

Health Protection Board Report 2023-2024

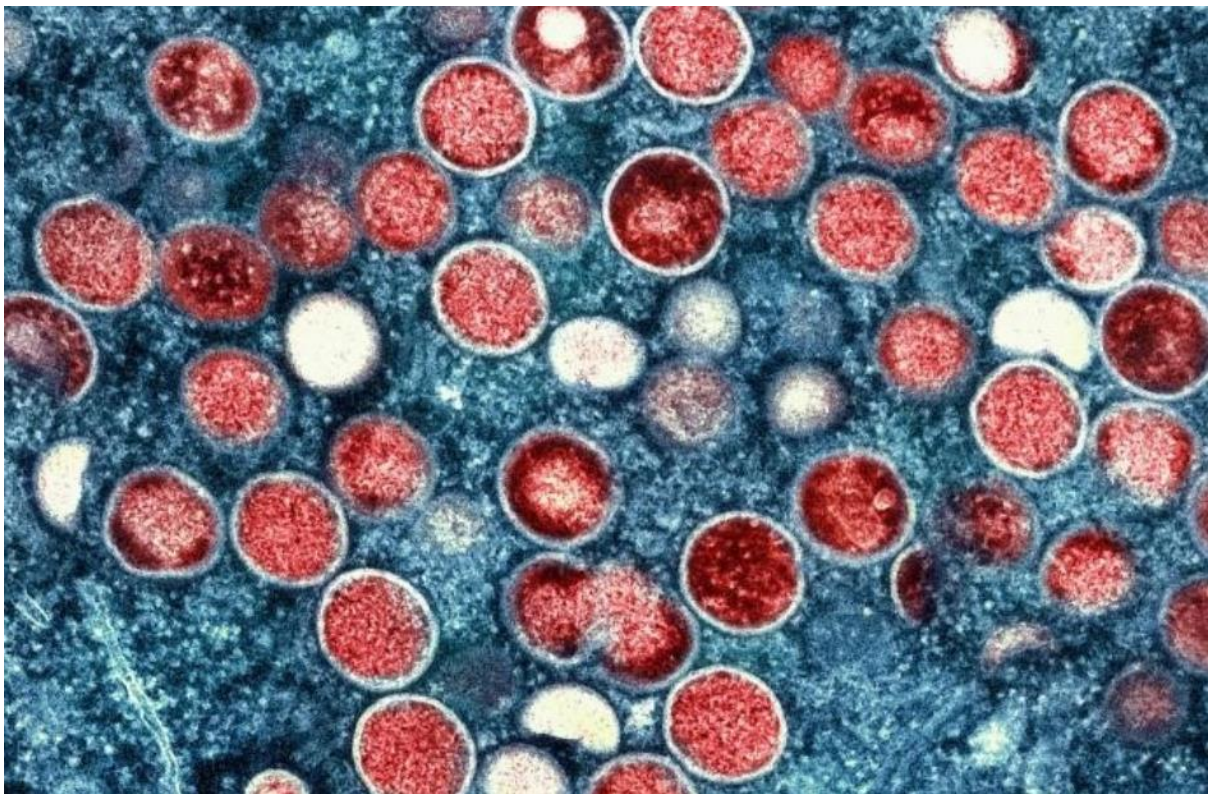


Figure 1: Picture of the Mpox virus under a microscope

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Acknowledgements

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Thank you to Health Protection Board members who contributed to the writing of this annual report.

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Introduction

In April 2013 the Health and Social Care Regulations changed the statutory responsibility for health protection arrangements. All Local Authorities (LAs) acquired new responsibilities regarding protecting the health of their population, including infectious disease, environmental hazards, and extreme weather events. The Director of Public Health (DPH) discharges these responsibilities on behalf of the LA and the B&NES Health Protection Board was established in November 2013 to help the LA and DPH fulfil this role.

LAs work with Local Resilience Forums and Local Health Resilience Partnerships to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to its health.

The DPH should be assured that the planning and preparedness arrangements to protect the health of the communities that they serve are robust and are implemented appropriately to local health needs capturing major communicable disease risks, major incidents involving a health sector response and that there is adequate capacity from relevant partner agencies to plan for and respond to health-related emergencies.

This report documents the progress made by the Health Protection Board during 2023-24 and highlights the key performance indicators, risks, challenges and priorities for the next 12 months in each specialist area. The last Health Protection Board Report covered 2022-23.

Progress on the priorities that were implemented during 2023-24

During 2023-24 the Health Protection Board committed to continued improvement across all work streams, with a particular focus on six agreed priorities. Having priority areas of work is important for the Director of Public Health (DPH), on behalf of the Local Authority (LA), to be assured that suitable arrangements are in place in Bath & North East Somerset (B&NES) to protect the health of the population.

The progress made on each priority has been Red, Amber & Green (RAG) rated below, and further detail of the progress made against each priority is detailed within the report.

No.	Priority (2023-24)	RAG
1	Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary	Green
2	Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards	Green
3	Continue to ensure that the public and partner organisations are informed about emerging threats to health	Green
4	Embed the BSW Local Health Resilience Partnership Communicable Disease Plan to reduce vaccine preventable diseases and reduce transmission of winter illnesses. Use the Sector Led Improvement Plan and Gap Analysis Action Plan to inform this work	Green
5	Contribute to the BSW system wide quality improvement projects, which aim to reduce the incidence of E-coli blood stream infections and Clostridium Difficile infections	Amber
6	Help improve immunisation uptake and reduce inequalities in uptake through the following: the BSW Maximising Immunisation Uptake Group, a refreshed B&NES Vaccination Implementation Plan, and through contributing to the development of a new Integrated Vaccine Strategy for BSW	Green

Health Protection Board Priorities for 2024-25

The Health Protection Board remains committed to improving all work streams within available resources. The following six priorities have been agreed for 2024-2025 by the Health Protection Board as priority areas to be addressed.

No.	Priority
1	Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary
2	Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards
3	Continue to ensure that the public and partner organisations are informed about emerging threats to health
4	Help improve immunisation uptake and reduce inequalities in uptake, particularly MMR vaccination. Contribute to the development of a new Integrated Vaccine Strategy for BSW and outreach vaccination model for B&NES.
5	Scope the health protection work that could be undertaken to support prevention of climate change and mitigation of climate change impact and make recommendations for action.
6	Review B&NES coverage for each NHS screening programme to identify needs/gaps and priorities for action.

Chapter 1: Assurance

No.	Priority from 2023-24	RAG
1	Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary	Green

No.	Priority for 2024-25
1	Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary

Throughout 2023-2024 the HPB continued to provide a forum for professional discussion and improvement of health protection plans, performance, risks and opportunities for joint action. The HPB enables strong relationships between all agencies to be maintained and developed to provide a robust health protection function in B&NES. [The Board's Terms of Reference](#) were refreshed in May 2022, and reviewed in March 2024, when the Board's workplan for 2024-25 was finalised.

During 2023-2024 the HPB monitored key performance indicators for each specialist area as set out below and was generally well assured that relevant organisations do have appropriate plans in place to protect the population. Only one new risk was identified during the year and logged in the [HPB's Risk Log \(as of March 2024\)](#), with mitigating actions established. Several other actions which are being tolerated by the Health Protection Board are reviewed periodically.

Specialist Health Protection Workstreams

<p style="text-align: center;">Healthcare Associated Infection (HCAI)</p> <p>Key Performance Indicators: MRSA, <i>C. difficile</i> & <i>E. coli</i> bacteraemia</p>	<p style="text-align: center;">Communicable Disease Control & Environmental Hazards</p> <p>Key Performance Indicators: Private Water Supplies & Air Quality Management Areas</p>
<p style="text-align: center;">Health Emergency Planning</p> <p>Key Performance Indicators: Civil Contingencies Act requirements</p>	<p style="text-align: center;">Sexual Health</p> <p>Key Performance Indicators: HIV & under 18 conceptions</p>
<p style="text-align: center;">Substance Use</p> <p>Key Performance Indicators: Hep B vaccination, Hep C testing, Opiates & Non-Opiates, Alcohol & Release from prison</p>	<p style="text-align: center;">Screening & Immunisation</p> <p>Key Performance Indicators: National screening programmes & uptake of universal immunisation programmes</p>

Chapter 2: Management of outbreaks and incidents

Priority two and four from 2023-24 both related to the management of outbreaks and incidents:

No.	Priority from 2023-24	RAG
2	Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards	Green

No.	Priority from 2023-24	RAG
4	Embed the BSW Local Health Resilience Partnership Communicable Disease Plan to reduce vaccine preventable diseases and reduce transmission of winter illnesses. Use the Sector Led Improvement Plan and Gap Analysis Action Plan to inform this work	Green

No.	Priority for 2024-25	RAG
2	Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards	

Communicable Disease and Environmental Threats

Communicable diseases can be passed from animals to people or from one person to another. They can be mild and get better on their own or develop into more serious illnesses that if left untreated lead to serious illness, long-term consequences, or death. They continue to pose a significant burden to health and society. In the UK infectious diseases account for a large proportion of GP visits for children and adults.

