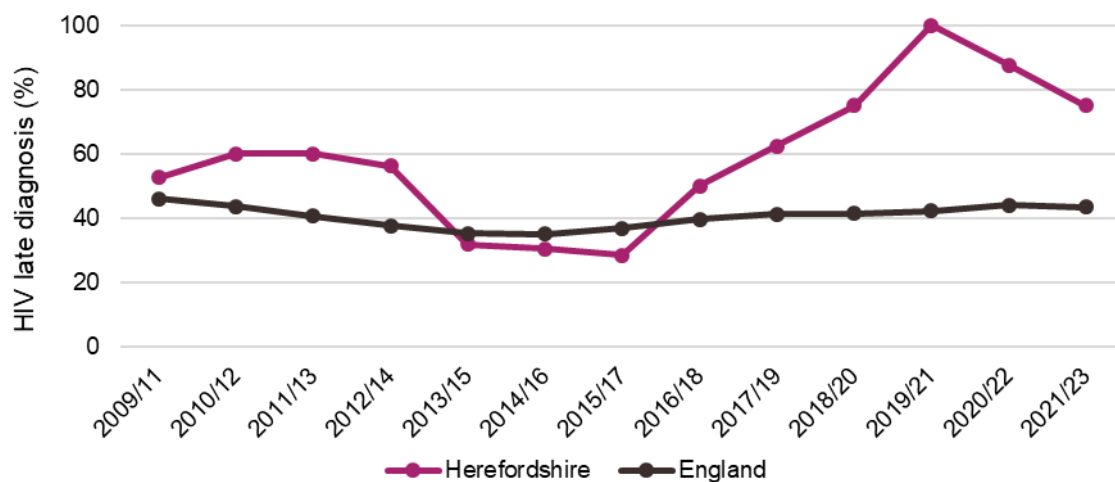
Figure 32 HIV diagnosed prevalence rate per 1,000 (15 to 59 years), Herefordshire compared with CIPFA neighbours and England, 2011 to 2023



Source: [Public Health Profiles](#)

Figure 33 shows Herefordshire is well above the desired threshold of <25% of adults (15 yrs. and above) with a late HIV diagnosis, at 75.0% for 2021 to 2023 combined. Late diagnosis is defined as 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 33 HIV late diagnosis in people first diagnosed with HIV in the UK, Herefordshire compared with England, 2009 to 2023



Source: [Public Health Outcomes Framework](#)

Of those who received a late HIV diagnosis first diagnosed in the UK in 2021-23:

- 66.7% were gay, bisexual and other men who have sex with men.
- 66.7% were heterosexual men.
- 29.2% were heterosexual and bisexual women.

Sexual health service developments in 2024:

In 2024, the sexual health service introduced twice weekly walk-in clinics. These walk-in clinics have proved to be very popular with an average of 65 patients attending each month, with 47% of attendees coming for sexual health screening.

A new remote working nurse has been appointed. This innovative staffing change allows for a nurse to run three telephone clinics per week. These clinics allow for complex, or urgent, triage whereby patients can then be signposted or booked an appropriate appointment. This role also incorporates telephone reviews for HIV Pre-Exposure Prophylaxis patients meaning that they then only need to attend the clinic when samples are required or to collect their medication.

The sexual health service is launching a new online booking system in autumn 2024. This new system will allow for patients to click on a link within their website, complete an online triage and if suitable book themselves into the next available appointment.

Risks

- Mpox

The World Health Organisation (WHO) have declared a public health emergency of international concern due to the rapid spread of an Mpox virus strain known as Clade 1. Although the overall risk

to the UK population remains low it is important that the local system is prepared and able to respond.

As Clade 1 is a High Consequence Infectious Disease (HCID) we are redeveloping our systems and organisational pathways so that they are ready to respond to any such cases. Any suspected or confirmed cases of Clade 1 will place additional pressures on responding local healthcare systems, such as sexual health services.

A new, or extended, Mpox vaccination programme is currently being considered for the UK. Implementation of a new Mpox programme in 2024 onwards will place additional pressures on to the sexual health service.

2025 Focus

The future focus for 2025 includes:

- Continuing to build networks within the community, providing specific education through attending events and hosting more open day sessions at the sexual health clinic.
- Providing new opportunistic cervical screening at the clinic through new commissioning opportunities by Herefordshire and Worcestershire Integrated Care Board
- Rolling out in-house training plans, this includes but is not limited to developing Health Care Assistant's (HCA's) to manage asymptomatic screening clinics, qualifying more nurse prescribers and signing off a new faculty trainer in preparation for staff changes,
- Supporting and rolling out any new, or extended, national Mpox vaccination campaign.

