Devon, Cornwall, and Isles of Scilly Health Protection Committee

Annual Assurance Report

2024/25

Published November 2025

for the Health and Wellbeing Boards of Devon County Council, Torbay Council, Plymouth City Council, Cornwall Council, and the Council of Isles of Scilly

Contents

Acronyms and definitions

AMR	Antimicrobial resistance
APHA	Animal and Plant Health Agency
ARIs	Acute Respiratory Infections
Care OBRA	Care Outbreak Risk Assessment
CHIS	Childhood Health Information Service
Core20PLUS5	Approach to inform action to reduce healthcare inequalities
The Committee	DCIoS Health Protection Committee
CIoS	Geographical area of Cornwall and Isles of Scilly
COMF	Contain outbreak management funding
CSMS	Cervical Screening Management System
DEFRA	Department for Environment, Food and Rural Affairs
DTaP-IPV	Diphtheria, tetanus, pertussis, and polio (immunisation)
E. coli	Escherichia Coli
EPRR	Emergency Planning, Resilience and Response
FIT 80	Faecal Immunochemical Test
GAS	Group A streptococcal
GBMSM	Gay, bisexual and other men who have sex with men
HEAT	Health Equity Assessment Tool
HES	Hospital Eye Services
HPAG	Health Protection Advisory Group
HMO	House of Multiple Occupancy
HPV	Human papillomavirus
ICB	Integrated Care Board
ICS	Integrated Care System
IMT	Incident Management Team
IPC	Infection Prevention and Control
JCVI	Joint Committee on Vaccination and Immunisation
JESIP	Joint Emergency Service Interoperability Programme
JFP	Joint Forward Plan
KPIs	Key Performance Indicators
LRF	Local resilience forum

LHRP	Local Health Resilience Partnership
MIUG	Maximising Immunisation Uptake Group
MECC	Make Every Contact Count
MRES	Measles and Rubella Elimination Strategy
MRSA	Methicillin Resistant Staphylococcus Aureus
MSSA	Methicillin Sensitive Staphylococcus Aureus
NHS	National Health Service
NHSE	National Health Service England
NICE	National Institute for health and Care Excellence
OCT	Optical Coherence Tomography OR Outbreak Control Team
PHE	Public Health England
RDUH	Royal Devon University Hospital
SQAS	Screening Quality Assurance Service
TOR	Terms of Reference
UKHSA	United Kingdom Health Security Agency
VaST	NHS England Vaccination and Screening Team
VCSE	Voluntary Community and Social Enterprise

1. ABOUT THIS REPORT

This report provides a summary of the assurance functions of the Devon, Cornwall, and Isles of Scilly Health Protection Committee (the Committee) for the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council, Cornwall Council, and the Council of the Isles of Scilly, and reviews performance for the period from 1 April 2024 to 31 March 2025.

The report considers the following key domains of health protection:

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

The report sets out:

- Assurance arrangements/structures
- Performance and activity during 2024/25
- Actions taken against health protection priorities identified for 2024/25
- Priorities for 2025/26

2. ASSURANCE ARRANGEMENTS

2.1 ASSURANCE ROLE

Local authorities, through their Director of Public Health, have an assurance role to ensure that appropriate arrangements are in place to protect the health of their populations. The Committee is mandated by the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council, and Cornwall Council and the Council of the Isles of Scilly to provide assurance that adequate arrangements are in place for the prevention, surveillance, planning, and response required to protect the public's health.

2.2 MEETINGS

The Committee met quarterly and action notes, an action log, screening and immunisation and infection prevention control (IPC) reports were circulated. Terms of Reference (TOR) were updated during this year and a summary of these with affiliated groups listed is included in Appendix 1. A summary of organisational roles in relation to delivery, surveillance and assurance is included in Appendix 2.

2.3 REPORTING

The Committee's Annual Assurance Report for 2023/24 was published in January 2025 and circulated to committee members for local authority health protection leads to submit to their respective Health & Wellbeing boards.

2.4 LOCAL HEALTH PROTECTION STRUCTURES

Local health protection structures include:

- Devon System Health Protection touchpoint meets regularly for the three Devon local authority health protection leads, Devon Integrated Care Board (ICB) IPC lead, the NHS England Vaccination and Screening Team (VaST), United Kingdom Health Security Agency (UKHSA) locality leads, Environmental Health and Emergency Planning.

- Cornwall and Isles of Scilly link with relevant stakeholders strategically via a quarterly Cornwall Health Protection Board.

In addition, other locally determined structures and groups support delivery and monitoring of health protection activity at local authority level, including the Torbay Health Protection Forum and the Plymouth Health Protection Board

2.5 SYSTEM DEVELOPMENTS FOLLOWING THE HEALTH AND CARE ACT

The Health and Care Act 2022 formally established the Integrated Care System structure of Integrated Care Boards and Integrated Care Partnerships and a requirement to publish integrated care strategies.

