

Health Protection Assurance Forum Annual Report 2024

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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

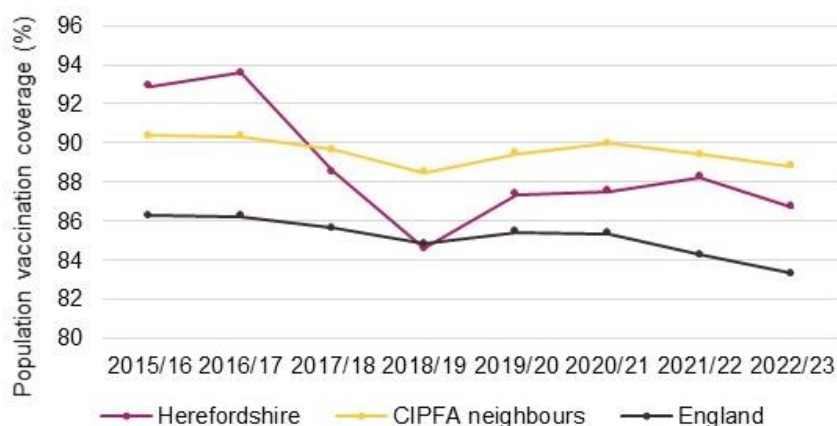
Below 90% Coverage					
Immunisation	Period	Local Coverage	Recent Trend	Comparator Average	
				CIPFA Neighbours	England
DTaP & IPV booster (5 yrs.)	2022/23	86.7%	No significant change	88.8%	83.3%
MMR 2 doses (5 yrs.)	2022/23	88.1%	No significant change	89.8%	84.5%
Between 90%-95% Coverage					
Men B (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](#)

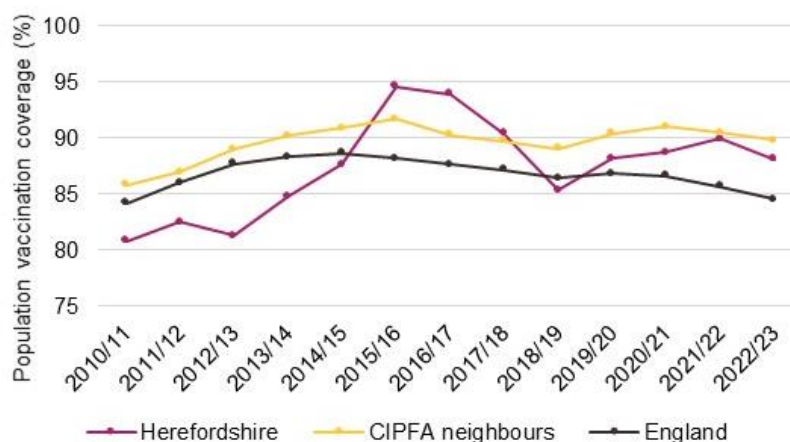
Figure 1 to 5 Table 2 shows vaccination coverage trends with no significant change over time, while Figures Figure 6 to 12 highlight vaccinations with increasing coverage in recent years. These figures compare local trends with those of CIPFA neighbours and national trends in England.

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



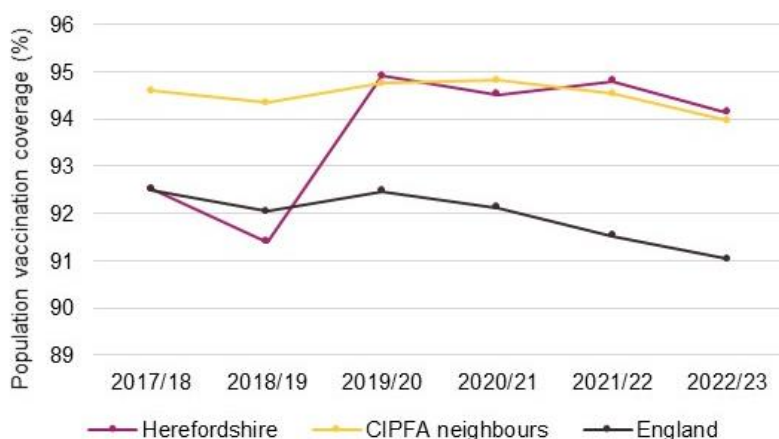
Source: [Public Health Outcomes Framework](#)

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



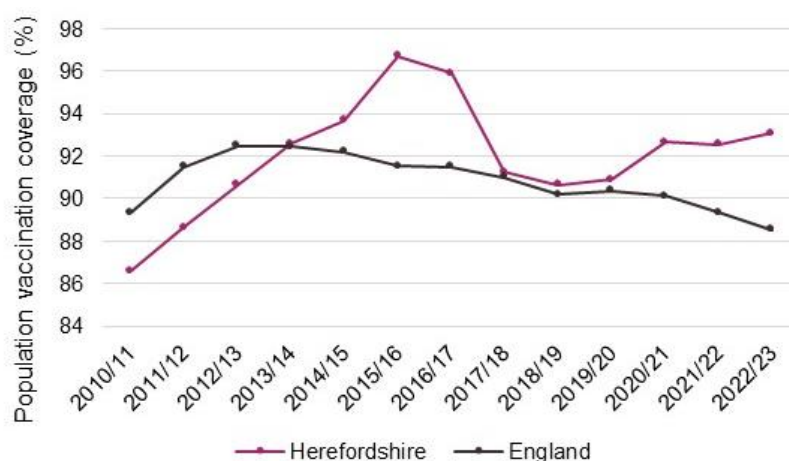
Source: [Public Health Outcomes Framework](#)

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



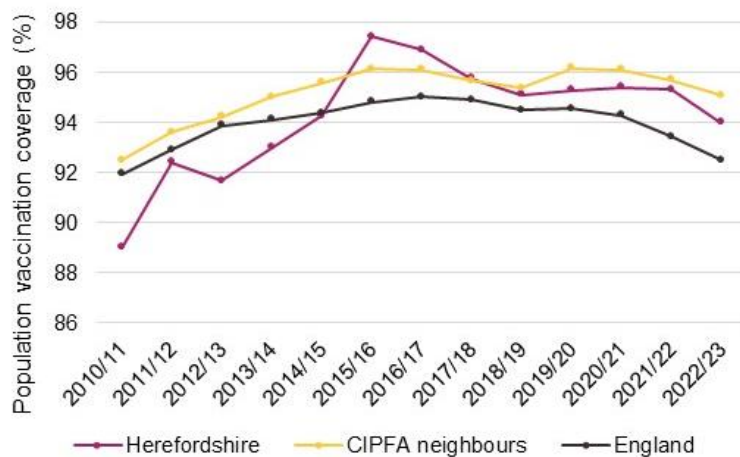
Source: [Public Health Outcomes Framework](#)

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



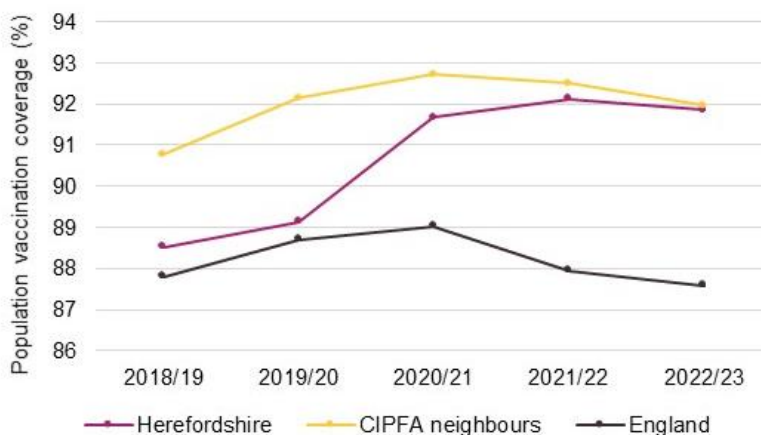
Source: [Public Health Outcomes Framework](#)