Drugs and alcohol

2024 update

- In 2023-24, 803 people were referred to Turning Point, a marked increase compared to the previous year (695 in 2022-23).
- Alcohol continues to account for the highest proportion of individuals seeking treatment locally.
- The majority (61%) of those entering structured treatment successfully completed their treatment programme with the highest number of completions seen in alcohol only users.
- Harm reduction remains central to drug and alcohol treatment services. Over 300 naloxone kits and 19,500 barrels, needles and syringes were distributed in 2023-24.
- Reducing drug and alcohol related deaths remains a priority locally. The latest data (2020-22) shows that Herefordshire is higher than the average for England and local authorities most like our own.
- A new drug related death panel has been established in Herefordshire. This allows for agencies to collaboratively review all drug related deaths in the county; ensures learning is shared; recommends changes to local procedures (if required) and supports the roll out of additional harm reduction messages.
- Hepatitis C has been an area of focus for partners throughout 2023 and 2024. As result, Herefordshire successfully achieved Micro-Elimination of Hepatitis C in July 2024. Turning Point are continuing to increase education support and testing of harder to reach people through having a new peer trained by the Hepatitis C Trust.
- An increase in synthetic opioids and contaminated drugs remains a risk both nationally and locally. To mitigate the harms associated with synthetic opioids Turning Point are offering testing strips and harm reduction support, including increasing naloxone provision, to increase the safety of people using these substances.
- The focus for 2025 includes:

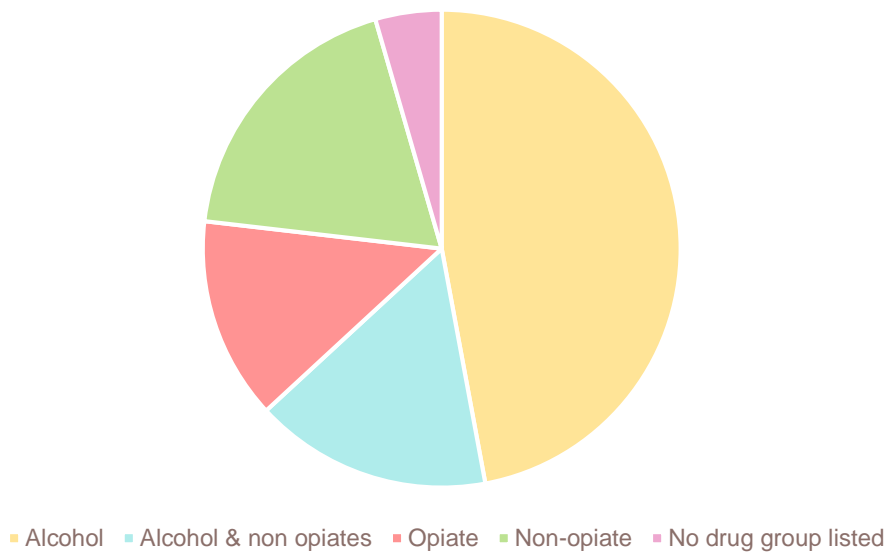
- Focus on alcohol use and reducing alcohol related harm. The service will continue to build links with GP practices and offer drop-in alcohol clinics and assessments from their premises. Earlier intervention opportunities will be also explored.
- Rolling out a three-month syphilis testing pilot as part of the Turning Point's dry blood spot testing offer.
- Building on the current injectable buprenorphine offer and ensuring that people who are living remotely with poor pharmacy access still have an option of OST.
- Develop the mental health offer to service users in Herefordshire through the appointment of an Advanced Recovery Practitioner.
- Increase the offer of basic drug and alcohol awareness training to both school staff also provide awareness and information to young people aged 11 to 17 years.

Performance

During 2023-24 Turning Point had 803 services users referred to them for treatment. This was an increase of 108 from 2022-23. Of those:

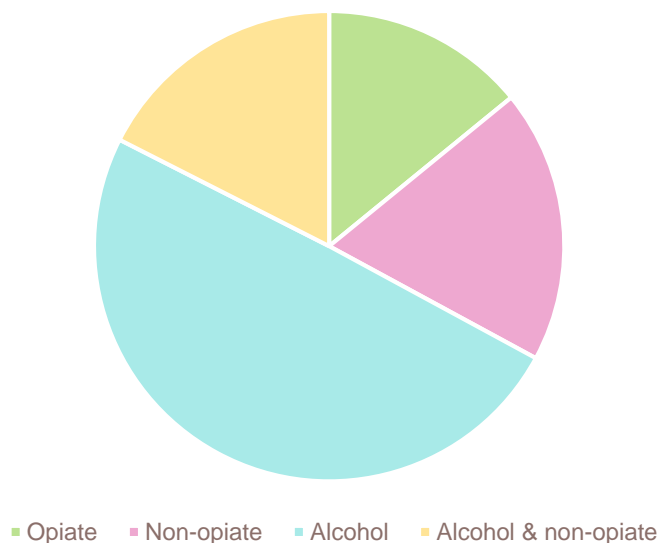
- The majority were self-referrals, others were referred from GP practices, hospitals and mental health services.
- As Figure 34 shows, most referrals (47%) related solely to alcohol use.
- Most referrals received were for men (64%).
- 61% of those entering structured treatment successfully completed their treatment programme. As Figure 35 indicates, the highest number of completions were seen in alcohol only users.
- Turning point distributed over 300 naloxone kits.
- Dispensed over 19,500 barrels, needles, and syringes through their needle exchange programme.
- Completed 438 dry blood spot tests to check for Hepatitis B, C and HIV status.