2.5.1 Devon System

The Devon Integrated Care System (ICS) published a five year integrated care strategy in December 2022. The accompanying Joint Forward Plan (JFP) was issued in June 2023 (updated in January 2025) describing how the strategy for health and care would be put into practice and how strategic goals would be achieved.

2.5.2 Cornwall and Isles of Scilly System

The 10-year Cornwall and Isles of Scilly ICS Strategy was bought together in the second half of 2022 and the first version was published in March 2023 with the Cornwall and Isles of Scilly 5-year JFP.

Links to the online strategies and plans for both Devon and Cornwall & Isles of Scilly are available in Appendix 3.

2.6 HEALTH PROTECTION COMMITTEE PRIORITIES 2024/25

The Health Protection committee consider the system assurance priorities as part of the annual assurance process and provides these within the annual report. The 2024/25 annual

priorities remain the same. This report describes evidence of progress against these priority areas.

1. **Climate Emergency**

   Work closely with partners to address the climate emergency and develop plans in relation to flooding, heatwave, cold weather, and other climate related mitigations or emergencies, with an emphasis on the impact on vulnerable groups.

2. **Infection Prevention and Management**

   Take action to strengthen infection prevention arrangements and tackle anti-microbial resistance:

   - promote health protective behaviours
   - strengthen infection prevention systems within health and care and wider settings
   - reduce healthcare associated infections
   - tackle antimicrobial resistance
   - implement the regional Infection Prevention and Management Strategy at local level

3. **Vaccinations**

   Work via the Maximising Immunisation Uptake Groups on shared objectives, to protect our population against outbreaks, by implementing targeted local actions.

4. **Pandemic Preparedness**

   Develop and strengthen all hazards planning and pandemic preparedness, promote resilience, and build on learning from the Covid Inquiry as findings are shared.

5. **Continuous Improvement in Health Protection**

   Work towards continuous improvement in health protection. Implement the Sector Led Improvement, and Gap Analysis Action Plans and audit performance against the What Does Good Look Like in health protection tool, sharing best practice and embedding learning from experience.

6. Inclusion & Inequalities

Protect the health of people experiencing greater inequalities in health or access.

Implement the Inclusion Health Agenda through health protection systems.

7. Work to support local strategic plans

See links to plans in Appendix 3.

3. PREVENTION AND CONTROL OF INFECTIOUS DISEASE

3.1 SURVEILLANCE ARRANGEMENTS

UKHSA provide a quarterly verbal update to the Committee covering epidemiological information on cases and outbreaks of communicable diseases of public health importance at local authority level. These updates are delivered and recorded in meeting notes.

Stakeholder notifications of all incidents and outbreaks are sent to the relevant local authority public health teams, including relevant information and any requests for local action.

UKHSA produce monthly locality surveillance data packs which are shared with each of the four Local Authorities. Local shared arrangements in Devon enable the sharing of these to yield intelligence across the ICB area.

UKHSA Field Epidemiological Service produces a fortnightly bulletin providing surveillance information on influenza and influenza-like illness and infectious intestinal disease activity, including norovirus for the UKHSA South West region.

Following review of current networks within the South West and Devon, the Health Protection Advisory Group was discontinued. UKHSA have established a quarterly Regional Environmental Health Network for UKHSA and environmental health teams to engage and share learning. The SW Zoonoses Liaison Group continues to meet every 6 months and held a regional face-to-face event in March 2024.

3.2 RESPONSE

UKHSA South West Health Protection Team provide the specialist response to infectious disease and hazard related situations across Devon and Cornwall and Isles of Scilly, supported by local, regional, and national expertise. The team has responded to multiple outbreaks in a variety of settings including but not limited to care homes, educational settings, asylum seeker settings and custodial institutions. A summary table of situations is available in Appendix 4.

3.3 SPECIFIC INFECTIONS

3.3.1 Acute Respiratory Infections - Covid-19 and Influenza

The epidemiology of acute respiratory infections during 2024-25 winter season was dominated by influenza with very few COVID-19 outbreaks being seen across the South West.

In England, the influenza season started in the second half of November 2024 with rising influenza A(H1N1)pdm09 activity that peaked just before the start of the new year (2025) and declined after; influenza B activity started in January, leading to a slow decline of overall influenza activity

Overall influenza activity in England during the 2024 to 2025 season was higher than in the 2023 to 2024 season. Compared to the 2022 to 2023 season the peak was similar in both intensity as well as timing, but the 2024 to 2025 season had a slower overall decline due to the late influenza B activity[1] Despite overall activity being higher, mortality estimates in the 2024 to 2025 season were lower than in the 2022 to 2023 season.

The COVID-19 vaccination programmes were delivered in spring then alongside influenza vaccination in autumn 2024/25, with increased alignment of cohorts and co-administration.