There are a range of environmental hazards that can affect our health and wellbeing. Natural hazards that directly affect the UK including flooding and heat waves. Human-produced hazards are mainly related to pollution of the air, water, and soil.

There continues to be a strong working arrangement and relationship in place between the Southwest health protection team at the UK Health Security Agency (UKHSA), Public Health and Public Protection teams in the council, alongside the ICB and NHS staff, to jointly plan for the prevention of and ensure appropriated co-ordinated responses to infectious disease cases, outbreaks and incidents.

The UKHSA carry out regular health protection surveillance of infectious disease. The table in Appendix 1 show rates per 100,000 of the B&NES population for various infectious diseases and the trend over time. There are fluctuations in these rates and all cases of infectious disease need some degree of follow-up or investigation. These rates are generally not higher than the Southwest average and are as expected for our population size and demographics. National and more local data on Covid-19, Influenza and other respiratory viruses can be viewed by using the following links: [UKHSA Data Dashboard Covid-19](#) , [UKHSA Data Dashboard Influenza](#) and [UKHSA Data Dashboard](#)

Mpox

Mpox is a zoonotic infection, caused by the monkeypox virus, that occurs mostly in West and Central Africa. Previous cases in the UK had been either imported from countries where mpox is endemic, or where contacts have documented epidemiological links to imported cases. There has been no documented community transmission in the UK.

Cases of mpox virus strain clade II were confirmed in England from 6 May 2022. The outbreak has mainly been in gay, bisexual, and men who have sex with men without documented history of travel to endemic countries. The primary reported route of transmission was through close or sexual contact and there were no confirmed instances of airborne transmission. Limited household transmission took place in the UK.

In June 2022 the mpox vaccination programme was introduced in response to the outbreak. As mpox is caused by a similar virus to smallpox, the smallpox (MVA) vaccine gives a good level of protection against mpox. Vaccination was offered at sexual health clinics and this activity added significant pressure on local sexual health services.

More recently, in August this year The World Health Organization (WHO) declared a public health emergency of international concern because of the rapid spread of a mpox virus strain, Clade I. Clade I emerged in the Democratic Republic of the Congo (DRC) in 2023, and has spread across further countries in central and eastern Africa. At the time of writing this report, there have also been travel-associated cases in India, Kenya, Sweden, and Thailand and there have been no confirmed cases of Clade I in the UK.

The UKHSA is working with the NHS, local authorities, and other government departments to ensure we are ready to respond to any cases we see in the UK and help prevent transmission.

Measles

During 2023-24 the UK declared a national measles incident. The UKHSA warned that further outbreaks of measles would spread to other towns and cities unless urgent action was taken to increase measles, mumps and rubella (MMR) vaccination uptake in other areas including B&NES.

Measles is highly infectious and can easily spread between unvaccinated people. Getting vaccinated is important, as measles can lead to serious problems including meningitis, hearing loss and complications during pregnancy. Two doses of the MMR vaccine provide the best protection against measles, mumps and rubella.

The graph in figure 2 shows that coverage of MMR dose 1 and 2 in B&NES is higher than the Southwest and England, however coverage is below the 95% target, so there is still work to do.

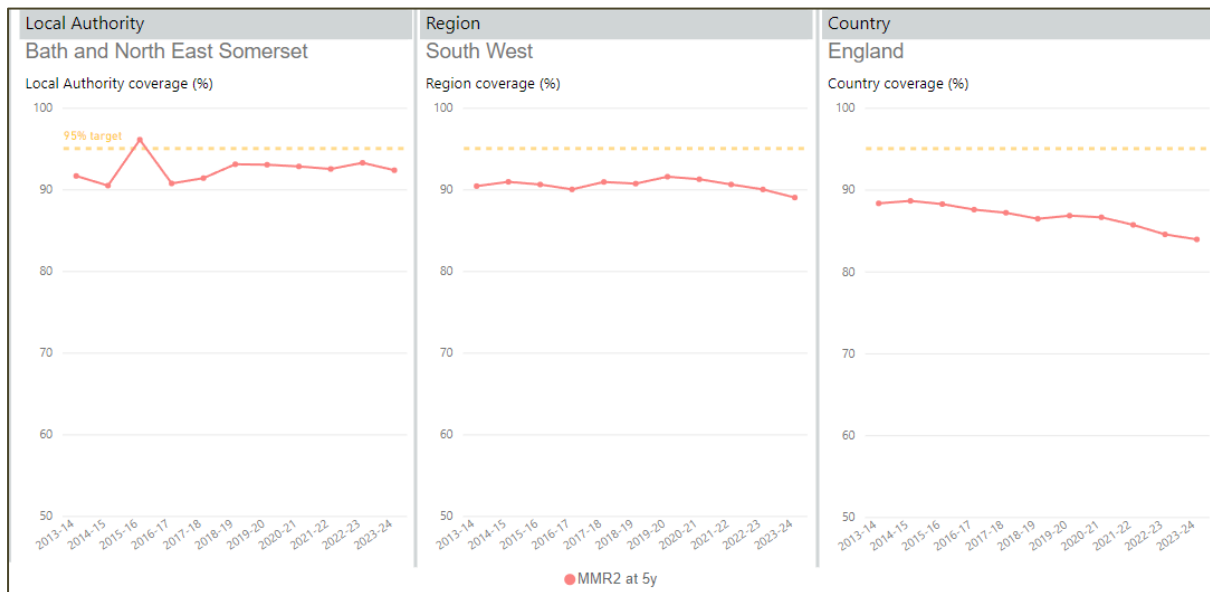


Figure 2: Trend in coverage of MMR dose 1 and 2 at 5 years in B&NES, Southwest and England between 2013 & 2024. Source NHSE, 2024.

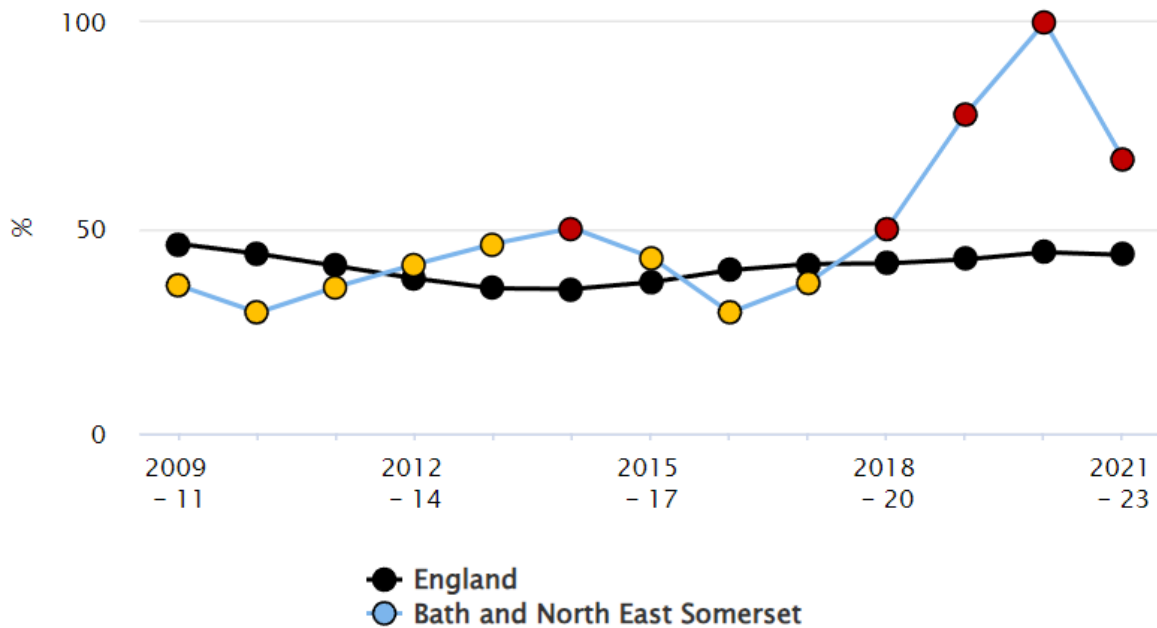
Throughout 2023-24 extensive work was carried out to raise awareness of the national measles incident and the importance of getting up to date with vaccination, including dedicated clinics at both universities in B&NES and a measles training and exercise for education establishments. This work continues throughout 2024-25 and is included in the Board’s priorities, particularly focusing on reducing inequalities in uptake.