Figure 34 Turning Point referrals by drug group, 2023-24.



Source: Turning Point Service Data

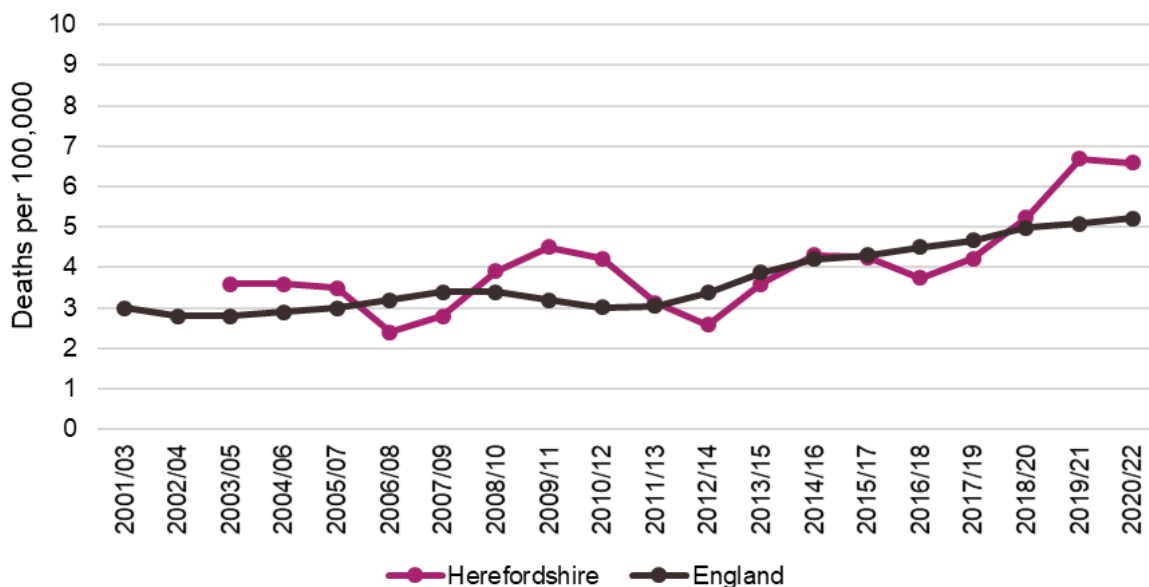
Figure 35 Percentage of referrals to Turning Point by drug type, 2023-24.



Source: Turning Point Service Data

Figure 36 indicates that there were 7 drug misuse-related deaths per 100,000 people in Herefordshire during 2020/22. This rate is higher than the national average for England and ranks as the third highest among our CIPFA neighbours.

Figure 36 Deaths from drug misuse per 100,000 in Herefordshire and England, 2021 to 2022



Source: [Public Health Profiles](#)

During 2023-24 Turning Point service data identified 16 deaths in total, this in an increase of 5 deaths compared to the previous year.

Locally, reducing drug and alcohol related deaths remains a priority. Turning Point are involved in the Hereford 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 internal protocols 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 uses 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 pathways are in place with Hepatology where service users can be referred for hepatitis C treatment.
- In July 2024 Herefordshire achieved Micro-Elimination of Hepatitis C, this was a fantastic milestone reached by productive inter agency working.
- Turning Point have a new peer being trained by the Hepatitis C Trust to increase education, support and testing of some of the most underserved people.
- Turning Point have started prescribing and administering injectable buprenorphine (prolonged release opioid treatment). Although on a limited budget they have so far have a small number of people to detox off long standing opiate substitution therapy (OST) by using this. It is proving a positive alternative treatment option.
- Needle and syringe provision online ordering has commenced throughout the county which enables those not close to a participating needle exchange pharmacy next day access to clean injecting equipment and Naloxone (antidote to an opioid overdose).
- Public Health and Turning Point are part of the improvement collaborative event in Leeds in November 2024. The event, which has been organised by the Office for Health Improvement and Disparities, will share their project on continuity of care.

