Health Protection Annual Report for Northern Lincolnshire (2024/2025)

September 2025

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1. Introduction

The Joint Health Protection Board for Northern Lincolnshire brings together the collective efforts of North Lincolnshire and North East Lincolnshire Councils to oversee and assure the delivery of effective health protection functions across the two Council areas. By collaborating across local authority boundaries, the Board provides a strategic platform to safeguard the health of our populations from infectious diseases, environmental hazards, and other threats to public health.

Health protection is a core statutory responsibility of the **Director of Public Health (DPH)**, who is required to ensure that robust plans, systems, and partnerships are in place to protect the public's health. This includes proactive surveillance, outbreak management, immunisation and screening uptake, and responding to environmental and chemical incidents. The DPH for both North Lincolnshire and North East Lincolnshire chairs and steers this Board, ensuring alignment of public health priorities and a coordinated response across both areas.

This report provides a summary of the assurance functions of the Northern Lincolnshire Councils Health Protection Board and reviews performance for the Health and Wellbeing Board.

The report considers the following key domains of Health Protection:

- Communicable disease control
- Environmental hazards
- Immunisation and screening
- Health care associated infections and antimicrobial resistance
- Emergency planning and response.

The report sets out for each of these domains:

- Assurance arrangements
- Performance/key activities in 2024/25
- Priorities for 2025/26.

A summary of organisational roles in relation to delivery, surveillance and assurance is included in **Appendix 1.**

Terms of Reference for the Health Protection Board are provided in **Appendix 2.**

2. Prevention and control of infectious disease

Health Protection is not just a local authority responsibility; health protection is multi-agency.

The scale of work undertaken by local government to prevent and manage threats to health will be driven by the health risks in the Local Authority area and includes:

- National programmes for vaccination and immunisation.
- National programmes for screening, (including those for antenatal and newborn) cancer (bowel, breast and cervical), diabetic eye screening and abdominal aortic aneurism screening.
- Management of environmental hazards including those relating to air pollution and food.
- Health emergency preparedness and response, including management of incidents relating to communicable disease and chemical, biological, radiological and nuclear hazards.
- Infection prevention and control in health and social care community settings.
- Other measures for the prevention, treatment, and control of the management of communicable disease as appropriate and in response to specific incidents

2.1 North East Lincolnshire Outbreak Information

2024/25 has seen a number of infectious disease outbreaks in our local care homes, inpatient units, schools and nurseries, which have been managed primarily by the Infection, Prevention and Control teams, (including Care Plus Group in North East Lincolnshire) in partnership with the North East Lincolnshire Health Protection Team, the North Lincolnshire Health Protection Team and the UK Health Security Agency (UKHSA).

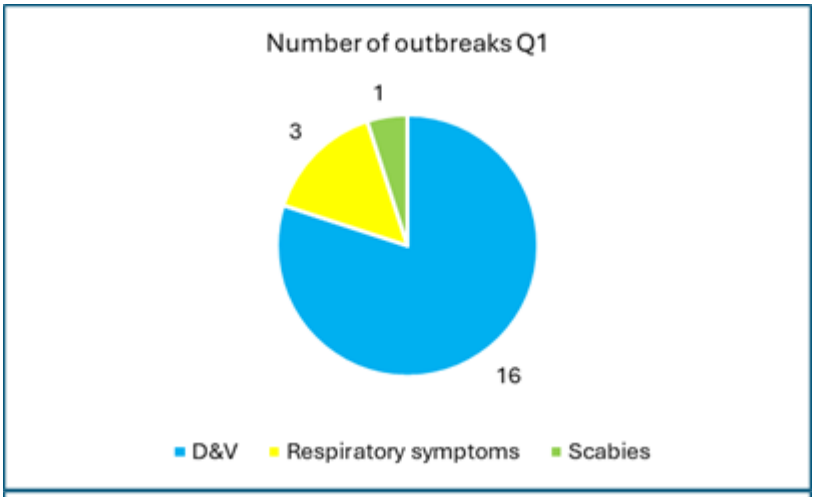
The charts below show the number, and type of the recorded outbreaks in care homes/inpatient units in North East Lincolnshire.

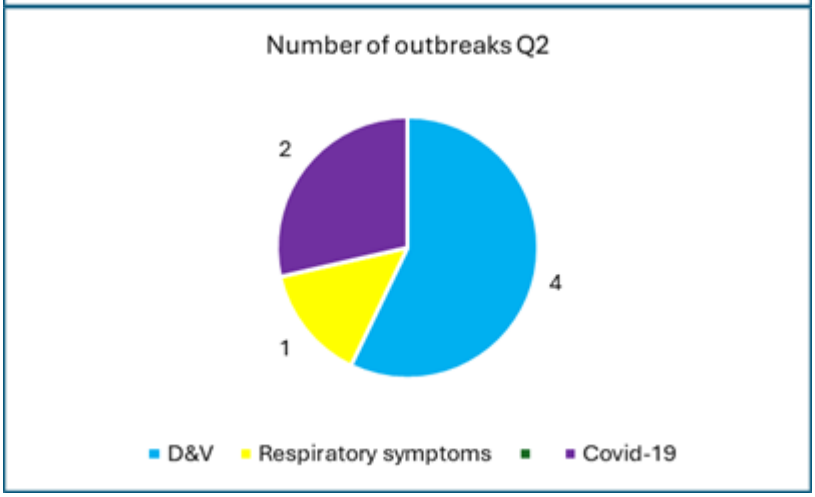
The data shows high numbers of D&V across all quarters, with 61% of total outbreak being attributable to D&V. Outbreaks of D&V are primarily caused by norovirus infections, however, laboratory testing is not done on all samples, therefore the number of outbreaks attributable to norovirus alone cannot be calculated.

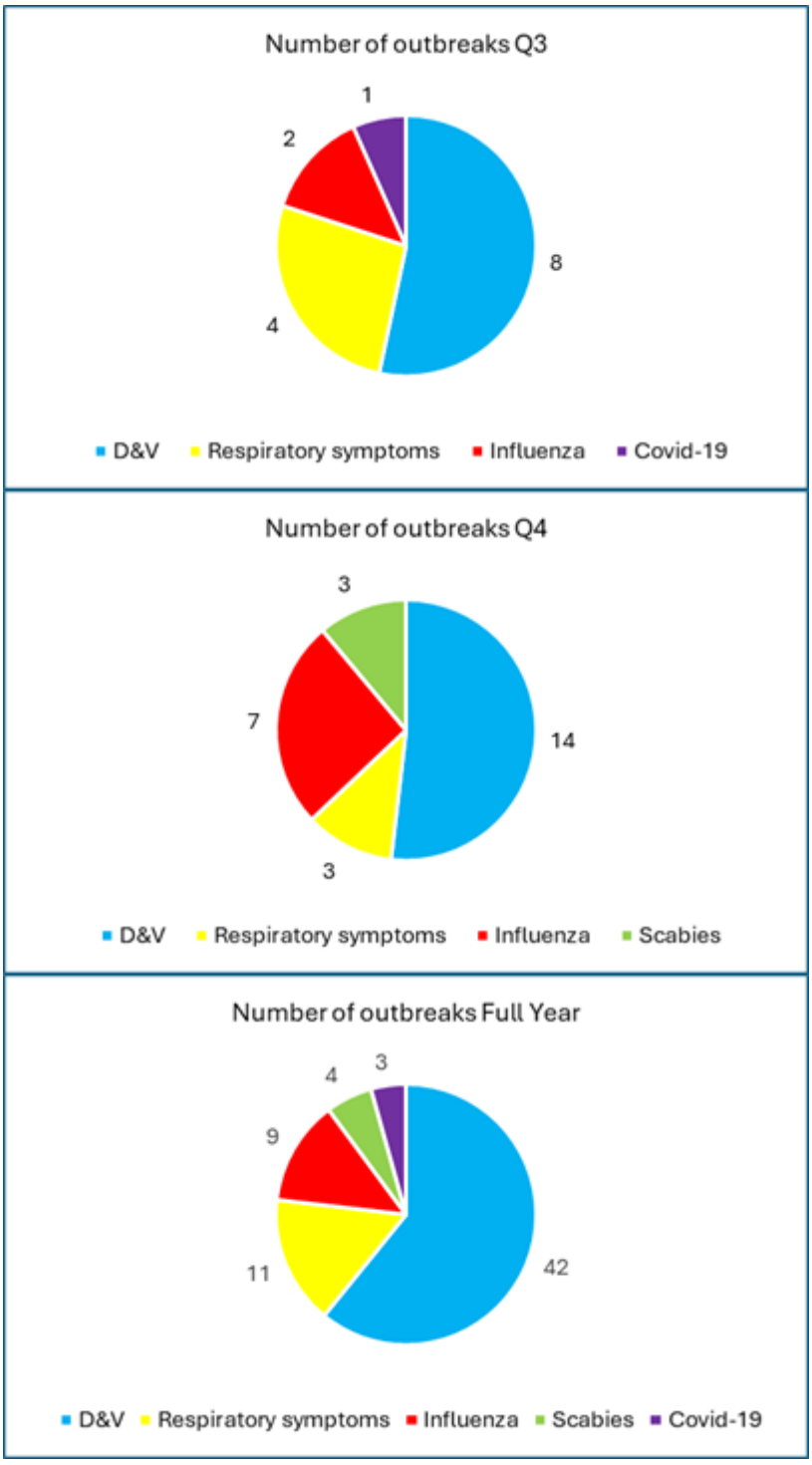
Outbreak numbers for D&V were considerably higher in quarters 1 and 4, unlike typical trends which show norovirus outbreaks occur more frequently in the winter months.

Respiratory symptoms were responsible for 16% of all outbreaks throughout the year, however, laboratory testing is not completed in all cases. This means that a proportion of these outbreaks may be attributable to influenza, if pathogen testing had been completed. If combined, 29% of all outbreaks are attributable to influenza and/or respiratory symptoms. As expected, the number of outbreaks of influenza and/or respiratory symptoms increased over the colder months. Covid-19 outbreak data has been included in this report, however the use of specific testing for Covid-19 declined throughout the year. It may well be that Covid-19 cases were reported as respiratory symptoms in the absence of specific test results. When combined, respiratory symptoms, influenza and Covid-19 were responsible for 33% of all outbreaks in the year.

Charts 1 to 5 – Outbreak data for North East Lincolnshire 2024/25






Number of outbreaks Q3
1
2
8
4
D&V
Respiratory symptoms
Influenza
Covid-19
Number of outbreaks Q4
3
7
14
3
D&V
Respiratory symptoms
Influenza
Scabies
Number of outbreaks Full Year
4
3
9
11
42
D&V
Respiratory symptoms
Influenza
Scabies
Covid-19

2.2 North Lincolnshire Outbreak information

Analysis of North Lincolnshire Outbreak Data (FY 2024-2025)

The analysis reveals that **Care Homes** were the primary focus of outbreak management, accounting for two-thirds of all reported incidents.

The Overall number of outbreak are reported below:

School Outbreak North Lincolnshire Financial Year 2024 - 25					
	Total	**Q1**	**Q2**	**Q3**	**Q4**
Scarlet Fever	**7**	3	2	2	1
Chicken Pox	**7**	3	4	0	0
Norovirus	**1**	0	0	0	1
Hand Foot and Mouth	**1**	0	1	0	0

Care home outbreak North Lincolnshire Financial Year 2024 - 25					
	Total	**Q1**	**Q2**	**Q3**	**Q4**
RSV	**1**	0	0	0	1
Norovirus outbreak	**17**	5	7	5	0
Flu	**8**	0	5	3	0
Scabies	**1**	0	0	0	1
Covid	**5**	1	4	0	0

1. Overall Setting Burden

Setting Type	Total Outbreaks	Proportion of All Outbreaks
Care Homes	**32**	**66.7%**
Schools	16	33.3%
Grand Total	**48**	**100%**

- **Key Insight:** Outbreak control resources were predominantly deployed to the care home sector, which faces a higher frequency of disruptive infectious incidents.

2. Disease Dominance by Setting

The types of pathogens driving outbreaks differ significantly between the two settings:

Care Home Dominance (High Mortality Risk)

Outbreaks in care homes were overwhelmingly driven by respiratory and gastrointestinal viruses:

- **Norovirus** led all outbreaks with **17 incidents** (53% of all care home outbreaks).

- **Influenza (Flu)** and **COVID** accounted for 13 outbreaks combined, highlighting the seasonal respiratory burden on the elderly.

School Dominance (High Transmissibility Risk)

School outbreaks were driven by common, highly transmissible childhood diseases:

- **Scarlet Fever** and **Chicken Pox** were equally dominant, each accounting for **7 outbreaks** (44% each of all school outbreaks). This aligns with the previous NOID data showing high Scarlet Fever case counts in NLC.

3. Temporal (Seasonal) Trend Analysis

Outbreaks show a clear seasonality, peaking during the Autumn/Winter terms (Q2) for both settings.

Quarter (Approximate)	Schools (Total 16)	Care Homes (Total 32)	Combined Total
Q1 (Jul - Sep)	6	6	12
Q2 (Oct - Dec)	**7**	**16**	**23**
Q3 (Jan - Mar)	2	8	10
Q4 (Apr - Jun)	1	2	3

- **Peak Season: Q2 (October to December)** was the busiest quarter, accounting for nearly half (23/48≈48%) of all outbreaks.
- **Care Home Winter Surge:** The concentration of **16 outbreaks in Care Homes in Q2** indicates the critical need for pre-emptive actions (e.g., enhanced flu/COVID vaccination uptake, infection prevention and control (IPC) audits) immediately before and during the start of the winter season.
- **School Term Effect:** The high Q1 and Q2 figures for schools are typical of pathogens circulating at the start of the academic year (Chicken Pox, Scarlet Fever).

Actionable Public Health Recommendations

Based on this outbreak analysis for North Lincolnshire, the following targeted actions are recommended:

1. Care Home Sector Prioritisation (Norovirus, Flu, COVID)

- **Action:** Implement **enhanced winter planning and IPC training** in Care Homes starting in late Q1 (September/October). This must specifically address rapid isolation protocols and deep cleaning procedures for **Norovirus** to minimize the duration of the 17 annual outbreaks.
- **Action:** Achieve **maximal seasonal vaccination coverage** (Flu and COVID) among both residents and staff before the start of Q2 to reduce the severity and transmission of respiratory outbreaks.

2. School Outbreak Management (Scarlet Fever, Chicken Pox)

- **Action:** Target schools with the highest incidence (likely those in Q1/Q2 locations) for proactive information campaigns on **Scarlet Fever** recognition and the importance of prompt antibiotic treatment and **24-hour exclusion**.
- **Action:** Review protocols for managing **Chicken Pox** to ensure accurate diagnosis and appropriate notification, as 7 outbreaks represent a significant burden on school attendance.

Other outbreak detected and resolved in North Lincolnshire were 1 Hepatitis A outbreak in the community. The joint work of the UKHSA, PCNs, IPC teams, enviromental health and health protection local team managed to close the outbreak in Scunthorpe North.

2.3 TB Pilot Project – North East Lincolnshire

In 2018 some intelligence work undertaken by the Field Epidemiology Service in Public Health England identified a higher than expected number of TB related deaths in the most deprived populations in North East Lincolnshire. Following this the local public health team undertook case study research looking at the underlying factors associated with a number of TB related deaths in the previous five years. This identified that a range of factors associated with complex lives in white British people living in the most deprived neighbourhoods in the borough were associated with a much greater than expected number of TB related deaths and some of these deaths were linked to networks of individuals who drank together in certain pubs. TB diagnosis frequently came very late in the day and was often not suspected as a cause of the person's symptoms. Following this, information was sent to GPs about the epidemiology of TB in the local area and presentations were made at a number of GP practice related forums in order to raise awareness of signs and symptoms of TB.

In addition, public health agreed to fund a pilot TB screening project that was due to commence in 2020. This was delayed due to Covid and was only able to start in 2024. This project sought to target TB screening in under-served communities, commencing with groups that had the most complex care needs. This was done by providing additional funding to increase capacity in the existing Community TB team. This extra resource was intended to secure extra screening but to also assist in the management of any new positive cases. A part time nurse was appointed to support this work.

The project went live in September 2024, and 65 extra TB screens have been completed in individuals who were engaged in a local homeless charity. This resulted in a 12.3% positive screen rate, much higher than expected, providing evidence to the concern that there is a significant level of undiagnosed TB in North East Lincolnshire.

A positive screening test requires additional assessment for symptoms of active disease and sputum testing, (completed by the Community TB Team) and chest x-rays and Consultant assessment to provide confirmation of active or latent TB status (completed by the Secondary Care TB team). Positive cases therefore impact the Community TB Team's workload, particularly as (where appropriate), contact tracing of active TB cases was necessary. This was exacerbated, particularly in this cohort of complex patients, by multiple morbidities which present similar symptoms to TB and high DNA rates, meaning that many patients need to remain under the care of the Community TB Team for longer periods until a diagnosis is confirmed. Patients diagnosed with latent TB also impact the workload of the team as they require long term monitoring for the potential development of active disease.

The project has identified a number of issues in the provision of the current TB Service, its partnerships with other teams and its reliance on capacity in other areas of the clinical pathway to manage demand. The extent of these concerns resulted in the suspension of this project after 7 months.

Concerns identified to date include:

- Capacity in the existing TB team to perform increased screenings.
- Capacity in the existing TB team to manage increased cases, including case support, follow-up, treatment plans and adherence etc.
- Increased case finding has resulted in an increased number of referrals to the Secondary Care TB Service. This increase has produced a 'bottle-neck' in the system due to lengthy waits for hospital test results, lengthy waits for consultant-led clinic appointments for diagnosis confirmation and management/treatment planning. This collectively has resulted in cases that remain on the caseload of the Community TB team for longer and need greater resource to manage the complexity of the patient journey.
- Public health risk of diagnosed cases and those awaiting confirmation of diagnosis with delays accessing treatment. This is exacerbated by housing issues such as homelessness and insecure existing tenancies. There is local intelligence of these individuals' sofa-hopping, using hostels and street-sleeping, increasing risk of transmission and risk of poorer health outcome.

The UKHSA formed complex case management groups to support treatment for those individuals identified that required higher levels of input due to substance use, housing issues and other social issues. At times, these groups included up to 11 individuals from a variety of agencies and teams which remains extremely resource-heavy and unsustainable in the longer term.

Further issues were also identified with the screening of new entrants. Historically new asylum seekers were registered at a single GP Practice which had excellent links with the community TB team, ensuring that new entrant screening was completed. More recently, issues have become apparent whereby new entrants have registered with alternative GMS providers which have failed to refer for new entrant screening. The Public Health risk of this missed screening is of great concern and has the potential to result in additional demands on the TB services and the wider health system if not addressed.

The NEL Health Protection Team is actively involved in a review of the current TB service, in partnership with Humber and North Yorkshire ICB in the hope that these issues can be addressed. We also continue to be actively involved in all complex case reviews and are working in partnership with Primary care colleagues and the NELC refugee team to address concerns in new entrant screening.

Nationally, a GIRFT review was completed in March 2025 which reviewed current service provision for TB at system-level. The review produced a report which identified a number of recommendations to make TB service provision more robust, resilient and standardised. A GIRFT TB implementation toolkit was also produced nationally which outlines the agreed approach for taking these recommendations forward. Regionally work is in progress to action these recommendations, which includes the development of a standardised operating procedure for TB in Northern Lincolnshire.

2.4 NLC's Primary Health Inequality Threat: Tuberculosis (TB)

- **Data Point:** NLC's TB rate is **4.9 times lower** than NELC's (1.16 vs. 5.63 per 100,000).
- **Actionable Insight:** While TB is a major challenge for NELC, NLC must maintain its effective surveillance to keep its low rate stable, focusing on screening high-risk demographics and ensuring compliance with treatment regimens.
- **Northern Lincolnshire TB Forum** will provide to the Northern Lincolnshire region a joint action plan to resolve inequalities across this area.

2.5 Hand, Foot and Mouth Outbreaks in North East Lincolnshire

In October 2024, two outbreaks of hand, foot and mouth were reported in a nursery and primary school in NEL, with a total of 15 staff and children affected. Symptoms were mild and appropriate advice was provided, including increased infection control and prevention measures. No further cases were identified.

2.6 Suspected Mpox Outbreak

In September 2024 the health protection team at NELC were notified of a potential mpox case at a care home in Grimsby. The patient was an elderly male (exact age unknown), who was on

the palliative care register, who has an active RESPECT form in place, expressly stating his wishes to refuse care in an acute setting. On Sunday 22nd September the patient presented with a widespread rash but was systemically well. There were no known factors that would have suggested that this patient, nor anyone else in, or associated with, the care home was a plausible risk for Mpox. Despite epidemiology suggesting that Mpox was a highly unlikely cause, 4 independent clinicians raised concerns and so the patient was admitted to the isolation unit in the hospital for further investigation. The patient remained in hospital for an extended period due to missing swabs and late reported results and unfortunately acquired an HCAI, extending his admission further. Results eventually confirmed no Mpox, and a diagnosis of viral rash was given. This case identified a number of concerns in the wider system including:

- Clinical appropriateness of suspected diagnoses in terms of Mpox
- RESPECT form adherence
- Timeliness of testing and results
- Communication challenges between involved agencies
- Primary Care response to care home patients

The case was circulated to the wider health system and review meetings took place with partner agencies to understand and share learning points and identify any potential issues in the system with regards to the Mpox response.

2.7 Blood Born Viruses

People who have previously injected or are currently injecting substances have a high prevalence of exposure to Blood Born Viruses (BBV). Northern Lincolnshire has commissioned the provider organisation We Are With You (With You) for the provision of substance misuse services, which include screening for BBV.

With You are committed to offering screening to every person who enters treatment, whether they have put themselves at risk or not.

In North Lincolnshire Council the Safeguarding Board, produced and action plan that will support care homes with all their IPC measure with specific view to provide guidance and assurance on the prevention of BBV outbreaks particularly Hep B. Decision was made after a safeguarding review to a Hep B outbreak.

In 24/25 we have continued to provide screening using dry blood spot testing in our North and North East Lincolnshire services:

Table 1 – Dry blood spot screening 2024/25

	North Lincolnshire	North East Lincolnshire
Number of tests completed 24/25	790	713

All individuals that test positive to BBV's are offered a referral into treatment, if positive to Hep C they are automatically referred into the Hepatitis C Trust 'Follow Me' project for peers to

support them with their treatment journey. Since November 2024 our North East Lincolnshire Hep C Peer Team has delivered 19 needle syringe provision (NSP) interventions with 16 accessing drug treatment services at the time of intervention. 49 patients in 2024/25 were supported by the Hep C Trust into Hep C treatment programmes. Across Northern Lincolnshire, the Hep C Trust also provided an additional 55 testing events which resulted in an additional 649 Hep C screens.

Table 2 – Further health screens completed 2024/25

	North Lincolnshire	North East Lincolnshire
Positive Hepatitis C Screens	14	18
Positive Hepatitis B Screens	1	1
Positive HIV Screens	0	0

The Hepatitis C team operates over Northern Lincolnshire and are based at Diana Princess of Wales Hospital in Grimsby. As dedicated specialists, the team are committed to both treating patients and raising awareness and providing critical outreach services within the community. Working closely with the Hep C Trust and With You, the team continue to work towards removing barriers to access and stigma to Hep C services.