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



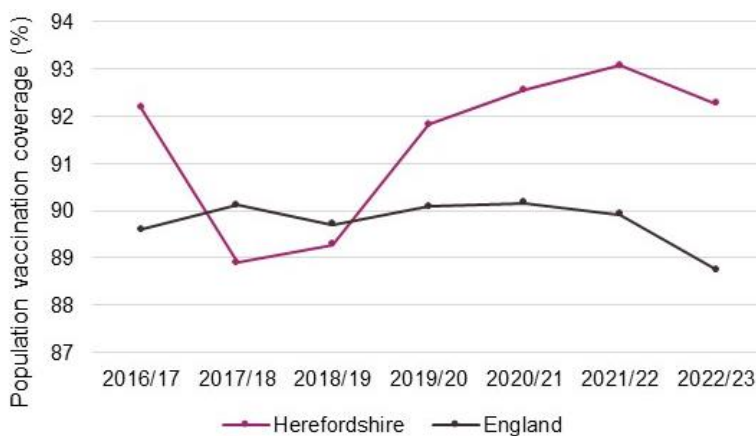
Source: [Public Health Outcomes Framework](#)

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



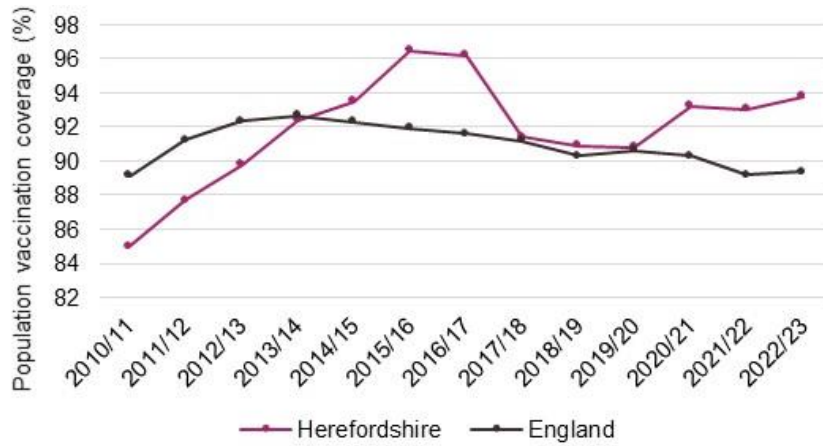
Source: [Public Health Outcomes Framework](#)

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



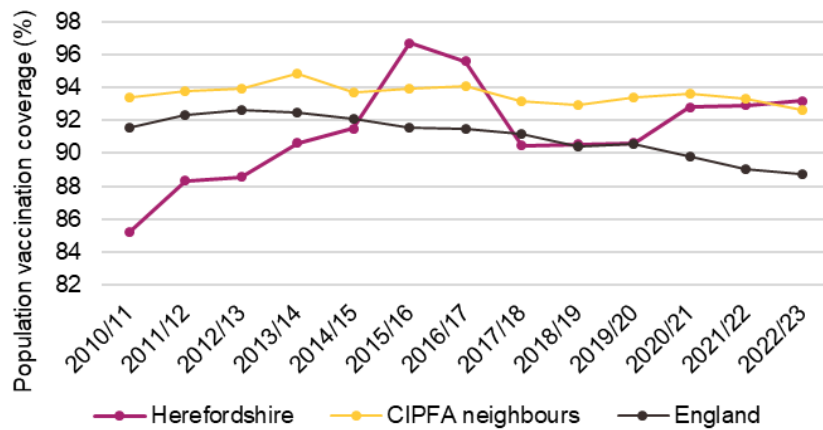
Source: [Public Health Outcomes Framework](#)

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



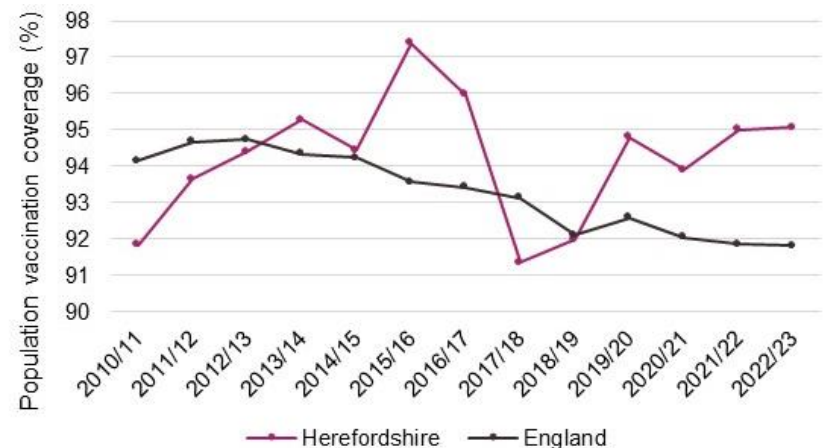
Source: [Public Health Outcomes Framework](#)

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



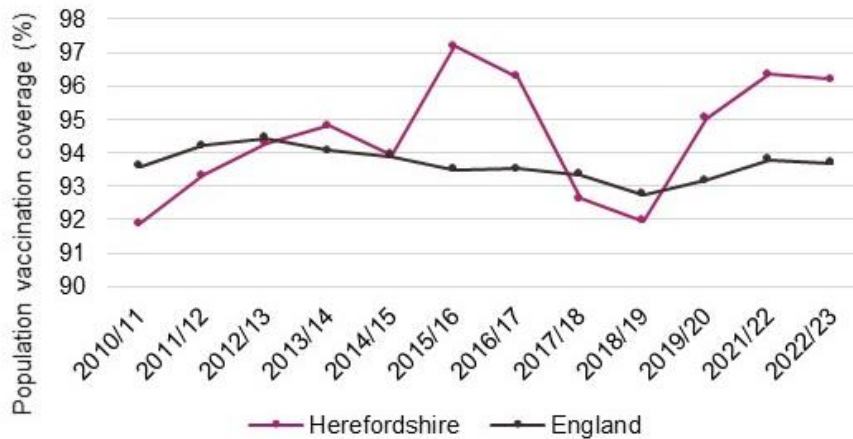
Source: [Public Health Outcomes Framework](#)

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



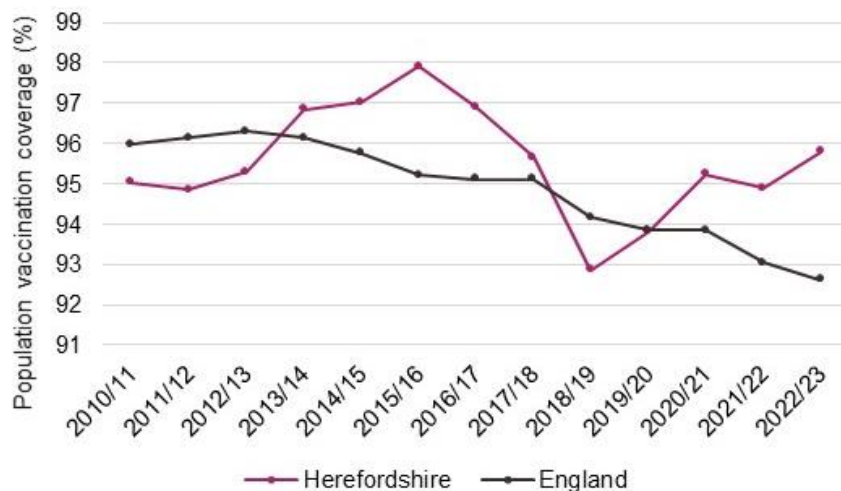
Source: [Public Health Outcomes Framework](#)