HIV late diagnosis in people 1st diagnosed with HIV

Late diagnosis of HIV is a clinical term which is used to identify when someone is found to have HIV and is diagnosed with CD4 cells (type of white blood cell) below the level of 350 per mm³. People diagnosed late with HIV are known to have a mortality rate seven times higher than those who aren’t diagnosed late. With an early diagnosis and effective treatments, most people with HIV will not develop any AIDS-related illnesses and will live a near-normal lifespan.

The graph below shows the trend between 2009 and 2023. Late diagnosis has been increasing substantially over the last few years in B&NES. Whilst there has been a recent decrease in late diagnosis, and there are small numbers of people affected,

B&NES is an outlier compared to our nearest statistical neighbours and the impact on each person is potentially high, and so it remains a concern.



Period		Count	Value
2009 - 11	●	9	36.0%
2010 - 12	●	5	29.4%
2011 - 13	●	5	35.7%
2012 - 14	●	7	41.2%
2013 - 15	●	6	46.2%
2014 - 16	●	7	50.0%
2015 - 17	●	6	42.9%
2016 - 18	●	5	29.4%
2017 - 19	●	7	36.8%
2018 - 20	●	7	50.0%
2019 - 21	●	7	77.8%
2020 - 22	●	4	100%
2021 - 23	●	2	66.7%

Figure 3HPB reported indicator: percentage of HIV late diagnosis in people first diagnosed with HIV in the UK (aged 15-59) *, B&NES & England. Source: UKHSA 2024

*NB Indicator name changed from percentage of adults (aged 15 or above) newly diagnosed with a CD4 count <350m2 from April 2023; data does not include those aged 60 and above.

Work to reduce late diagnosis numbers is overseen by B&NES Sexual Health Board. The following key measures are outlined in the 2024 - 2026 Sexual & Reproductive Health Action Plan: tackling late diagnoses of HIV.

- Increase public awareness
- Review current educational initiatives amongst primary and secondary care staff around HIV, and develop and promote new education materials to cover gaps in knowledge and demand
- Provide increased awareness of HIV and association of clinical indicator conditions amongst GPs and secondary care, and support triggers for testing such as referral pathways or incorporation into primary care guidelines
- Explore opportunity to develop HIV opt out testing in A&E
- Investigate how to create prompt on GP practice consultation software to encourage HIV testing discussion if certain conditions met e.g. no HIV test in last 12 months
- Examine potential to develop HIV testing events for high-risk groups

Hepatitis C Micro Elimination

Hepatitis C is the most common type of viral hepatitis in the UK and is one of the main causes of liver disease in England. Often displaying no symptoms until the virus damages the liver enough to cause liver disease, many people who are infected by the virus will not be aware. NHS England's (NHSE) national Hepatitis C Vaccination elimination programme aims to eliminate hepatitis C as a major health concern by 2025.

In relation to those engaged in drug and alcohol treatment in B&NES:

- 100% have been offered a hepatitis C test
- 90% have been tested
- 75% of people diagnosed with hepatitis C have started treatment

On 21st February 2024, The Hepatitis C Trust announced that B&NES had achieved hepatitis C micro elimination within the drug and alcohol treatment population.

This is a fantastic achievement for B&NES population and one which would not have been achieved without the dedicated, patient centred, innovative and caring approach of the whole system, with excellent partnership from all stakeholders involved every step of the way; The local Drug and Alcohol Services working in partnership with Gilead, Hep C U Later, Hep C Trust, RUH Hepatology Department, Operation Delivery Networks for nursing supported by the Office for Health Improvement and Disparities (OHID) and Public Health.

Environmental Hazards

Air Quality Management Areas

B&NES Council is legally required to review air quality and designate air quality management areas (AQMAs) where concentrations of nitrogen dioxide breach the annual objective. Where an AQMA is designated, an Air Quality Action Plan (AQAP) describing the pollution reduction measures must then be put in place in pursuit of the achievement of the objectives in the designated area.

In June each year the Council reviews air quality throughout B&NES as part of its [Annual Status Report](#); the report is peer reviewed by DEFRA and is published on the Council website.

In Bath and North East Somerset, currently five AQMAs have been declared for nitrogen dioxide (NO₂) levels, including the major road network within Bath, Keynsham High Street, a small section of the A4 in Salford, and sections of the A37 in Temple Cloud and Farrington Gurney. Details of the AQMAs can also be found on the [Council's Air Quality Website](#). Actions being taken to improve air quality are contained in the Annual Status Report (above).

National Air Quality Plan

In March 2021, the Council launched a charging Class C Clean Air Zone (CAZ) to comply with Ministerial Direction served by the Joint Air Quality Unit (JAQU) in view of on-going exceedances of nitrogen dioxide (NO₂) in and around Bath.

To comply with this Direction, drivers of all higher emission vehicles (excluding cars and motorbikes) are charged to drive within the CAZ, situated in Bath's City Centre.

The CAZ has been successful, since the launch of the zone:

- nitrogen dioxide concentrations have reduced across Bath, with an average reduction of 26% inside the Clean Air Zone. This is an average annual reduction of 8.5µg/m³
- nitrogen dioxide concentrations have also reduced in urban areas outside the Clean Air Zone, with an average reduction of 27%. This is an average annual reduction of 7.1µg/m³
- vehicle compliance rates across all vehicle groups have improved, which means cleaner vehicles are driving across Bath
- over 900 vehicles were replaced with cleaner versions through a financial assistance scheme.

The next step is for the Council to demonstrate that they are likely to maintain this success. More information can be found on the [Council's webpage measuring our progress](#).

Chapter 3: Informing stakeholders about emerging threats to health

No.	Priority from 2023-24	RAG
3	Continue to ensure that the public and partner organisations are informed about emerging threats to health	Green

No.	Priority for 2024-25
3	Continue to ensure that the public and partner organisations are informed about emerging threats to health

Throughout the year the Health Protection Board has been committed to informing the public and partner organisations about emerging threats to health. This is achieved through its well-established health protection networks for specific groups e.g. care providers and higher education networks. The Board also uses its external communication networks to raise awareness amongst the public. During 2023-24 there was a particular focus on winter preparedness and community resilience (see below).

Winter Preparedness

Many events took place ahead of winter 2023-24 to prepare the public and partner organisations for the seasonal increase in communicable disease and adverse weather events.

During September 2023 an in-person event was held to prepare care providers for the autumn winter season, by providing advice and guidance on all aspects of infection prevention management and to provide training and networking opportunities.

An overview of epidemiological data for infectious diseases was presented and guidance and support were provided on how to help prevent and manage outbreaks of infection and how to support uptake of vaccinations for health and social care staff. A new [staff training workbook for infection, prevention & control](#) was also launched and training in donning and doffing PPE and hand washing was given.

Community Resilience Days

During 2023 and 2024, B&NES Council Emergency Planning Team organised two Community Resilience Days, which aimed to support community leaders prepare for a community response to emergency incidents and events, such as flooding and power cuts and develop their own Community Emergency Plan.

Many agencies were involved in the resilience days including the Environment Agency, Avon Fire Brigade, Chew Magna Village Volunteers, Public Health, Saltford Parish Council, Community Wellbeing Hub, RE: ACT Disaster Response and Avon and Somerset Police.

There were also several workshops on first aid, defibrillator training as well as how to throw lifesaving gear from river safety cabinets.

Feedback from attendees has been excellent, one person noted: *‘Really enjoyed the day, presentations were excellent, and the practical exercises helped to make it more real’.*



Healthcare Associated Infections

No.	Priority	RAG
5	Contribute to the BSW system wide quality improvement projects, which aim to reduce the incidence of E-coli blood stream infections and Clostridium Difficile infections	Amber

E-coli Blood Stream Infections

The total incidence of E-coli infections for Bath & North East Somerset, Swindon & Wiltshire (BSW) Integrated Care System (ICS) for 2023-24 were 573, which meant that BSW ICS breached the threshold of (489) cases set by NHSE. Despite breaching the threshold set by NHSE, BSW ICS saw a 5% reduction in E-Coli blood stream infections compared to 2022-23. A quality improvement project on hydration, which aimed support this reduction is explained below. Community onset and community associated cases of E-Coli are significantly higher at 343 compared to Hospital Onset, Healthcare associated of 110 and 89 for Community Onset, Healthcare associated.