The tables below show new referrals into the Hep C team (individuals who have not been diagnosed with Hep C previously) and the number of individuals who have commenced treatment for Hep C.

Table 3 – New referrals and treatment starts 2023/24 and 2024/25

New referrals													
2023/24	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Total**
Grimsby	8	5	4	1	6	9	3	1	2	8	3	6	56
Scunthorpe	2	0	1	7	2	1	4	1	2	2	1	1	24
Grand Total	10	5	5	8	8	10	7	2	4	10	4	7	80
2024/25	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Total**
Grimsby	1	1	6	2	3	7	5	4	1	3	0	2	35
Scunthorpe	5	0	0	0	2	4	1	4	2	0	3	1	22
Grand Total	6	1	6	2	5	11	6	8	3	3	3	3	57
Treatment starts													
2023/24	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Total**
Grimsby	1	2	8	6	9	4	5	13	3	4	3	3	61
Scunthorpe	0	2	1	1	4	4	2	3	1	2	3	0	23
Grand Total	1	4	9	7	13	8	7	16	4	6	6	3	84
2024/25	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Total**
Grimsby	6	1	5	4	2	4	2	2	7	5	5	0	43

Scunthorpe	1	3	3	0	0	1	3	3	2	1	2	2	21
Grand Total	7	4	8	4	2	5	5	5	9	6	7	2	64

The data shows that across Northern Lincolnshire, 2024/25 overall referral numbers are similar to those in 2023/24, however there has been a slight reduction in new infections.

Hepatitis C Micro-Elimination: 'WithYou' in North Lincolnshire has achieved **"micro-elimination"** of Hepatitis C, a milestone defined by key criteria such as offering a test to 100% of clients in structured treatment and ensuring 90% of those with a positive test have started or completed treatment. This is a significant step towards the national goal of eliminating the virus.

2.7.1 Needle Syringe Provision

A key harm reduction strategy is to provide clean injecting equipment to individuals who continue to inject across Northern Lincolnshire. This is provided in two ways, through Pharmacy and Specialist Services.

Pharmacy NSP - We have tried to encourage more pharmacies to take part in the scheme but with the development of Pharmacy First in this year, there has been a reluctance due to other time pressures. Work continues to encourage uptake in other providers.

Table 4 – Needle syringe provision across Northern Lincolnshire

	Nth Lincs	NE lincs
Pharmacy sites	Ancora Taff's Lincs Co-op Westcliffe Day Lewis - Cottage Beck Barrow	Cottinghams Day Lewis - Cleethorpes Lincs Pharmacy-Littlecoates Immingham

2.7.2 Specialist Harm Reduction

Our With You sites across Northern Lincolnshire, including our satellite provision all provide specialist NSP. Specialist NSP includes 'pick and mix' instead of issuing packs; clients can choose the equipment and get detailed advice regarding best equipment for how and where they are injecting. We also provide naloxone and screening as part of this provision.

Table 5 – Specialist harm reduction sites in Northern Lincolnshire

	Nth Lincs	NE lincs
Sites	High St – Scunthorpe Viking Centre – Barton The Angel – Brigg	Cleethorpe Rd – Grimsby Grimsby Rd – Cleethorpes Harbour Place Centre 4

2.7.3 Progress against previous objectives

This year we also explored other areas to reduce harm and risk from BBV's. There is growing evidence for the risks from BBV's associated with sharing of 'crack pipes' along with the respiratory risks of inhaling materials when using home-made devices. Our specialist NSP's have been providing safer inhalation devices to clients throughout this year.

With growing evidence of drug contamination and risk of overdose from synthetic opioids we have been issuing self-testing kits, which allows our clients to test their drugs before taking it to see if they contain high strength opioids such as Nitazines and Fentanyl.

Recognising our hard to reach populations, especially homeless, people selling sex and rural areas, in NE Lincs we have been providing an outreach service where staff members can go to high risk areas and provide screening, NSP, self-testing kits and naloxone.

In 24/25 North Lincs service declared Micro-Elimination of Hep C, the first service in our ODN area. North East Lincs are predicted to Micro-Eliminate early in 25/26.

2.7.4 Objectives for 25/26

There have been issues across North East Lincolnshire with reinfections of Hepatitis C following treatment, usually linked to a small number of individuals sharing injecting equipment.

Our plan is to increase access to NSP through provision with more outreach and across more satellite sites.

3. Surveillance Arrangements

a. UKHSA provides a quarterly report to the Health Protection Board containing epidemiological information on cases and outbreaks of communicable diseases of public health importance at local authority level.

b. Surveillance arrangements cover all relevant pathogens and hazards.

c. Fortnightly bulletins are produced throughout the winter months, providing surveillance information on influenza and influenza-like illness and infectious intestinal disease activity, including norovirus.

d. The UKHSA Dashboard is available at UKHSA data dashboard and shares public health data to inform public health decision making in England. Data is categorized into:

   i. Outbreaks (e.g. Mpox),
   ii. Respiratory viruses (e.g. influenza and RSV),
   iii. Antimicrobial resistance (e.g. gentamycin resistance in E. Coli),
   iv. Healthcare associated infections (HCAI) (e.g. E. coli, C. difficile),
   v. Syndromic surveillance (e.g. lower respiratory tract infections)
   vi. Weather and climate risks,
   vii. Vectors and vector-borne disease (e.g. ticks)
   viii. Streptococcal infections (e.g. Scarlett fever)
   ix. Blood-borne viruses (e.g. Hepatitis C)
   x. Vaccine-preventable diseases (e.g. Measles)
   xi. Environmental hazards (e.g. Lead exposure)

The data is regularly updated but the exact frequency depends on individual categories and the data available within them. Data is provided at National level.

4. Screening programmes

The following section provides an overview of each screening programme and includes provider information and care pathway design/model. Information is provided by benchmarking performance where possible and reviewing trends of performance over time. Many screening programmes are delivered at regional level, and so individual performance statistics for Northern Lincolnshire cannot be isolated. Challenges, progress against agreed objectives and workstreams/targets for the future are also identified.

4.1 Abdominal Aortic Aneurysm Screening

Service Overview

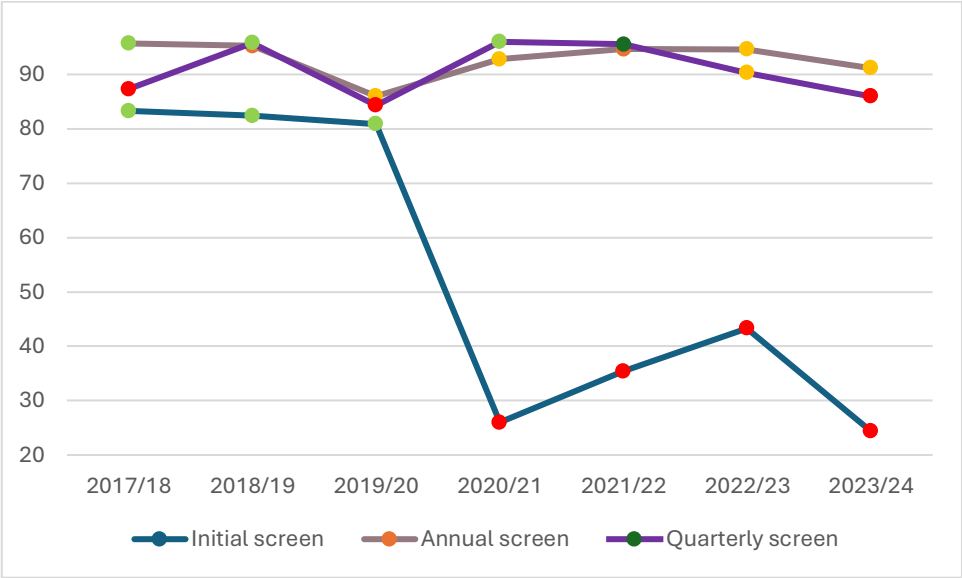
The aim of the Abdominal Aortic Aneurysm (AAA) screening programme is to reduce AAA-related mortality in service users who are eligible by detecting aneurysms at an early stage. Ensuring appropriate surveillance and referral to vascular services if required is imperative to improve the health outcomes for men with abdominal aortic aneurysms.
Men are invited for screening in the year they turn 65 years of age, and it is recommended for anyone assigned male at birth. The AAA screening is conducted once, unless an aneurysm is identified.

The Abdominal Aortic Aneurysm (AAA) Screening Programme is delivered by the North Yorkshire and Humber AAA Screening Programme, based in the vascular department of Hull Royal Infirmary.

Performance

KPIs for AAA screening are measured quarterly and recorded in the Local Authority Assurance Screening Dashboard.
KPIs for AAA screening include initial screening (accepted threshold 56, achievable threshold 64), annual surveillance screening (accepted threshold 85, achievable threshold 95) and quarterly surveillance screening (accepted threshold 90, achievable threshold 95).
The graph below demonstrates achievement against these targets for the North Yorkshire and Humber region from 2017 to 2024. Data is provided by quarter with cumulative data collected, therefore Q4 data is displayed in the graph below. The markers of each demonstrate attainment by red for below threshold, amber for within threshold and green for above threshold.
The graphs shows that coverage of initial screening has remained below threshold since 2020/21, as coverage fell considerably due to the lockdown of services associated with Covid-19. However, the most recent data remains at around 25%, showing that little progress has been made to increase coverage since that time.
Coverage of both the annual and quarterly surveillance screen has remained much higher, however has also been within or below threshold, particularly for quarterly screening.

Chart 6 – AAA screening achievement trends from 2017/18 to 2023/24



Progress

The AAA North Yorkshire and Humber screening service reports that it has made good progress with backlogs in screening cohorts and is now on track for 2025/26.

Appointment waiting times for vascular surgery input has been a concern but remains under review, in partnership with the specialised commissioning team of the ICB.

An open day event was held to increase awareness of AAA screening in men over 65 and is currently being evaluated. It is hoped that events such as this will increase uptake in the future.

A period of recruitment to the service has now been completed and additional staff have been appointed.

4.2 Antenatal and Newborn (ANNB) Screening

Service Overview

Antenatal and newborn (ANNB) screening covers tests conducted in pregnancy and after birth for infectious diseases, inherited/genetic conditions and hearing. Antenatal tests include those for antenatal infections such as HIV, Hepatitis B, and Syphilis, but the newborn blood spot test (formerly known as the heel prick test) also tests for the following 9 conditions:

1. Cystic fibrosis (CF)
2. Sickle cell disease (SCD)
3. Congenital hypothyroidism (CHT)
4. Phenylketonuria (PKU)
5. Medium chain acyl-CoA dehydrogenase deficiency (MCADD)
6. Maple syrup urine disease (MSUD)
7. Isovaleric acidaemia (IVA)
8. Glutaric aciduria type 1 (GA1)
9. Homocystinuria (HCU)

Antenatal tests are conducted as early into pregnancy as possible, but blood spot testing usually occurs around day 5 after birth.

KPIs are provided for the following aspects of antenatal and newborn screening:

- Fetal anomaly screening
- Infectious disease screening
- Newborn blood spot screening
- Newborn hearing screening
- Newborn physical examination
- Antenatal sickle cell and thalassaemia screening

Performance

Thresholds are set for each KPI by NHSE. The tables below show achievement for NEL and NL against these and are marked green for above threshold, amber for within threshold and red for below threshold. It is worth noting that whilst data on the Local Authority Assurance Dashboard (this data source) is provided at local authority level, data is actually provided by providers, hence NL has the same data as NEL for NLAG, but different data at sub-ICB and hospital level. NL also has a greater number of providers and therefore shows the same KPIs for Hull University Teaching Hospital (HUTH) as well as NLAG. The tables below show data for NL and NEL for quarters 1, 2 and 3 2023/24 (this is the most recent published data available) as an average across the period for ease of reference and a snapshot of performance against thresholds.

Table 6 – ANNB screening achievement for 2023/24 in North East Lincolnshire

ANNB KPI Description	Provider	Lower threshold %	Upper threshold %	Average for Q1,2,3 2023/24 &
Fetal anomaly screening - coverage of ultrasound	NLAG	90	95	98.7
Fetal anomaly screening - inadequate samples for T21/T18/T13	NLAG	5	N/A	6.2
Antenatal infectious disease screening - HIV coverage	NLAG	95	99	99.7
Antenatal infectious disease screening - hepatitis B coverage	NLAG	95	99	99.7
Antenatal infectious disease screening - syphilis coverage	NLAG	95	99	99.7
Newborn blood spot screening - coverage (CCG responsibility at birth)	NHS North East Lincolnshire (Sub ICB Location)	95	99	96.1
Newborn blood spot screening - avoidable repeat tests	NLAG	2	1	3.2
Newborn blood spot screening - coverage of movers in	NHS North East Lincolnshire (Sub ICB Location)	95	99	53.9
Newborn hearing screening - coverage	Grimsby	98	99.5	99.2
Newborn hearing screening - timeliness from screening outcome to attendance at an audiological assessment appointment	Grimsby	90	95	80
Newborn and infant physical examination - coverage (newborn)	NLAG	95	99.5	97
Newborn and infant physical examination - timeliness of ultrasound scan of the hips for developmental dysplasia	NLAG	90	95	81.9
Antenatal sickle cell and thalassaemia screening - coverage	NLAG	95	99	99.7
Antenatal sickle cell and thalassaemia screening - timeliness of test	NLAG	50	75	77.3
Antenatal sickle cell and thalassaemia screening - completion of FOQ	NLAG	95	99	98.1

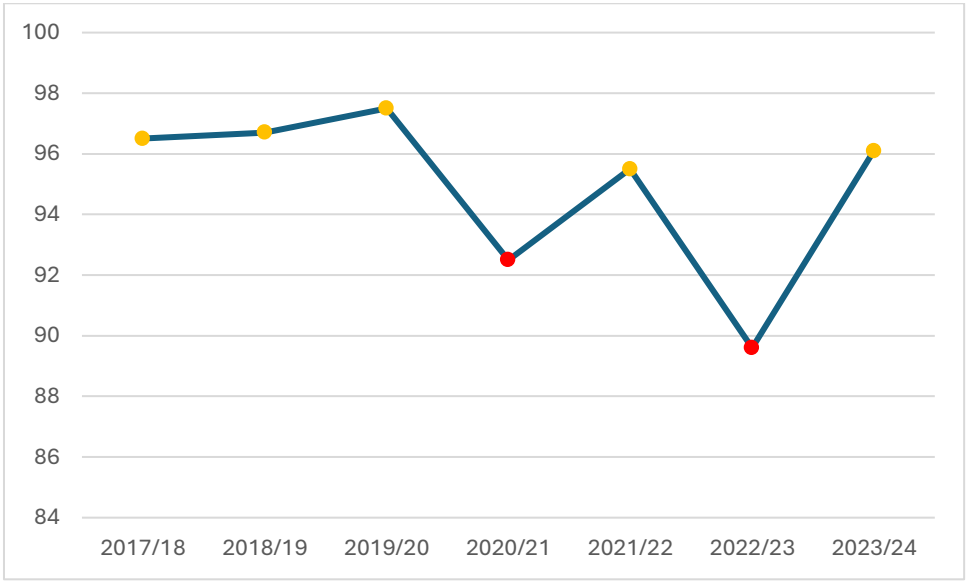
Table 7 – ANNB screening achievement for 2023/24 in North Lincolnshire

ANNB KPI Description	Provider	Lower threshold %	Upper threshold %	Average for Q1,2,3 2023/24 &
Fetal anomaly screening - coverage of ultrasound	HUTH	90	95	99.8
Fetal anomaly screening - coverage of ultrasound	NLAG	90	95	98.7
Fetal anomaly screening - inadequate samples for T21/T18/T13	HUTH	5	N/A	3.1
Fetal anomaly screening - inadequate samples for T21/T18/T13	NLAG	5	N/A	6.2
Antenatal infectious disease screening - HIV coverage	HUTH	95	99	99.8
Antenatal infectious disease screening - HIV coverage	NLAG	95	99	99.7
Antenatal infectious disease screening - hepatitis B coverage	HUTH	95	99	99.8
Antenatal infectious disease screening - hepatitis B coverage	NLAG	95	99	99.7
Antenatal infectious disease screening - syphilis coverage	HUTH	95	99	99.8
Antenatal infectious disease screening - syphilis coverage	NLAG	95	99	99.7
Newborn blood spot screening - coverage (CCG responsibility at birth)	NHS North Lincolnshire (Sub ICB Location)	95	99	96.7
Newborn blood spot screening - avoidable repeat tests	HUTH	2	1	2.1
Newborn blood spot screening - avoidable repeat tests	NLAG	2	1	3.2
Newborn blood spot screening - coverage of movers in	NHS North Lincolnshire (Sub ICB Location)	95	99	49.8
Newborn hearing screening - coverage	Scunthorpe	98	99.5	97.9
Newborn hearing screening - timeliness from screening outcome to attendance at an audiological assessment appointment	Scunthorpe	90	95	94.4
Newborn and infant physical examination - coverage (newborn)	HUTH	95	99.5	95.4
Newborn and infant physical examination - coverage (newborn)	NLAG	95	99.5	97
Newborn and infant physical examination - timeliness of ultrasound scan of the hips for developmental dysplasia	HUTH	90	95	71.2
Newborn and infant physical examination - timeliness of ultrasound scan of the hips for developmental dysplasia	NLAG	90	95	81.9
Antenatal sickle cell and thalassaemia screening - coverage	HUTH	95	99	99.8
Antenatal sickle cell and thalassaemia screening - coverage	NLAG	95	99	99.7
Antenatal sickle cell and thalassaemia screening - timeliness of test	HUTH	50	75	67.7
Antenatal sickle cell and thalassaemia screening - timeliness of test	NLAG	50	75	77.3
Antenatal sickle cell and thalassaemia screening - completion of FOQ	HUTH	95	99	100
Antenatal sickle cell and thalassaemia screening - completion of FOQ	NLAG	95	99	98.1

Antenatal infectious disease screening has a target threshold of 95 – 99%. Throughout the period of quarter 1 2017/18 to quarter 3 2023/24, performance has maintained over 99% achievement for all 3 infectious diseases.

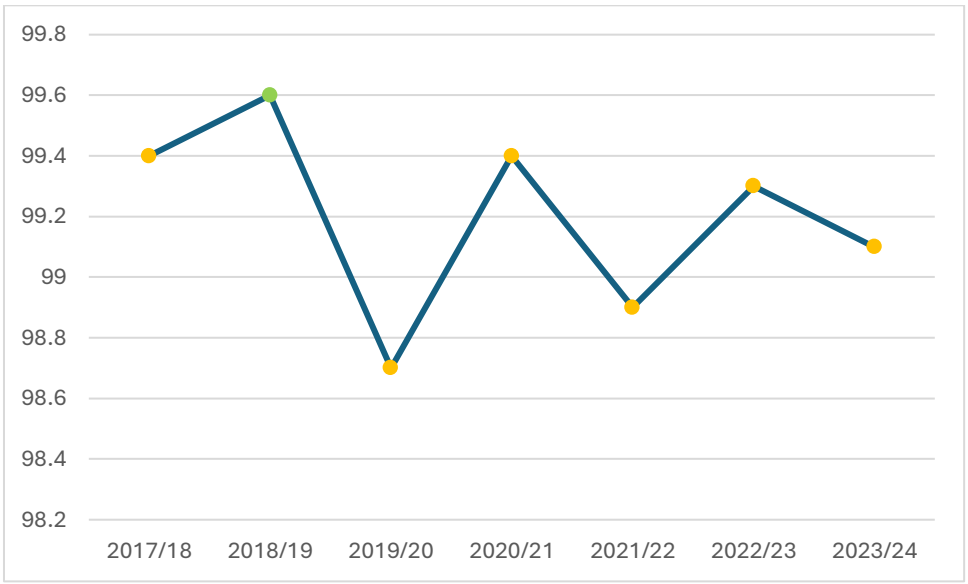
As can be seen from the graph below, newborn bloodspot coverage has remained consistently below the achievable threshold of 99%, but most recent data demonstrates an upward trend in coverage.

Chart 7 – Newborn blood spot screening trends – coverage



Newborn hearing screening coverage has thresholds of 98 to 99.5%. The graph below shows achievement from 2017/18 to quarter 3, 2023/24:

Chart 8 – Newborn hearing screening coverage trends



4.3 Diabetic Eye Screening

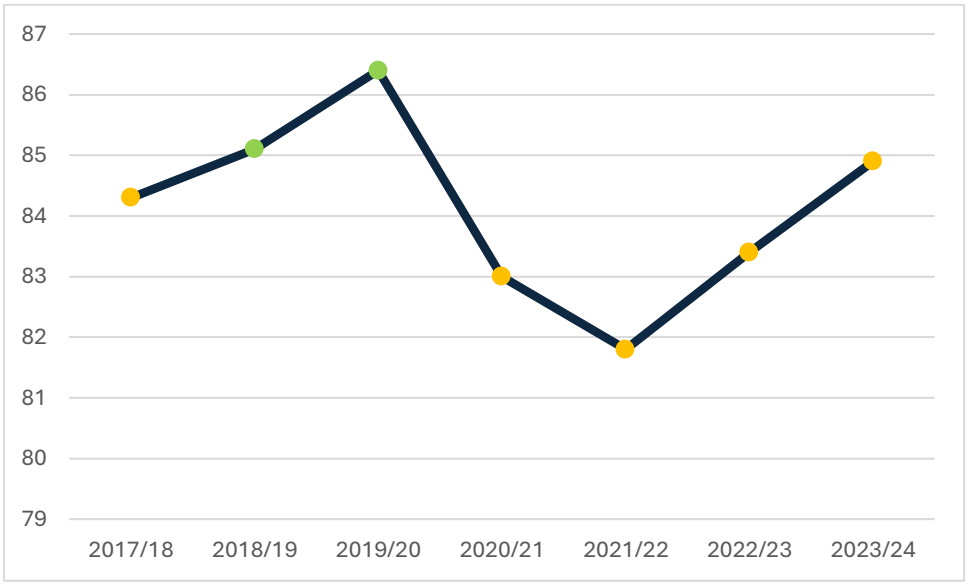
Service Overview

The Diabetic Eye Screening Programme (DESP) covers all individuals aged 12 years and over with a diagnosis of diabetes (type 1 and 2) and pregnant women diagnosed with diabetes during pregnancy. The aim being to identify, refer and where appropriate treat sight-threatening disease, occurring because of their diabetes. Individuals (other than pregnant women, who are referred directly by the maternity provider, or GP) are identified from the GP register and automatically referred to the screening programme, provided by the Humber Diabetic Eye Screening Programme. Following initial routine digital screening, individuals are either returned to routine screening, put under enhanced surveillance, or referred to hospital eye services (HES) for assessment.