As part of the business-as-usual approach, UKHSA's outbreak risk assessment (care OBRA) for adult social care settings has streamlined the reporting of outbreak information by care providers to the UKHSA Health Protection Team since its launch in August 2023.

Details on work to maximise COVID19 and influenza vaccine uptake can be found in section 5.

3.3.2 Pertussis

Pertussis activity in England surged dramatically in 2024, marking the largest outbreak since 2012. 14,894 laboratory-confirmed cases were reported in 2024, compared with just 856 cases in 2023, representing a 1,600% increase. This resurgence followed several years of

[1] Influenza in the UK, annual epidemiological report: winter 2024 to 2025 - GOV.UK

historically low incidence during and immediately after the COVID-19 pandemic, when social restrictions suppressed transmission.

The outbreak peaked in May 2024, with over 3,000 cases nationally in that month alone, before declining gradually through the second half of the year. Despite this reduction, case numbers remained elevated compared to pre-pandemic years until late autumn. By December 2024, monthly totals had fallen to levels similar to those seen before the pandemic, though still higher than typical non-peak years.

Pertussis affected all age groups and regions, but the majority of cases occurred in older individuals: 58.7% were aged 15 years or older, while 18.2% were in children aged 10–14 years and 11.1% in those aged 5–9 years. Infants under three months - too young for full vaccination - remained at highest risk for severe outcomes, with 433 cases and 11 infant deaths reported in 2024. Most of these deaths occurred in babies whose mothers had not received antenatal vaccination.

The sharp rise in cases coincided with declining vaccine uptake, particularly among pregnant women, where coverage fell to 58.9% in March 2024, down from a peak of 72.6% in 2017. This reduction in maternal immunisation likely contributed to increased vulnerability among newborns. However, there are signs that this trend is reversing, as annual coverage in England increased to 65.6% in 2024/25.

By early 2025, incidence had dropped substantially. Between January and March 2025, 335 confirmed cases were reported - monthly totals similar to those seen in low, non-peak years. No infant deaths were recorded in this period, though sporadic cases continue to occur, underscoring the need for sustained vigilance and vaccination efforts.

Pertussis remains a cyclical disease, with peaks every 3–5 years. The 2024 outbreak exceeded the scale of the 2012 epidemic and highlights the combined impact of waning immunity, reduced vaccine uptake, and post-pandemic shifts in population susceptibility. Strengthening antenatal and childhood vaccination coverage is critical to preventing future outbreaks and protecting vulnerable infants.

3.3.3 Measles

In 2024/2025 there were outbreaks of measles nationally, particularly in under-vaccinated communities. In the SW there were a large number of cases around the Bristol area, but limited transmission elsewhere in the region. There remains an ongoing risk of imported cases into the SW from either international travel or travel from elsewhere in the UK. In Devon and Cornwall, the system responded with increased communication and engagement to increase MMR uptake in low uptake communities. Although MMR uptake in the SW is higher than average, promotion of MMR vaccination remains key. System preparedness to manage suspected/confirmed cases and provision of post-exposure-prophylaxis is also a key resilience measure.

3.3.4 Avian Influenza

UKHSA works with the Animal and Plant Health Agency (APHA), the Department for Environment, Food and Rural Affairs (Defra) and the public health agencies of the 4 nations to monitor the risk to human health of avian influenza (influenza A H5N1) in England. However, viruses evolve all the time and UKHSA continues to closely monitor the situation for any evidence of changing risk to the public, including through the surveillance of people who have come into contact with infected poultry. Testing for diagnostic and surveillance purposes requires health professionals to swab symptomatic individuals for those who have been exposed to a probable or confirmed bird case of avian influenza. [2,3]

A swabbing pathway in Cornwall and Isles of Scilly is in place, however Devon's lack of a swabbing pathway was recorded as a risk on the Devon ICB Risk Register during 2023-24. In 2024-5 work has been ongoing to address this. South and West Devon now have an agreement in place and progress is being made towards addressing the remaining gap (North & East, or the RDUH footprint). The risk will remain on the risk register until a pathway is in place in all localities.

Antiviral prescribing pathways are in place in Cornwall and Isles of Scilly and Devon.

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[2] Investigation into the risk to human health of avian influenza (influenza A H5N1) in England: technical briefing 5 - GOV.UK (www.gov.uk)

[3] UKHSA update on avian influenza - GOV.UK (www.gov.uk)

3.3.5 Vector Borne Disease

Globally, ticks are one of the most significant disease vectors. A vector is a living organism, such as ticks or mosquitoes, that can transmit infections between animal or human hosts.

Ticks can pick up pathogens while feeding on an infected animal host and subsequently transmit them to hosts they may feed on. In the UK, the most important tick species to human health is Ixodes ricinus (sheep or deer tick). This species can be found feeding on humans and is a vector of Lyme disease and other tick-borne infections.