Great Western Hospital (GWH) had higher incidence of E-coli blood stream infections compared to Royal United Hospital (RUH) and Salisbury Foundation Trust (SFT). This fits with the broader picture of all gram negative infections, with the

higher proportion at GWH and also within the North Wiltshire and Swindon areas for community onset, community associated.

At the end of 2023-24 BSW ICS were the second-best performing ICS in the southwest for E-coli rates and sat within the first quartile nationally within the top 5 best performing ICSs.

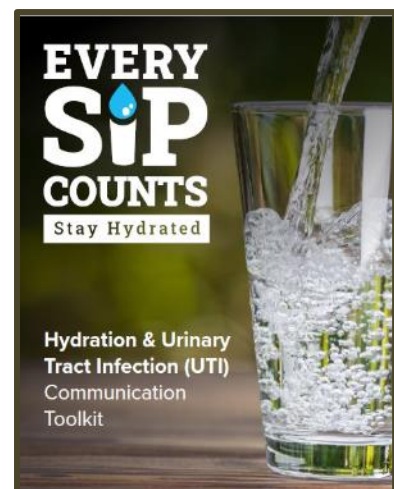
The population age group most affected is the over 65's. Primary sources of infection are largely lower urinary tract infections with a growing rise in hepatobiliary cases being identified throughout 2023-24. Findings from undertaking case reviews have highlighted inappropriate prescribing for lower urinary tract infections in primary care as well as potential impact from waiting list times for hepatobiliary procedures such as ERCP, however this still requires further investigation to understand the granularity associated with waiting lists and risk factors.

Quality Improvement – Every Sip Counts Hydration Project

As part of the BSW ICB Healthcare Associated Infection Collaborative, a project working group was set up with members from B&NES Council Public Health Team, BSW ICB and RUH.

The project aimed to improve hydration in male and female adults over 65 years old living in B&NES with a secondary focus of preventing UTI incidence. The project used best practice, engaged with older people, looked at data collection, and developed a communication strategy and resources. This includes [Every Sip Counts Stay Hydrated Resources](#) to raise awareness of the importance of hydration.

Prior to this project, data was not specifically captured in BSW for dehydration; the RUH have subsequently updated their audit tool to capture hydration and nutrition data. The audit tool is used for inpatient wards to understand an individual's level of hydration and aim to increase hydration levels through their preferences e.g. orange squash rather than plain water, in a mug not a cup etc. The RUH also promoted the urine colour chart, which will allow them to monitor progress of interventions on hydration and UTI incidence.



Clostridioides Difficile (CDI)

The national incidence of reportable *Clostridioides difficile* infection had fallen since the introduction of mandatory surveillance and threshold for cases introduced. This has mainly been due to the implementation of relatively straightforward interventions such as improved cleanliness, hand hygiene and antibiotic prescribing. However, in recent years the rate of decline has plateaued as these measures are exhausted and the complexity and vulnerability of some patient groups increases. These elements combined with the backdrop of the pandemic has seen a steady year on year rise in cases once again nationally, regionally and locally.

During 2023-24 there were 293 cases of CDI reported in BSW. This is 55 more cases compared to 2022-23 and breached the threshold of 216 set by NHSE. In contrast to previous year's most cases were Hospital Onset, Healthcare Associated, with 124 occurring within acute trusts, and 53 cases being community onset, healthcare associated, whilst community onset, community associated were considerably less at 72 cases. This is reflected in regional and national patterns. Both the RUH and GWH had similar counts, with SFT having significantly less cases. None of the BSW Integrated Care System (BSW ICS) Acute Trusts are regional outliers.

Despite the rise in cases seen within BSW ICS, during 2023-24 BSW remained the second-best performing ICS for CDI in the Southwest region and within the second quartile nationally. Learning from case reviews has highlighted prescribing associated with skin and soft tissue and community acquired pneumonia as a contributory factor. Acute case reviews identified use of proton pump inhibitors as an additional factor for Hospital Onset – Healthcare Associated (HOHA) cases, as well as delays in sending specimens for sampling. Further case reviews highlighted a need for primary care to more aware of CDI as a diagnosis. The age population most affected are the over 65's, those with multiple comorbidities, and predominantly those with diabetes and obesity.

Chapter 4: Immunisations

No.	Priority	RAG
6	Help improve immunisation uptake and reduce inequalities in uptake through the following: the BSW Maximising Immunisation Uptake Group, a refreshed B&NES Vaccination Implementation Plan, and through contributing to the development of a new Integrated Vaccine Strategy for BSW	Green

No.	Priority for 2024-25
4	Help improve immunisation uptake and reduce inequalities in uptake, particularly MMR vaccination. Contribute to the development of a new Integrated Vaccine Strategy for BSW and outreach vaccination model for B&NES.

BSW Maximising Immunisation Uptake Group & B&NES Immunisation Group

The BSW Maximising Immunisation Uptake Group (MIUG) continues to provide strategic leadership for immunisations across BSW. During 2023-24 a task and finish groups was established to improve communication with primary care and its focus for 2024-25 will be the development of a new Integrated Vaccine Strategy for BSW.

The B&NES Immunisation Group was established in July 2015 and continues to take a system-wide overview of organisations and other stakeholders contributing to B&NES immunisation programmes with the aim to protect the health of the local population, reduce health inequalities and minimise and deal promptly with any threats that may occur. The group reports to the Health Protection Board. The development of a new Vaccination Implementation Plan was completed in May 2023 following a multi-partner stakeholder workshop. Improving uptake of childhood vaccinations will remain a priority and supports the work of the BSW Maximising Immunisation Uptake Group.

Flu Vaccination

For all population groups except primary and secondary school children coverage decreased in 2023-2024 compared to the previous year. These trends are also seen across the Southwest and nationally. However, for the over 65's uptake remains higher compared to the pre-covid period.

Community prevalence of influenza was low during 2023-24 and this usually means that vaccination demand and uptake is lower than years where there are more cases and community transmission.

There is currently a focus nationally and locally on improving vaccine confidence and supporting health and care professionals as trusted voices to encourage vaccine confidence and empower informed decisions among your patients.

B&NES population vaccine coverage

Over 65-year-olds

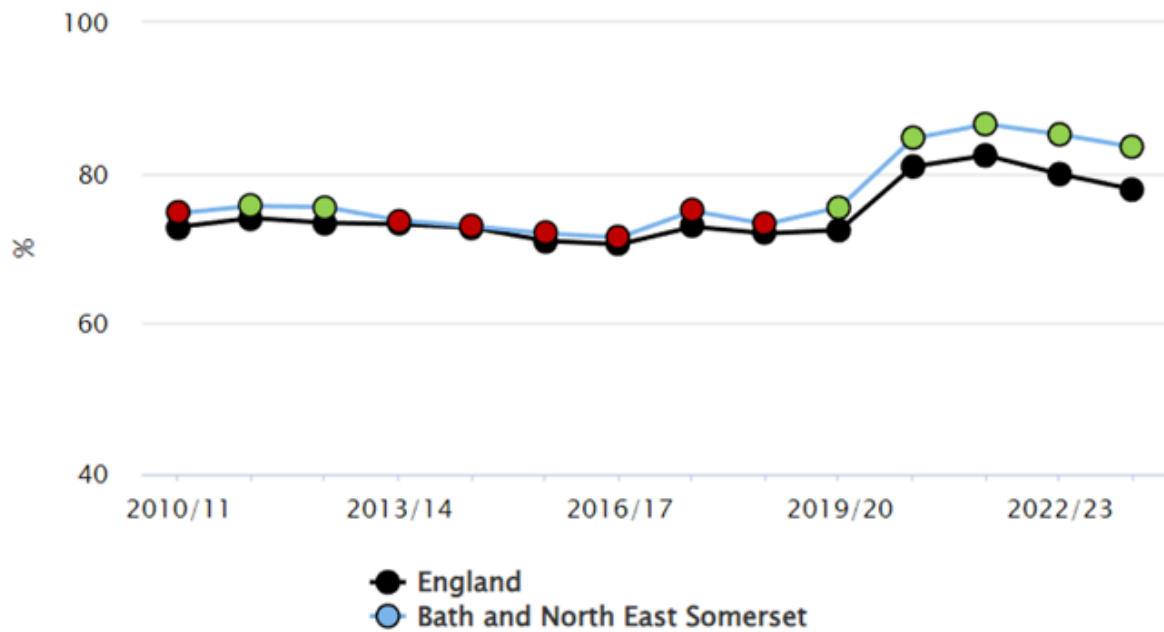


Figure 4: Percentage uptake of over 65-year-olds in BANES who had their flu vaccination between 2010 and 2023 (Source: Office for Health Improvement & Disparities (OHID))