Performance

Diabetic eye screening is measured on two KPIs, uptake of routine digital eye screening tests and the time taken for results to be issued (target being within 3 weeks of routine digital screening). Available data is provided at service provider level, therefore data is given for the Humber region, with no further breakdown to local authority level available. Available data is provided up to Q3 2023/24. Mean annual values have been calculated from data provided at quarterly level. (LA Assurance S7a Dashboard - Vaccinations and Screening - FutureNHS Collaboration Platform)

Chart 9 – Diabetic eye screening uptake in the Humber region



The graph demonstrates that uptake is not yet as high as pre-covid levels, however, has remained above the achievable threshold of 75%, but often below the accepted threshold of 85%. Data shows that results are issued within 3 weeks consistently above both the acceptable threshold of 70% and achievable threshold of 95%.

Progress

In October 2023, in line with nationally policy, the programme successfully implemented extended screening intervals for patients with no detectable /referrable disease in their last two screens. This change, which has been supported by communications from the central NHS England team and Diabetes UK, means that these patients will be invited for routine screening every 24 months, as opposed to the previous 12 months. Individuals with any level of disease will remain on the current 12-month recall pathway.

Humber DESP is in the process of rolling out optical coherence tomography (OCT) which requires the purchase of specialised cameras to assess maculopathy in higher risk patients and has been awarded additional funding for additional staff recruitment which is underway.

4.4 Cervical Screening

Service Overview:

Cervical screening aims at checking the health of the cervix and is offered to women and people with a cervix aged between 25 to 64 years every three or five years depending on age.

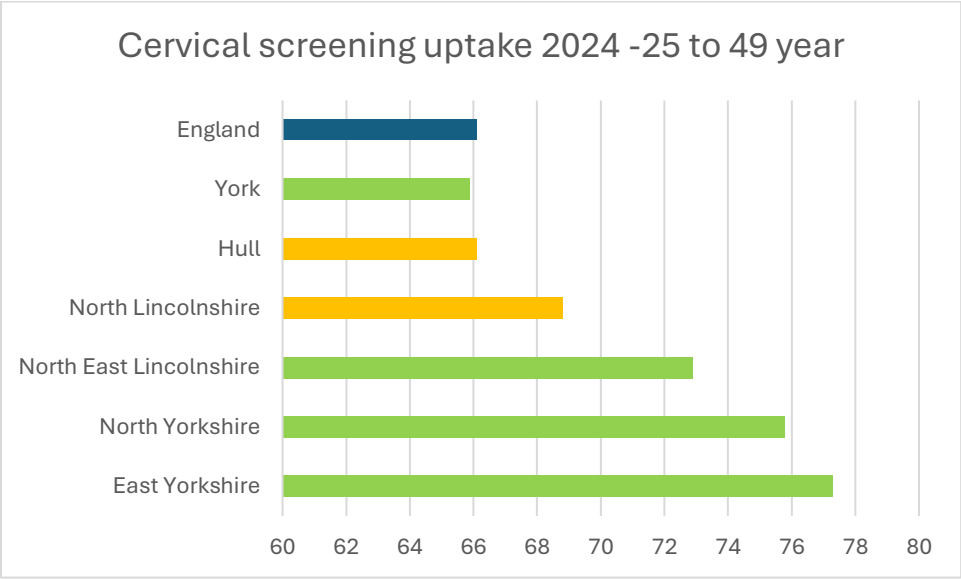
There are three main components of the cervical programme. These include the cervical sample (often referred as the 'smear'), testing/analysis in the laboratory and, if required, colposcopy, delivered by Northern Lincolnshire and Goole NHS Foundation Trust. Whilst cervical screening is mostly undertaken in primary care (GP practice), it may also be accessed via Integrated Sexual Health Services, on an opportunistic basis. In the event of an individual requiring further tests/assessment, they are referred directly by the lab to the colposcopy unit for follow up.

Progress:

All practices in Northern Lincolnshire continue to offer routine cervical screening, and additionally via enhanced/extended hours, providing screening during evenings and on weekends to increase uptake.

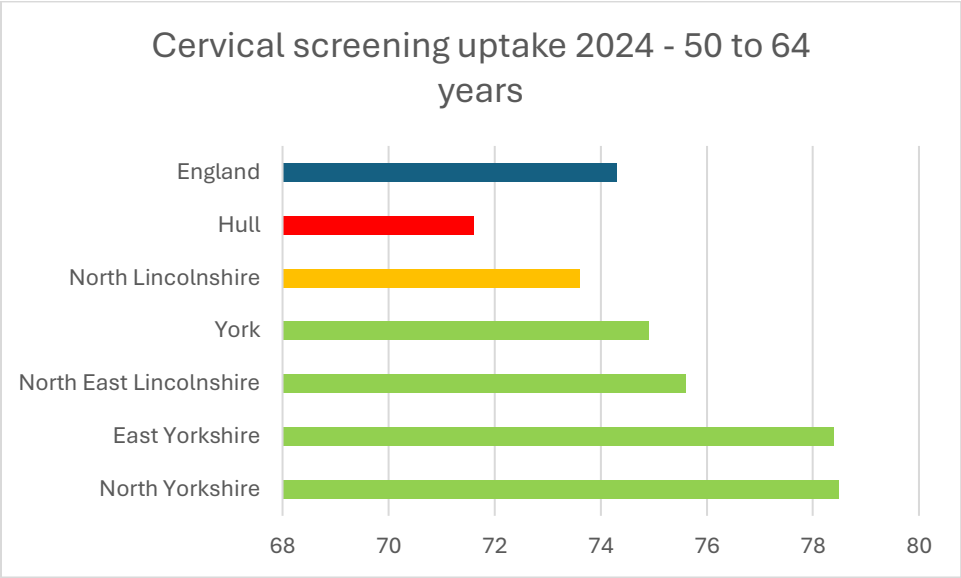
The graph below demonstrates cervical screening uptake in 2024 in 25 to 49 year olds for Northern Lincolnshire and our surrounding neighbours. Uptake is statistically higher than that of England in North East Lincolnshire (green) and statistically similar in North Lincolnshire (amber)

Chart 10 – Cervical screening (25 to 49 year olds) uptake 2024



The graph below demonstrates cervical screening uptake in 2024 in 50 to 64 years old. Uptake is statistically higher than that of England for North East Lincolnshire (green) and statistically similar in North Lincolnshire (amber). However, overall uptake is higher in the 50 to 64 years old cohort which is consistent with our neighbouring regions.

Chart 11 – Cervical screening (50 to 64 year olds) uptake 2024



The following graphs show the trend of cervical screening uptake for 25 to 49 year olds from 2010 to 2024. It can be seen that for both North and North East Lincolnshire, the trend is in line with the England average, with uptake falling over the reporting period, but with overall uptake remaining above that of the England average.

Chart 12 – Cervical screening (25 to 49 year olds) uptake trends in Northern Lincolnshire

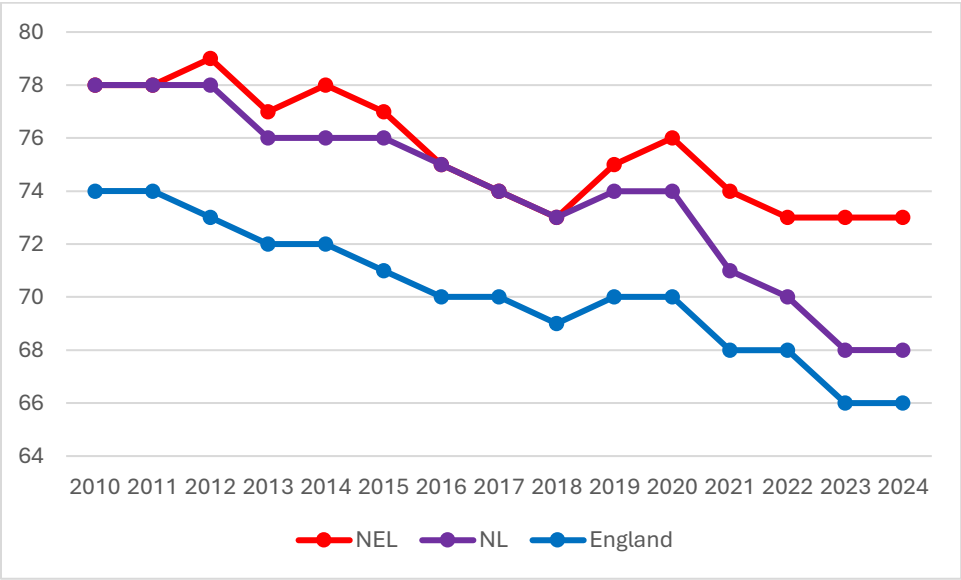
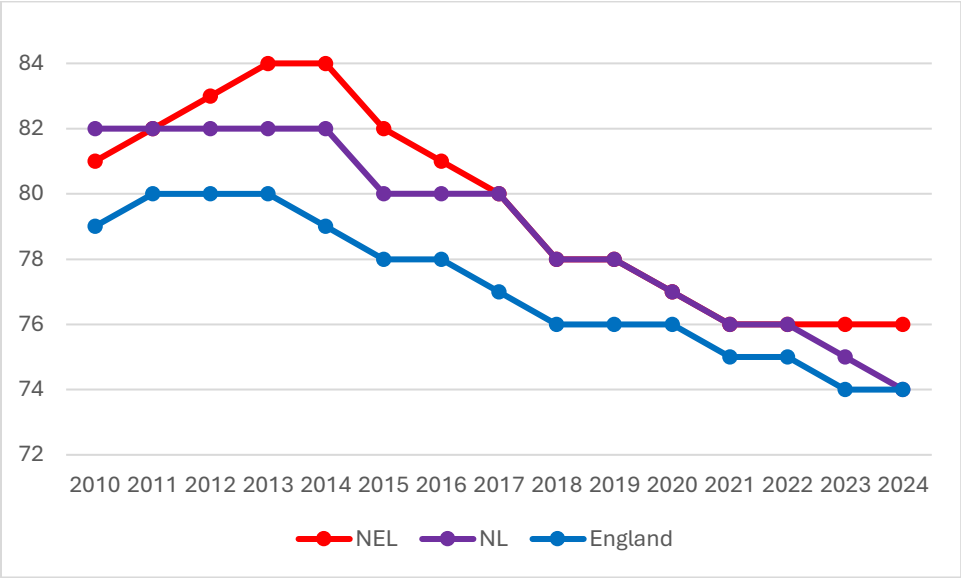


Chart 13 – Cervical screening (50 to 64 year olds) uptake trends in Northern Lincolnshire



Progress

On November 2023 the NHS outlined its ambition to eliminate cervical cancer by 2040. This ambition is directly linked to Human Papillomavirus (HPV) vaccination uptake and efforts to increase it both nationally and at local level. The ambition involved the development of an Elimination Plan, published in March 2025. This includes the following main objectives:

- Increasing access
- Raising awareness
- Reducing inequalities
- Improving digital capabilities
- Strengthening workforce capacity

HPV self-sampling for under screened populations is being considered as an option for non-engagers (currently under scrutiny with UK National Screening Committee) which is expected to increase awareness and uptake of HPV screening.

From 1st July 2025, the NHS Cervical Screening Programme has implemented extended screening intervals for participants aged 25 to 49 who test hrHPV negative at their routine screen, changing from every 3 years to every 5 years as standard (unless previously screened positive in the previous 5 years).

The Cervical Screening Administration Services (CSAS) began a phased transition to a fully digital system in May 2025, improving the digital capabilities of all aspects of the patient journey, from recall to results. The roll-out of digital invitations began on the 1st May using NHS App messaging and SMS texting in an effort to make screening invitations quicker, more convenient and more cost-effective.

Local progress includes a number of initiatives and development which contribute to the national elimination plan.

Northern Lincolnshire Integrated sexual health services are continuing to develop service offers for marginalised groups in low uptake areas, including walk in and wait cervical screening appointments.

The ‘Let’s Talk’ cervical screening media campaign ran throughout January 2025 as part of cervical cancer awareness month. This was a partnership campaign between the Cancer Alliance, ICB and NHSE, with focus on increasing awareness in geographical areas of lower uptake. Promotional campaign materials included posters, leaflets and digital assets which include YouTube videos on what to expect at the screening appointment.

Cancer Alliance and NHSE have also supported Northern Lincolnshire GPs in a call script initiative to contact patients who have not taken up the offer of cervical screening.

Cervical screening awareness week ran from 16th June to 24th June 2025 which focused on the education of the population as to the importance of regular screening in women.

4.5 Bowel Screening

Service Overview

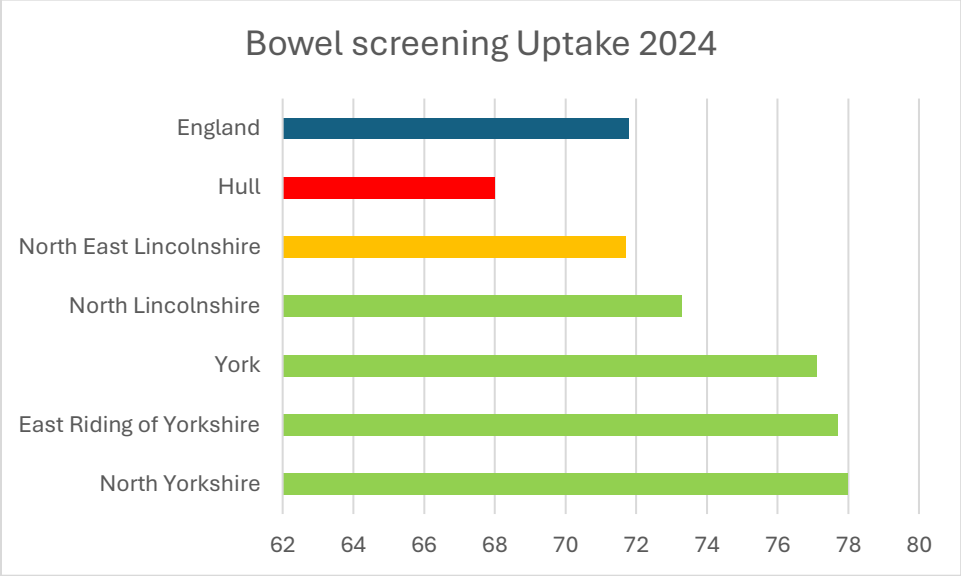
Bowel cancer screening supports early detection of cancer and polyps which are not cancers but may develop into cancers overtime. About one in 20 people in the UK will develop bowel cancer during their lifetime. This indicator provides an opportunity to incentivise screening promotion and other local initiatives to increase coverage of bowel cancer screening. Improvements in coverage would mean more bowel cancers are detected at earlier, more treatable stages, and more polyps are detected and removed, reducing the risk of bowel cancer developing. (Fingertips | Department of Health and Social Care)

The screening is offered to everyone aged 54 to 74 years of age, every 2 years who is registered with a GP and resides in England. Individuals receive a faecal immunochemical test (FIT) through the post to their home address. Testing involves collecting a small sample of stool in the sample pot provided. The sample is then tested for the presence of blood by the laboratory. Results are provided to the individual and GP Practice, usually within 2 weeks of the test.
Bowel cancer screening for the population of Northern Lincolnshire is coordinated by the Humber and Yorkshire Bowel Cancer Screening Service, in partnership with North Lincolnshire and Goole NHS Foundation Trust (NLAG). If a positive result is identified, patients are invited to an assessment clinic with a specialist screening practitioner which is a virtual or telephone appointment. If required, an appointment for a colonoscopy will be made. Colonoscopies look for polyps and bowel cancers and are offered at Scunthorpe General Hospital and Diana Princess of Wales Hospital in our area.

Performance

The table below shows the performance of Northern Lincolnshire against other authorities within the ICB area and the England average. Areas in red are statistically below national average, those in amber, statistically similar and those in green are statistically above.

Chart 14 – Bowel screening uptake in 2024

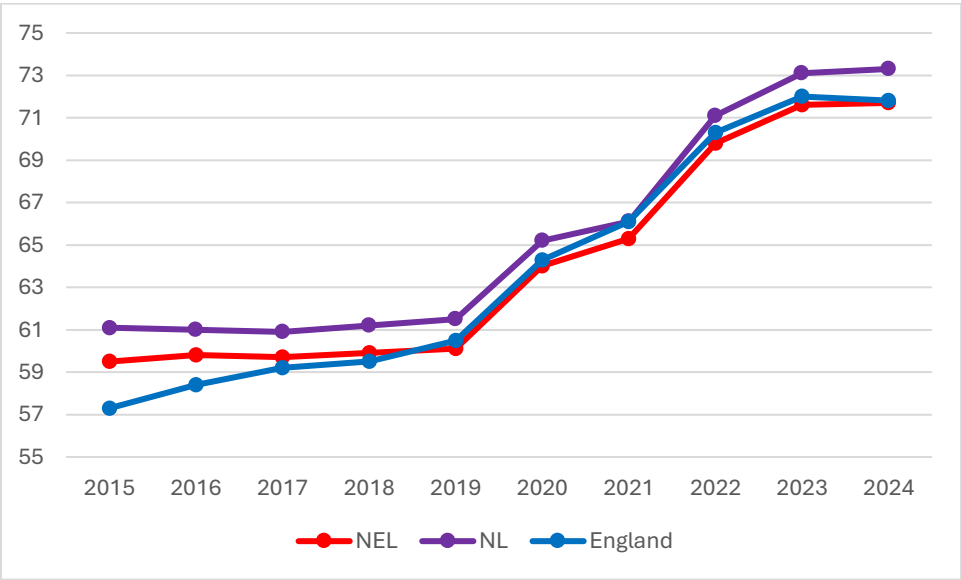


Fingertips | Department of Health and Social Care

It can be seen that North East Lincolnshire has lower uptake of bowel screening than North Lincolnshire, and that this is slightly lower than that of England. Collectively, Northern Lincolnshire has slightly higher uptake than the England average.

The graph below demonstrates the trends in bowel screening uptake % since 2015. It can be seen that uptake remains statistically similar to the England average since 2022 in North East Lincolnshire, but generally statistically better than the England average in North Lincolnshire but follows a similar trajectory to England in both regions.

Chart 15 – Bowel screening uptake trends in Northern Lincolnshire



Fingertips | Department of Health and Social Care

Progress

Across the Yorkshire and Humber region, a number of initiatives by the ICB and Cancer Alliance are taking place to promote bowel screening in target populations, however none are taking place in Northern Lincolnshire at present. A bus campaign has commenced in Leeds whereby advertising of the bowel screening campaign will appear on 47 bus rears for a period of 2 weeks. 'Go Racing – Yorkshire' have developed a campaign in partnership with the Cancer Alliance to promote bowel screening on race days, with a representative present to answer questions and signpost race goers to the service and to also promote screening via posters in the toilets across racecourses. It is hoped that any lessons learnt with regards to the level of success at these events can be applied locally at alternative venues, such as event venues, leisure centres and public meeting areas across Northern Lincolnshire.

A health equity audit for BCSP was undertaken and has identified geographical areas with lowest uptake. Resources are being focused on these areas. Areas within NEL have been identified as particularly low uptake and work continues with populations with no fixed abode and/or substance use issues and learning disabilities by engagement with GP Practices.

4.6 Breast Screening

Service Overview

Breast screening supports the early detection of cancer and is estimated to save 1,400 lives in England each year. Improvement in uptake of breast cancer screening would mean that more breast cancers are detected, and more are detected at an earlier, more treatable stage, improving survival rates.

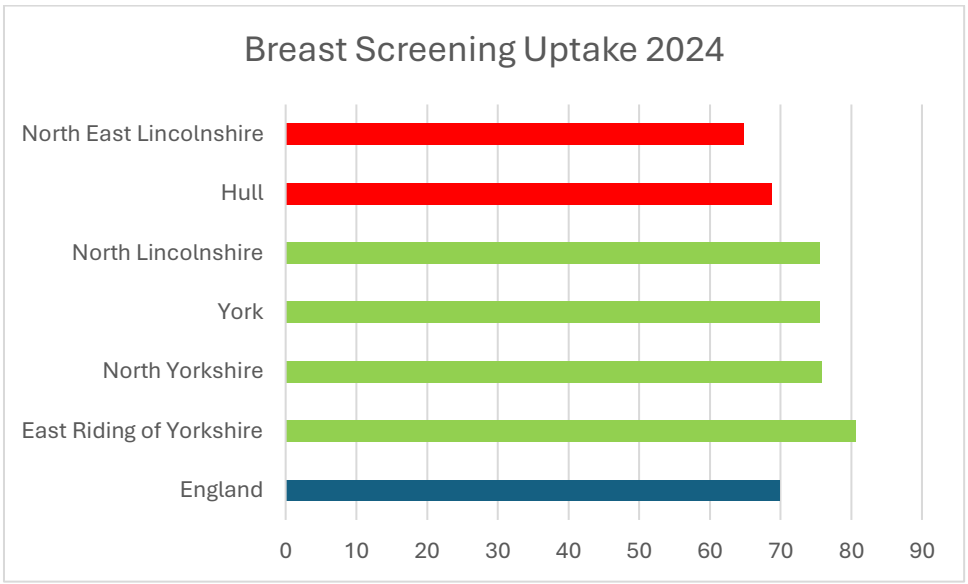
Woman are invited for screening from their 50th birthday, and every three years until their 71st birthday.

Screening takes place in mobile screening vans which locate around the area to increase ease of access for patients. This includes the Barton Tesco car park, Health Place in Brigg, St Hughs hospital in Grimsby, Freshney Place in Grimsby and Lakeside shopping centre in Scunthorpe. The screening service is provided by the Humber Health Partnership via the Humber Breast Screening Service.

Performance

The table below shows the performance of Northern Lincolnshire against neighbouring counties and the England average. Areas in red are statistically below the England average, those in green are above.

Chart 16 – Breast screening uptake in 2024



Fingertips | Department of Health and Social Care

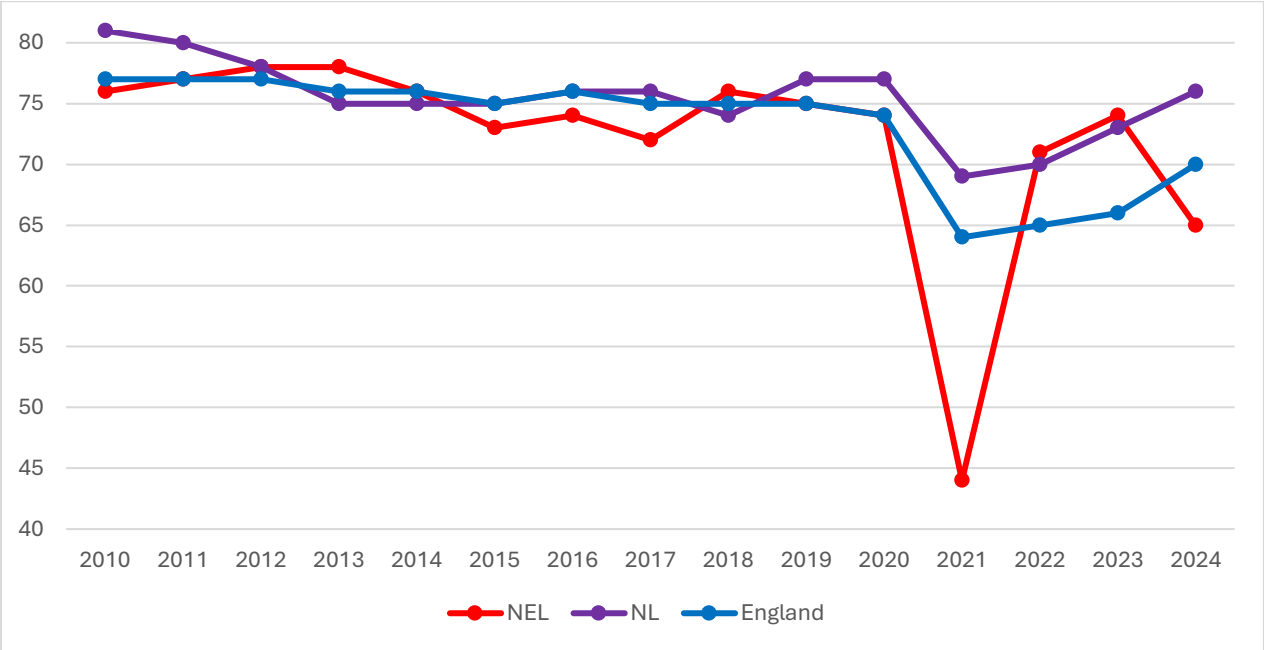
It can be seen that North East Lincolnshire has the poorest uptake amongst our neighbours and is significantly below the average uptake level for England.