Risks

- In April 2022, Afghanistan's de-facto authorities banned all cultivation of opium poppy under strict new laws. As a result, synthetic opioids are being produced to meet demands, however as these drugs vary in strength it raises the risk of overdoses. Herefordshire has followed the national picture in seeing an increase in contaminated drugs. To mitigate the harms associated with synthetic opioids Turning Point are offering testing strips and harm reduction support to increase the safety of people using these substances. Turning Point are also continuing to increase the naloxone provision in the county in both service users and their family and friends.

2025 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.

- We will be rolling out a 6-month pilot to assess all service users completing a DBST for BBV's to include syphilis testing. This is due to the increased number of positives within the county and the population we serve not always accessing mainstream healthcare.
- To continue to build on the current injectable buprenorphine offer and ensuring that people who are living remotely with poor pharmacy access still have an option of OST.
- We are trying to engage opiate service users throughout the county by offering a 'refer a friend' scheme.
- We have recently employed an Advanced Recovery Practitioner with focus on mental health. The role will continue to grow our relationships with the mental health offer in Herefordshire.
- Grow our young person's provision through the Healthy Relationships and Substance Use working group. This group aims to increase the offer of basic drug and alcohol awareness training to both school staff also provide awareness and information to young people aged 11 to 17 years.

Tuberculosis

2024 update

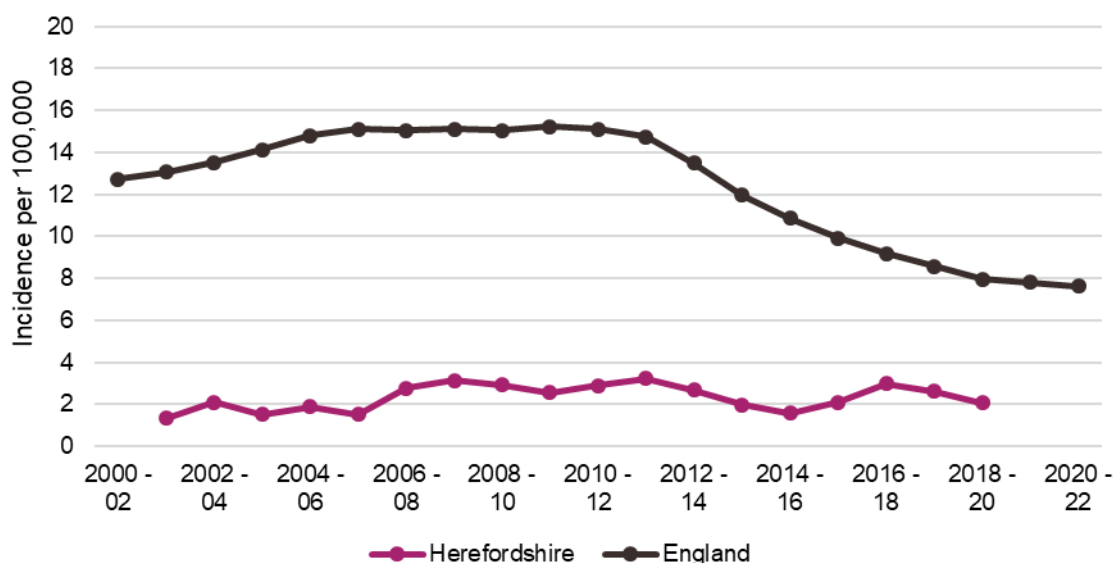
- Herefordshire continues to be a low incidence area for Tuberculosis (TB). In 2019-21 and 2020-22, values were suppressed due to having such small numbers.
- A Getting It Right First Time (GRIFT) review of Herefordshire TB services was conducted in April 2024, it concluded that Herefordshire has an excellent well-run service.
- The GRIFT review also recognised several limitations risks and limitations included expanding impacts and pressures on the service from increased referrals regarding latent TB, succession planning, limited infrastructure (secretarial support and availability of clinic rooms at short notice) and funding arrangements for cross-border activity.
- The focus for 2025 includes review and implementing findings and recommendations from the GRIFT review; conducting an annual cohort review; focusing on succession planning for the TB service and exploring funding / payment mechanisms for cross-border TB activity undertaken by the Herefordshire TB service.

Performance

TB rates remained highest in large urban areas, particularly in London. The TB notification rate in London was at 17.9 per 100,000 population, approximately six times higher than the rate in the South West with a rate of 2.8 per 100,000 population.

As Figure 37 shows, the incidence of TB in Herefordshire has remained low, below 4 per 100,000, for over twenty years. Herefordshire has one of the lowest TB incidence rates compared to its CIPFA neighbours.