Pregnant women and people

Locality	Year	Percentage Uptake %
BANES LA	2023-24	48.2
BANES LA	2022-23	49.8
BANES CCG	2021-22	46.9

Figure 5 Percentage uptake of pregnant people in BANES who had their flu vaccination between 2021 and 2024 (Source: IMMFORM)

At risk individuals

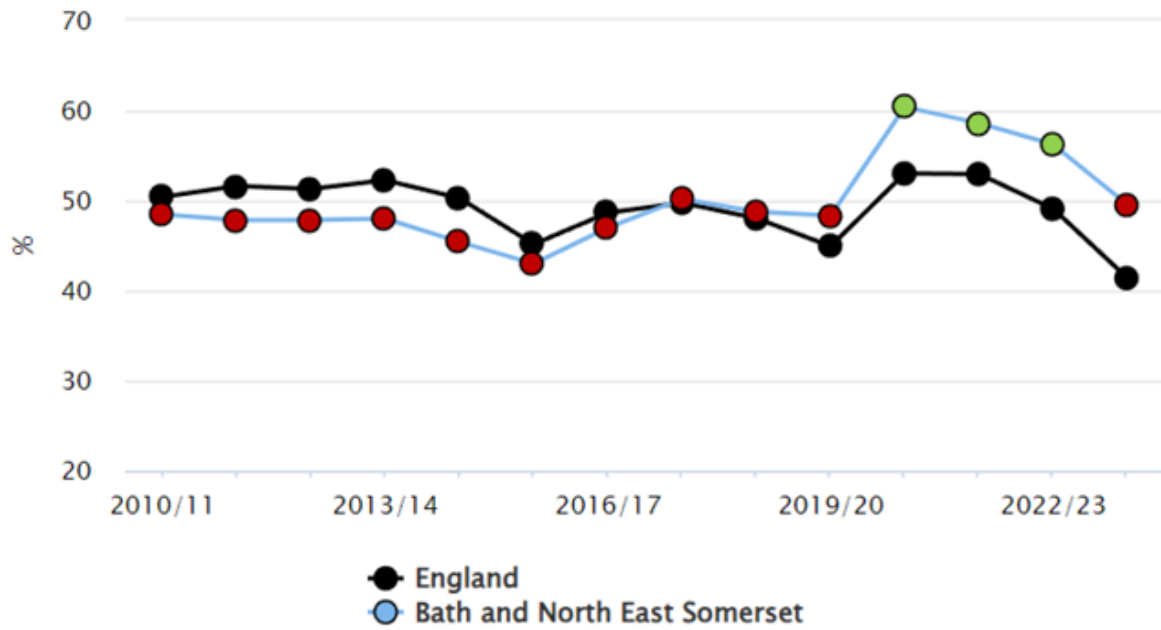


Figure 6: Percentage uptake of at-risk individuals in BANES who had their flu vaccination between 2010 and 2023 (Source: OHID)

2 and 3-year-olds

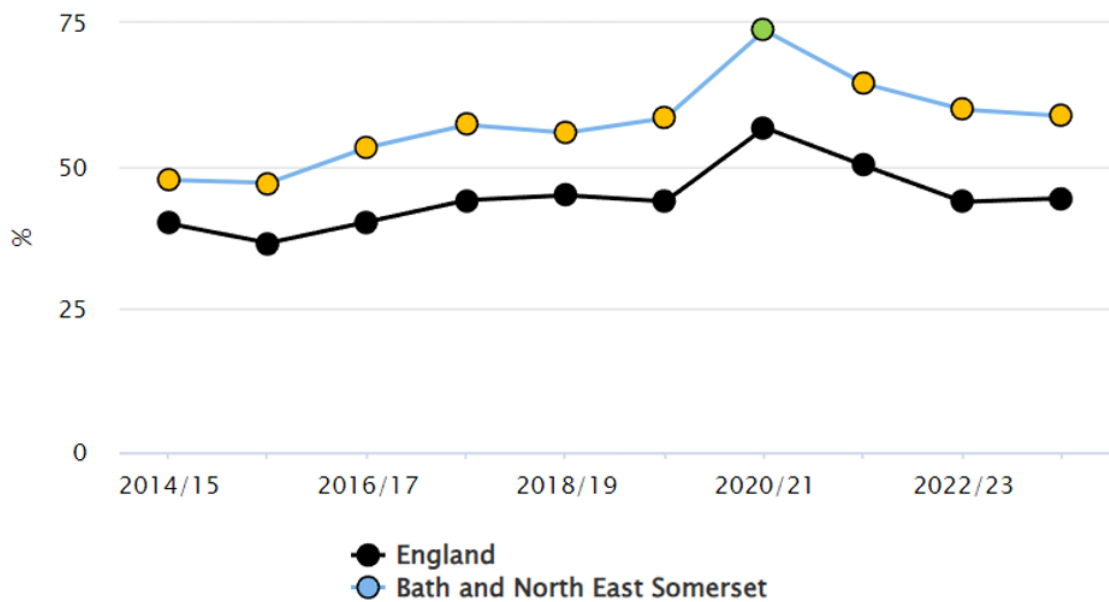


Figure 7 Percentage uptake of 2 and 3-year-olds in BANES who had their flu vaccination between 2014 and 2023 (Source: OHID)

Primary school children

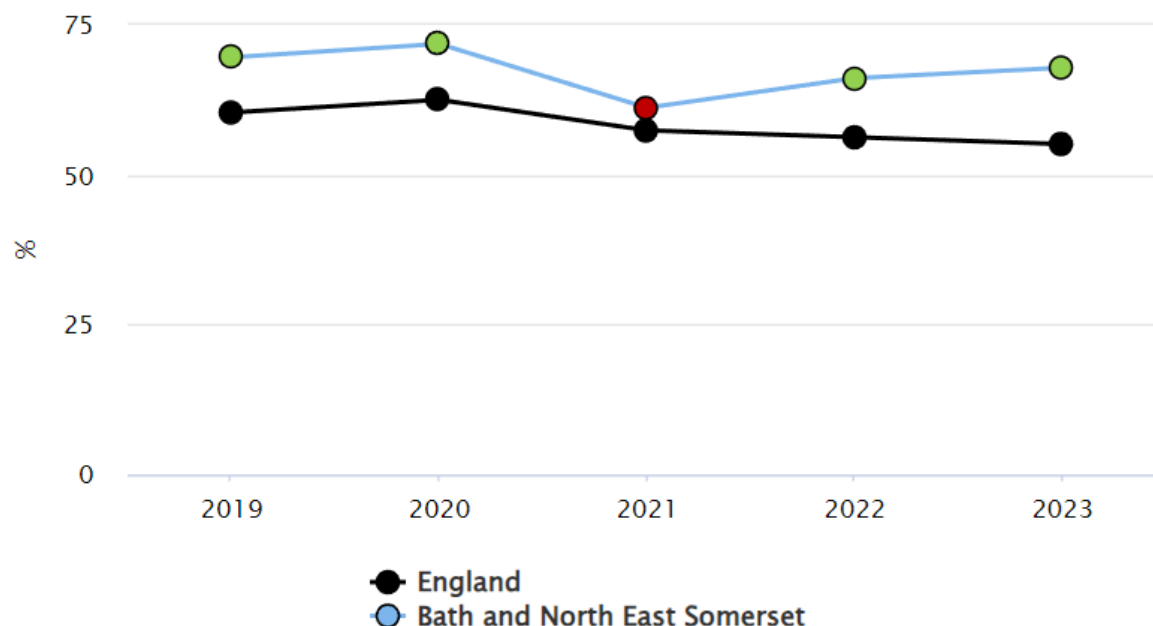


Figure 8: Percentage uptake of primary school children in BANES who had their flu vaccination between 2014 and 2023 (Source: OHID)

Secondary school children

School Year (%)	7	8	9	10	11
2023-24	61.3	58	56.9	55.6	46.1
2022-23	57.4	53.7	54.5	No data	No data
2021-22	62.8	57.1	57.2	61.7	56.3

Figure 9: Percentage uptake of secondary school children in BANES who had their flu vaccination between 2021 and 2024 (Source: IMMFORM)

Covid-19 Vaccination

The Covid-19 vaccination programme continued during autumn/winter 2023-24 and spring 2024. BSW and B&NES achieved some of the highest uptake across all groups nationally. It is unclear why health and social care workers uptake is lower in B&NES than Wiltshire and Swindon. The RUH offered staff flu and Covid-19 vaccination clinics during 2023-24 and for 2024-25 hope to be able to visit each ward with a dedicated team. During 2024-25 there is also a focus on improving uptake of care provider staff, by also taking the vaccine to their places of work, as well as vaccination being available in GP practices and pharmacies.