Combined, Northern Lincolnshire has slightly higher uptake than that of England.

The two graphs below demonstrate trends in uptake since 2010. Whilst England averages have remained relatively stable, there was a significant drop in uptake in 2021 in North East

Lincolnshire. Whilst this could be partly attributed to effects of Covid-19, this was not reflected in North Lincolnshire and so could be a local anomaly or data quality issue. Recovery occurred within 2 years to above the uptake levels seen in 2020, however uptake has fallen significantly between 2022/23 and 2024, whilst the national uptake has continued to improve.
North Lincolnshire uptake has remained relatively stable and similar to that of the England average throughout the period.

Chart 17 – Breast screening uptake trends in Northern Lincolnshire



Progress

A media campaign was produced across East Yorkshire and Northern Lincolnshire to urge women to attend their breast screening appointments. This was part of breast screening awareness month (October), arranged by the Cancer Alliance with their #getintouchwithyourself campaign which ran throughout October. A toolkit was produced which included a media release, newsletter and bulletins, social media posts and downloadable multimedia assets. A giant board game to promote breast screening was also taken to awareness events across the region, including Scunthorpe. It was hoped that this immersive experience would identify barriers to screening and start conversations on its importance.
Attempts to tackle health inequalities continue with the Humber team focusing of text messaging reminders, the follow up of DNAs with the encouragement of re-booking. This work is undertaken in partnership with organisations which are currently supporting marginalised groups.
The team have also been working closely with Primary care colleagues regarding the eligible cohorts' invitations, promotion within the Surgery and with some Practices supporting uptake with targeting SMS messaging for awareness and reminders. Primary care has also been supporting the efforts to increase uptake in patients with learning disabilities and restricted mobility.
More recently the Cancer Alliance has raised concerns with uptake in women aged 50 to 52, with particularly low uptake identified in North East Lincolnshire. North East Lincolnshire Health

Protection team is therefore looking to conduct targeted research with this cohort to understand the reasons for low uptake via a survey to all non-attenders. Screening is due to begin in North East Lincolnshire shortly and it is hoped that targeting this specific cohort by understanding behaviours will allow uptake to improve.

5.Immunisation/Vaccination Programmes

5.1 General Service Overview

The uptake of vaccines, in the UK and around the world, has started to stall – and is in many cases declining. In 2020, one in five children worldwide was not fully vaccinated, with 1.5 million deaths annually from preventable disease. Global average vaccine coverage has stagnated over the last decade at around 86%. The WHO reports that vaccination rates plateaued in the decade prior to COVID-19. The pandemic itself, with associated disruptions to normal childhood vaccination schedules and the wider strain placed on family, economic, health and education systems saw further dramatic setbacks to vaccination uptake. Global data from 2023 show that vaccine uptake is now significantly lower compared to that of 2019. To achieve 'herd immunity' or 'community immunity', approximately 95% of the population usually need to be vaccinated against a disease to provide protection to vulnerable members of society who cannot be vaccinated such as newborns, the elderly, the immunosuppressed and those who are too unwell to be vaccinated. In the UK, data from 2023-2024 revealed that no antigen met the 95% vaccination target. Early data from 2024-25 indicate that, without concerted action, rates of vaccination look set to continue to decline.

Falling vaccination uptake is already resulting in a marked increase in levels of preventable diseases seen across the UK, bringing avoidable harm to an increasing number of babies, children and young people with a recorded rise in vaccine preventable infections including pertussis, measles and mumps (Vaccination Access in the UK: Access, uptake and equity, Royal College of Paediatrics and Child Health 2025).

5.2 General Improvement Plans for 2025/26

Northern Lincolnshire is working together in partnership with NHS England and has developed a Northern Lincolnshire Screening and Immunisation Strategy for 2025/26. The goal of the strategy is to reduce morbidity and mortality across Northern Lincolnshire by increasing screening and immunisation uptake and coverage, thereby reducing hospital admissions/episodes and death resulting from vaccine-preventable diseases and screen-detectable cancers.

There has been a steady decline in screening and immunisation uptake and coverage within certain populations across Northern Lincolnshire. Reversing these downward trends and addressing persistent inequalities and barriers to access are critical to protecting our population, particularly in those communities that are vulnerable and/or under-served.

Collaborative, system-wide action is essential to drive improvement and ensure equitable access to essential prevention programmes.

5.3 Maternal Immunisations

Service overview

The maternal Pertussis programme protects infants by boosting pertussis immunity in pregnant women, which enables the mother to transfer a high level of pertussis antibodies across the placenta to her unborn child. This has been shown to passively protect infants against pertussis from birth until they are due their first dose of primary immunisations at 8 weeks of age. The maternal antibodies will be naturally broken down by the infant in their first months of life.

Although most women will have been vaccinated or exposed to natural whooping cough in childhood, receiving a pertussis-containing vaccine from week 16 of their pregnancy will temporarily boost their antibody levels.

Whilst it is recommended that women are offered the vaccine between weeks 16 to 32 of pregnancy, usually around the time of the fetal anomaly scan (20 weeks), women may still be immunised after week 32 of pregnancy until delivery. However, this may not offer as high a level of passive protection to the baby, particularly if they are born pre-term. Pertussis (whooping cough) vaccination programme for pregnant women: information for healthcare practitioners - GOV.UK

Maternal pertussis vaccination is primarily delivered by Primary Care, although may be offered by midwifery services in some cases.

Pregnancy changes how the body responds to infections such as influenza. There is good evidence that pregnant women have a higher chance of developing complications if they get flu, particularly in the later stages of pregnancy.

Young babies also have a higher risk of getting seriously ill if they get flu. Having flu increases the chances of pregnant women and their babies needing intensive care.

One of the most common complications of flu is bronchitis, a chest infection that can become serious and develop into pneumonia. This can lead to premature births, low birthweights, stillbirths or maternal and neonate death. Women who have had a flu vaccine while pregnant also pass some protection on to their babies. This lasts for the first few months after they're born, when they're particularly at risk from flu.

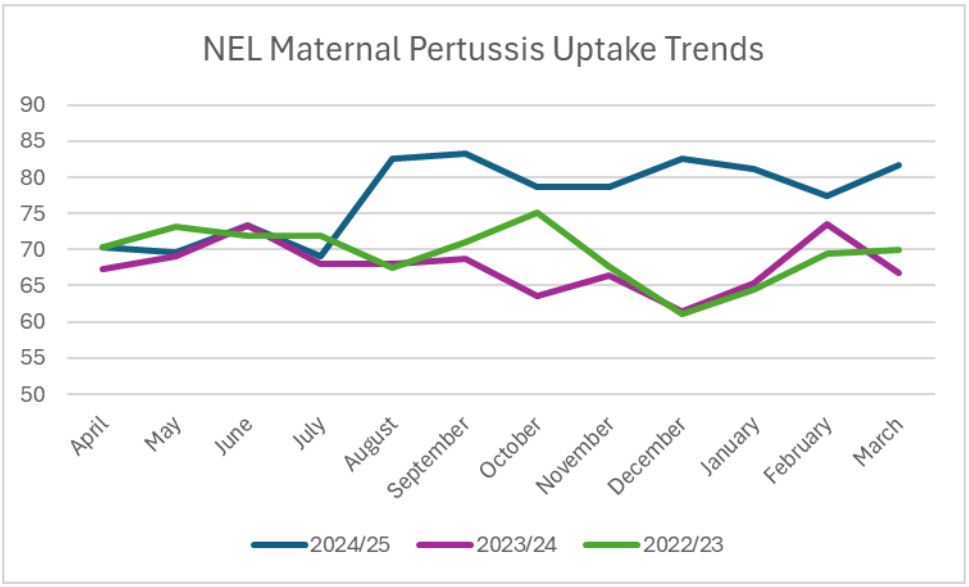
The flu vaccine is offered to all pregnant women as part of the flu vaccination programme (September to March) and is primarily delivered by Primary Care and participating pharmacies.

Performance

Data for maternal vaccination uptake is not available from the Department of Health data bank and so cannot be benchmarked against England and the Yorkshire and Humber region as in other vaccination schedules. Instead, trends of uptake in Northern Lincolnshire have been used to compare uptake.

Maternal Pertussis

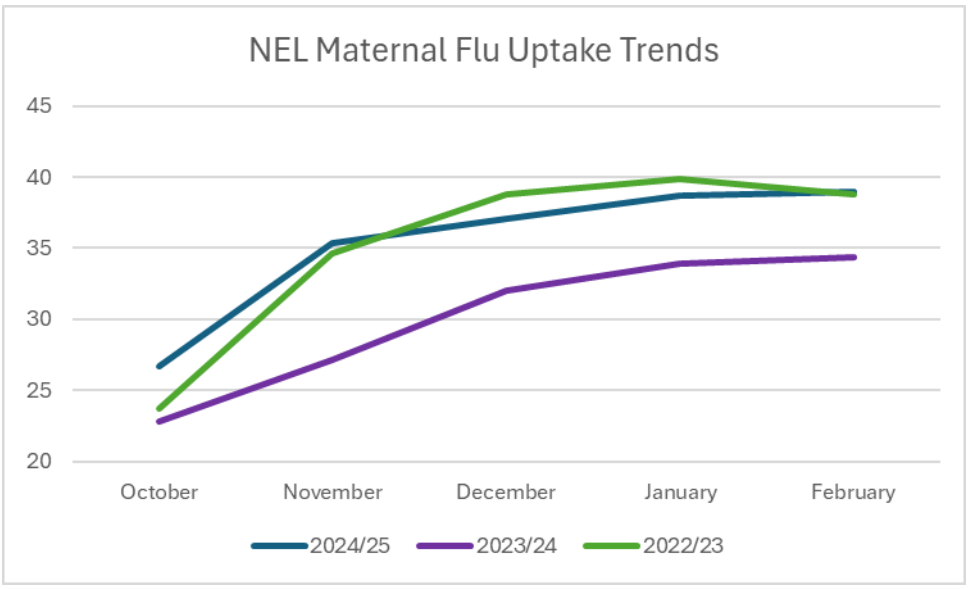
Chart 18 – Maternal pertussis uptake 2022 - 2025



Prenatal Pertussis Collections Home | ImmForm | UKHSA

Maternal Flu

Chart 19 – Maternal flu uptake 2022-2025



Flu Collections Home | ImmForm | UKHSA

Improvement plans

Whilst uptake for the maternal vaccinations in North East Lincolnshire remains above that for England as a whole for flu (39% compared to 35%[1]) and pertussis (78% compared to 65%[2]), maternal vaccination remains a priority area in the National Vaccination Strategy. To that end, local improvements plans have been developed for Northern Lincolnshire. These plans include the formation of a working group with key stakeholders (NHS England, Acute Trust, Maternity providers, infant feeding teams, family hubs, PCNs, ICB, health visitors etc) to understand perceptions to the maternal vaccination programme, identify barriers and address these at a local level.

5.4 Childhood Immunisations

Service overview

The childhood vaccination programme for 2024/25 was:

Table 8 – Routine childhood immunisation schedule 2024/25

8 weeks	6 in 1 – 1st dose
	Rotavirus – 1st dose
	Men B
12 weeks	6 in 1 – 2nd dose
	Pneumococcal
	Rotavirus – 2nd dose
16 weeks	6 in 1 – 3rd dose
	Men B – 2nd dose
1 year	HIB/Men C – 1st dose
	MMR – 1st dose
	Pneumococcal – 2nd dose
	Men B – 3rd dose
3 years and 4 months	MMR – 2nd dose
	4 in 1 – preschool booster

Vaccination is the most important thing we can do to protect ourselves and our children against ill health. They prevent millions of deaths worldwide every year. Since vaccines were introduced in the UK, diseases like smallpox, polio and tetanus that used to kill or disable millions of people are either gone or are now very rarely seen. However, if people stop having vaccines, it's possible for infectious diseases to quickly spread again.

[1] Seasonal influenza vaccine uptake in GP patients in England: winter season 2024 to 2025 - GOV.UK
[2] Prenatal pertussis vaccination coverage in England from January to March 2025, and annual coverage for 2024 to 2025 - GOV.UK

Nationally, childhood vaccination uptake has been falling, particularly since the Covid-19 pandemic of 2020. It is therefore imperative that Health Protection teams work with partner agencies to reverse this worrying trend.

Childhood vaccinations are generally provided by Primary Care in Northern Lincolnshire. GP Practices and PCNs offer specific and ad hoc appointments, in partnership with the Child Health Information Service, to identify, call and recall children when they become eligible for the various vaccinations.

Performance

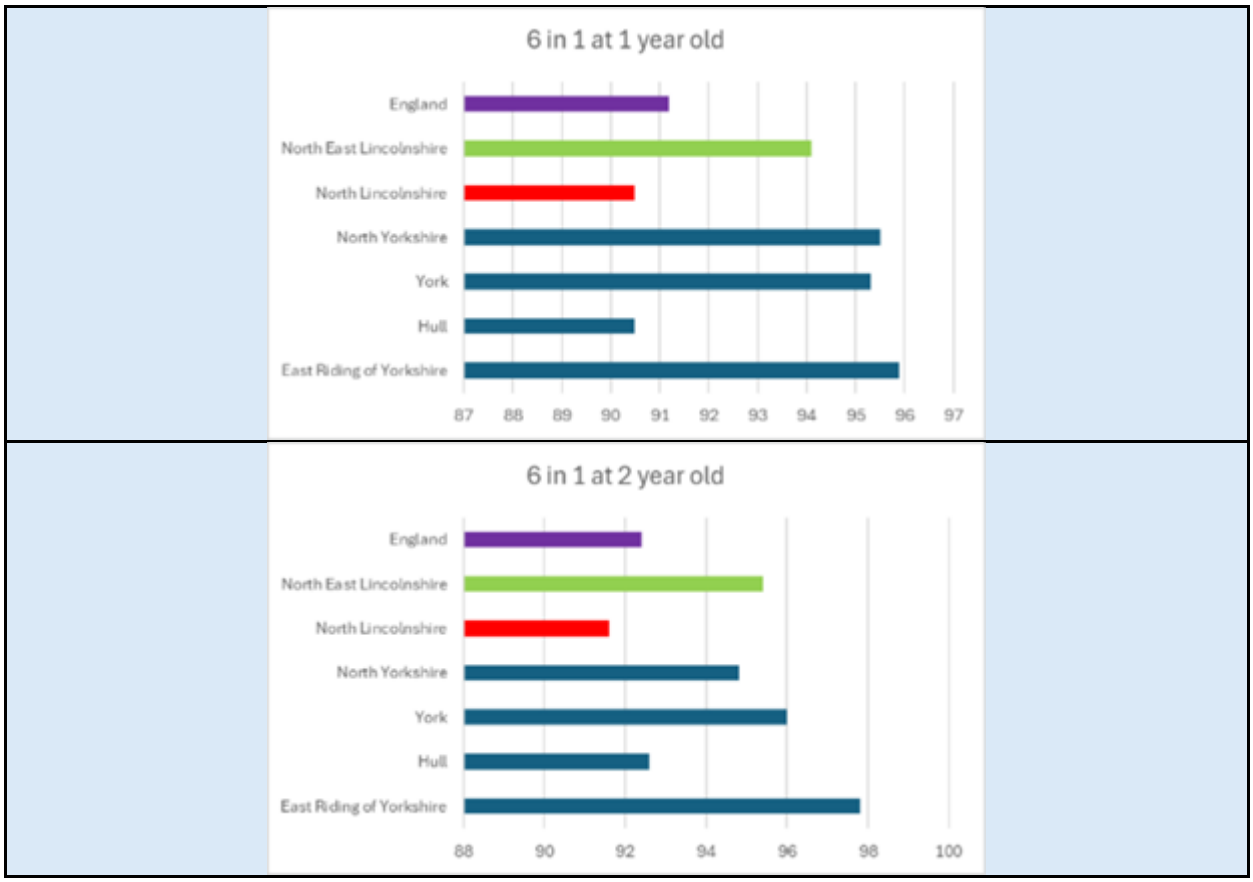
6 In 1

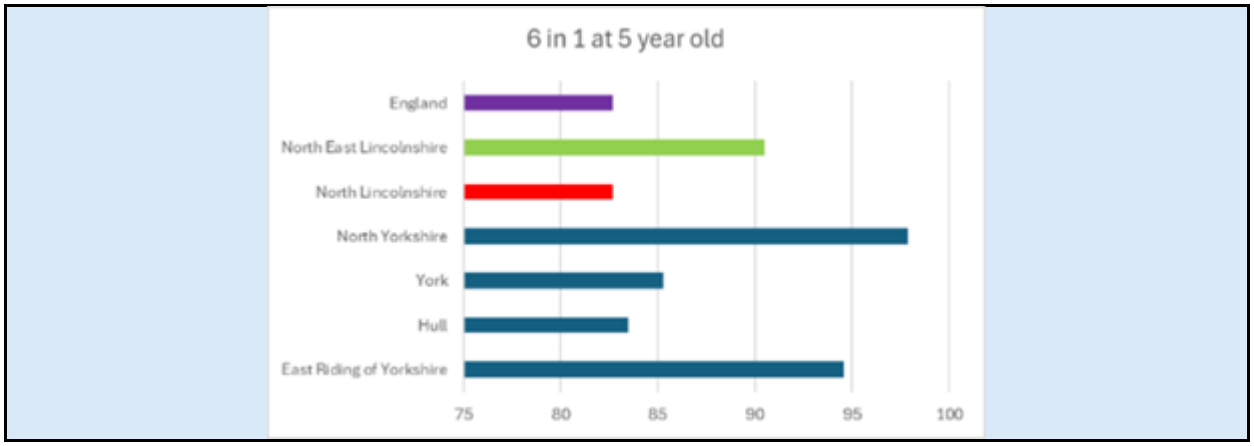
The combined DTaP IPV Hib HepB is the first in a course of vaccines offered to babies to protect them against diphtheria, pertussis (whooping cough), tetanus, Haemophilus influenzae type b (an important cause of childhood meningitis and pneumonia), polio (IPV is inactivated polio vaccine) and from 2019, Hepatitis B.

The 6 in 1 vaccine is offered when babies are two, three and four months old.

The data in the chart below shows the uptake of the 6 in 1 vaccine (3 doses) in 1 year olds, 2 year olds and 5 year olds in 2023/24 as a percentage of the eligible population, benchmarked against the mean uptake for England.

Chart 20 – 6 in 1 uptake 2023/24





Fingertips | Department of Health and Social Care

This chart demonstrates that whilst NEL is performing well in the region, North Lincolnshire remains below the England average for all three 6 in 1 doses. Significant differences in population demographics are not apparent between North and North East Lincolnshire and so the difference in uptake levels is not well understood.

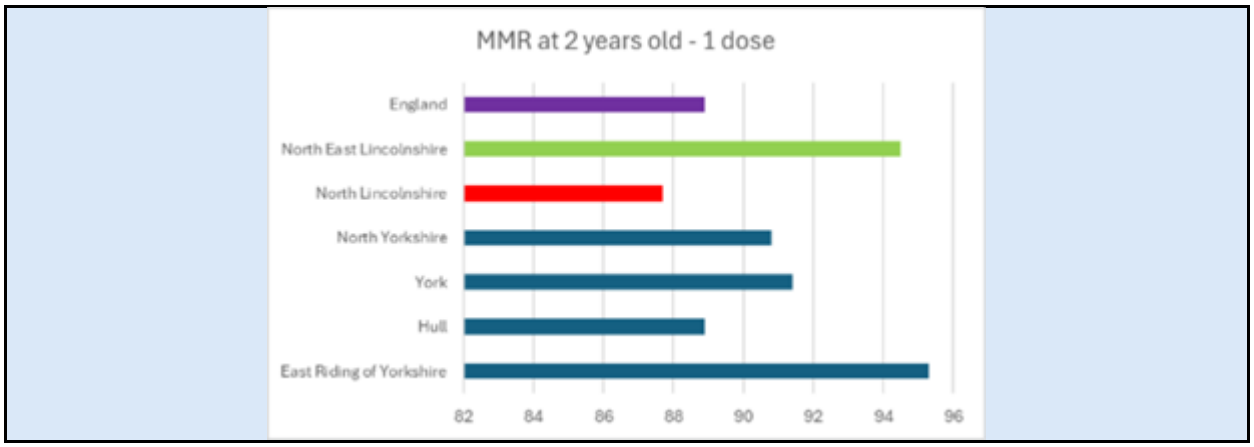
MMR

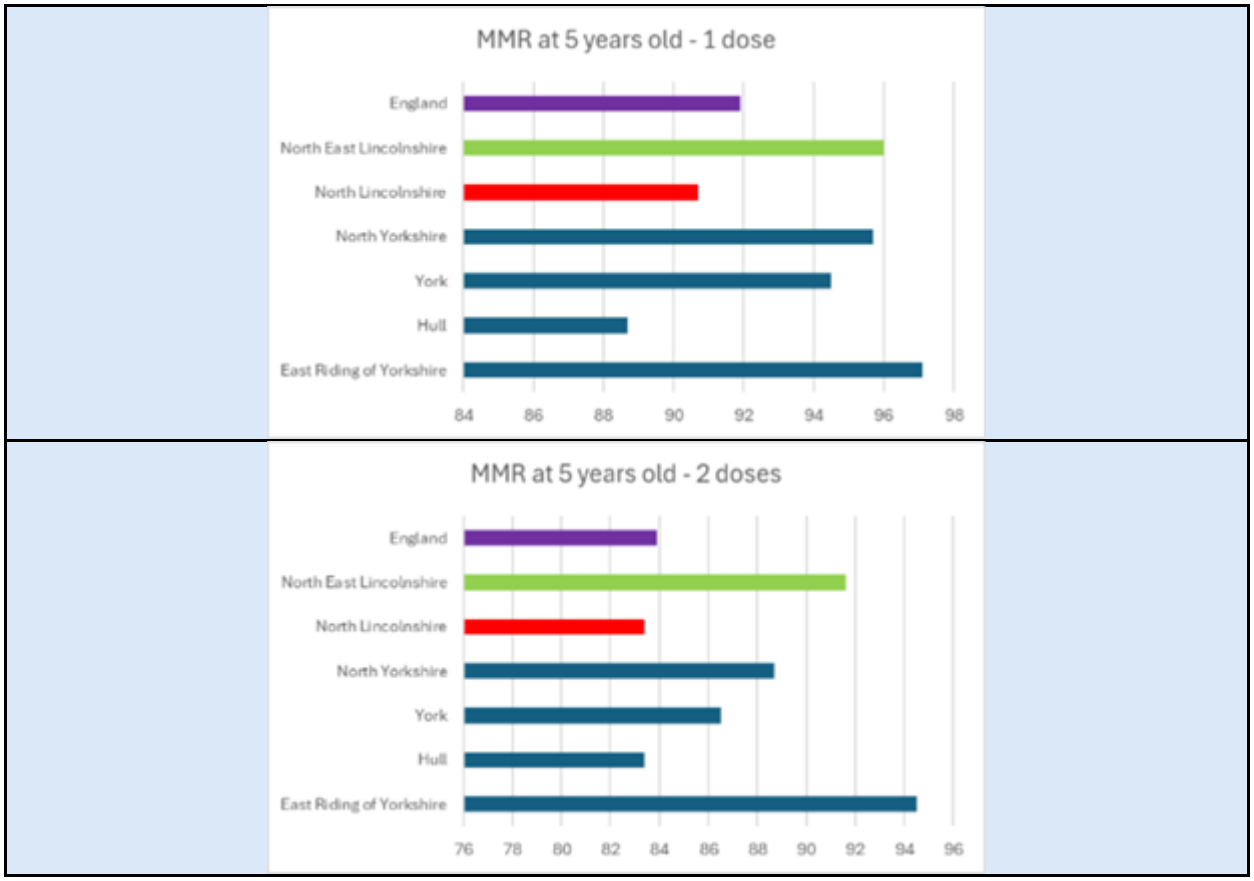
MMR is the combined vaccine that protects against measles, mumps and rubella. Measles, mumps and rubella are highly infectious, common conditions that can have serious complications, including meningitis, swelling of the brain (encephalitis) and deafness. They can also lead to complications in pregnancy that affect the unborn baby and can lead to miscarriage.