The Fingertips tool was updated to include Lyme Disease in March 2022. The South West historically has seen a high incidence of this tick borne infection when compared to England and this remains the case. The rates of acute Lyme disease by local authority are likely to be an underestimate of the true incidence of acute Lyme disease in England as cases of Lyme disease are not statutorily notifiable by medical practitioners and cases may be diagnosed clinically and treated without laboratory diagnostics being performed as per NICE guidelines. Additionally, cases diagnosed at local NHS or private laboratories but not sent to the Rare and Imported Pathogens Laboratory (RIPL) for confirmation are not included in this dataset.

National UKHSA social media campaigns continue to be supported by local communications for being "tick aware".

3.3.6 Sexually Transmitted Diseases

In 2024, England recorded 364,750 new STI diagnoses, an 8.8% decrease from 2023, despite stable testing volumes. Chlamydia remained the most common infection (168,889 cases), though diagnoses fell by 13%, particularly among young women. Gonorrhoea declined by 15.9% to 71,802 cases, but antimicrobial resistance is an escalating concern, with ceftriaxone-resistant strains increasing in 2025. Infectious syphilis rose to 9,535 cases - the highest since 1948 - reflecting ongoing transmission among GBMSM (gay, bisexual and other men who have sex with men) and rising rates in heterosexual populations. Genital herpes saw a modest increase, while genital warts continued to decline, aided by HPV vaccination. Persistent health inequalities remain, with higher sexually transmitted infection rates in some

ethnic minority groups. These patterns underscore the need for sustained prevention, targeted interventions for high-risk groups, and vigilance against emerging drug resistance.

In the South West, sexual health services continue to work closely with local authority public health commissioners, supported by UKHSA, to understand trends and put targeted interventions in place.

3.4 NOTABLE LOCAL OUTBREAKS AND INCIDENTS

3.4.1 Avian Flu

Outbreaks of Avian Flu were supported in Devon, Torbay and Cornwall. These involve wide engagement from partners including Trading Standards, Beaches and Harbours, DEFRA, Environmental Health, Communications, and Waste Management Services.

3.4.2 Cryptosporidiosis

Torbay and Devon Public Health and Environmental Health Teams, along with UKHSA responded to a major water borne cryptosporidium outbreak in May 2024. A boil water notice was issued by South West Water for eight weeks in the affected areas of Torbay and South Hams. There was a large voluntary sector led response on the ground to support vulnerable communities. The investigation into this incident is still ongoing in 2025.

Cornwall Council Public Health and Environmental Health team supported UKHSA and APHA with a recurring cryptosporidiosis outbreak associated with an open farm. This was a particularly complex outbreak and highlighted a number of challenges in managing outbreaks associated with open farms.

3.4.3 Other Outbreaks

UKHSA continued to work closely with the local authority public health and environmental health teams and ICB to manage a range of outbreaks and incidents. Examples include invasive group A streptococcus in people who inject drugs and healthcare settings and TB in

various settings. The teams also support scabies outbreaks in closed settings. Scabies is not a notifiable disease, however it can be challenging and complex to manage and prevent spread.

Devon Public Health team supported 10 scabies outbreaks in 2024/5 - mostly in older adult social care settings, where recognition and treatment and be particularly challenging for residents with complex needs and care staff living in shared accommodation or with families.

In Torbay health protection teams followed up two suspected scabies outbreaks within the homeless community.

In Cornwall, two care homes were supported with scabies outbreaks and a third home was able to diagnose and contain a single case. There was also an outbreak in a college.

3.5 INFECTION MANAGEMENT AND OUTBREAK PREVENTION

Both Devon and Cornwall and Isles of Scilly ICBs have community infection management services in place to support health and care settings with IPC practice, queries and response to communicable disease risk and management.

A review of the Devon service in 2024/5 confirmed it was performing well and providing value for the funding provided. In Cornwall the dedicated service for primary care and care homes continues to be hosted by the ICB.

A range of IPC resources and guidance are provided, hosted and shared in a variety of ways, including through training, liaison with provider networks; hosting on various electronic platforms and via communications such as newsletters.

Strategic multi-agency groups are in place within both ICB areas that ensure a joined-up system approach to IPC challenges.

Public Health teams support the provision of health protection communications, with regular public facing communication promoting good hygiene practices, infection prevention and control advice and vaccine uptake. Information is shared to the public via Resident Newsletters; (printed and social media updates), and guidance and health protection messaging and resources are shared with Schools, Early Years, SEND settings, Nurseries and

Registered Childcare providers via the relevant local platforms, newsletters, bulletins and other communication routes.

IPC support for non-health and care settings continues to be recorded as a risk on the NHS Devon and Cornwall ICB Risk Registers and is escalated at regional level. System response relies on case-by-case responses and flex of ICB IPC teams rather than a systematic offer.

In Cornwall local monitoring and surveillance of gastrointestinal infection cases and other communicable diseases bolsters UKHSA regional work.