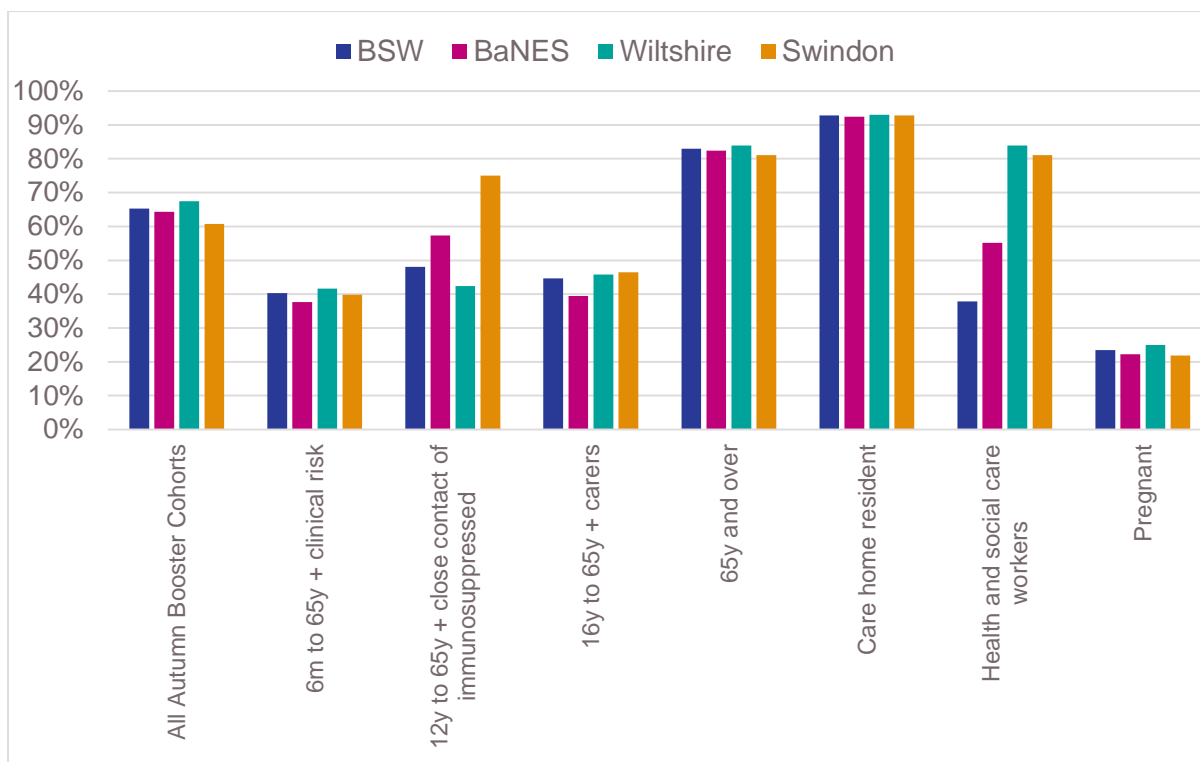


Figure 10: Percentage uptake of eligible groups B&NES and BSW who has their Covid-19 vaccination during autumn/winter 2023-24.

Priorities for the flu and Covid-19 programme 2024-25 include:

- Equal or improve uptake rates
- Pregnant women and people
- 2 and 3-year-olds
- School aged children (focus on primary school children)
- At risk groups: children; chronic liver disease, immunosuppression and chronic neurological disease
- Improving uptake in most deprived areas and ethnic minorities, especially in Black communities
- Core 20 + 5, including chronic respiratory disease
- Chronic obstructive pulmonary disease (COPD) and uptake of COVID, flu and pneumonia vaccines to reduce emergency hospital admissions

Outreach vaccinations

B&NES Council and BSW ICB have continued to work together during 2023-24 to provide outreach vaccinations to vulnerable groups and deprived communities, who otherwise wouldn't access routine NHS vaccination clinics in health care settings. The following table shows the breadth of local groups and organisations visited by the vaccination team.

Age UK Lunch Club Twerton	St Michael's Without Church	Rose Cottage Community Cafe	St John's Alms Houses	Care Home Staff Engagement
Bath Sports & Leisure Centre	Southdown Methodist Church	Rackfield House, Supported Living	Manvers St, Bath Mind	Manvers St Food Bank
Ukrainian Language Group	Bath College	Local Shops, Bath City Centre	Bath One Stop Shop	BEMSCA
Age UK Luch Club, St Michaels Centre	Avon down House, Supported Living	DHI Housing	Bath City Farm	Carrswood Travellers' Site

Outreach example 1: people with learning disabilities and autism

In 2023-24 a new approach to offering Learning Disability (LD) Health Checks, vaccinations and other health and wellbeing services such as sensory walks through the Active Way project, support to complete bowel screening tests and other MECC (making every contact count) conversations e.g. hydration, to residents with learning disabilities and autism in B&NES was carried out.

The need for this work was identified by a Health Inequalities and Population Health Management Facilitator, working for Bath Enhanced Medical Services (BEMS) who visited St Michaels GP Practice to understand what support they needed and the challenges they faced when providing services for their LD and Autism population.

The work is a collaboration between St Michaels GP Practice, BEMS, B&NES Council, BSW ICB, The Active Way, Achieve Together & Live West.

A total of 40 people with LD (mainly hearing impairment) were offered these services at their residential units, which has a communal lounge, in the most deprived (core 20% IMD) locality within B&NES.



The LD community and third sector organisations have seen excellent outcomes and given very good feedback. Service users felt more comfortable and at ease in their own surroundings, peer support increased uptake, first time vaccination and screening kits were completed, and 12 LD Health Checks were completed that were overdue. In addition, the GP practice gained an insight on how to engage with the LD community moving forward and the event ensured efficient use of interpreters, it informed recommendations to improve pathways, and generated further ideas for health and wellbeing topics/services to deliver.

In October 2024, the second phase of this work is taking place to offer breast and testicular cancer awareness to Pennard Court residents, as well as autumn/winter vaccinations and health checks.

Outreach example 2: Homeless & Rough Sleeper Vaccination & Health Clinics

Homeless and rough sleepers are an under-represented and disproportionately impacted group who historically have had low vaccination uptake (not just COVID-19) and low engagement with healthcare services. As a result, there was an extensive COVID-19 vaccination outreach programme put in place in B&NES for the homeless and rough sleeper population during the pandemic. Continuing on from this work in 2023, a collaboration between BSW ICB, B&NES Public Health team, Julian House, HCRG Care Group and Heart of Bath GP practice offered Covid and flu vaccines to those staying at Manvers Street hostel in central Bath, as well to the 'breakfast club' run by Julian House at the Salvation Army in Bath which is open to all rough sleepers and homeless people.

Feedback from the homeless and rough sleepers has included: "Thank you for doing that! I hate needles and not really bothered about getting the Covid jab but since you're here I'll have it, and I know it is a good thing for me to have really" (Homeless individual we met at the day centre).

"Go on then. I have a very bad chest and if you say it's important for me to have them then I'll have them!" (Rough sleeper we met at the day centre who had both Covid 19 and flu vaccinations).

This work continues to link in well with the BANES Homeless Partnership and will continue throughout 2024-25.

Chapter 5: Climate Change

No.	Priority for 2024-25
5	Scope the health protection work that could be undertaken to support prevention of climate change and mitigation of climate change impact and make recommendations for action.

During 2023-24 the impact of climate change was considered across all workstreams and has been identified as a priority for focus in 2024-25.