The first MMR vaccine is given to children as part of the routine vaccination schedule, usually within a month of their first birthday. They'll then have a booster dose before starting school, which is usually between three and five years of age.

The following chart demonstrates uptake as a percentage of the eligible population for MMR and provides data for 2 year olds who have had one dose, 5 year olds who have had one dose and 5 year olds who have had the full course (2 doses).

Chart 21 – MMR uptake 2023/24





Fingertips | Department of Health and Social Care

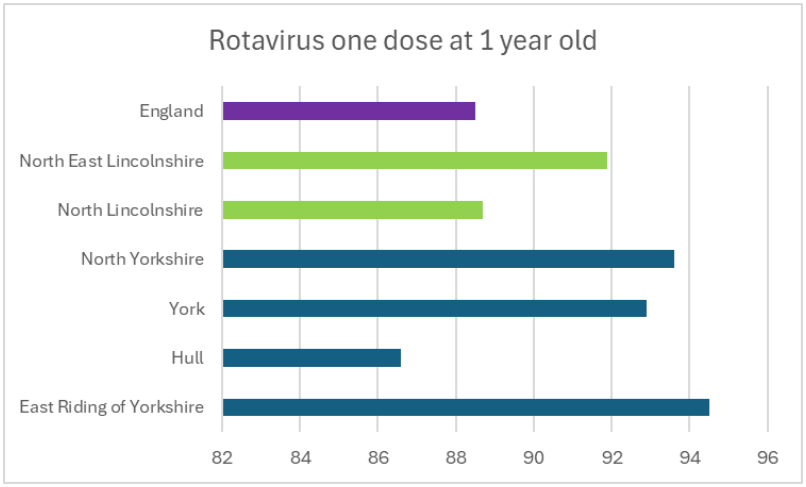
This chart shows a similar trend with MMR as with the 6 in 1, whereby North East Lincolnshire has higher uptake than the mean average for England, whereas North Lincolnshire uptake remains lower across all three cohorts. Again, differences in population are not pronounced, so further work to understand the differences in uptake is required.

Rotavirus

The rotavirus vaccine protects against gastroenteritis, a common cause of diarrhoea and vomiting. The vaccine was introduced into the routine childhood immunisation schedule in 2013 for babies at 8 and 12 weeks of age. Rotavirus spreads very easily and can cause serious illness in young children, primarily due to dehydration.

The following chart shows that uptake in Northern Lincolnshire exceeds the average uptake for England.

Chart 22 – Rotavirus uptake at 1 year of age (2023/24)



Fingertips | Department of Health and Social Care

Men B

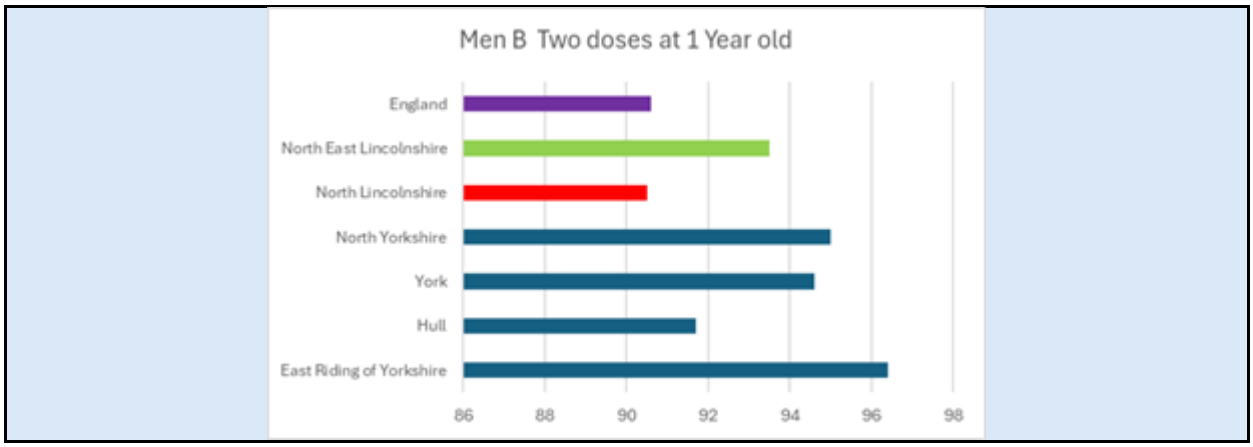
The Men B vaccine helps to protect children against bacterial infections caused by the meningococcal group B bacteria.

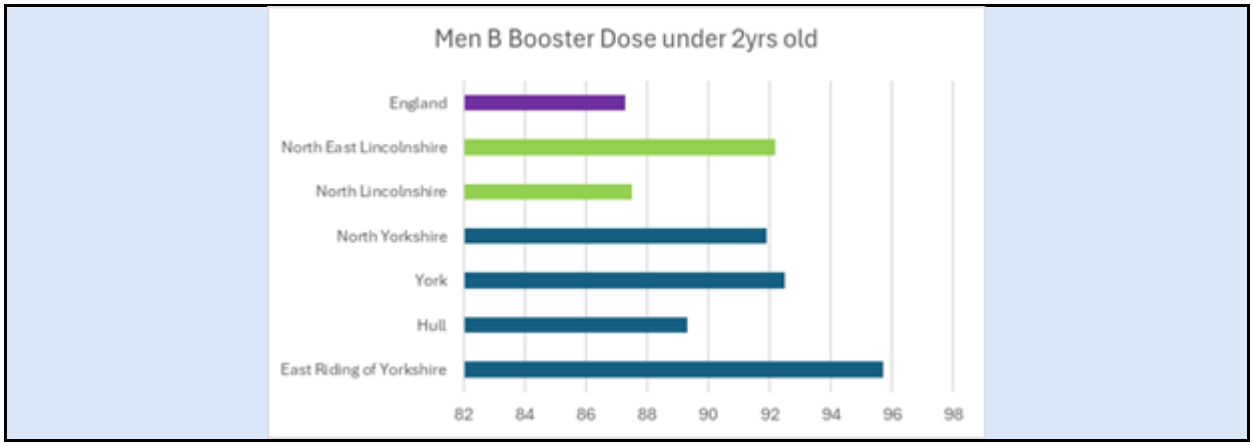
Men B can cause serious illness, including meningitis, sepsis and septicaemia and is responsible for many hospital admissions in young children.

The full course of the vaccine is three doses, although the schedule for the Men B vaccines has now changed to 8 weeks, 12 weeks and 1 year of age (from July 2025).

Uptake is measured as two doses by 1 year of age and booster dose by 2 years of age.

Chart 23 – Men B uptake – 2023/24





Fingertips | Department of Health and Social Care

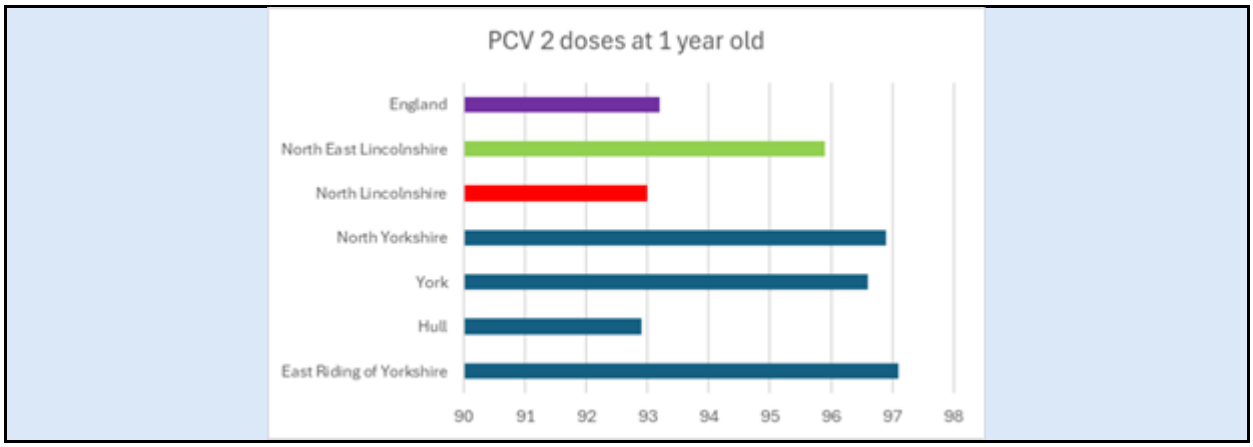
The chart demonstrate that uptake in Northern Lincolnshire is generally around or above the uptake for England as a whole.

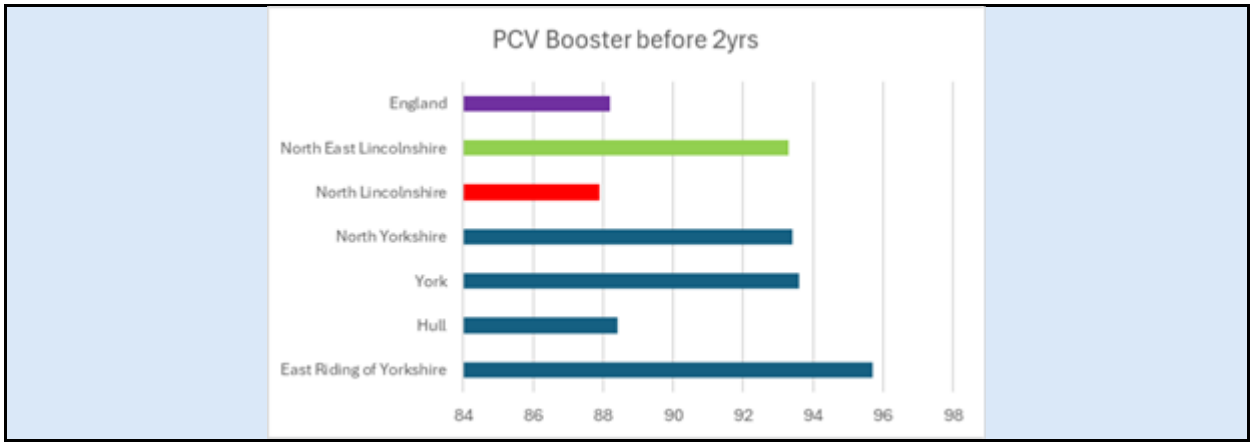
PCV - (Childhood Pneumococcal)

The PCV vaccine helps protect against some serious bacterial infections such as meningitis, sepsis and pneumonia. It was given primarily in two doses at 12 weeks and 1 year of age, however the schedule has now changed from 1st July 2025. The PCV vaccinations generally are given by GP Practices.

The chart below shows the uptake of the PCV vaccine for 2 doses at 1 year of age and 2 doses before 2 years of age.

Chart 24 – PCV uptake 2023/24





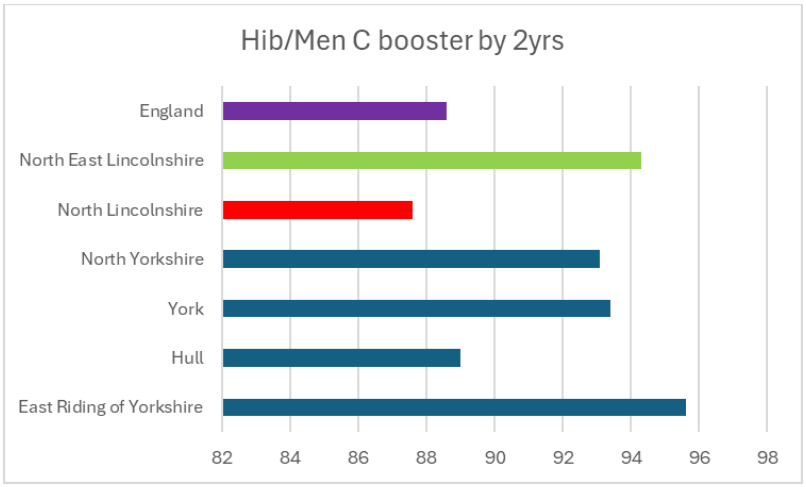
Fingertips | Department of Health and Social Care

HIB/Men C

The HIB/Men C vaccine helps prevent Haemophilus influenzae type b (HIB) and a type of meningitis caused by group C bacteria (Men C).

HIB/Men C was given to babies when they reached 1 year of age, after they have received 3 doses of the 6 in 1 vaccine that also protects against HIB. However, the schedule changed from 1st July 2025 and a 4th dose of the 6 in 1 is now offered at 18 months of age. The HIB/Men C vaccine has been discontinued, and Men C is now included in the Men ACWY adolescent vaccine.

Chart 25 – Hib/Men C uptake 2023/24



Whilst North East Lincolnshire uptake exceeds that of England as a whole by 5.7%, uptake in North Lincolnshire falls slightly below that for England and had the poorest uptake in the region in 2023/24.

The table below shows vaccine uptake in 2023/24 for each childhood vaccine indicator in North and North East Lincolnshire, benchmarked against the overall uptake for England:

Table 9 – Childhood vaccination benchmarking against England

Vaccine	NE Lincs	North Lincs
6 in 1 at 1 year	Higher	Lower
6 in 1 at 2 years	Higher	Lower
6 in 1 at 5 years	Higher	Lower
MMR at 2 years - 1 dose	Higher	Lower
MMR at 5 years - 1 dose	Higher	Lower
MMR at 5 years - 2 doses	Higher	Lower
Rotavirus at 1 year	Higher	Higher
Men B at 1 year - 2 doses	Higher	Lower
Men B at 2 years - 2 doses	Higher	Higher
PCV at 1 year - 2 doses	Higher	Lower
PCV at 2 years - 2 doses	Higher	Lower
HIB/Men C at 2 years - 2 doses	Higher	Lower

Improvement plans

There has been a national decline in childhood immunisation uptake and as a result, increased incidence of communicable diseases and outbreaks. Reversing these downward trends and addressing challenges around vaccine confidence and accessibility are critical to preventing morbidity, mortality and hospital admissions from vaccine preventable diseases. The overarching goal of the local improvement plan is to restore Northern Lincolnshire childhood immunisation uptake to pre-pandemic levels.

In North East Lincolnshire, plans to increase the uptake of childhood immunisation include the production of a bookmark for all school-aged children. It is hoped that this bookmark (which provides a checklist of all routine immunisations from January 2026, due to changes in the schedule) will be a source of information for parents as well as children. It is hoped the bookmark will service as a point of conversation for parents and children, dispel some common myths and provide a clear picture of the recommended vaccines, when they are due and what an individual may be missing.

North East Lincolnshire is also working in collaboration with NHS England and other partner agencies to commission a series of videos which promote vaccination and dispel myths. Whilst initially focusing on adolescent vaccinations, the series intends to address all childhood vaccines in turn. It is hoped that the series will be produced by local students to provide an accessible and local focus, to be circulated via popular social media channels, depending on the target audience.

Further work is required to understand the differences in uptake between North and North East Lincolnshire. One aspect of this work will look to understand cohort identification and coding to ensure that data quality is not a factor which could contribute to the differences seen in the data.

5.5 Adolescent Immunisations

Service overview

Adolescent immunisations include vaccinations for HPV and Meningitis ACWY. Both vaccinations are considered 'school-aged immunisations' but can also be given as part of catch-up campaigns in older individuals. Therefore, the majority of these vaccines are delivered by Vaccination UK, in schools, but can be delivered in Primary Care.

The national human papillomavirus (HPV) immunisation programme was introduced in 2008 for secondary school year 8 females (12 to 13 years of age) to protect them against the main causes of cervical cancer. While it was initially a three dose vaccination programme, it was run as a two dose schedule from September 2014 following expert advice.
The first HPV vaccine dose is usually offered to females in Year 8 (aged 12 to 13 years) and the second dose 12 months later in Year 9, but some local areas have scheduled the second dose from six months after the first. Therefore, the completed course coverage is not available until the end of Year 9.
From September 2019, 12 to 13 year old males became eligible for HPV immunisation alongside females, based on JCVI advice. The latest available data is from 2023/24 for one dose, and 2022/23 for two doses.

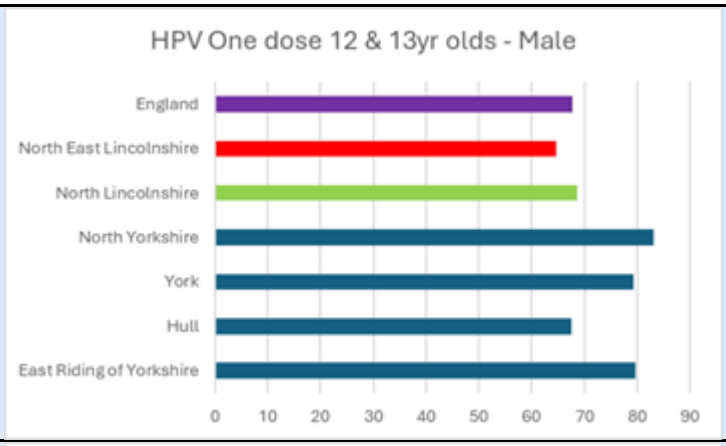
The Men ACWY vaccination was introduced into the national immunisation programme in autumn 2015 to respond to a rapid and accelerating increase in cases of invasive meningococcal group W (Men W) disease, which was declared a national incident. The Men ACWY conjugate vaccine provides direct protection to the vaccinated cohort and, by reducing Men W carriage, will also provide indirect protection to unvaccinated children and adults. This follows advice from the Joint Committee on Vaccination and Immunisation (JCVI). It is routinely offered through schools in academic school Years 9 and 10 (rising 14 and rising 15 year olds). The indicator measures local authority level Men ACWY vaccine coverage for students at the end of school Yr 10. The latest available data is from 2023/24.

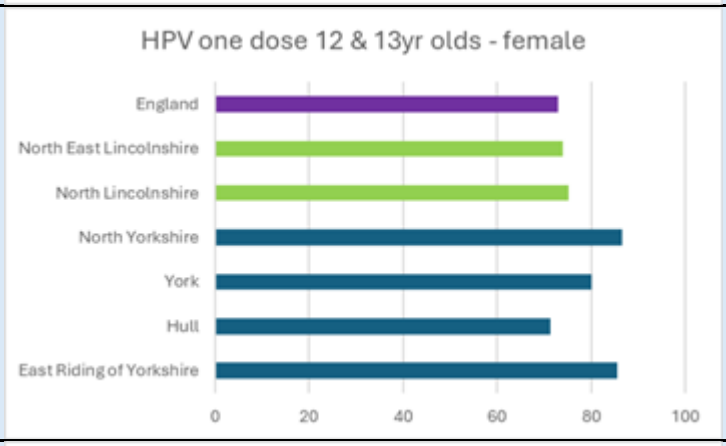
Performance

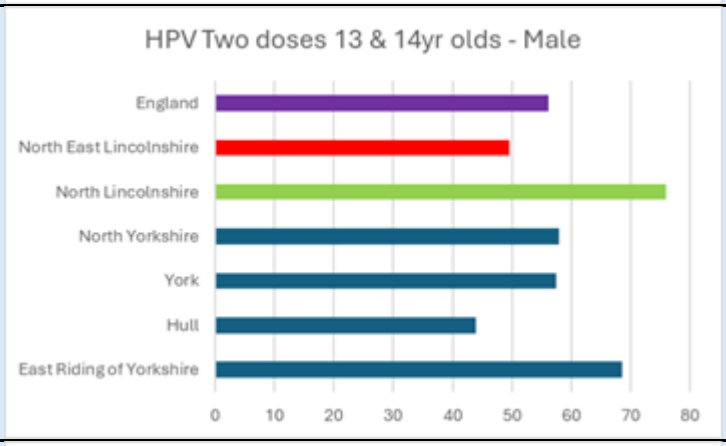
HPV

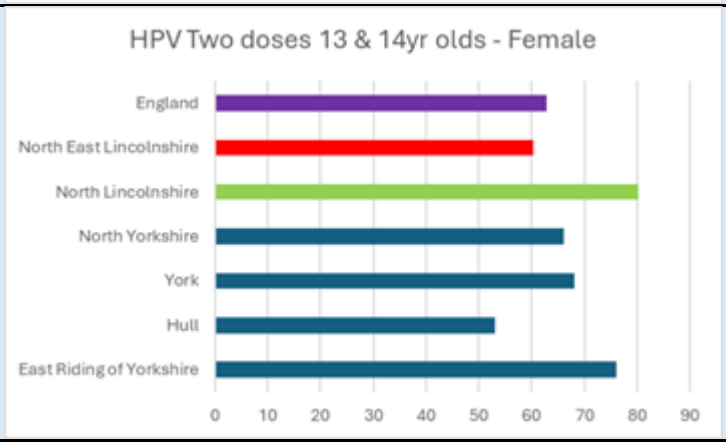
The chart below demonstrates uptake performance for different groups that are eligible for the HPV vaccination. Whilst North Lincolnshire attained uptake that surpassed that for England, North East Lincolnshire uptake remained below, and below that of a number of our regional neighbours.