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%

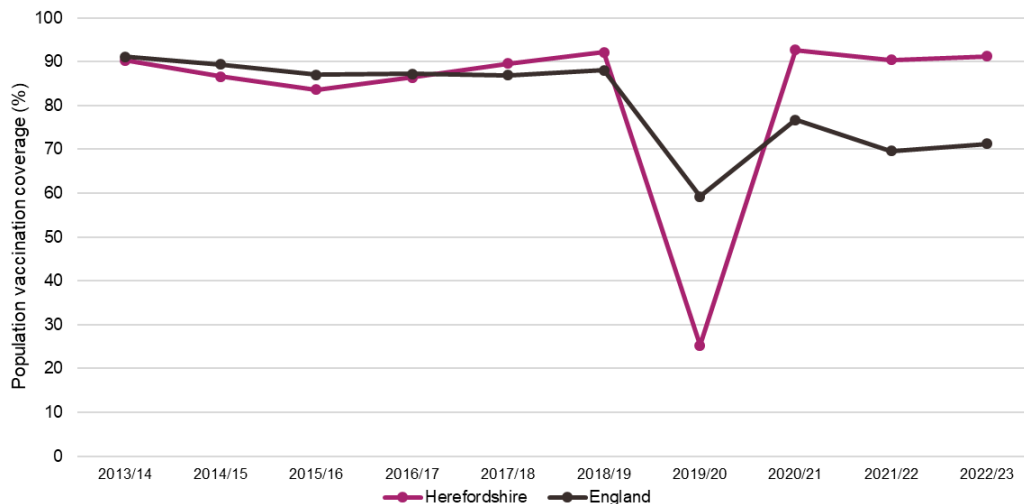
Source: [Public Health Outcomes Framework](#)

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

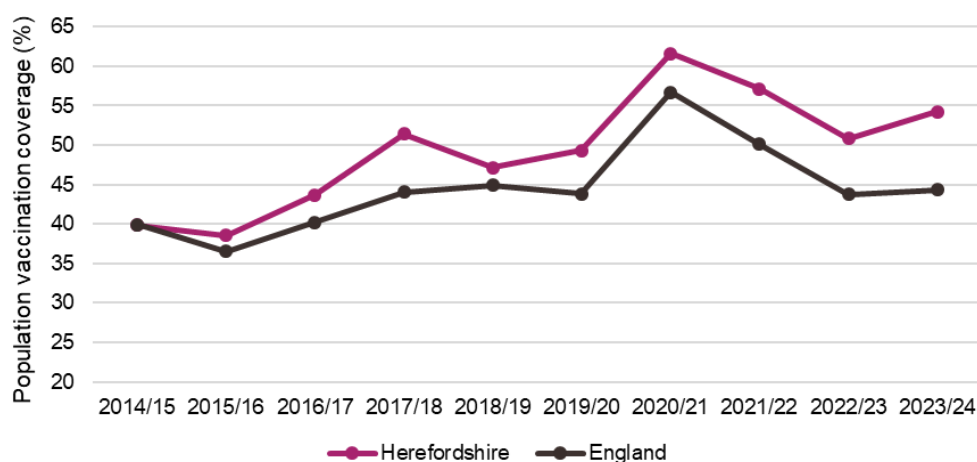


Source: [Public Health Outcomes Framework](#)

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.

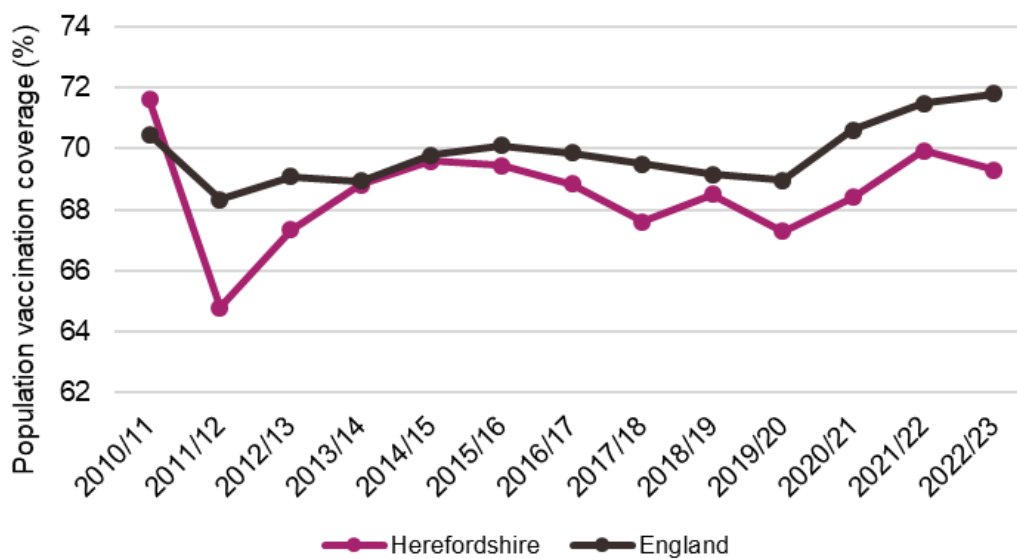
Table 5 Summary of routine NHS vaccination coverage uptake in 2022-23

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.

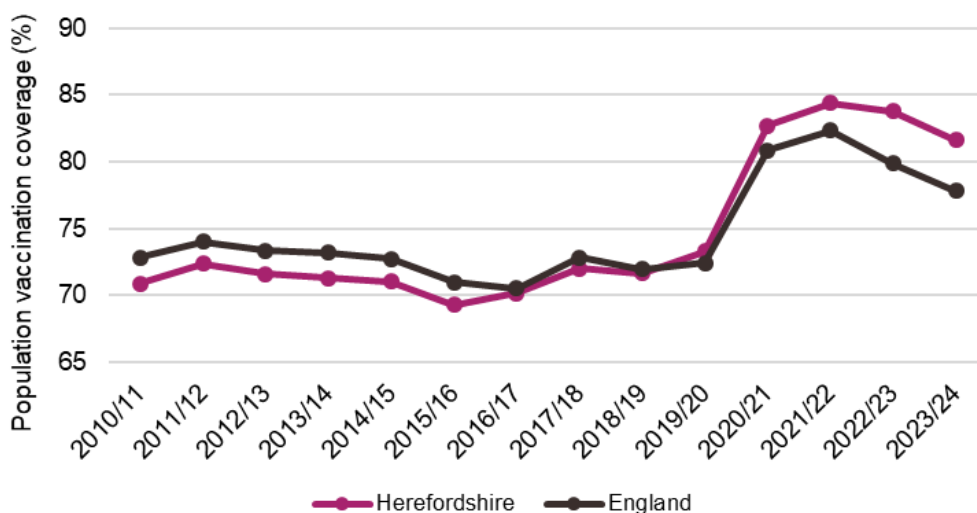
Figure 15 PPV population vaccination coverage from 2010 to 2023.



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.