3.6 PUBLIC HEALTH ADVICE, COMMUNICATIONS AND ENGAGEMENT

UKHSA delivered multiple educational and awareness raising events on health protection including infection prevention webinars for schools and early years settings and the regional South West Health Protection Conference, SW Zoonoses Conference and TB awareness day. UKHSA, Torbay TB services and Devon County Council developed podcasts regarding tuberculosis aimed at care workers for the 'who cares?' podcast series.

Devon filmed a short lived-experience video to support Lyme disease awareness/tick bite prevention communications (video hosted on YouTube) and has worked broadly in 2024-5 with National Parks and many other stakeholders to publicise risk and prevention measures.

UKHSA facilitates the networking of partners via the Migrant Health Network, Environmental Health Officer Network, Early Years and Educational Settings Network, and South West Care Settings Health Protection Network and the overarching South West Health Protection Network. A new South West Public Health Climate Change Network/Community of Practice was established in January 2024 to support public health leads in sharing best practice in their work on climate change.

All local authorities contributed to an infection, prevention and management strategy development day and attended vaccination practice development, seasonal debriefs and vaccination strategy workshops.

Local Authorities continued work locally to uplift of national/regional/local UKHSA communications around a wide range of campaigns or issues including for example: Lyme

disease / tick awareness, heat health, measles, antimicrobial resistance prevention/awareness, vaccination and winter preparedness.

Torbay and Devon local authority public health teams with UKHSA and Torbay Hospital TB lead nurse developed also training material and podcasts around TB for care sector and other key audiences.

Local Authority public heath teams and UKHSA supported medical student education across the Peninsula in the delivery of lectures, workshops and special study units relating to Health Protection.

Local Authorities also engaged staff in learning and training in relation to the climate emergency and carbon literacy.

Cornwall Council health protection team delivered a wide variety of health protection communications and campaigns across digital platforms to support:

- Seasonal vaccinations and routine immunisations, low uptake and health inequalities,
- Resources for health inclusion groups, pregnancy vaccinations
- Reactive communications during an outbreak associated with a farm setting
- Cancer sign and symptoms awareness, and screening
- Festival health and wellbeing
- Seasonal health and wellbeing and cold/heat health alert
- Guidance and resources for adult social care
- AMR awareness week
- TB awareness.

The Devon and CIoS ICBs, Local Authorities, vaccination teams the South West Vaccination and Screening Team, and communication colleagues have coordinated significant communications and engagement to support immunisation and screening uptake across the peninsular. This is demonstrated in more detail in the relevant sections below.

All agencies participated in the Covid Inquiry in response to the initial modules. All learning will be fed back into practice to inform future response.

3.7 WORK WITH SPECIFIC SETTINGS AND POPULATIONS

3.7.1 Supporting Migrant Health and Resettlement

As in the past few years, Health Protection remained a key element of the multi-agency approach to supporting asylum seekers and refugees arriving at temporary accommodation in Devon, Torbay, and Cornwall.

One large family contingency hotel accommodating asylum seekers remains open in Devon. Housing has been stood up in areas of Devon and Cornwall for refugees arriving from Afghanistan via the Afghan Resettlement Programme, as well as other dispersed accommodation for asylum seekers in accommodation within private rentals, family homes and HMOs.

All arrivals in Devon and Cornwall have been supported and/or encouraged to register with NHS General Practitioners (GPs) and NHS Devon continue to work with primary care supporting the hotel and provide funding to enable enhanced health checks for all patients registered. Support from the Devon ICB outreach vaccination team is still provided to support vaccine confidence as well as delivery and uptake of vaccinations to move people in line with the UK vaccination schedule. Cornwall Council refugee and asylum seeker outreach team provides support to refugees arriving from Afghanistan via the Afghan Resettlement programme. The CFT TB team is supporting primary care to consider TB when in consultation with patients. Supported development of translation services crib sheet for GP receptions.

UKHSA has supported settings and primary care with case management of infections as required and DCC have helped with providing messaging around the importance of infection prevention and management to staff, settings and residents.

NHS Devon used funding provided to support people resettled in Devon from Afghanistan to provide screening for Latent Tuberculosis Infection in line with the NHS migrant health guide, with the hospital trusts working in partnership together to enable this to be achieved.

All local authorities, NHS and voluntary partners continued to offer support for health, care, education and wider needs.

Plymouth and Cornwall Councils have a Resettlement Service, which work with partners to meet the wider needs of refugees and support new arrivals.

3.7.2 Health for Homeless

Cornwall Council Public Health team commissions the 'Health for Homeless' service to deliver outreach primary care services to homeless and rough sleepers across Cornwall, including seasonal vaccinations and immunisations and blood borne virus screening. The service works to deliver specialist clinics with PCNs for registered homeless patients, as well as outreach in community settings and temporary accommodation for homeless and rough sleepers who are not registered, partnering with the Cornwall Council library van to deliver in rural locations without appropriate facilities.