Figure 37 Tuberculosis incidence per 100,000 from 2000 to 2022 in Herefordshire and England



Source: *Public Health Outcomes Framework*

Achievements

- In April 2024, a Getting It Right First Time (GRIFT) review of Herefordshire TB services was conducted by the NHS England. It identified that Herefordshire was an excellent well-run service in a low prevalence area.
- The GRIFT review identified close working relationships between the WVT TB team, ICB and Herefordshire Council, and several areas of excellent practice across the TB team and pharmacy service.
- TB service specification has been agreed through the TB network and ICB. New key performance indicators are central to the specification and will be a future focus moving forward.
- TB action place has been reviewed and a gap analysis completed. A local work plan has been developed to support its implementation.

Risks

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

- Small workforce, which is easily impacted by leave, sickness and patient capacity.
- Succession planning and limited infrastructure continue to pose a risk to the service.
- Funding allocation. As allocations are based on an areas incidence rate it does not take account of variations to changing populations, demographics and increased migration.
- Expanding impacts and pressures on service from latent TB.
- Supporting out of county patients in surrounding local authority areas including Wales. Although patient numbers are small there is lack of clarity regarding funding / payment mechanisms for cross-border activity.

2025 focus

- Review and implementing findings and recommendations from the GRIFT review.
- Conduct annual cohort review.
- Focus on future succession planning for the TB service.

- Explore and identify funding / payment mechanisms for cross-border TB activity undertaken by the Herefordshire TB service.
- Possible pilot TB screening project for agricultural workers who are from a high incidence TB country.

Environmental hazards to health, safety and pollution control

2024 Update

- The number of reportable 2023/24 accidents and incidents and in year health and safety visits conducted by Environmental Health are consistent with those of the previous year.
- Food premises with a food hygiene rating score at 3 (satisfactory) or above have remained consistently high (2023/24, 98.0%).
- Trading standards continued to tackle the trade in illicit cigarettes and vapes, resulting in significant seizures and a criminal prosecution.
- A total of 186 food standards interventions were made, including allergen sampling.

Performance

i. 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 conduct food hygiene interventions either six monthly, annually, every 18 months, every two years, or every three years depending upon the risk assessment.

In 2023/24, 309 high risk food inspection (A-C) were undertaken together with 194 lower risk inspections (Ds) and 186 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 98.0% by end of year.

ii. 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 2023/24, Environmental Health reviewed and investigated 94 reportable accidents and incidents (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) in accordance with the HSE enforcement management model. There were also 23 in year health and safety visits (in accordance with LAC 67/2 (rev6)).

iii. 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 numbers 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	2023/24
Number of private water supply samples taken	325	388	365
% of resampled supplies passed chemical and / or bacteriological parameters, demonstrating an improvement in the supply	76.7%	81.8%	76.7
DWI private water supply risk assessment reports completed	29	45	46

Source: Herefordshire Council, Environmental Health and Trading Standards

iv. 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 several 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) originally declared due to levels of NO₂ exceeding national standards (40µg/m³). The two AQMAs cover the A49 corridor through central Hereford and the Bargates road junction in Leominster.

In 2023, the continuous monitored NO₂ annual mean concentration in the Hereford AQMA was 29.2µg/m³ compared to 31.0µg/m³ the previous year. Average PM10 was 17.4µg/m³ and PM2.5 was 8.4µg/m³.

NO₂ concentrations in the Bargates AQMA have also been continuously checked since the commissioning of a new Air Quality Monitoring Station (AQMS) in December 2022, with annual NO₂ mean concentration of 20.5µg/m³ in 2023. Average PM10 was 11.9µg/m³ and PM2.5 was 6.9µg/m³.

During the summer months of 2023, 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	2023/24
Number of environmental protection service requests received and actioned	2576	2634	2643
Number of environmental protection planning consultations received and actioned	763	593	548

v. Housing

Environmental health practitioners, collaborating 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 2023/24 include:

- 508 housing standards enquires received and actioned.
- 36 HMO inspections completed.
- 31 HMO self-certifications completed.
- 67 single family dwelling inspections completed.
- 27 housing notices served.
- 17 houses in multiple occupation licenced.

vi. Trading standards and animal health interventions 2023-24

Trading Standards play a vital role in protecting adults and children from harm by investigating illegal products being sold by unscrupulous traders and organised criminal gangs. The team are responsible for the composition, labelling, presentation and advertising of all food, with a particular focus on protecting members of the public from undeclared allergens, which can cause severe allergic reactions and even death.