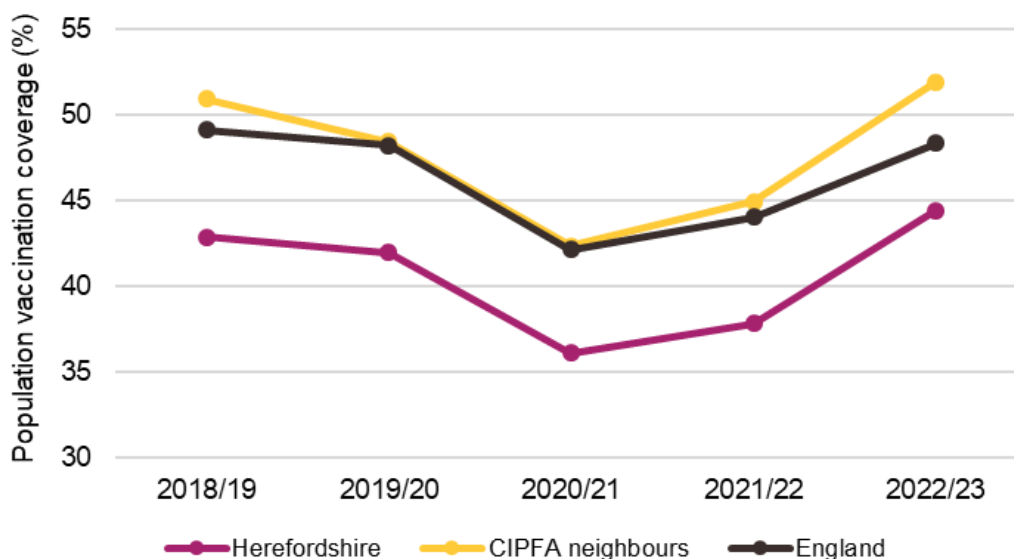
Figure 16 Flu vaccination coverage for people aged 65 years and over, Herefordshire and England, 2010 to 2024



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

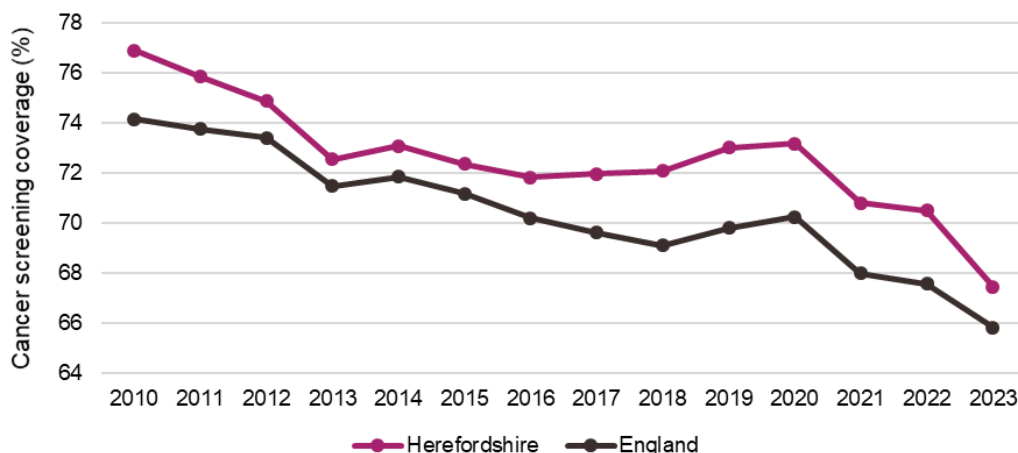
- Screening services are now focused on increasing coverage and uptake after working to clear backlogs from the pandemic in previous years.
- Although Herefordshire's cervical cancer screening coverage for women aged 25 to 49 is better than the England average, uptake dropped to 67.4% in 2023, the lowest 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.

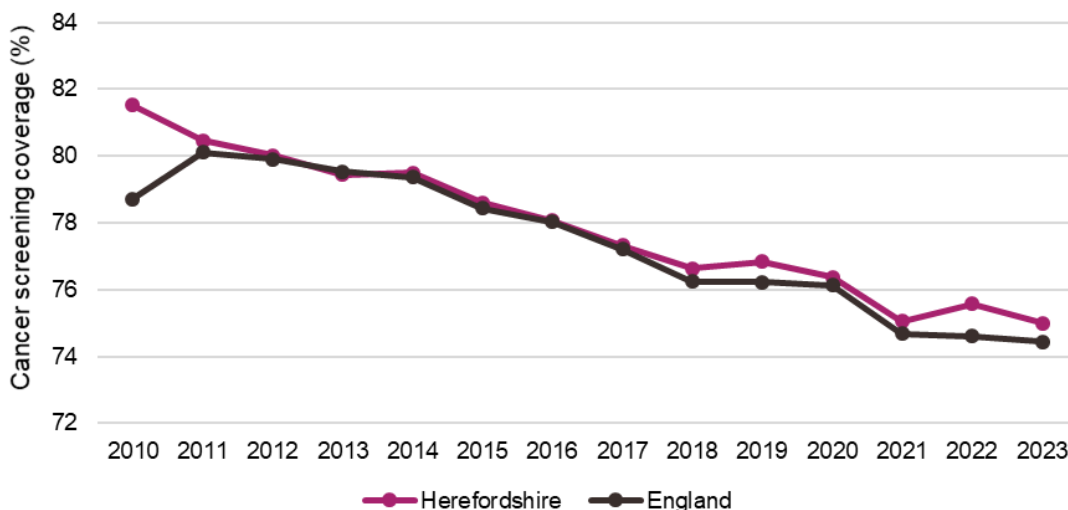
Figure 18 Cervical cancer screening in women aged 25 – 49 years in Herefordshire and England from 2010 to 2023



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

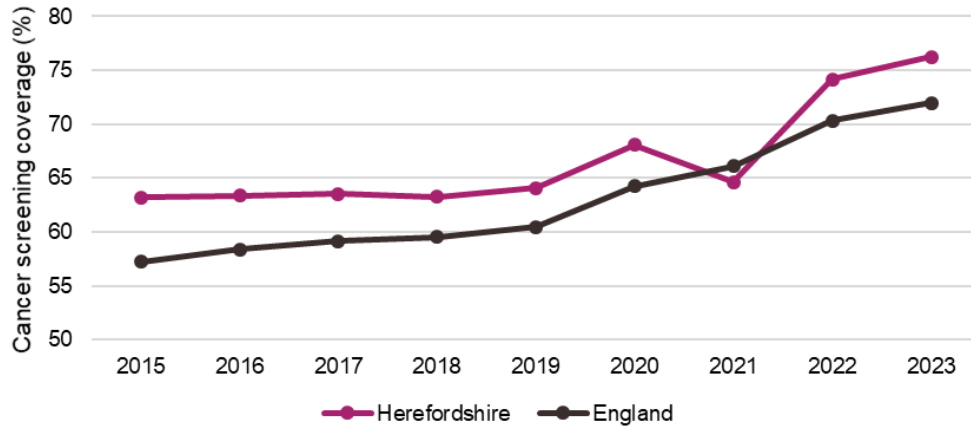


Source: [Public Health Outcomes Framework](#)