There are many known risks to health associated with Climate Change. Extreme heat during summer months can lead to a decline in human health especially in the health and wellbeing of older people and lead to deaths from cardiovascular and respiratory disease. High temperatures can also increase air pollution ground level ozone and particulate matter in the air which can exacerbate health impacts. Extreme weather events and flooding can also be detrimental to human health with flooding in buildings leading to mould and damp and poor air quality. In addition to this, extreme events can trigger or exacerbate mental health issues such as depression and anxiety.

B&NES Council have worked in recent years to mitigate the health impacts of climate change. This work has included an air quality project in Farrington Gurney and Temple Cloud to raise community awareness of the steps they can take to reduce their exposure to poor air quality and including work with local schools. The Council has also engaged health social care and other frontline professionals in understanding the problems associated with cold homes and what resources and support they can signpost residents to improve housing warmth.

A priority for 2024-25 will be to further scope the health protection work that could be undertaken to support prevention of climate change and mitigation of climate change impact across partners and make recommendations for action.

Chapter 6: Screening

No.	Priority for 2024-25
6	Review B&NES coverage for each NHS screening programme to identify needs/gaps and priorities for action.

During 2023-24 screening was monitored by the HPB and worked on across partner organisations. Screening has become an identified priority for focus in 2024-25.

Screening is a way of finding out if people have a higher chance of having a health problem, so that early treatment can be offered or information given to help them make informed decisions. The NHS offers a range of screening tests to different

sections of the population, and you can read more about the NHS screening programmes on the [NHS screening website](#)

There are three NHS cancer screening programmes; breast screening, bowel screening and cervical screening. For two of the three cancer screening programmes; breast and cervical, we have seen a gradual decline in coverage (proportion of a defined population that received their screening) and whilst bowel screening slightly increased in 2023, compared to 2022, it is not as high as we would like it to be. The HPB have therefore agreed to review each screening programme to explore the data in more detail (i.e. what inequalities exist) and identify what action we can take locally.

One of the actions we can take is to incorporate promotion of screening programmes into our outreach and inequalities work, which we have started to do (see the section of this report on outreach vaccinations).

Bowel Screening Trend

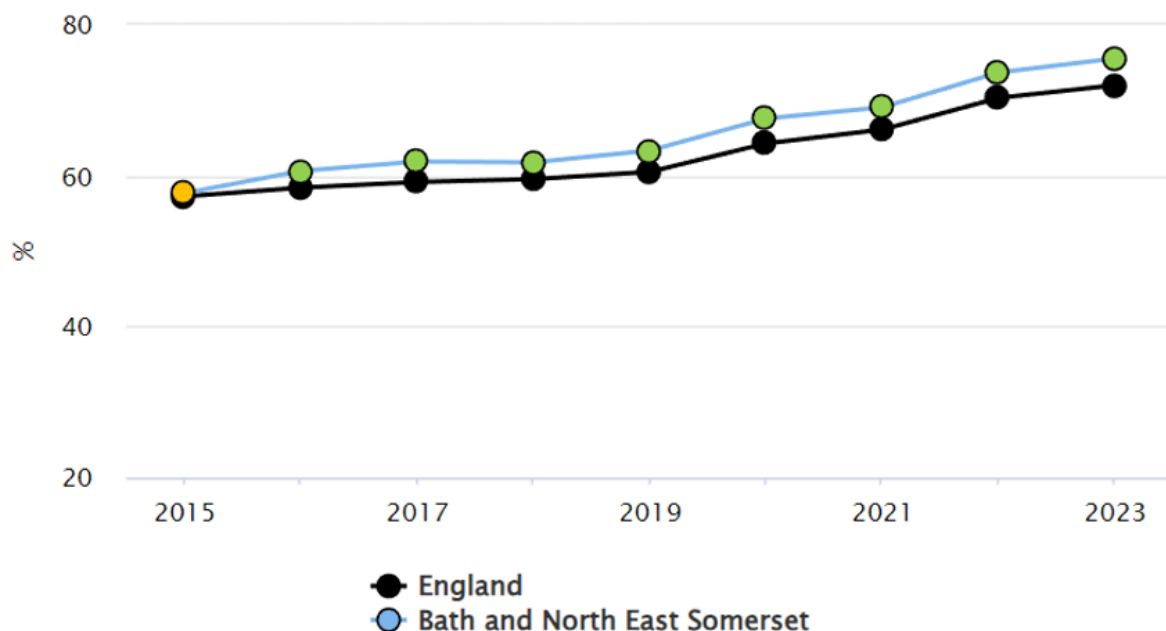


Figure 11: Percentage coverage of eligible people in B&NES who had their bowel screening between 2015 and 2023 (Source: OHID)

Breast Screening Trend

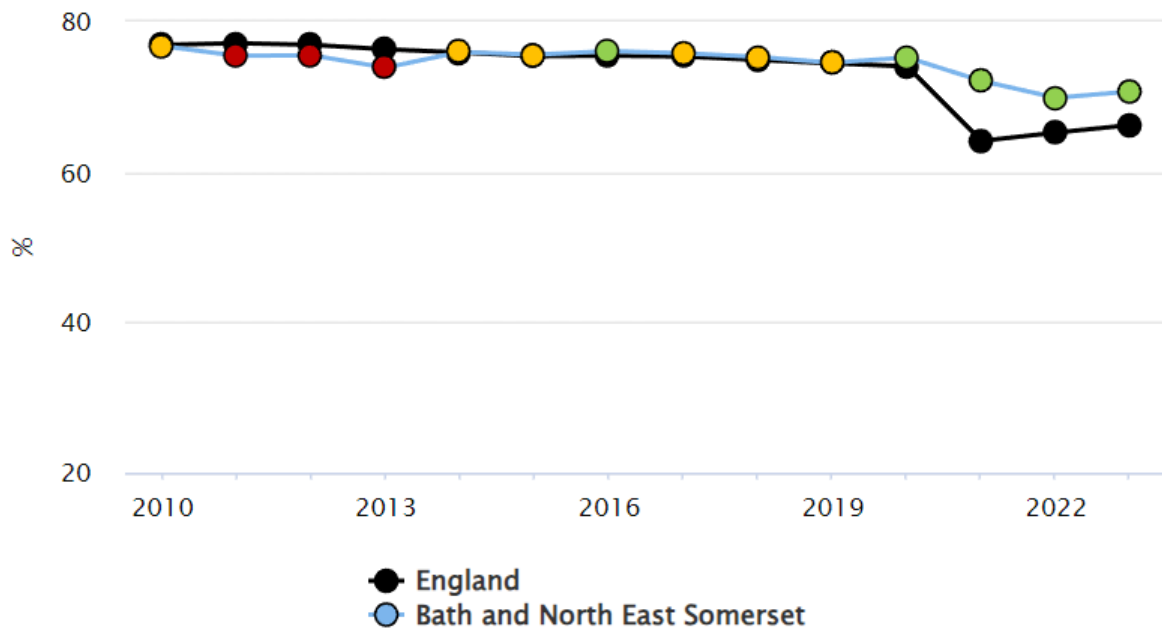


Figure 12: Percentage coverage of eligible people in B&NES who had their breast screening between 2010 and 2023 (Source: OHID)