- Enforcement activity saw 23,860 illegal cigarettes and 18kg of illegal hand rolling tobacco seized - Over 100 advisory visits to vape retailers in Herefordshire were undertaken, resulting in 776 illegal vapes seized. The team completed two separate under-age test purchasing operations – this led to 1 criminal prosecution being taken and concluded. Due to the backlog of criminal cases in the court system, 4 other prosecutions relating to illegal tobacco and vapes were initiated but concluded in late 2024.
- A targeted allergen sampling programme was undertaken where 62 separate test purchases of dishes were made from premises across Herefordshire. In addition to this a total of 186 food standards interventions were made.
- Animal health investigated a total 260 complaints, initiating 4 separate criminal prosecutions for animal welfare offences.
- Trading Standards protect the elderly and vulnerable by investigating reports of doorstep crime and rogue trading. During 23/24 we successfully completed 5 separate criminal prosecutions and secured enforcement orders, directly recovering over £115k.

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.

**Health Protection
Assurance Forum Annual
Report 2024**

09 Dec 2024

133

Contents

- Role of the Health Protection Assurance Forum
- Outline of annual report 2024
- Progress areas
- 134 • Development areas
- Asks
 - Note current health protection system assurance report 2024
 - Opportunity for Board to seek further assurance in any areas from the Subgroup (Next meeting Jan 2025)



Health Protection Assurance Forum
Annual Report 2024

Role of the Health Protection Assurance Forum

- Seeks assurance that satisfactory arrangements are in place to protect the health of Herefordshire residents.
- Quarterly meetings

Health and Wellbeing Board

Health Protection Assurance Forum

- Public Health
- NHS Herefordshire and Worcestershire Integrated Care System
- Wye Valley NHS Trust
- UK Health Security Agency
- NHS England
- Environmental Health

2024 Annual Report

Contents

Executive Summary	3
Introduction	9
2024 update	9
Antimicrobial resistance	9
Immunisation programmes	10
Population screening programmes	23
COVID-19	28
Sexual health	28
Drugs and alcohol	35
Tuberculosis	39
Environmental hazards to health, safety and pollution control	41
Appendix	44

Health and Wellbeing Board

Health Protection Assurance Forum

- Public Health
- NHS Herefordshire and Worcestershire Integrated Care System
- Wye Valley NHS Trust
- UK Health Security Agency
- NHS England
- Environmental Health

Strong or improving areas

Cancer prevention:
HPV vaccination in
12-14-year-olds
ranks top 3 highest
nationally (80-90%)
¹³⁷

Pertussis (whooping
cough) vaccine
protection high in
babies and children
(95%+)

Over 65 flu
vaccination (81.6%)
exceeds national
target >75%

Low measles cases
despite national and
regional outbreak
(MMR1 94%)

Very low tuberculosis
cases

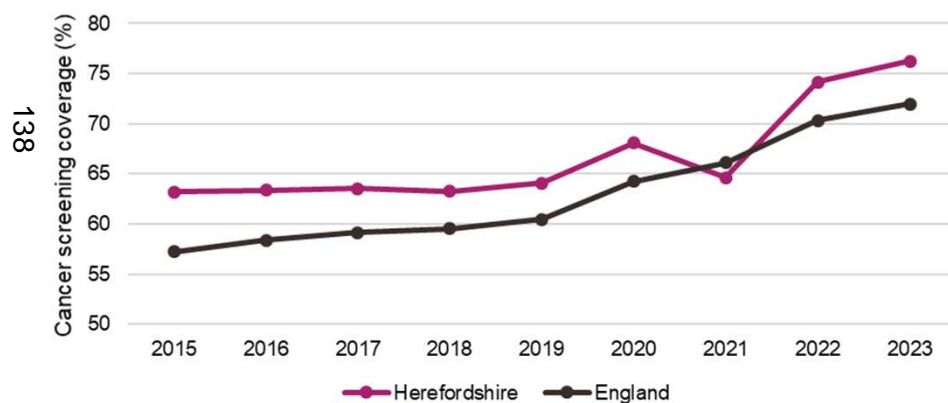
Bowel cancer
screening highest in
region and trending
higher
(76.2%)

Aneurysm screening
(88.5%) bounced
back from COVID
dip (50%)

Two air quality
management areas
stable and below
national targets for
Nitrogen dioxide