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



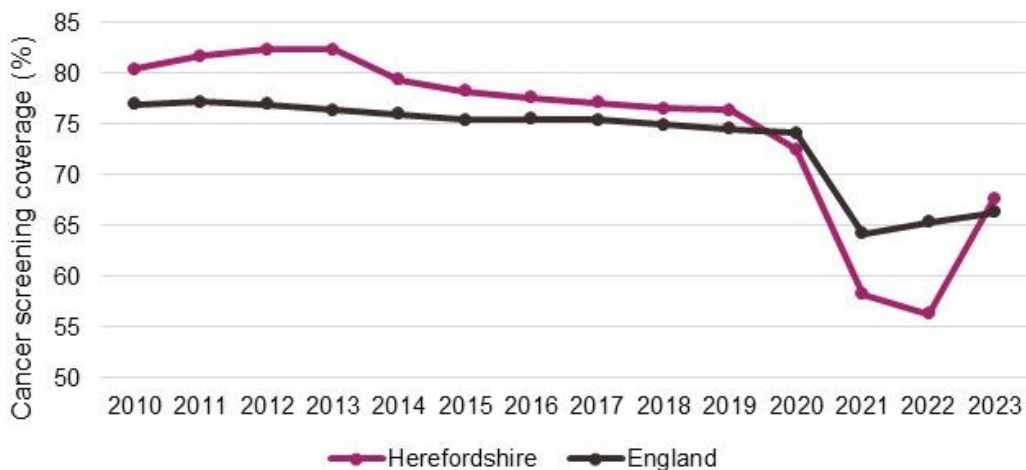
Source: [Public Health Outcomes Framework](#)

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

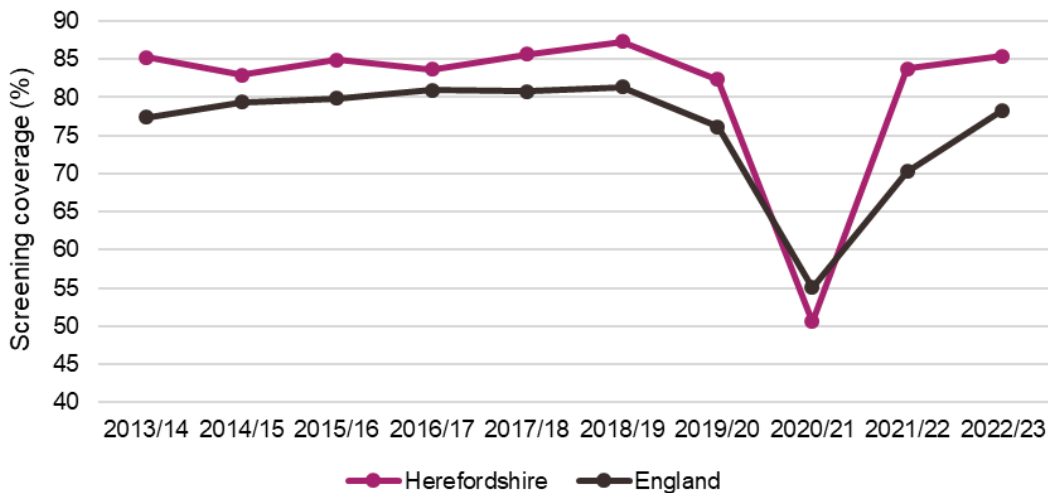


Source: [Public Health Outcomes Framework](#)

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

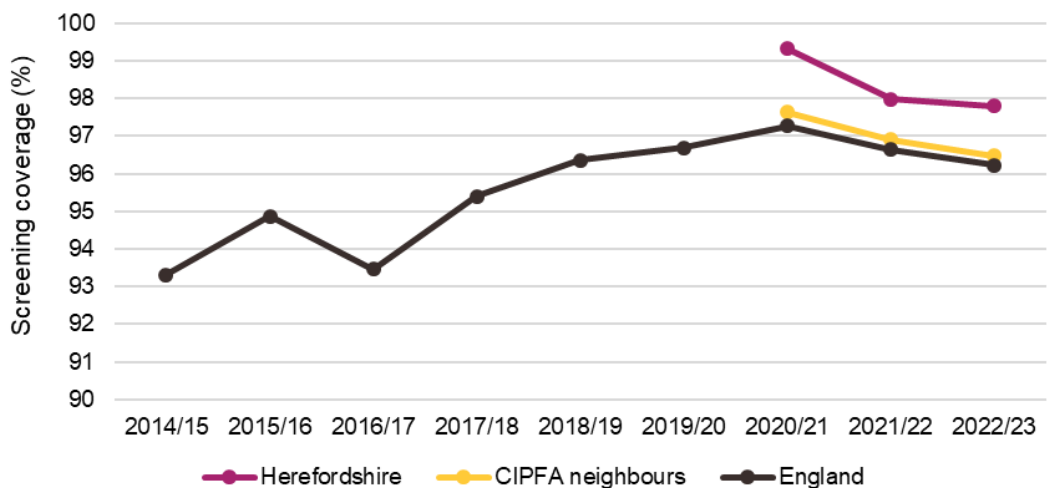


Source: [Public Health Outcomes Framework](#)

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.

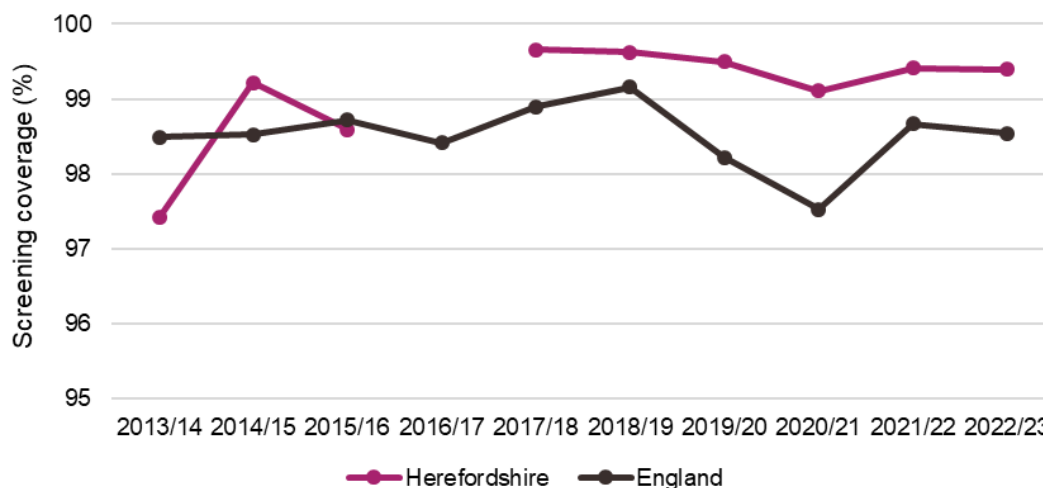
Figure 23 New-born and infant physical examination screening coverage in Herefordshire, CIPFA neighbours and England from 2014 to 2023



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.

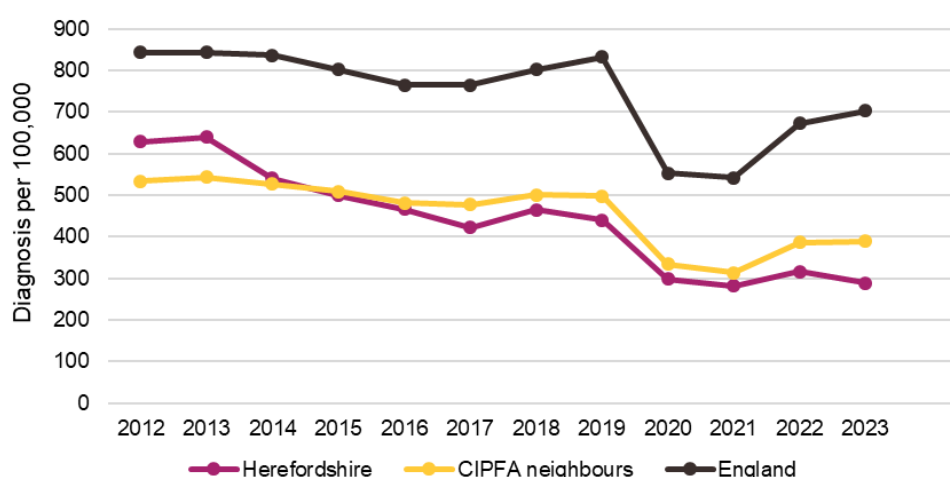
- While was a slight increase in the local HIV diagnosed prevalence rate in 2023 there remains to be no significant change to its trend. Since 2011, Herefordshire has continued to achieve the national benchmarking goal of <2.
- Herefordshire is above the threshold benchmark of ≥50% for the percentage 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 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 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 Mpox 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.