Cervical Screening Trend: 25 - 49-year-olds

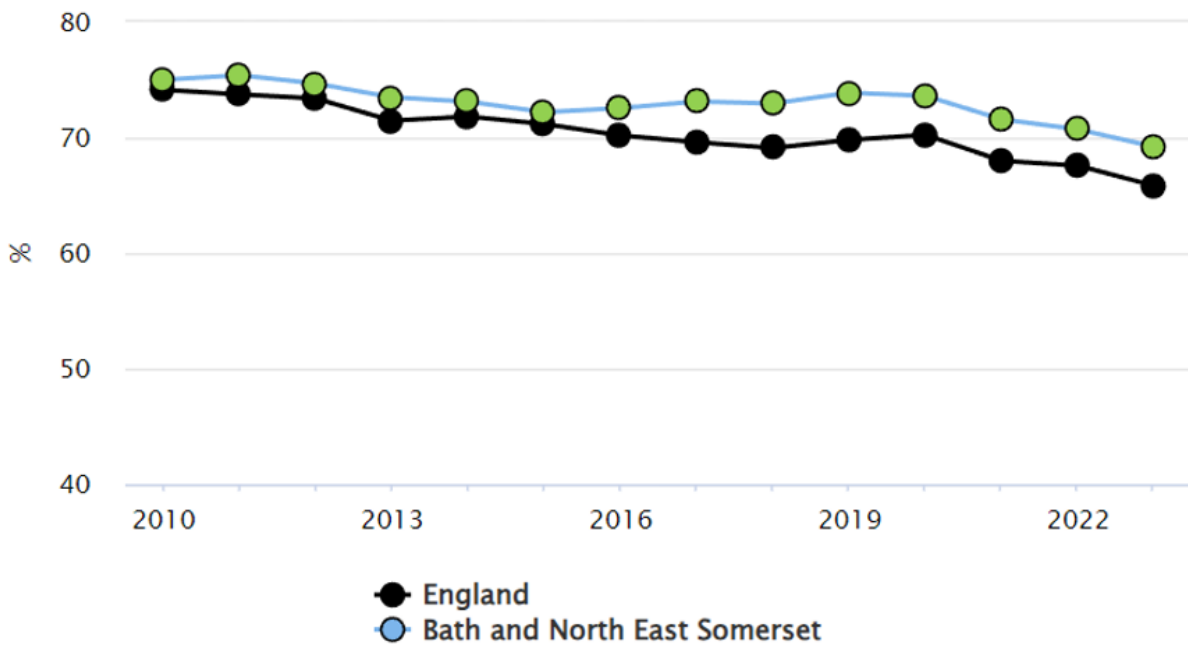


Figure 13: Percentage coverage of 25–49-year-olds eligible people in B&NES who had their cervical screening between 2010 and 2023 (Source: OHID)

Cervical Screening Trends: 50 – 64-year-olds

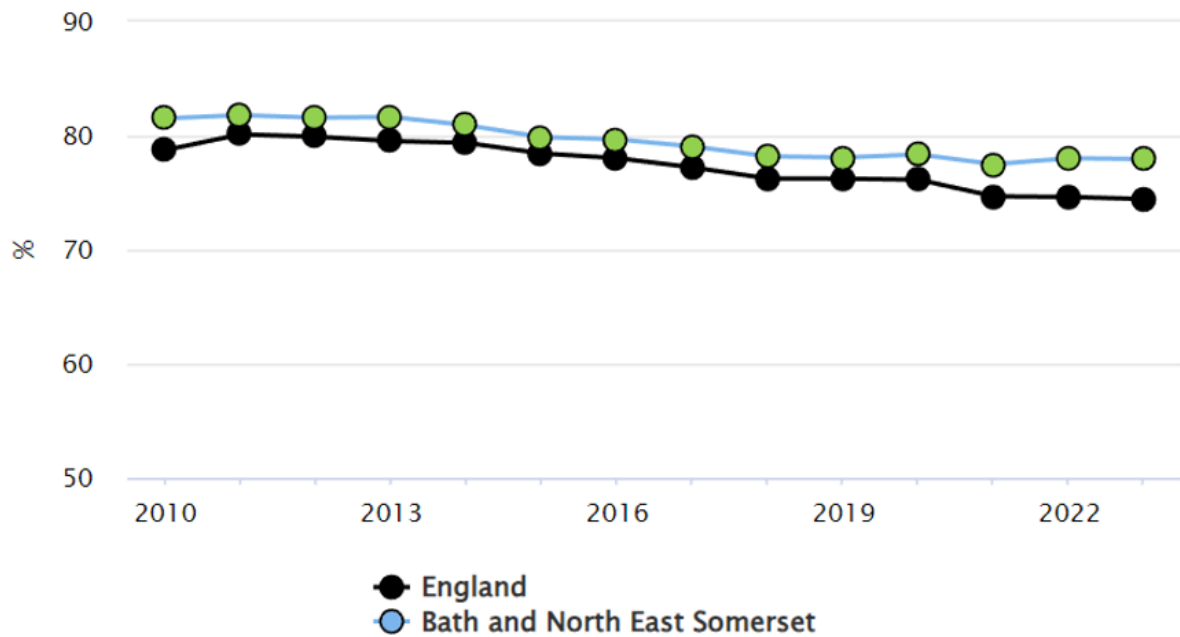


Figure 14: Figure 15: Percentage coverage of 50–65-year-olds eligible people in B&NES who had their cervical screening between 2010 and 2023 (Source: OHID)

Chapter 7: Recommended priority areas for 2024-25








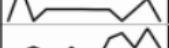


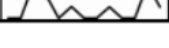



The Health Protection Board is committed to improving all work streams. As highlighted in this report, the following 6 recommended priorities for 2024-25 have been agreed by the HPB as key issues to be addressed to support improvement and provide assurance that suitable arrangements are in place in B&NES to protect the health of the population.

The process of reaching the recommended priorities has been informed through monitoring key performance indicators, maintaining a risk log, use of local and national intelligence, and learning from debriefs of outbreaks and incidents. They are also informed by Local Health Resilience Partnership & Local Resilience Forum work plans, which are based on Community Risk Registers. The recommended priorities also align with UKHSA and BSW ICB priorities.

No.	Priority
1	Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary
2	Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards
3	Continue to ensure that the public and partner organisations are informed about emerging threats to health
4	Help improve immunisation uptake and reduce inequalities in uptake, particularly MMR vaccination. Contribute to the development of a new Integrated Vaccine Strategy for BSW and outreach vaccination model for B&NES.
5	Scope the health protection work that could be undertaken to support prevention of climate change and mitigation of climate change impact and make recommendations for action.
6	Review B&NES coverage for each NHS screening programme to identify needs/gaps and priorities for action.

<END>


Appendix 1 - Rates per 100,000 of the B&NES population for various infectious diseases and the trend over time

Infection/Disease	Rate per 100,000 population													Trend	Comparison to Q1-2024
	Q2-2021	Q3-2021	Q4-2021	Q1-2022	Q2-2022	Q3-2022	Q4-2022	Q1-2023	Q2-2023	Q3-2023	Q4-2023	Q1-2024	Q2-2024		
Scarlet Fever	0.0	0.0	0.0	0.5	1.0	9.2	26.1	80.3	7.7	3.1	17.9	-	-		-
Invasive Group A <i>Streptococcus</i> (IGAS)	0.0	0.0	0.5	0.5	0.5	2.0	3.1	2.0	2.0	1.5	1.5	3.0	1.5		↓
Measles	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	1.0	0.0		↓
Mumps	1.0	2.1	5.2	2.0	1.5	2.0	3.6	3.5	1.5	1.0	1.5	4.0	3.5		↓
<i>Pertussis</i> (whooping cough)	0.0	0.0	1.0	0.0	2.0	0.0	0.5	0.0	1.0	1.5	4.0	18.0	49.5		↑
Meningococcal infection	0.0	0.0	0.5	0.0	1.0	1.0	0.5	0.0	0.0	0.0	0.5	0.5	0.0		↓
Legionnaires	0.0	0.0	0.0	0.0	0.0	0.5	0.5	1.0	0.5	0.5	0.0	0.0	1.0		↑
<i>Campylobacter</i> spp.	31.2	30.1	30.7	19.4	27.6	26.1	19.4	15.5	24.5	30.5	17.5	19.0	31.5		↑
<i>Cryptosporidium</i> spp.	1.0	3.1	4.2	1.5	2.0	2.6	0.5	1.0	2.0	3.5	7.0	2.0	3.0		↑
<i>Escherichia coli</i> STEC	0.0	1.6	0.0	0.5	0.5	0.5	0.5	0.5	0.5	0.0	0.5	1.0	0.0		↓
<i>Giardia</i> spp.	1.6	2.1	2.6	2.0	1.5	2.6	1.5	1.0	3.5	4.0	2.5	4.5	2.5		↓
<i>Salmonella enteritidis</i>	0.0	0.5	0.0	1.5	0.0	0.5	2.6	0.5	0.5	2.0	0.5	0.0	1.0		↑
<i>Salmonella typhimurium</i>	0.5	1.0	0.5	0.0	1.0	1.0	1.0	0.0	1.0	1.0	0.0	0.5	1.0		↑
<i>Shigella</i> spp.	0.0	0.0	1.6	1.0	0.0	0.5	0.0	0.0	0.5	0.0	0.0	1.5	0.5		↓

HPZone and SGSS data that have no known local authority are included in South West rates.
Rates are rounded to one decimal place, rates of 0.0 per 100,000 population do not therefore equate to no cases across the South West – please refer to individual UTLA summaries.

Tuberculosis[†]

[†]Quarterly rates are not available. Annual rates are presented.

Infection	Rate per 100,000 population										Trend	Comparison to 2021
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022		
Tuberculosis	5.0	10.5	6.5	2.7	1.6	2.6	4.1	0.0	2.6	3.6		↑