Chart 26 – HPV vaccination uptake – 2023/24







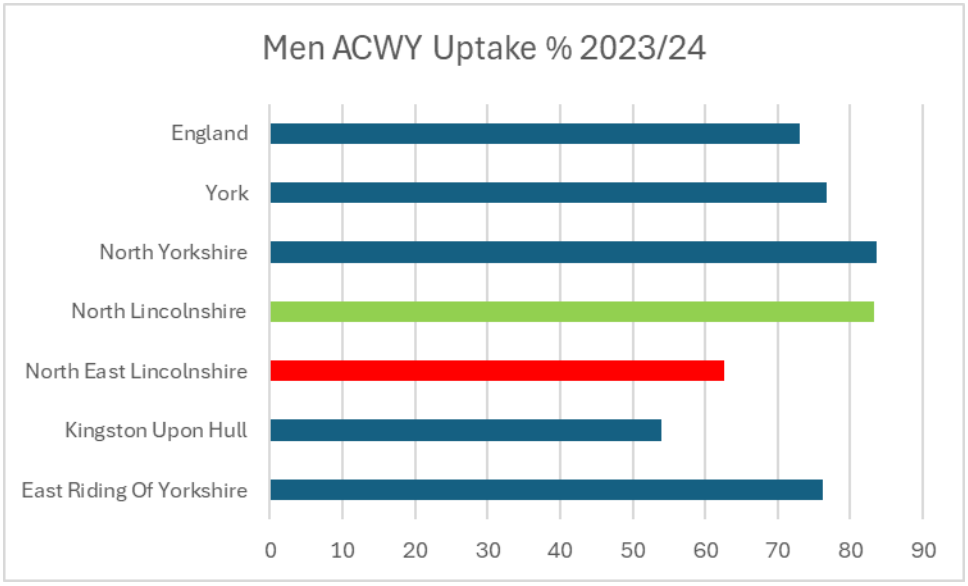


Fingertips | Department of Health and Social Care

Men ACWY

The following chart demonstrates vaccination uptake in 2023/24 for adolescents aged 15 years of age:

Chart 27 – Men ACWY vaccination uptake 2023/24



Health Protection | Fingertips | Department of Health and Social Care

North East Lincolnshire has further work to do to improve the coverage of the eligible population for Men ACWY, with 62.7% of the eligible population vaccinated, compared to 73% across England. North East Lincolnshire also performs below the England average for the majority of HPV cohorts, excluding females with one dose. Uptake in North Lincolnshire is better than the England average for all adolescent cohorts.

The table below shows all adolescent vaccine indicators for both North and North East Lincolnshire. Benchmarked against uptake for England as a whole:

Table 10 – Adolescent vaccine uptake in Northern Lincolnshire against England uptake (2023/24)

Vaccine	North East Lincolnshire	North Lincolnshire
HPV Males - 1 dose	Lower	Higher
HPV females - 1 dose	Higher	Higher
HPV Males - 2 doses	Lower	Higher
HPV females - 2 doses	Lower	Higher
Men ACWY - 1 dose	Lower	Higher

Improvement plans

In the past year, Northern Lincolnshire has put great effort in understanding and promoting the HPV vaccination campaign. Work in North East Lincolnshire included the production of presentations which were delivered to schools to inform pupils on the importance of the HPV vaccine, but also a separate presentation for staff to equip them with information regarding the vaccination to assist pupils in making their decision to be vaccinated.

Adolescent vaccinations are included in the National Vaccination Improvement Plan, where the proposals for the coming year are to:

1. Review local data and identify challenges/barriers to delivering and accessing adolescent vaccinations
2. Work collaboratively as a system to address challenges/barriers and identify solutions
3. Agree and implement solutions to maximise outcomes and increase uptake.

Locally, several key actions have been developed, including:

I. Review activity and uptake data for Northern Lincolnshire year-on-year as a comparison to the England average
II. Map schools to postcodes, PCNs and GP Practice areas
III. Create a bimonthly working group
IV. Agree priority focus according to local data (specific schools, areas etc.)
V. Develop new pathways of engaging with schools to enhance health promotion and consent processes
VI. Establish list of home-educated pupils and develop strategy for vaccine promotion with this cohort

It can be seen from performance data that North Lincolnshire have higher uptake for adolescent vaccinations than North East Lincolnshire. Therefore, it is important to try and understand the differences in cohorts and service delivery models to understand what causes these differences.

5.6 Adult Immunisations

Service overview

Shingles, Pneumococcal and RSV vaccinations are delivered to eligible cohorts in Primary Care. Whilst no data is yet available for RSV (as the schedule commenced in September 2024), uptake data for 2023/24 for shingles and pneumococcal are demonstrated in the performance section shown below.

The shingles vaccination programme was introduced to reduce the incidence and severity of shingles in those targeted by the programme by boosting individuals' pre-existing immunity. In 2010, the UK's Joint Committee on Vaccination and Immunisation (JCVI) recommended that a herpes zoster (shingles) vaccination programme should be introduced for adults aged 70 years, with a catch-up programme for those aged 71 to 79 years. In April 2017, eligibility criteria for the shingles vaccination were revised so that adults become eligible for the routine programme on their 70th birthday and remained eligible until their 80th birthday. Following this change, from 2018 to 2019, vaccine coverage was measured in those aged 71. Prior to this (2013 to 2014 to 2017 to 2018), the vaccine was routinely offered to adults aged 70 years on 1 September of the programme year. Due to these changes in the vaccination schedule, it is difficult to review uptake trends over time. The most recent published data is for activity in 2022/23.

Pneumococcal disease is a significant cause of morbidity and mortality. Certain groups are at risk for severe pneumococcal disease, these include young children, the elderly and people who are in clinical risk groups. Pneumococcal infections can be non-invasive such as bronchitis, otitis media or invasive such as septicaemia, pneumonia, meningitis. Cases of invasive pneumococcal infection usually peak in the winter during December and January. The pneumococcal polysaccharide vaccine (PPV) protects against 23 types of Streptococcus pneumoniae bacterium. It is thought that the PPV is around 50 percent to 70 percent effective at preventing more serious types of invasive pneumococcal infection. Since 1992 the 23 valent PPV has been recommended for people in the clinical risk groups and since 2003, the PPV vaccination programme has expanded to include immunisation to all those aged 65 years and over in England. The most recent published data is for activity in 2022/23.

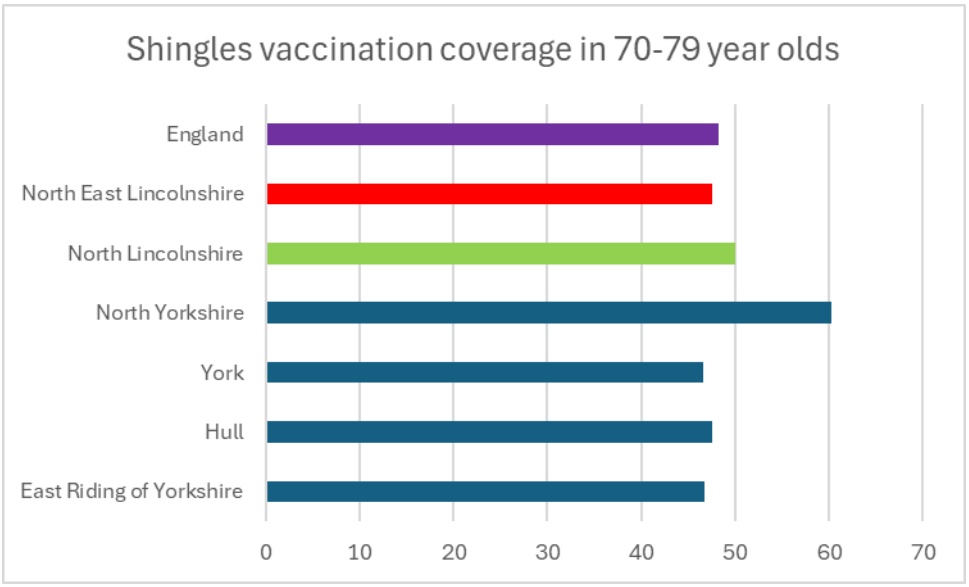
Performance

Although both North and North East Lincolnshire possess similar populations, uptake of adult vaccinations shows variation in the two areas.

In North Lincolnshire, uptake is higher than the average for England for Shingles, but below the England average for PPV. Uptake in North East Lincolnshire is below the average in England for both vaccines.

Shingles

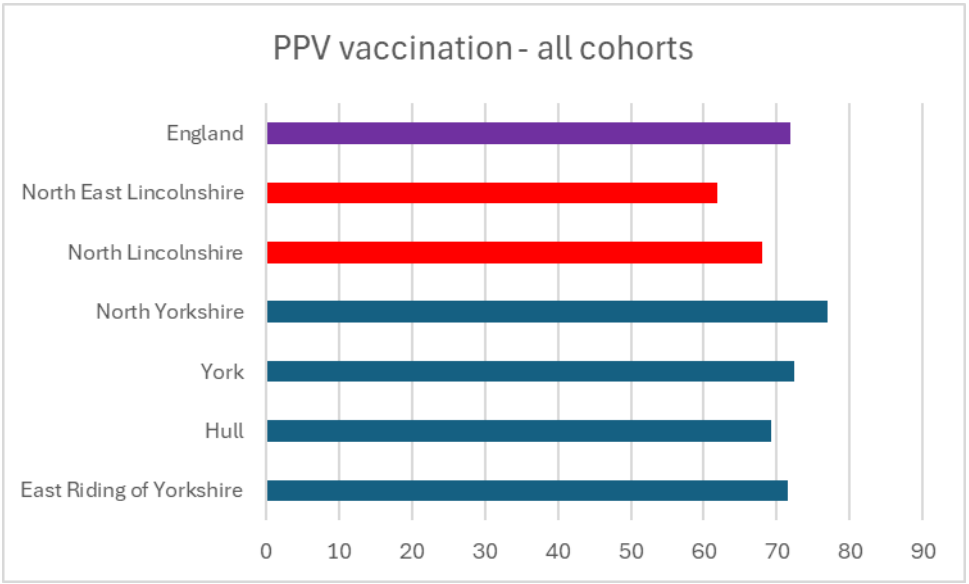
Chart 28 – Shingles vaccination 70 to 79 year olds 2023/24



Fingertips | Department of Health and Social Care

Pneumococcal (PPV)

Chart 29 – PPV vaccination 2022/23



Fingertips | Department of Health and Social Care

The table below shows the uptake of adult immunisations, benchmarked against the uptake for England:

Table 11 – Adult vaccine uptake in Northern Lincolnshire against England

Vaccine	North East Lincolnshire	North Lincolnshire
Shingles - 70 - 79 years	Lower	Higher
Pneumococcal PPV	Lower	Lower

Improvement plans

Addressing uptake in adult immunisations programmes has been listed as a key area in the Northern Lincolnshire Improvement Plan. The proposals are to review local and more recent data and identify challenges/barriers to delivering and accessing vaccinations. Northern Lincolnshire seeks to work collaboratively as a system to address challenges and barriers to adult vaccination. The plan includes the identification and implementation of solutions, with emphasis on establishing local experiences through key stakeholder development to understand what specific local challenges prevail.

Greater understanding of available data, both qualitative and quantitative is key to understanding the issues experienced both in service providers and service users. For example, greater understanding of the higher uptake for shingles, but lower for PPV in North Lincolnshire than England, may provide useful clues about the local populations attitude to individual vaccines.

5.7 Seasonal Influenza

Service Overview

The flu vaccine helps protect against flu, which can be a serious or life-threatening illness. The flu vaccine is recommended for people at higher risk of getting seriously ill from flu and is offered on the NHS every year in autumn or early winter.

You can get the free NHS flu vaccine if you:

- are aged 65 or over
- have certain long-term health conditions (known as being clinically at risk)
- are pregnant
- live in a care home
- are the main carer for an older or disabled person, or receive a carer's allowance
- live with someone who has a weakened immune system

Frontline health and social care workers can also get a flu vaccine through their employer.

Seasonal flu vaccination is delivered via a variety of providers, including primary medical care (GP Practices), community pharmacists, school-aged immunisation providers and maternity services.

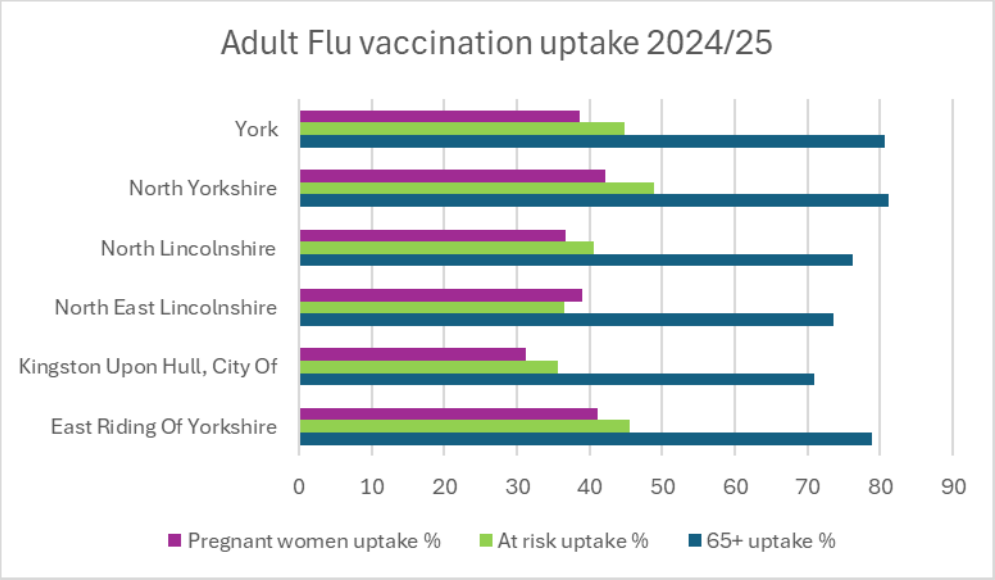
Whilst the seasonal flu vaccination campaign for adults is mainly delivered via individual GP Practices, Primary Care Networks (PCNs) also provide the programme in some instances. This is particularly apparent in services for care home residents which are aligned to specific PCNs. Individual residents are able to source the flu vaccine from other providers, such as local pharmacies, but all are recorded in the patient's medical record held by the GP Practice.

Flu vaccination for school-aged children is provided by Vaccination UK in Northern Lincolnshire who schedule predetermined visits to all schools to deliver the programme. Catch up clinics for any pupil who misses the school visit are also provided at central locations around Northern Lincolnshire. Again, records of all flu vaccinations are recorded in the patient's medical record, held by the GP Practice.

Performance

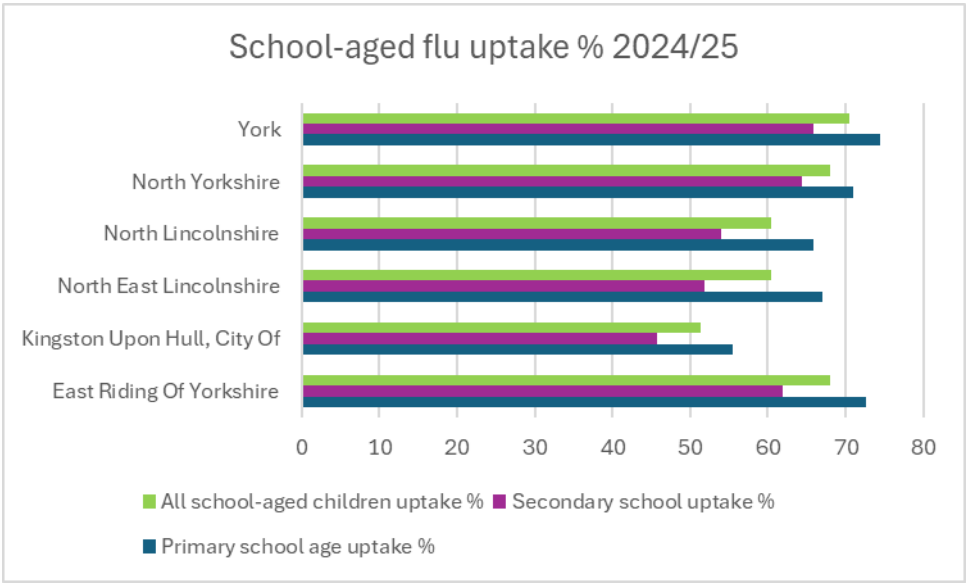
The following charts provide data for the 2024/25 flu season for the adult, school-aged children and 2023/24 for 2 and 3 year old cohorts.

Chart 30 – Adult flu vaccination uptake 2024/25



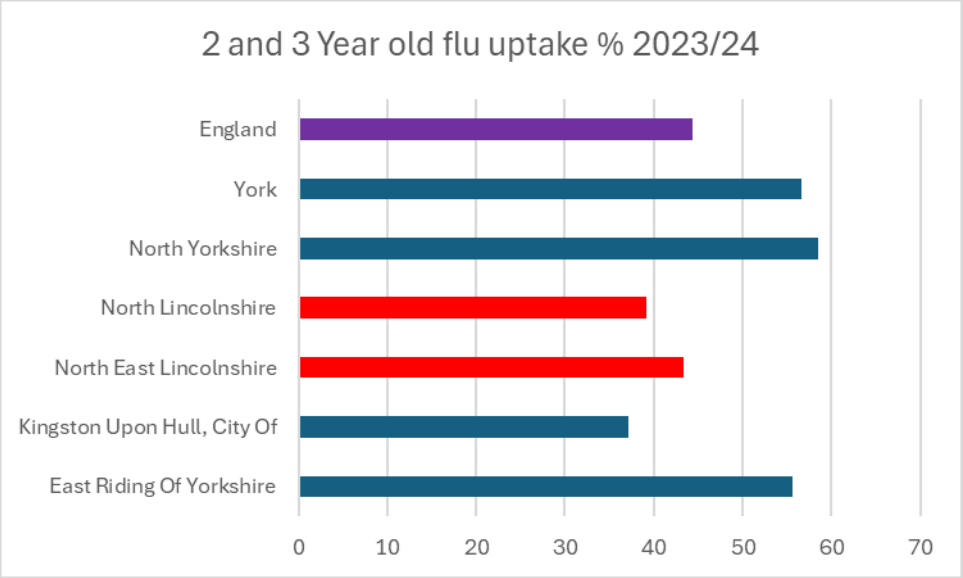
Seasonal influenza vaccine uptake in GP patients: winter season 2024 to 2025 - GOV.UK

Chart 31 – School-aged flu vaccination uptake 2024/25



Seasonal influenza vaccine uptake in children of school age: winter season 2024 to 2025 - GOV.UK

Chart 32 – 2 and 3 year old flu vaccination uptake 2023/24



Fingertips | Department of Health and Social Care

Data for 2024/25 demonstrates that adult and school-aged flu vaccination uptake in North East Lincolnshire remains below uptake seen in North Lincolnshire, however uptake for both is lower than that of many of our neighbouring counties. Particularly low uptake is seen for the pregnant women programme, which is also reflected in other areas.

Uptake in 2 and 3 year olds remains below that of many neighbouring counties, and that for England (although the latest available data for 2 and 3 year old uptake is for 2023/24).

Improvement plans

2 and 3 year old flu vaccine uptake

Seasonal influenza vaccination uptake among 2 and 3 year olds in North East Lincolnshire (NEL) has declined, with only 43.4% of eligible children vaccinated in the 2023/24 season—below the national average of 44.4%. Uptake varied significantly across GP practices, ranging from 75.5% to 15.8%, leaving 2,082 children unvaccinated. Given the high hospitalization rates for flu in children under five, improving vaccination coverage is a public health priority.

To better understand local barriers, NELC partnered with NHSE and NYH ICB to conduct a targeted survey across two Primary Care Networks (PCNs). The survey engaged parents and caregivers of unvaccinated children to explore reasons for non-uptake.

Findings revealed two key themes:

- **Awareness and Communication**: Many parents were unaware of eligibility, misunderstood flu risks, and lacked opportunities to discuss vaccination with healthcare providers. Misconceptions about vaccine safety, ingredients, and delivery methods were common.

- **Barriers to Vaccination**: Issues included confusion over who administers the vaccine, limited access to online booking, and a belief that healthy children do not need the flu vaccine.

Recommendations include improving call/recall systems, enhancing local and national communication strategies, reviewing online booking processes, exploring alternative vaccination settings, and addressing misconceptions through targeted education.

This project highlights the need for a coordinated, multi-level approach to increase flu vaccine uptake and protect vulnerable children in North East Lincolnshire.

North East Lincolnshire Staff Flu Survey

North East Lincolnshire Council have provided a staff flu vaccine service to its staff for a number of years, but despite endeavours, uptake has remained low. To understand the attitudes and behaviours to this service, a survey was conducted with our staff members. It was also hoped that this would reveal more general attitudes to vaccination in the general population and may provide insight to uptake of other vaccinations.

An online survey was conducted and had 248 responses in total.

The survey demonstrated that approximately 30% of the respondents were eligible for the free NHS flu vac, which could suggest that approximately 1400 NELC staff member will be eligible for the NELC flu vac (non-NHS) this flu season.

The survey revealed that according to respondents, 43% of those not eligible for the free NHS vaccine had the flu vac via other means.

The survey clearly demonstrated that many staff members did intend to get the flu vac but did not end up doing so. Another identified factor of concern was that many respondents were unaware that they could have the flu vaccine via NELC. The NELC scheme was promoted via individual emails to all staff members (with a council email address, approximately 90% of employees), via posters in main offices including Municipal Offices, Doughty Road Depot and Oxford House, via Yammer and via Vision. One respondent suggested that they had been told by a manager that they were ineligible for the NELC flu vac, showing that misinformation had been interpreted from somewhere. One respondent stated that it was too late in the season (December), despite the campaign starting in October (and data showing that 75% of staff were vaccinated in October) and promotion starting in September/October. This suggests that a key area to focus on for future staff flu vac campaigns is how any new scheme will be advertised and promoted. Data from last year's campaign supports this, as the department with the lowest uptake was one where email is not primarily used by staff members.

65% of respondents stated that they were likely to have the flu vac this year. It also suggests that other factors are stopping staff members from having the flu vac, despite their desire to do so. It is therefore imperative that any new scheme considers the information provided to staff members to promote the scheme, but also to provide them with enough information, in a simple language, to allow them to make an informed decision.

The majority of respondents felt that they would be more likely to have the flu vac if they could get it done at work, and in work hours. This mitigates against individuals who do not find the time, do not get round to it, forget to have it etc. It is crucial therefore that these aspects are considered in potential future models.