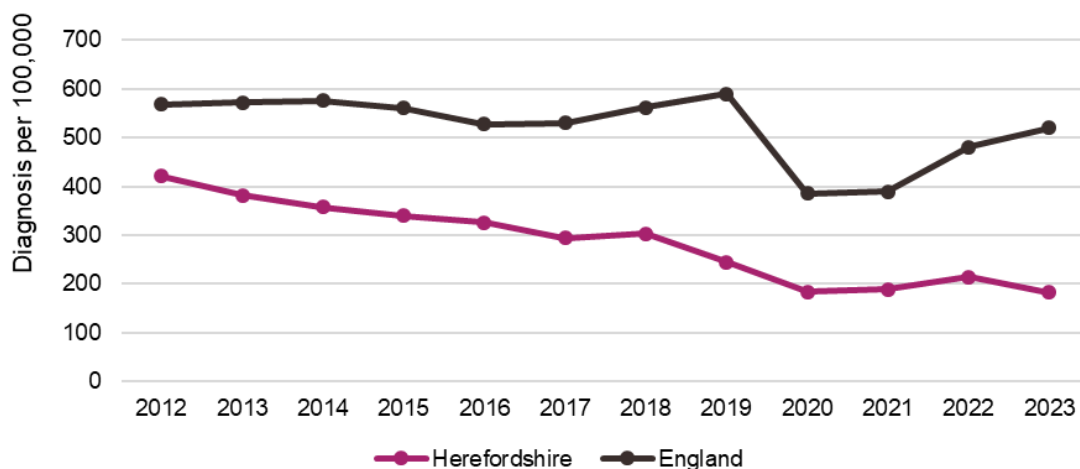
Figure 25 All new STI diagnosis per 100,000, Herefordshire compared with CIPFA neighbours and England from 2021 to 2023



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](#)

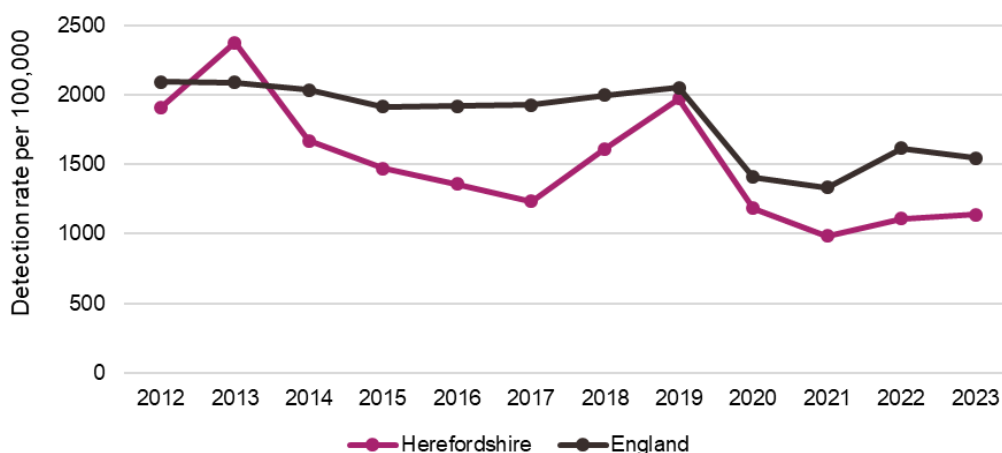
ii. Chlamydia

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.

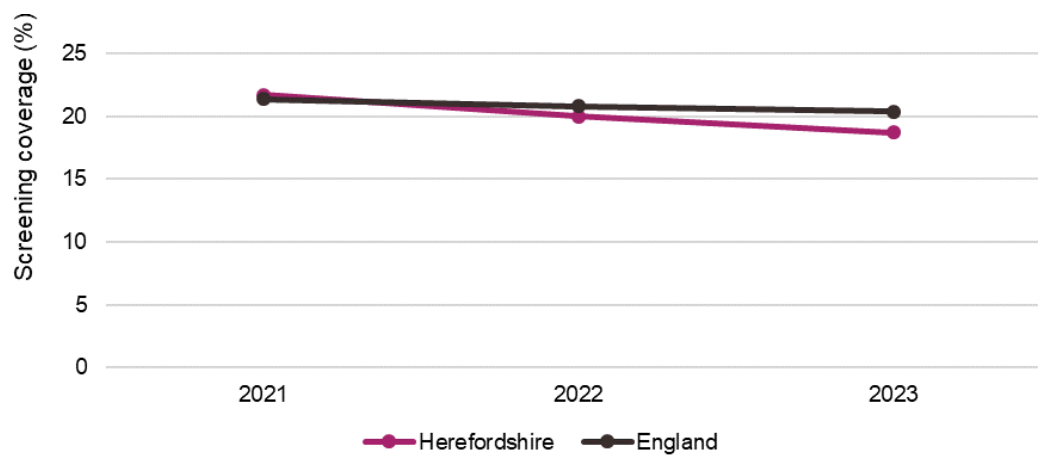
It's important to note that since Chlamydia is often asymptomatic, higher detection rates are considered a positive indicator of successful identification and management of infections.

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



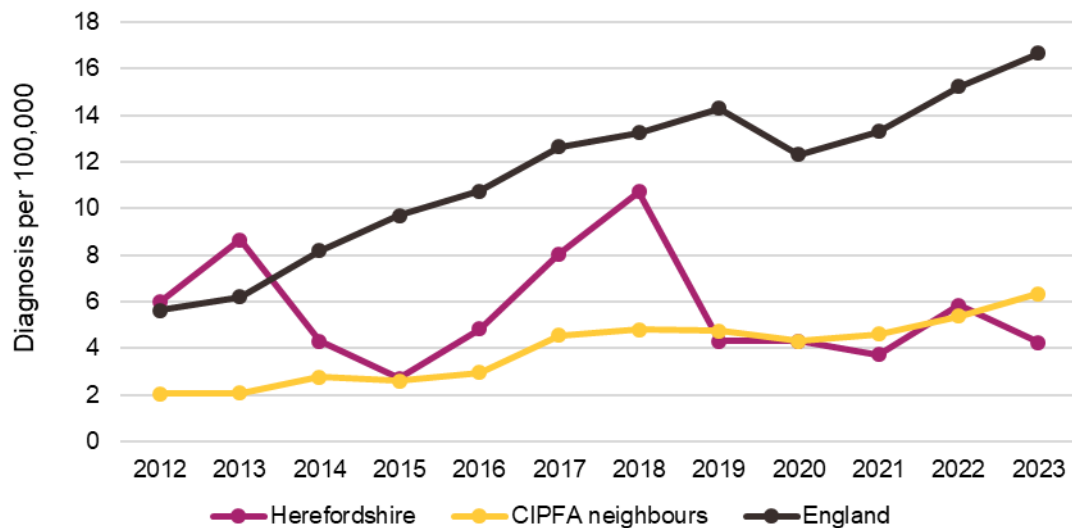
Source: [Public Health Outcomes Framework](#)