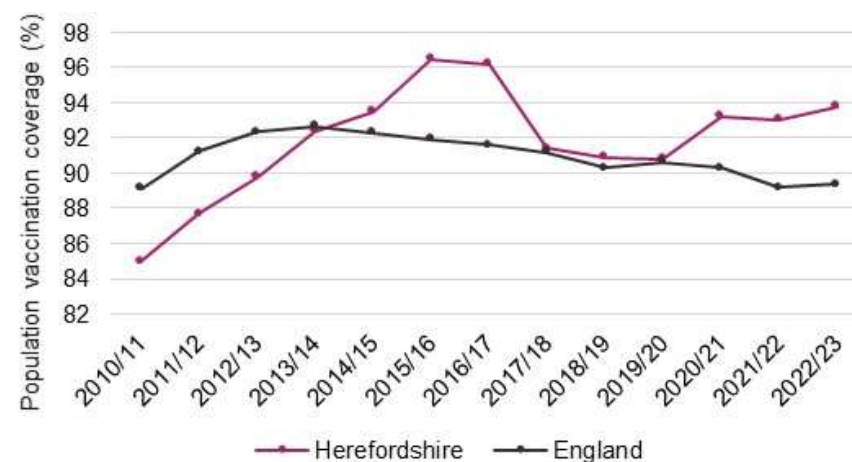
Illustrative examples

Bowel cancer screening coverage in Herefordshire and England from 2015 to 2023



Source: [Public Health Outcomes Framework](#)

MMR 1 dose (2 years) coverage, Herefordshire compared with England, 2010/11 to 2022/23



Source: [Public Health Outcomes Framework](#)

Development areas

139

ICS antimicrobial resistance cases higher than agreed thresholds

Two of 14 routine immunisations lower than 90%

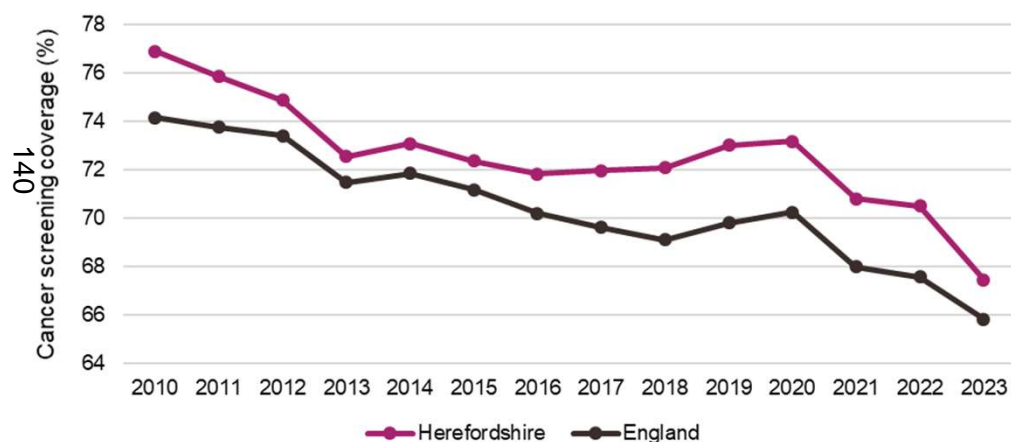
Cervical screening declining

Breast cancer screening not recovered to pre-pandemic levels

Drug related deaths higher than average

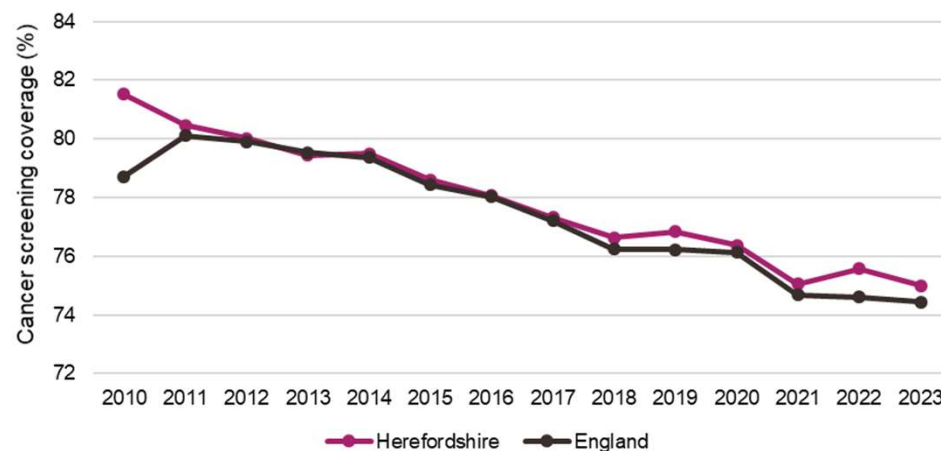
Illustrative examples

Cervical cancer screening in women aged 25 – 49 years in Herefordshire and England from 2010 to 2023



Source: [Public Health Profiles](#)

Cervical cancer screening coverage in women aged 50 – 64 years in Herefordshire and England in 2020 to 2023



Source: [Public Health Outcomes Framework](#)

Outline

- Role of the Health Protection Assurance Forum
- Outline of annual report 2024
- Strong or improving areas
- Development areas
- Asks
 - Note current health protection system assurance report 2024
 - Opportunity for Board to seek further assurance in any areas from the Subgroup (Next meeting Jan)