All respondents were asked to consider different potential models for flu vaccine delivery. They were asked to rank their preference from 1 to 5. The total scores, and most popular first choice were for a scheme that takes place at their place of work. Most respondents second choice was for the flu vac to take place at central locations. The least popular choices were for several locations across the county and for staff to go to their own GP. It would be interesting to conduct further research into why several locations appeal the least, however anecdotally, staff members report that they do not wish to have to drive to an appointment, as the greater effort this involves makes them less likely to do so. This aspect is important in planning future strategies, as well as considering mitigating factors, such as ease of access, car parking facilities etc.

The survey may suggest that the uptake of flu vaccination relies on an individual's ability/ease to get it, and not on misconceptions regarding the vaccination itself, or more generally mistrust or unease at vaccination in principle. It is therefore imperative that vaccination service delivery models consider location and timing of vaccination clinics, as well as mythbusting and information provision to ensure optimum uptake in future vaccination campaigns.

6. Health Care Associated Infections (HCAI)

HCAI are a major public health concern in England and can develop either as a direct result of healthcare interventions, or from being in contact with a healthcare setting. HCAIs pose a serious risk to patients, staff and visitors. They can incur significant costs for the NHS and cause high morbidity to those infected. As a result, infection prevention and control is a key priority for the NHS. NHS England » Healthcare associated infections

UK Health Security Agency's Data Capture System provides an integrated data reporting and analysis system for the mandatory surveillance of *Staphylococcus aureus*, *Escherichia coli*, *Klebsiella* spp., *Pseudomonas aeruginosa* bacteraemia and *Clostridioides difficile* infections. The UKHSA monitors the number of infections that occur in healthcare settings through routine surveillance programmes and advises on how to prevent and control infection in establishments such as hospitals, care homes and schools.

Preventing and reducing rates of HCAI involves infection prevention and control, using evidence-based interventions. Surveillance programmes are an important part of this, as they provide essential information on what and where the problems are, and how well control measures are working (Healthcare associated infections (HCAI): guidance, data and analysis - GOV.UK).)

The chart below shows 30 day case fatality rates for key HCAIs in England. This is the proportion of individuals diagnosed with an HCAI who die within 30 days of diagnosis, and ranges from approximately 11% to 22% nationally. This demonstrates that HCAIs are a very serious consideration for health protection.

Chart 33 – 30 day case fatality rates for HCAIs

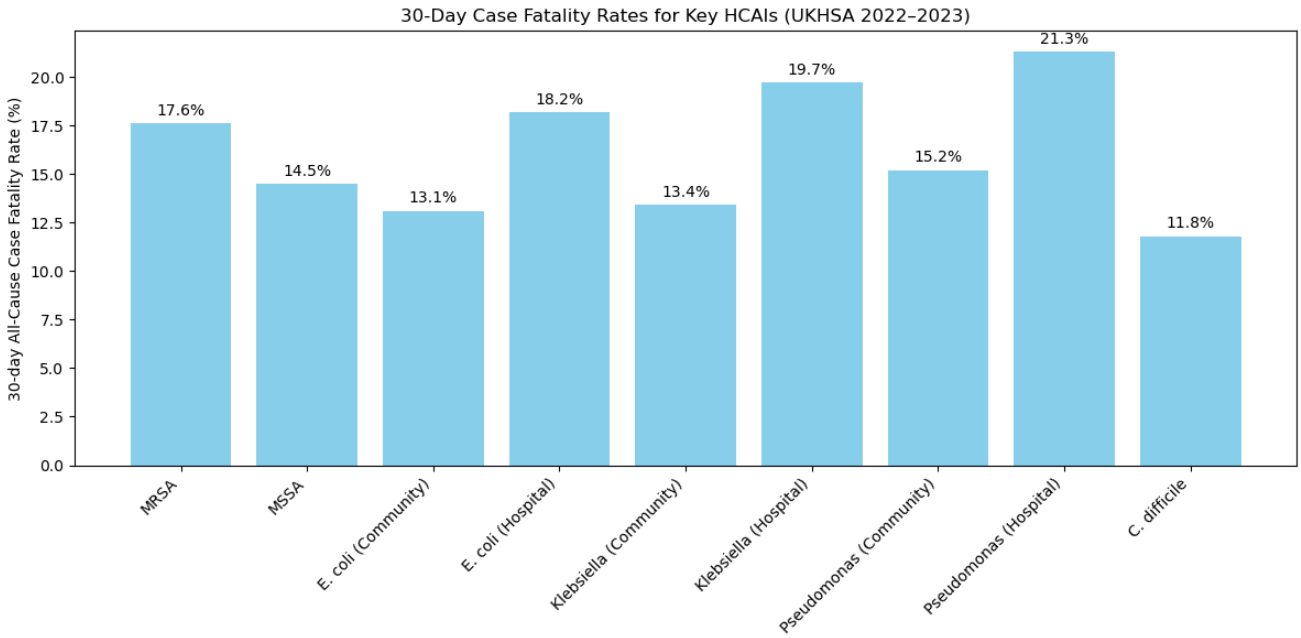
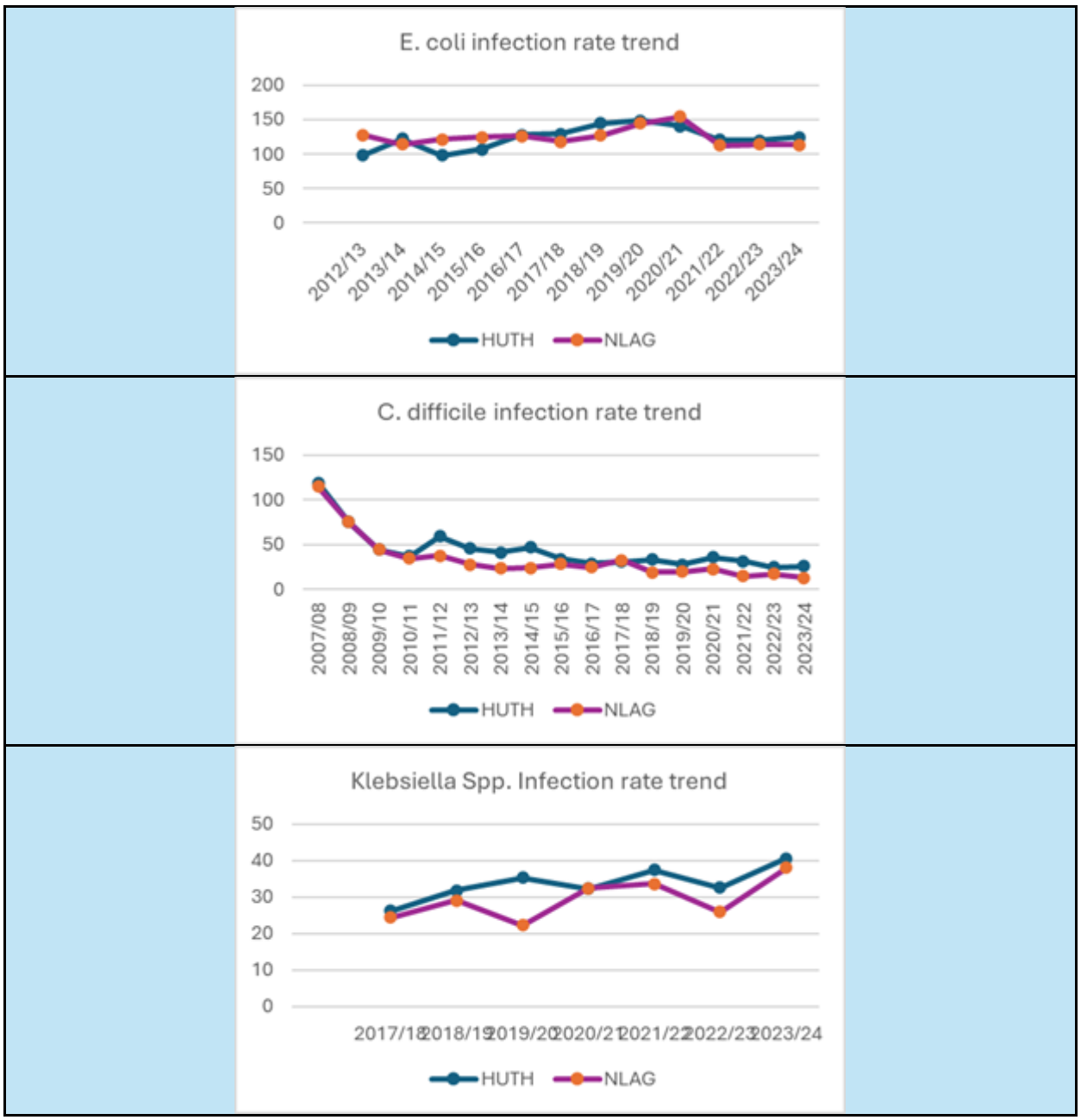
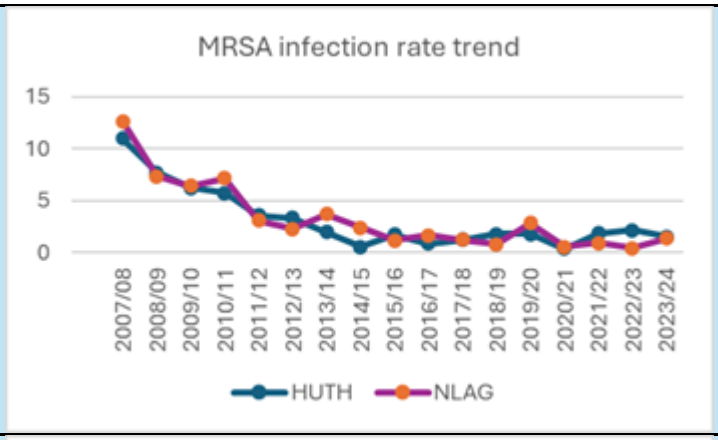


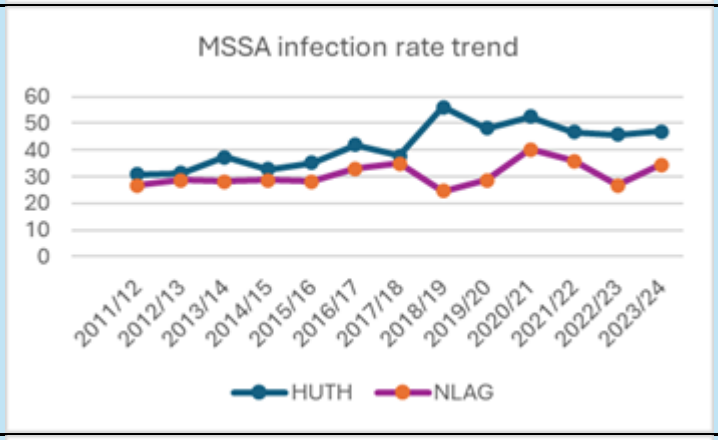
Chart 33 demonstrates the trend over time of HCAIs for Hull University Teaching Hospitals (HUTH) and Northern Lincolnshire and Goole Hospitals (NLAG) as a rate per 100,000. It can be seen that HUTH and NLAG have similar rates generally for all common HCAIs. However, rates are much

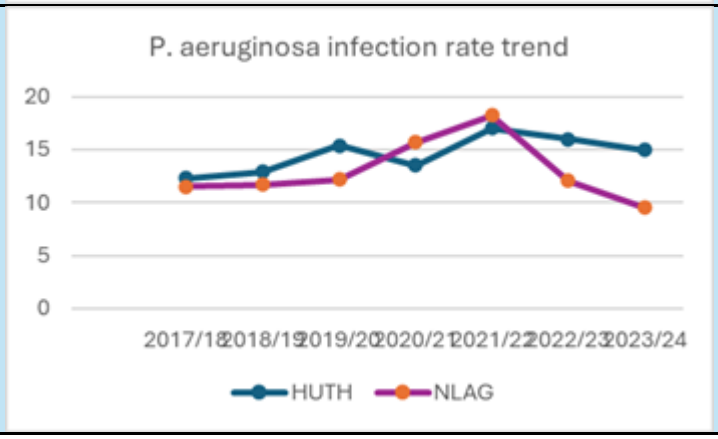
higher in both acute trusts for E. coli and C. diff than any other infection. This pattern is seen by most acute trusts and suggests that HCAI minimisation protocols should continue to examine E. coli and C. diff infections in particular.

Chart 34 – HCAI infection rate trends









Healthcare-associated infections (HCAI) statistics - GOV.UK

7.Environmental Health and Trading Standards

7.1 Tobacco and e-Cigarettes

Data provided by Regulation and Enforcement Services (Environment) for North East Lincolnshire Council has shown that illegal tobacco and e-cigarettes remain an ongoing issue with the following graphs demonstrating that despite all efforts, the problem is increasing over time.

Chart 35 – Number of premises in NEL subject to seizure orders

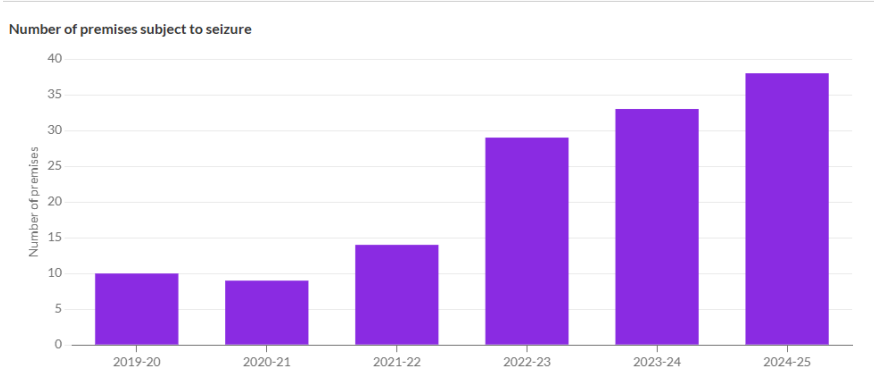


Chart 36 – Number of premises subject to a written warning

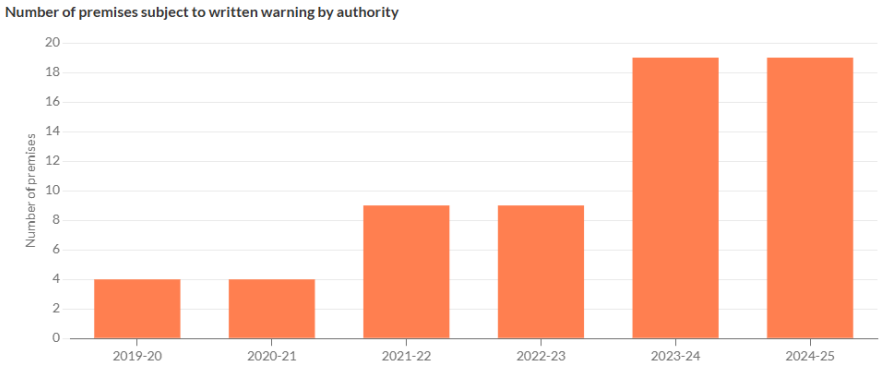


Chart 37 – Number of premises subject of formal action (caution or court)

Chart 38 – Total illicit and counterfeit cigarettes seized

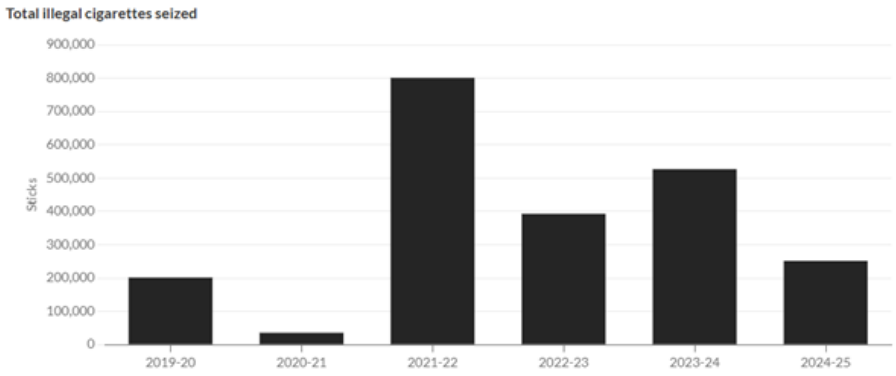


Chart 39 – Total illicit and counterfeit tobacco seized

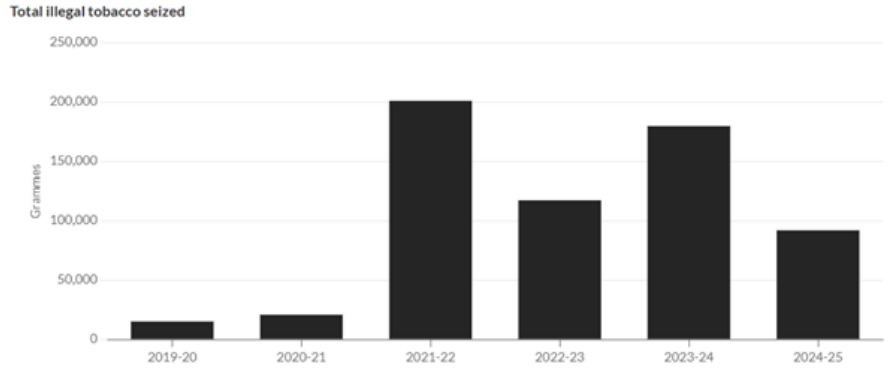
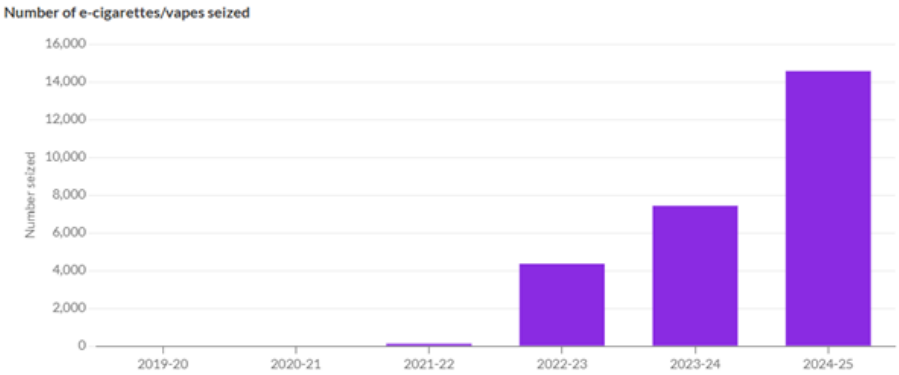


Chart 40 – Number of e-cigarettes/vapes seized



Efforts continue in partnership between North East Lincolnshire Council, Port Authorities and Law Enforcement agencies to tackle illegal tobacco and e-cigarettes to address the impact this has on Public Health.

7.2 Enforcement Statistics

In 2024/25 NELC received the following number of complaints for environmental standards that pertain to public health protection (see table below). The table also demonstrates how many enforcement sanctions were issued as a result:

Table 12 – Enforcement statistics in North East Lincolnshire 2024/25

Process	Count	Sanctions issued
Waste in gardens/land	358	27
Sewers and drainage	16	1
Nuisance fumes and gases (inc smoke and odour)	177	6
Fly tipping	673	9
Bins and Litter control	31	8
Vermin	165	6

(NELC Environment and Sustainability Team)

North East Lincolnshire Council continues to work collaboratively with its residents, business owners and partner agencies to improve environmental standards and their impact on wider health protection.

8. Air Quality

Breathing in polluted air affects our health and costs the NHS and our society billions of pounds each year. Air pollution is recognised as a contributing factor in the onset of heart disease and cancer and can cause a range of health impacts, including effects on lung function, exacerbation of asthma, increases in hospital admissions and mortality.

Air pollution particularly affects the most vulnerable in society, children, the elderly, and those with existing heart and lung conditions. Low-income communities are also disproportionately impacted by poor air quality, exacerbating health and social inequalities.

The annual Air Quality Status Report has been produced for NELC for 2025. This report summarises that the main source of air pollution in NEL is from road traffic, with additional background sources including domestic, industrial and commercial space heating. Measurements of air quality are taken from a number of monitoring units across the county which record levels of Nitrogen Dioxide, Sulphur Dioxide and Particulate matter (everything in the air that is not gas, classified into particles under 10 micrometers and particles under 2.5 micrometers. If monitored levels exceed predefined levels, an 'air quality management area' is declared. One AQMA was declared in 2010 due to exceedance of accepted levels of nitrogen dioxide on Cleethorpes Road in Grimsby. This AQMA was revoked on 22nd May 2024, after successful efforts to reduce road traffic int he area.

During 2024 there was an overall decrease in the annual mean Nitrogen Dioxide levels compared to 2023 and levels continue to be below air quality objective levels.

Whilst air quality has improved significantly in recent decades, there are some areas where local action is needed to protect people and the environment from the effects of air pollution.

North East Lincolnshire Council is committed to reducing the exposure of people to poor air quality in order to improve health. The actions taken by North East Lincolnshire Council to improve air quality can be considered under five broad topics:

- Transport: Upgrading existing transport infrastructure, changing the road layout to give priority to public transport, forming traffic plans that encourage the use of greener modes of transport, and reducing congestion and associated vehicle emissions.
- Public Health: Encouraging wider behavioural changes in the local population with respect to travel choices and raising to the public on the impacts of air pollution. This is done by educating people so that they feel inclined to change their current habits.
- Planning and Infrastructure: Mitigating potential air quality impacts effectively by being involved in decision making early on for future developments required to support the growth of North East Lincolnshire.
- Strategies and Policy Guidance: Working with partners and stakeholders to direct the use of legislation and targeted enforcement to control air pollution.
- Air Quality Monitoring: Ensure satisfactory air quality monitoring data is available to track outcomes of the implemented Air Quality Action Plan measures.

Consultation on a new North East Lincolnshire Council Local Plan is currently underway and supporting the drive towards a low carbon economy and supporting a greener and more biodiversity rich environment are two key themes that will be given increased weight in the draft local plan.

The Air Quality Strategy produced in 2024 following the revocation of the Grimsby AQMA in 2024, outlines the priorities of North East Lincolnshire Council in addressing air quality. These seven priorities align to the categories listed above and are as follows:

Priority 1: Improve transport infrastructure to encourage the use of public transport, or sustainable modes of travel (i.e. walking/cycling).

Priority 2: Promote behavioural changes by raising awareness and educating the public on the impacts of air pollution so that they rethink their travel choices.

Priority 3: Ensure that potential air quality impacts are mitigated early on in any new developments, required to support the growth of North East Lincolnshire.

Priority 4: Use legislation and enforcement to control air pollution by effectively engaging with partners and stakeholders.

Priority 5: Obtain measures of air quality and ensure the data is satisfactory so that it can be determined if the measures that have been implemented from the Air Quality Action Plan are having a positive impact on the concentration of NO2.

Priority 6: Raise public awareness by encouraging the local community to become involved in improving air quality and take actions to reduce their contributions to local air quality emissions.

Priority 7: Funding air quality improvements, a long-term commitment to fund air quality improvements within the borough.

For North Lincolnshire Council good air quality is essential for human health, quality of life and the environment. Pollution may have harmful effects, particularly for young children, the elderly and people with existing respiratory problems.