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

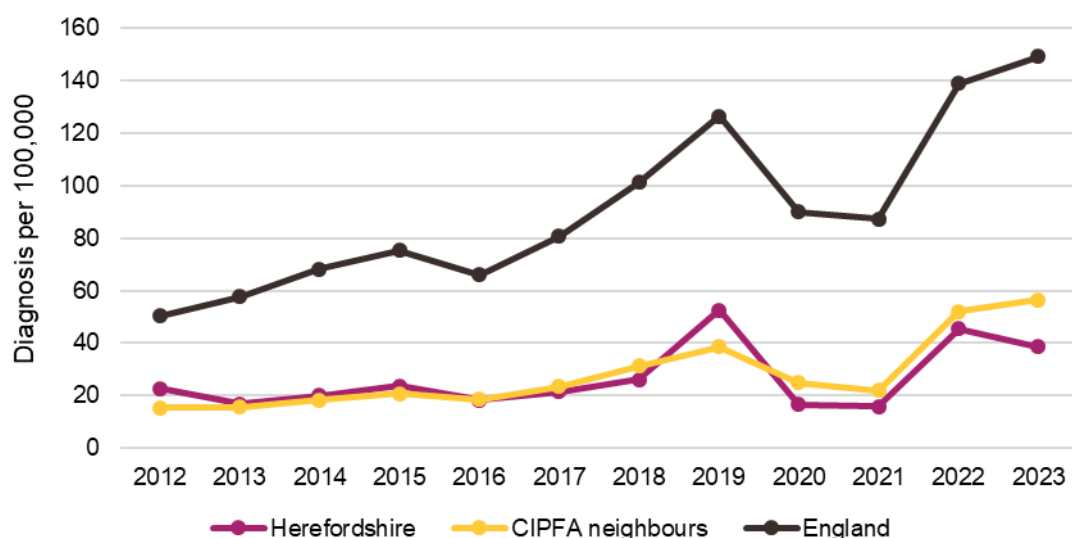


Source: [Public Health Outcomes Framework](#)

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



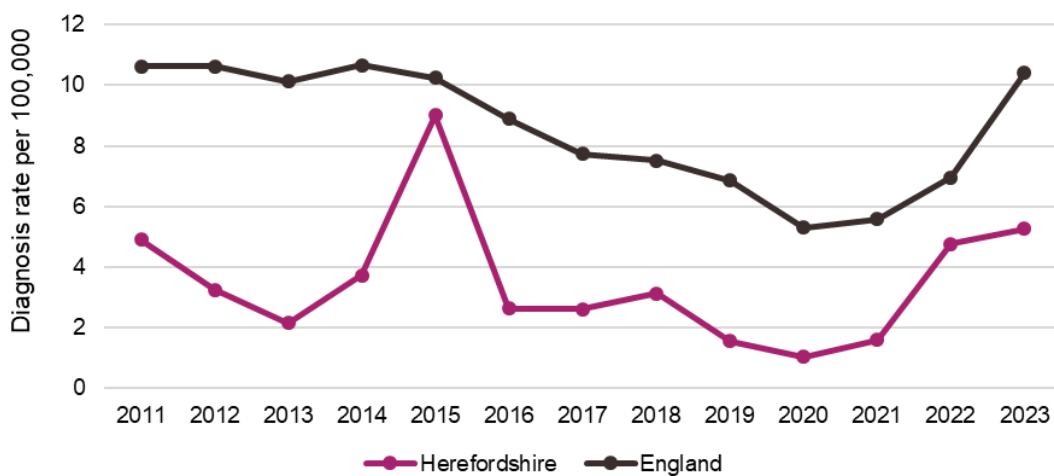
Source: [Public Health Outcomes Framework](#)

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.

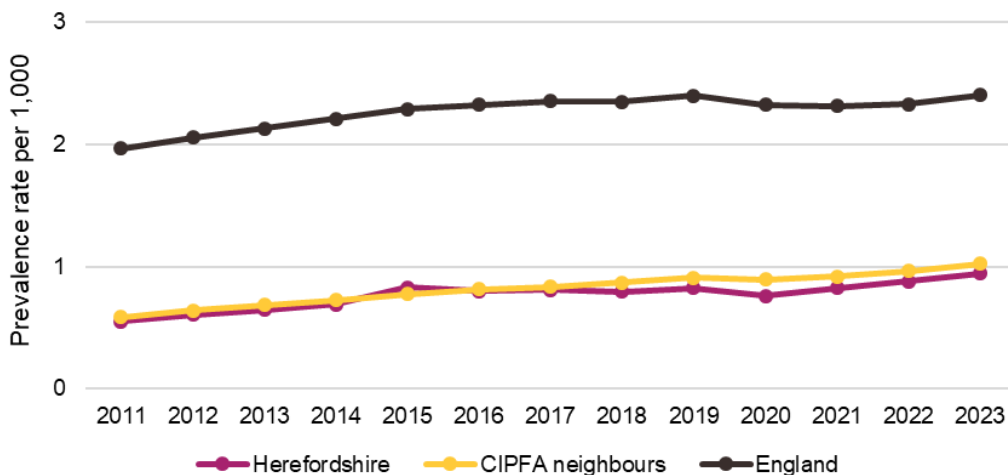
Figure 31 New HIV diagnosis rate per 100,000 in Herefordshire and England, 2011 to 2023



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.

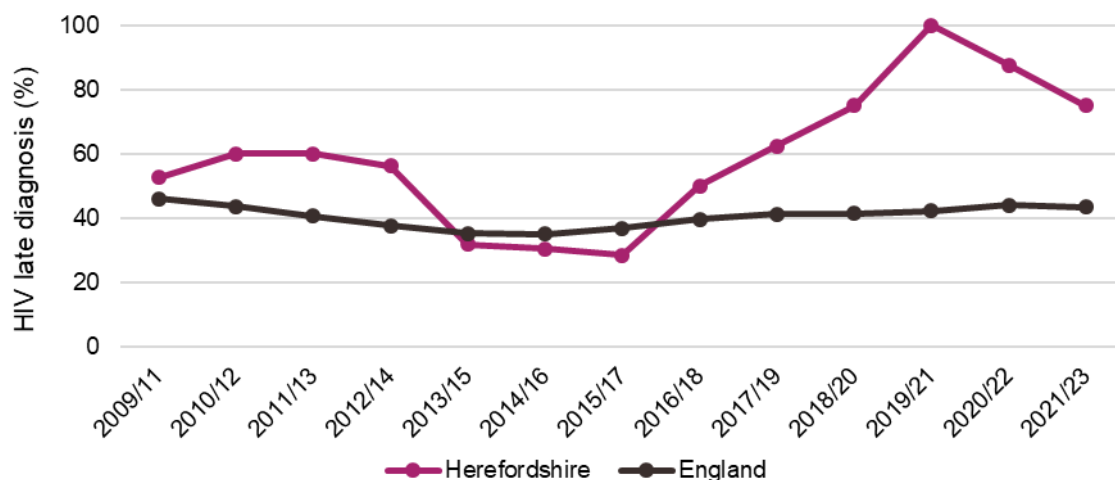
Figure 32 HIV diagnosed prevalence rate per 1,000 (15 to 59 years), Herefordshire compared with CIPFA neighbours and England, 2011 to 2023



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

- i. 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:

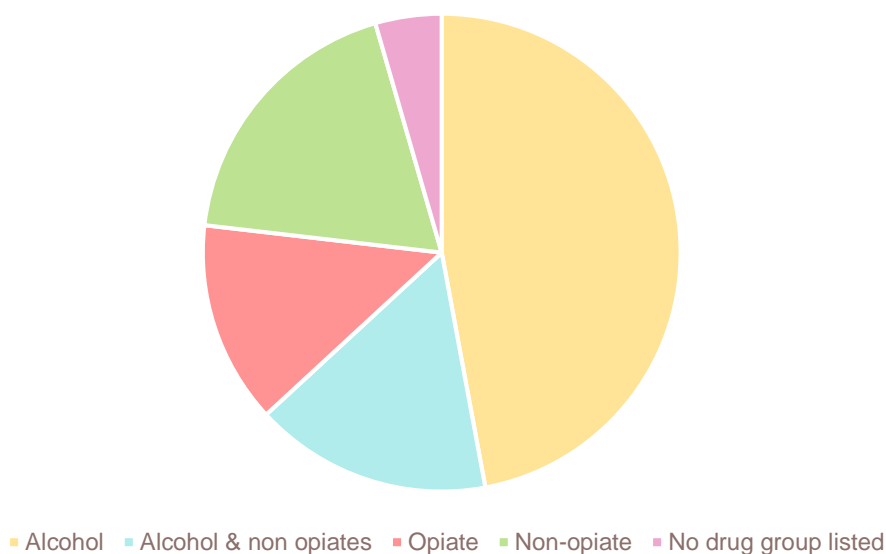
- Focus on alcohol use and reducing alcohol related harm. The service will continue to build links with GP practices and offer drop-in alcohol clinics and assessments from their premises. Earlier intervention opportunities will be also explored.
- Rolling out a three-month syphilis testing pilot as part 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:

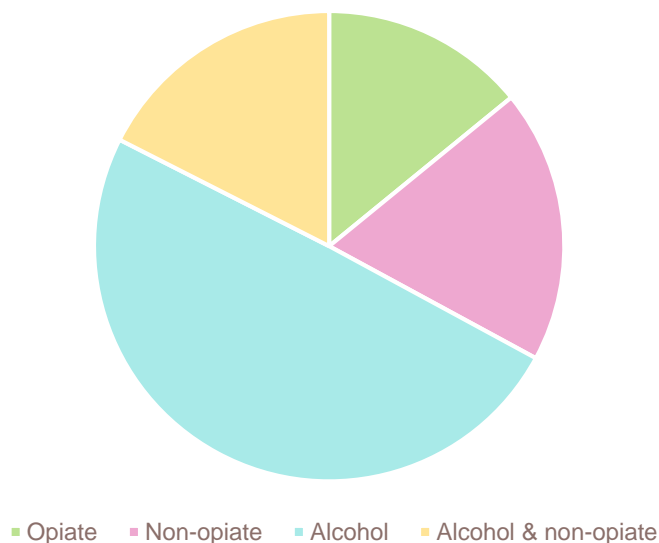
- The majority were self-referrals, others were referred from GP practices, hospitals and mental health services.
- As Figure 34 shows, most referrals (47%) related solely to alcohol use.
- Most referrals received were for men (64%).
- 61% of those entering structured treatment successfully completed 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

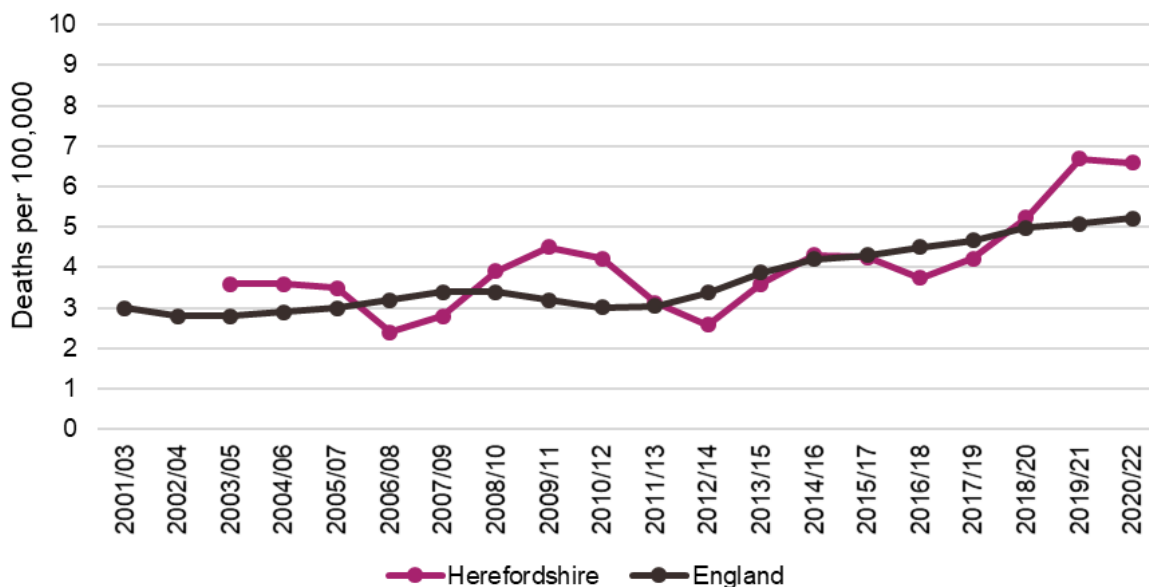
Figure 35 Percentage of referrals to Turning Point by drug type, 2023-24.



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

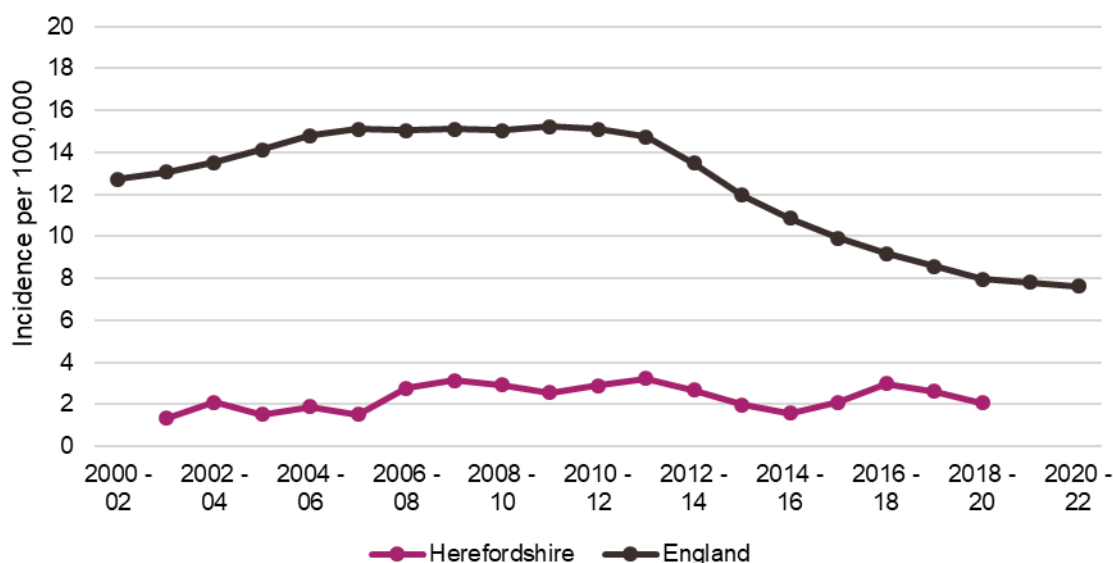
- Herefordshire continues to be a low incidence area for Tuberculosis (TB). In 2019-21 and 2020-22, values were suppressed due to having such small numbers.
- A Getting It Right First Time (GRIFT) review of Herefordshire TB services was conducted in April 2024, it concluded that Herefordshire has an 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.