Torbay, Devon and Plymouth local authority public health teams also work closely with homeless settings and outreach to promote and support health protection behaviours and to prevent and respond to outbreaks, where possible aligning health protection with opportunities for wider health promotion.

4 SCREENING PROGRAMMES

4.1 Background

Population screening programmes make a significant impact on early diagnosis thus contributing the reduction in deaths and ill-health. There are six programmes: bowel, breast and cervical cancer screening programmes, and three non-cancer screening programmes comprised of antenatal and newborn screening (six programmes), abdominal aortic aneurysm and diabetic eye screening programmes.

Assurance of performance and improvement in performance or programme delivery is delivered through a number of mechanisms:

1. Programme changes and development e.g. national programme changes; new technologies
2. Strategic developments e.g. Cervical cancer eliminations strategy
3. Partnership working e.g. Maximising Immunisation Uptake Group (MIUG) partnerships; Endoscopy transformation plan; Devon and Cornwall Health protection meetings
4. Regional developments e.g. Learning disability screening practitioners; peri-natal vaccination coordinators
5. Performance is monitored monthly via NHSE VaST Performance, Quality and Delivery meetings, regional reports, dashboards and escalation protocols, audits and incidents review, meetings held jointly with Screening Quality Assurance Service (SQAS)
6. Provider performance monitoring

    - Quarterly programme boards are held with each of the providers that are commissioned to provide the screening programmes (or components of the screening e.g. labs). Programme KPIs, QA visit recommendations incidents, risks, audits, best practice and inequalities are all reviewed at each programme board.
    - Contract meetings with each provider take place quarterly
    - Screening incidents are notified to SQAS and VaST for review of incidents, cases and response and any additional assurances / responses are made and

followed up with VaST and providers agreeing improvement plans to address and monitor where necessary.

- SQAS visits: Each autumn the SQAS review the information about each screening service and identify which service should be prioritised for a SQAS visit (full / targeted) or a targeted desktop review in the following NHS year. Visits are made to review the service and identify best practice areas for further development and any support required.

4.2 Summary, by exception, of activity during 2024/25

BOWEL

Coverage:

The programme performed well across the Peninsula, achieving coverage above the England rate, similar to the South West and above the target of 70%.

Programme changes:

Age extension: The 50-52 year age extension was completed by all providers in Devon and Cornwall during 2024/25.

Faecal Immunochemical Test (FIT 80): In anticipation of a bowel FIT 80 roll out, regional planning began in 2024 via the Endoscopy Networks to develop the workforce, estates and equipment planning required. FIT 80 is estimated to increase the number of colonoscopies required by about a third and requires additional endoscopy capacity and associated laboratory support to enable this. This was assisted by the adoption of resect and discard training allowing the endoscopists to resect certain polyps without the need for pathology sampling. Over the course of 2024-25 all three providers in Devon and Cornwall made good progress with this planning and were expected to be able to join the national roll-out waves as they came online.

A new inequalities standard was introduced from April 2025.

Service developments:

No services in the Peninsula received a QA visit. A targeted review with one provider was undertaken focused on pathology turnaround times.

Inequalities:

Health promotion work was ongoing across providers, including use of HEAT tool with all providers. The Torbay and South Devon bowel cancer screening programme appointed a health promotion specialist. There was ongoing work in the local prison and consideration of how to engage people who were on probation and how to best engage with rural communities.

Royal Cornwall Healthcare Trust undertook work with locally known groups, for example fishermen and homeless communities and were working on a pathway for homeless patients after a positive FIT test.

Programme awareness was promoted via radio stations, local community organisations, and through stands at community hospitals.

BREAST

Coverage Published data at the end of 2024 showed that the coverage was above the 70% efficiency standard for Devon, Plymouth, and CIOS. Torbay was just below this at 67.3% but stabilised after a fall over the previous 3 years.

Programme changes

Providers in the South West were using open invites which meant women often took longer to book an appointment, meaning the screening episode could not be closed prior to 6 months after eligibility, which is the cut-off of calculation of coverage rates. Following a national review of the models, a decision was made to move all providers to a timed invite model, as this was assessed as being more effective for driving uptake. South West VaST worked with providers to make this transition and the use of times invites was introduced at the beginning of 2025/26.

Service Developments:

A serious national incident affecting very high-risk breast referrals was declared in February 2024. Women who received radiotherapy for Hodgkin Lymphoma when under the age of 35 have an increased risk of breast cancer and should be offered annual screening. A national audit identified that historically some women had not been referred. Whilst not a breast screening incident, local screening programmes were asked to offer all affected women the appropriate screening tests and then ensure an offer of annual screening. Numbers affected in Devon and Cornwall were relatively small and all providers responded quickly to complete screening and follow-up of any screen-positive women. This was completed by August 2024.

A new permanent city centre static screening site in Plymouth at Merchant House opened in February 2024.