Local Authorities have a duty to review and assess local air quality in accordance with the Environment Act 1995. Local Authorities are required to review their current air quality and assess whether any locations are likely to exceed National Air Quality Objectives. Where the Objectives are unlikely to be met an Air Quality Management Area (AQMA) is declared and an Air Quality Action Plan (AQAP) is produced to help bring about improvements in local air quality.

North Lincolnshire Council operate a dedicated air quality website where real time pollution levels and historical data can be viewed. This website also host our Air Quality reports.

The **North Lincolnshire Air Quality Action Plan (AQAP) 2023** outlines the Council's strategy to improve air quality and address the specific pollution issues within the **Scunthorpe Air Quality Management Area (AQMA)** over the period of **2023-2028**.

The primary air quality challenge in North Lincolnshire is **Particulate Matter (PM 10)** mainly linked to local industrial activity.

1. The Air Quality Management Area (AQMA)

- **Location: Scunthorpe AQMA**.
- **Pollutant of Concern: Particulate Matter (PM10)**, specifically exceeding the daily mean Air Quality Objective (AQO).
- **Source:** The AQMA was originally declared in 2005 and later amended (2018), largely due to emissions of PM10 from the **steelworks** and neighbouring industrial operators.

2. Key Priorities of the 2023-2028 AQAP

The 2023 AQAP replaces the previous 2012-2023 plan and is focused on four core priorities:

Priority	Goal	Focus
Priority 1	Bring the Scunthorpe AQMA into **compliance** with the daily mean objective for PM10.	**Direct reduction** of Particulate Matter within the designated area.
Priority 2	Reduce emissions from **industrial sources**.	Collaboration with major industrial operators (e.g., British Steel, Koppers) to minimize point source and **fugitive PM** emissions.
Priority 3	Reduce emissions from **non-industrial sources**.	Targeting sources like **road transport** and domestic burning.
Priority 4	**Collaborate** with the Environment Agency and permitted operators through the **Local Industry Forum** and AQAP Steering Group.	Ensuring shared knowledge, consistent monitoring, and cooperative enforcement.

3. Action Areas for Implementation

The Action Plan details specific measures grouped under nine broad topics designed to tackle the sources of pollution, primarily **industrial fugitive dust** and **road traffic emissions**:

A. Industrial and Non-Industrial Emission Control

- **Environmental Permits:** Ensuring local industrial processes comply with stringent permit conditions.
- **Promoting Low Emission Plants:** Encouraging the adoption of best available techniques to reduce pollution from non-Permitted processes.

B. Transport and Infrastructure Management

- **Promoting Low Emission Transport:** Incentivising the use of low-emission vehicles (including electric and hybrid).
- **Traffic Management:** Implementing measures to improve traffic flow and reduce vehicle idling, particularly near sensitive locations.
- **Transport Planning:** Ensuring new developments incorporate sustainable transport options and consider air quality impacts early in the planning process.
- **Vehicle Fleet Efficiency:** Improving the energy efficiency and reducing emissions from the Council's own fleet.

C. Policy and Public Engagement

- **Policy Guidance and Development Control:** Requiring developers to demonstrate efforts to minimise emissions during both construction and operational phases of new projects.
- **Promoting Travel Alternatives:** Encouraging walking, cycling, and public transport use to reduce car reliance.
- **Public Information:** Maintaining and updating the North Lincolnshire air quality website to provide real-time data and public health advice.

4. 2023 Annual Status Report (ASR) Context

The **2023 Air Quality Annual Status Report (ASR)** confirms the continued focus on PM10and highlights the following key actions taken:

- **Monitoring Upgrade:** North Lincolnshire Council invested in upgrading its monitoring equipment (TEOM and FDMS) to new, compliant **Smart Heated BAM 1020s** to improve the accuracy of PM*10 and PM* 2.5measurement within the Scunthorpe area.
- **Industrial Collaboration:** Continuation of the **Local Industry Forum** to agree on measures for reducing PM10 emissions, including specific monitoring by steelworks operators.
- **Dust Mitigation:** Actions such as traffic counting, visual observations at Santon to assess road dust, and **realignment of road sweeping schedules** within the Scunthorpe AQMA to minimise re-suspend.

9. Road Safety

In March 2025 a road safety audit was conducted in North East Lincolnshire to identify and address major road safety issues by analysing the latest available data. The report utilised both qualitative and quantitative data to uncover patterns and causes of road traffic incidents, identify high-risk populations, and locate geographical hotspots. It also examined local perceptions of road safety and road usage.

Local data identified that in North East Lincolnshire:

- has the sixth highest rate of people killed or seriously injured in road traffic collisions in the Yorkshire and Humber region, and rates are higher than regional and national averages.
- has the second highest rate of children killed or seriously injured in the region and the fourth highest nationally.
- Between 2018 and 2023, 2,618 individuals were involved in road casualties, with 80% slightly injured, 9% seriously injured, and 1% killed.
- Young people aged 16-24 who make up only 9% of the population, accounted for almost 21% of casualties, with 60% of them being male.
- Casualty frequency varied by month and age group, with November being the most common month for road traffic collisions for the general population, September for children, and July for young people.
- Most road casualties occurred between 4pm and 6pm, coinciding with work and school commute times.
- Car occupants were the majority of casualties, but children were also frequently involved as pedal cyclists and pedestrians.
- Road safety perceptions influence travel choices, with safety, parking, and infrastructure being major concerns.
- Unsafe roads, physical inactivity, obesity and road traffic congestion may all be interlinked.

The data highlighted several casualty hotspots, primarily in the busier urban areas in Grimsby and Cleethorpes, where pedestrians interact with other road users and produced several recommendations for improving road safety, including:

❖ A child and age friendly approach should be adopted for traffic and transport planning in North East Lincolnshire to ensure that pedestrian and cyclist safety is paramount.

❖ New or improved active travel infrastructure (cycle lanes, cycle routes, pavements, crossings etc) should conform to the five core design principles and the requirement of Local Transport Note (LTN/120), and as a council, we should adopt these methodologies for identifying road safety risks, especially around active travel at all stages of the planning process.

- The Road Safety Partnership becomes more focused on Public Health, especially since North East Lincolnshire Council has transitioned to a Public Health Council.
- More research to be undertaken to capture the voices of vulnerable road users – child /cyclist/pedestrian/disabled/older person.
- Data sources are re-categorised to provide a greater richness of insight – for example, further breakdown of age groups involved in collisions.
- Further investigation is needed to understand why local data identified specific days, times and months as higher risk locally for road traffic collisions.
- Risk factors identified are addressed through comprehensive road safety strategies to significantly reduce road traffic casualties and improve overall public health.
- Age-specific risk factors are addressed through targeted interventions to help reduce road traffic casualties across different age groups.
- All traffic light-controlled junctions within 800 metres of schools or colleges should have safe pedestrian crossing facilities especially near the schools or colleges where there are no school crossing patrol staff.
- Review the current infrastructure and add/ensure appropriate highway markings especially in areas surrounding schools
- An in-depth study on active travel is undertaken using a much bigger sample size to have more insight about active travel and road safety in North East Lincolnshire.
- Investigate what actions have been taken so far on the recommendations made in the Active Travel Route Audit for North East Lincolnshire undertaken in 2022, and what impact these have made on road safety to date.
- This review is repeated in due course to reflect new data, to review progress made and to consider further recommendations for the future.

Appendix 1 - Statutory Health Protection Responsibilities

The Health and Social Care Act 2012 places statutory duties on local authorities to:

- Protect the health of the population, in partnership with national, regional and local bodies.
- Ensure plans are in place to respond to health protection incidents and emergencies in coordination with Emergency responds officer and the Humber LRF.
- Provide local leadership for public health emergencies, including infectious disease outbreaks.
- Commission and support screening and immunisation programmes (with NHS England, ICB and UKHSA).
- Collaborate with the ICB and UK Health Security Agency (UKHSA) to investigate and manage outbreaks of communicable disease.

Director of Public Health (DPH) Responsibilities

DPH have a legally mandated role to:

- **Provide strategic leadership** for all local health protection matters.
- **Advise local authorities and the Health and Wellbeing Board** on health protection risks and plans.
- **Coordinate the response to outbreaks and incidents**, working with UKHSA, NHS, and local services.
- **Ensure population coverage** of national immunisation and screening programmes.
- **Provide assurance** to elected members and the public that health protection risks are being effectively managed.

Key Stakeholders and Their Roles

- **UK Health Security Agency (UKHSA):** Leads on specialist public health advice and support, communicable disease control, emergency preparedness and response, and outbreak management.
- **Integrated Care Board (ICB):** Supports commissioning of health services, including infection prevention and control (IPC), primary care, and contributes to system-wide preparedness and resilience.
- **Infection Prevention and Control (IPC) Services:** Provide operational and advisory support to health and care providers to prevent and manage healthcare-associated infections.
- **Primary Care (including GPs and community pharmacies):** Play a vital frontline role in vaccination, early detection of notifiable diseases, infection control in community settings, and patient education.

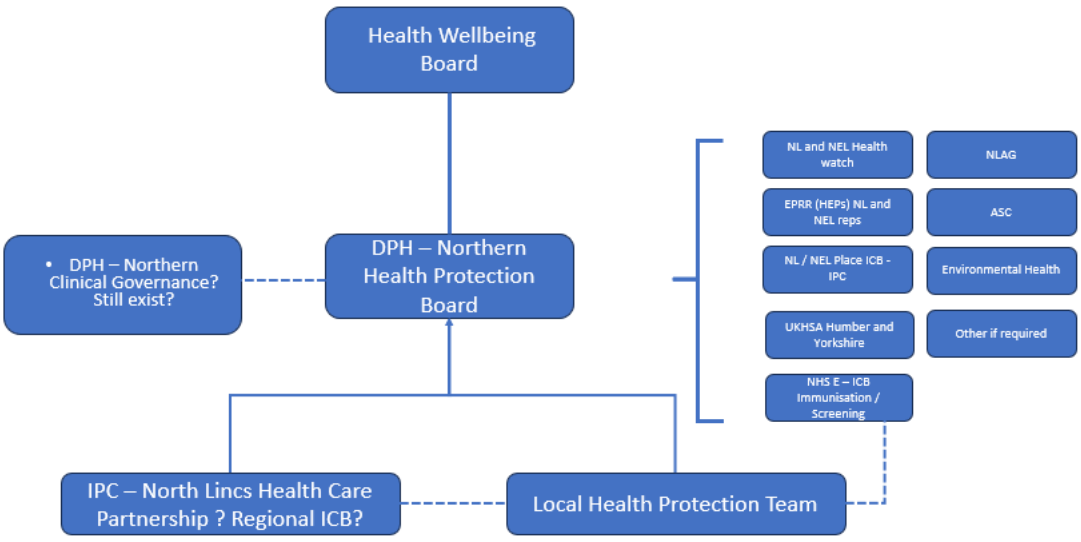
Health and Wellbeing Board (HWB) Role

The **Health and Wellbeing Boards** of both North and North East Lincolnshire play a crucial governance role in:

- Overseeing the health protection agenda through the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategies (JHWS).
- Ensuring alignment between health protection priorities and broader public health and wellbeing objectives.
- Providing democratic accountability for public health decisions.
- Supporting system-wide collaboration across the NHS, public health, local government, and the voluntary sector.

Conclusion

This joint approach under the Northern Lincolnshire Health Protection Board reflects a commitment to **collaborative leadership, system integration, and public accountability**. By combining resources, expertise, and local insight, the Board ensures that Northern Lincolnshire is prepared and resilient in facing current and future health protection challenges.



Appendix 2 - Northern Lincolnshire Health Protection Board Revised Draft Terms of Reference (August 2025)

1.0 Context

The Northern Lincolnshire Director of Public Health has explicit and implied responsibilities relating to the health protection functions arising from the existing responsibilities of Local Authorities and as a consequence of the Health and Care Act (2022). In this context, health protection encompasses any aspect of communicable disease control, emergency planning, environmental issues, and screening.

2.0 Scope

The scope of the Health Protection Board (HPB) includes:

- National Screening Committee cancer and non-cancer screening programmes.
- National immunisation programmes.
- Communicable disease control, including outbreak management and the provision of communicable disease control services such as TB, sexual health, and HIV services.
- Health and social care emergency planning where the scope of this Board is overlaps with these functions.
- Healthcare associated infections and Infection Prevention and Control (IPC) including non-health care (i.e., domiciliary care/cosmeticians/care homes).
- Environmental issues including pollution prevention and control.

3.0 Aim

The aim of the Health Protection Board is to provide strategic oversight and assurance to the Director of Public Health (DPH) on health protection functions, services, and screening programmes.

4.0 Objectives

- Provide assurance to the DPH in relation to National Screening Committee cancer and non-cancer screening and immunisation programmes commissioned on behalf of the LA population through the relevant North Lincolnshire council and North East Lincolnshire council assurance frameworks.
- Provide assurance to the DPH in relation to IPC and emergency planning.
- Review and challenge communicable disease service provision to ensure services are evidence based, consistent and meet the population need.
- Provide a forum to discuss ad hoc health protection and environmental issues including failures or threats and ensure that the required actions are put in place.
- Critically review significant outbreak/incident management and lessons identified and seek assurance on the implementation of lessons learned.

- Facilitate communication, sharing of best practice and partnership working around health protection and screening issues across the health and social care community.
- Ensure that the Joint Strategic Needs Assessments (JSNA), Joint Health and Wellbeing Strategies (JHWS) and plans adequately reflect health protection and screening issues.

5.0 Roles and Responsibilities of Members of the Health Protection Board

- To work together effectively to ensure the delivery of the HPB objectives.
- Members are expected to provide strategic oversight and assurance.
- Members to take lessons learned from critical reviews of significant outbreak/incident management into own organisations and wider systems
- Build a partnership approach to addressing key health protection, screening and environmental issues.
- Participate in discussion to reflect the views of their organisations, being sufficiently briefed and able to make recommendations about future developments and service delivery.
- To promote any consequent recommendations with respect to strategy, policy and service delivery within their own partner organisations to align with the recommendations of the HPB.

6.0 Accountability

The HPB is accountable to the respective Health & Wellbeing Boards in North and North East Lincolnshire ensuring that the statutory, implied and explicit functions relating to health protection are carried out.

Core Members bring the responsibility, accountability, and duties of their individual roles to the HPB and provide information, data and consultation material, as appropriate, to inform the discussions and decisions.

The HPB will discharge its responsibilities by means of quarterly and annual reports to the Health and Wellbeing Boards and at other times when it is necessary to draw the HWB's attention to a particular issue.

Partner agencies will provide quarterly and annual updates to the HPB, including, but not limited to, UKHSA, Humber and North Yorkshire ICB, Northern Lincolnshire and Goole Hospitals and NHS England.

Partner agencies, as outlined above, will provide information, as requested by the Local Authority Health Protection teams for the production of quarterly and annual health protection reports.

The HPB will provide the HWBs with copies of its minutes. These will be presented on a quarterly basis, for information and noting, and made publicly available on the councils' websites.

7.0 Membership

The core membership of the Board will comprise the following:

Name	Position	Organisation
Diane Lee	Director of Public Health	North and North East Lincolnshire Councils
Geoffrey Barnes	Deputy Director of Public Health	North East Lincolnshire Council
Damilola Akinsulire	Consultant in Public Health	North Lincolnshire Council
Rachel Trees	Health Protection Manager	North East Lincolnshire Council
Miguel Duran	Health Protection Manager	North Lincolnshire Council
Greg Gough	Senior Public Health Manager	North Lincolnshire Council
Kelly Tuplin	Public Health Facilitator	North Lincolnshire Council
Charlotte Stansfield	Health Protection Consultant	UK Health Security Agency
Rebecca Greenwood	Advanced Health Protection Practitioner	UK Health Security Agency
Beth Ginns	Immunisation and Screening Lead	NHS England
Katherine Horsfall	Immunisation and Screening Manager	NHS England
Jo Raper	Deputy System Infection Prevention and Control Lead	Humber & North Yorkshire Integrated Care Board
Greta Johnson	System Infection and Control Lead	Humber & North Yorkshire Integrated Care Board
Neil Beeken	Environmental Health Manager	North East Lincolnshire Council
Nicholas Bramhill	Environmental Health Manager	North Lincolnshire Council
Diane Halton	Associate Director of Public Health	North East Lincolnshire Council
Wendy Millard	Deputy Chief Nurse	Northern Lincolnshire and Goole Hospitals
Kerry Barton	School Nurse Specialist Lead	North East Lincolnshire Council
Rebecca Pease	Service Manager	Rotherham, Doncaster and South Humber Hospitals
Emma Clark	Service Manager 0 -19s	North Lincolnshire Council

Each member of the HPB should make sufficient arrangements for a substitute if they cannot attend; this individual must be suitably briefed and able to make decisions on behalf of the organisation they represent.
Other partner organisations may be invited to participate on an ad hoc basis.
Other individuals may be invited to participate on an ad hoc basis.

8.0 Frequency of Meetings

The HPB will meet quarterly.
Additional meetings of the Board may be convened with agreement of the Chair.

9.0 Agenda and Notice of Meetings

The agenda will be decided by the Chair based on local issues, assurance reports and health protection issues that have been highlighted at relevant boards and forums.
Secretarial and administrative support will be shared by the Public Health Teams in North and North East Lincolnshire Councils.

10.0 Quorum

Any full meeting of the Board shall be quorate if not less than a third of the Core Members are present.

11.0 Expenses

The partnership organisations are responsible for meeting the expenses of their own representatives.

12.0 Review

The above terms of reference will be reviewed annually. Any amendments shall only be included by consensus or by majority vote by exception.

Appendix 3 - Northern Lincolnshire Comprehensive Childhood Immunization Communications Action Plan

Version: **June** **2025**

Lead Authority: Northern Lincolnshire Health Protection Team

Objectives & Outcomes

Primary Objective:

Achieve ≥95% uptake of recommended childhood, pregnancy, and youth immunisations in Northern Lincolnshire to reduce the risk of vaccine-preventable diseases.

Key Outcomes:

- Increased public awareness and education on vaccination.
- Improved public trust in vaccination programmes.
- Reduced vaccine hesitancy in targeted populations.
- Higher attendance at community vaccination events.
- Strengthened multi-agency collaboration.

Target Audiences

Primary Audiences:

- Parents/guardians of infants and children
- School-aged children and adolescents
- Pregnant women
- Nurseries and community childcare services
- Health visitors, school nurses, breastfeeding teams
- Residents in low-uptake, high-deprivation areas
- Local businesses with family engagement

Secondary Audiences:

- GPs, PCNs, nurses, and paediatricians
- School administrators, educators
- Faith/community leaders, particularly from ethnic minority groups
- Local and regional media
- Voluntary and third-sector organisations

Key Messages

General:

- Vaccines are **safe, effective**, and **protect entire communities**.
- Following the **NHS immunisation schedule** is essential for health.
- Vaccination prevents outbreaks and long-term complications.

Specific:

- Clear, tailored messages about MMR, HPV, pertussis, flu, rotavirus, pneumococcal, meningitis B, RSV, and others.
- Safety protocols, development processes, and myth-busting.
- Success stories (e.g., HPV vaccine and cervical cancer reduction).

Communication Channels

Digital Platforms:

- **Social Media Campaigns**: 3-month cycles targeting key audiences (Facebook, Instagram, TikTok, X).
- **Website Portal**: Central resource hub on North Lincolnshire Council site.
- **E-Newsletters**: Monthly updates for schools, parents, and clinics.
- **Live Webinars/Q&A**: Monthly, hosted by health professionals.

Traditional Media:

- **Posters/Flyers**: Distributed via clinics, schools, libraries, children's centres.
- **Digital Radio:** 2-month advertising bursts (or use NHS/UKHSA material if cost-prohibitive).
- **Printed Articles**: Feature in community newsletters, parish bulletins.

Community Engagement:

- **Town Halls & Parent Forums**: 1 per quarter in key low-uptake areas.
- **Pop-up Clinics**: Monthly in partnership with NHS/GPs in targeted areas.
- **School Partnerships**: HPV and flu drive awareness, events and vaccination days.

Implementation Timeline (Aug 2024 – July 2025)

Phase	Timeline	Key Activities
Preparation	Aug–Sep 2024	Resource development, staff training, stakeholder engagement
Launch	Oct 2024	Social media & traditional media campaigns start; first community forums and pop-up clinics
Ongoing Activities	Oct 2024 – June 2025	Monthly events, continuous media and digital presence, data tracking
Evaluation & Reporting	June–July 2025	Surveys, data analysis, post-campaign review

Monitoring & Evaluation

Metrics:

- Vaccine uptake data (when national/local data becomes available)
- Social media engagement (shares, reach, comments)
- Attendance at live events and clinics
- Pre/post surveys with parents, teachers, health workers
- Evaluation of feedback from focus groups and school health teams
- **School Vaccination Mapping**: Final report Summer 2026 with the conclusion of the new heat map.
- Immunization data tends to be delayed due to the complexity to obtain accurate data from all the sources, hence the most updated data for childhood immunisation is 2023-24. It is possible that we could see the effects of all the communications campaigns and current efforts that Northern Lincolnshire health protection is currently delivering until summer 2026 or 2027.

Evaluation Tools:

- Monthly internal reviews
- End-of-campaign summary report
- Stakeholder debriefing sessions
- Social sentiment/media tracking software

Crisis Communication Plan

Issue Management:

- Pre-prepared responses for anti-vaccine misinformation
- Designated spokespeople (e.g. Consultant or Director of Public Health)
- Close coordination with UKHSA/NHS England comms teams

- Ongoing survey to understand vaccination hesitancy and access.
- Focus groups to obtain qualitative from the groups where the lower vaccination rates in North Lincolnshire.

Partnerships and Stakeholder Engagement

Key Collaborators:

- **NHS England, UKHSA, ICB**
- GPs, PCNs, 0–19 services, breastfeeding and health visitor teams
- **Schools and Early Years** settings
- **Community Groups**: BAME groups, religious leaders, youth workers
- **Local Business Sponsors**: family-friendly firms to help amplify key messages
- **Adult Social Care and Primary Care:** Adult vaccination and most vulnerable elderly population.
- **Communication Teams from NLC and NELC.**

Budget & Resources

- **Total Budget NLC** : £35,000 from NHS England Grant
- **Total Budget NELC:** £34,000 from NHS England Grant

Risk Mitigation

Risk	Mitigation
Public misinformation	Timely myth-busting via social and traditional media
Staff/resource constraints	Pool support from NHS/partner agencies
Lack of data access	Use focus groups and school-based mapping as interim evaluation tools
Low community turnout	Targeted outreach in high-priority areas with trusted local partners

Vaccination Schedule	In July 2025 the new vaccination schedule will take place
Change	after the changes suggested by NHS England.

Summary Statement

This action plan transforms the Immunization Communications Briefing into a strategic, measurable, and community-anchored campaign. It blends health messaging with local engagement to build trust, counter hesitancy, and restore immunization levels for the health and safety of North Lincolnshire's children and families.

As the vaccination schedule has changes and has been implemented in 2025, the communication plan to increase vaccination uptake will be delivered in accordance with the changes, hence could be a slight delay until all the vaccines have been operationally available and the Northern Health Protection team will align the campaigns accordingly.