Health and Wellbeing Board

Health Protection Assurance Forum

- Public Health
- NHS Herefordshire and Worcestershire Integrated Care System
- Wye Valley NHS Trust
- UK Health Security Agency
- NHS England
- Environmental Health

 Herefordshire Council

Health Protection Assurance Forum
Annual Report 2024

Health and Wellbeing Board Work Programme 2024/25 – 2025/26

Agenda item	Report from	Frequency	Purpose	Notes
Mon 11 March 2024, 2.00 pm – Board meeting in public				
Herefordshire Safeguarding Adults Board report	Kevin Crompton	Annual	Information	
HWB Delivery Plans: Best Start in Life	Public Health	Quarterly	Information	
Better Care Fund progress update	Marie Gallagher	Ad-hoc	Information	
Most Appropriate Agency	West Mercia Police	Ad-hoc	Information	
Wed 15 May 2024, 2.30 pm - Private workshop				
Mon 10 June 2024, 2.00 pm – Board meeting in public				
HWB Delivery Plans: Mental Health and Mental Health Needs Assessment	Public Health	Quarterly	Information	
Autism Strategy	Sally Wilson	Ad-hoc	Information	
DPH Annual Report	Matt Pearce	Annually	Information	
Better Care Fund Annual Report	Marie Gallagher	Annually	Information	
17 July 2024 – Herefordshire Health and Wellbeing Board Conference Event				
Mon 16 September 2024, 2.00 pm – Board meeting in public				
Better Care Fund Integration Plan 2024-25	Marie Gallagher	Ad-hoc	Information	
HWB Delivery Plans: Best Start in Life	Julia Stephens	Quarterly	Information	
Tobacco Control	Luke Bennett / Natalie Johnson-Stanley	Ad-hoc	Information	
Community Safety Partnership Update – including priorities	Helen Wain	Ad-hoc	Information	
Herefordshire Safeguarding Adults Board Annual Report	Kevin Crompton	Annually	Information	
21 October 2024 - Private workshop: Health and Wellbeing Strategy				
Mon 9 December 2024, 2.00 pm – Board meeting in public			[Agenda publication: Fri 29 November 2024]	
[HWB Delivery Plans: Mental Health] Update to the board on the Good Mental Wellbeing throughout lifetime Implementation Plan	Kristan Pritchard	Quarterly	Information	
Update on Inequalities Strategy 2023-26	Harpal Aujla	Ad-hoc	Information	
Health Protection Assurance Forum Annual Report 2024	Rob Davies / Sophie Hay	Annually	Information	
Mon 3 February 2025, 2.00 pm - Private workshop: Health and Wellbeing Strategy				
Mon 17 March 2025, 2.00 pm – Board meeting in public			[Agenda publication: Fri 7 March 2025]	
Better Care Fund Quarter 1 and Quarter 2 report 2024-25	Marie Gallagher	Ad-hoc	Information	<i>Moved from December 2024</i>
HWB Delivery Plans: Best Start in Life	Public Health	Quarterly	Information	
Suicide Prevention Strategy	TBC	Ad-hoc	Information	

Agenda item	Report from	Frequency	Purpose	Notes
Oral Health Improvement Board Update	Harpal Aujla	Annually	Information	
Herefordshire Tobacco Control Plan	Isobel Adams	Annually	Information	
Domestic Abuse Strategy	Kayte Thompson Dixon / Hannah McSherry	Ad-hoc	Information	<i>Moved from December 2024</i>
JSNA Summary Report	Rob Davies / Charlotte Worthy	Ad-hoc	Information	<i>Moved from December 2024</i>
Falls Needs Assessment	Luke Bennett	Ad-hoc	Information	<i>Moved from December 2024</i>
Physical Activity Strategy Update	Luke Bennett	Ad-hoc	Information	<i>Moved from December 2024</i>
[Provisional] Point Prevalence Audit	Simon Trickett / David Mehaffey	Ad-hoc	Information	
Mon 9 June 2025, 2.00 pm – Board meeting in public			[Agenda publication: Fri 30 May 2025]	
HWB Delivery Plans: Mental Health	Public Health	Quarterly	Information	
DPH Annual Report	Director of Public Health	Annually	Information	
Better Care Fund Annual Report	Marie Gallagher	Annually	Information	
Mon 15 September 2025, 2.00 pm – Board meeting in public			[Agenda publication: Fri 5 September 2025]	
HWB Delivery Plans: Best Start in Life	Public Health	Quarterly	Information	
Mon 15 December 2025, 2.00 pm – Board meeting in public			[Agenda publication: Fri 5 December 2025]	
HWB Delivery Plans: Mental Health	Public Health	Quarterly	Information	