A new mobile unit was delivered for North & East Devon for commencement in April 2025, which will open with extended hours.

Two providers received a QA visit in 2024/25.

Inequalities:

A regional breast inequalities workshop was held in December 2025

All providers undertook range of health promotion activities. They regularly attended events and work in partnership with local providers, community spaces and VSCE community to reach underserved populations to raise the profile of the importance of breast screening, participated in media interviews and supported events such as Breast Fest and other initiatives to improve access.

CERVICAL

Coverage:

Coverage for both 25–49 and 50–64 age groups had declined over recent years but was relatively static during this period. The South West continued to perform strongly relative to the national position:

- Highest coverage nationally for the 25–49 cohort
- Second highest coverage for the 50–64 cohort

To address persistent inequalities, targeted interventions continued:

- Support for GP practices with lowest uptake using coverage dashboards
- Insights surveys to primary care to understand operational barriers
- Development of tailored toolkits, including: a learning disability support pack for sample takers and a mental health training module for cervical screening staff.

Colposcopy Performance:

NHS England VaST continued to work closely with providers and ICBs to manage sustained pressure on colposcopy services. The increase in referrals driven by primary HPV screening and symptomatic GP referrals persisted. High-risk referrals were prioritised, but routine referrals within 6 weeks continued to breach intermittently. All providers maintained action plans, and performance was monitored monthly via regional dashboards and escalation protocols.

Programme Changes:

Cervical Screening Management System:

The new NHS Cervical Screening Management System (CSMS) successfully went live on 24 June 2024, replacing the legacy Open Exeter system. CSMS streamlines call/recall processes and integrates with the NHS App, which began delivering screening invites and reminders digitally from May 2025. All providers completed mandatory training and updated standard operating procedures to reflect the transition.

Screening Interval Changes:

Following UK National Screening Committee recommendations, routine screening intervals for individuals aged 25–49 who tested HPV negative were expected to change from 3-yearly to 5-yearly from July 2025. This aligns England with Scotland and Wales and reflects robust evidence that 5-year intervals are equally safe. Those testing positive for HPV or with a history of abnormal results will continue to be invited more frequently.

Cervical Cancer Elimination Strategy:

In March 2025, NHS England published its Cervical Cancer Elimination Plan outlining the ambition to eliminate cervical cancer by 2040, in line with WHO's target of fewer than 4 cases per 100,000. The South West was actively supporting development of this strategy, with a current incidence rate of 9.8 per 100,000, slightly above the national average of 9.4.

Development of a Regional Cervical Cancer Elimination Strategy began, following a face-to-face stakeholder event held on 19 November 2024. The regional strategy was scheduled to launch in June 2025, aligning with national priorities and embedding equity, access, and innovation at its core.

The South West's five year regional goals included:

- *Achieving ≥90% HPV vaccination coverage for boys and girls*
- *Increasing cervical screening uptake to ≥70% in the 25–49 cohort*
- *Ensuring ≥90% of individuals diagnosed with cervical disease receive treatment*

Local initiatives continued to focus on:

- Strengthening colposcopy pathways and treatment standards
- Addressing barriers to access through community engagement and data driven targeting
- Leveraging CSMS and NHS App integration to improve uptake
- Maintaining a strong HPV vaccination programme. This continued to show significant impact. A 2024 BMJ study confirmed an 83.9% reduction in cervical cancer incidence among vaccinated cohorts. Coverage for adolescents in the South West region remained among the highest nationally, with Year 10 female coverage at 77.9% (23-24 academic year)

Inequalities:

Following a successful pilot in Devon, talks were underway with providers and Cancer Alliances to expand drop-in cervical screening clinics across the region. These clinics offer flexible, appointment-free access for eligible individuals who may face barriers to attending traditional GP-based appointments.

A new drop-in clinic launched at Royal Cornwall Hospital Trust (RCHT) in December 2024, offering screening to eligible individuals aged 24.5–64, including those overdue or not registered with a GP.
Standard Operating Procedures and evaluation frameworks were in place to ensure quality and inform future rollout.

ANTENATAL / NEONATAL

ANNB screening comprises of 6 discrete programmes, each with their own standards.

Coverage:

Coverage of the antenatal and newborn screening programme remained very high, as these are an integral part of routine maternity care and postnatal care.

Performance

All services were mostly meeting all requirements against national key performance indicators (KPIs) and standards. All services met achievable or acceptable for coverage of the six programmes. Main breaches related to certain aspects of the newborn blood spot screening programme and the need for repeat sampling which continued to be a challenge due to multiple factors. A regional deep dive of the repeat blood spot standard (NB2) was completed and findings shared, including highlighting best practice and agreeing next steps. Service pressures and capacity were experienced with screening teams and ultrasound capacity, and providers worked hard to ensure that screening programmes were prioritised. One provider completed a Quality Assurance antenatal pathway review in Q1 2024/25 and one hearing screening programme had a Quality Assurance visit during the reporting period.

The national hearing screening programme community model threshold standard for review of any baby moved from five weeks to four weeks in 2024/25, so that all services met or were required to meet this standard. Standards for the newborn and infant physical examination were revised.

Inequalities:

Maternity providers completed late-booking audits.

One provider moved to conduct the hearing screen prior to discharge, wherever possible, for those babies who fall into groups who may find it harder to access community-based screening once discharged including for example: travelling families, vulnerable families, and those in contact with child protection and safeguarding services.

DIABETIC EYE SCREENING

Uptake: Both Cornwall and Devon providers performed well in terms of uptake both being above the achievable target 85%. (Q1 and Q2 2024/25)

Performance:

Performance against the other national KPIs and standards was good. Meeting the acceptable level of 80% for timely attendances at appointment in the Hospital Eye Services (HES) continued to be a challenge and was closely monitored. All cases were being triaged and most urgent prioritised. Significant delays due to capacity issues were seen with one service for routine appointments, and VaST worked with the providers and the ICB to address these.

Programme changes:

Extension of intervals from one to two years for all low risk patients commenced in October 2023 and were completed.

All providers implemented Optical Coherence Tomography (OCT) into their digital surveillance pathway for patients who are seen at intervals of less than one year (higher risk surveillance patients). OCT can definitively identify those patients requiring referral to ophthalmology services and those that can continue in the digital surveillance pathway that might otherwise have needed referral when OCT was not available.

Service Developments:

One provider received a QA review focussed on specific elements within the slit lamp biomicroscopy (SLB) surveillance pathway, to support a planned move of this element from ophthalmology services to the diabetic eye screening service. A planned programme was in place to move patients across to this service as they became due for their surveillance SLB check, bringing the service into line with other programmes.

Due to the specialist equipment needed for the implementation of OCT, Devon consolidated their digital surveillance services onto four sites in alignment to each of the four acute Trusts areas which patients would have previously attended for ophthalmology services. Cornwall had four fixed sites and one mobile unit to support access. Further work will be undertaken by VaST in 2025-26 to review access distances.

Inequalities:
Screening providers and VaST used the HEAT tool to identify and plan inequalities activities over the year and include for example, considering different and more accessible clinic sites, work within the prisons in Devon, and "Did Not Attend" audit to understand barriers to attendance.

ADOMINAL AORTIC ANEURYSM

Coverage: 2023/24 data published March 2025.

Initial screen coverage (S04) continues to be high, and all three programmes providing AAA screening to Devon and Cornwall populations had performance above the achievable target of ≥ 85% for 2023/24 and all were in the top five programmes across England.

Annual surveillance screen coverage within 6 weeks of due date (S05): All three programmes achieved the acceptable target (≥85%) and the Peninsula (PEN) programme was in the top ten of providers.

Quarterly surveillance screen coverage within 4 weeks of due date (S06):
The PEN (peninsula) and South Devon & Exeter programmes were above the achievable target (≥95%) and in the top ten of providers.

Service quality: The main challenge in the programme both nationally and regionally continued to be the high proportion of patients having to wait for longer than 8 weeks for surgery due to ongoing pressures within surgery and intensive care services. The South Devon and Exeter programme achieved the achievable threshold (second highest programme in country) and the other two programmes whilst below the acceptable target exceeded the England performance and were also in the top 10 of programmes. All breaches longer than 12 weeks were robustly tracked. The VaST worked closely with the screening services and the regional Vascular Surgery Network to closely track these patients, monitor reasons for delay and ensure surgery was carried out at the earliest opportunity.

Inequalities: The three providers for Devon and Cornwall population exceeded the achievable level of service users (who live in a LSOA classed as decile 1-3) who were conclusively tested and are all ranked in the top 5 providers across England. All providers completed the PHE Health Equity Assessment Tool (HEAT) tool and had action plans to further improve uptake and reduce inequalities. They worked in partnership to highlight services to specific groups of service users, for example farmers, veterans, and prisoners.

In Cornwall the AAA programme delivered outreach work to reduce inequalities in uptake, including working with fishermen, farmers, people with a learning disability and people with autism, and through engagement with food banks.

5 IMMUNISATION PROGRAMMES

5.1 Background

Immunisations are one of the most significant public health developments in the prevention of infectious disease. The routine vaccine schedule in the UK is available here along with

vaccine acronyms used in this section.[4] In addition to the routine immunisation programmes, the COVID-19 vaccination programme has continued to be delivered in line with the Joint Committee on Vaccination and Immunisation (JCVI) guidance.

5.2 Summary, by exception, of activity during 2024/25

PRE SCHOOL IMMUNISATIONS

Routine:

All local authorities performed above the England average across the range of childhood immunisations. In Devon and Cornwall, the priority remained the uptake of the MMR dose 1 and 2 and DTaP-IPV preschool booster vaccines in 5-year-olds.

Devon and Plymouth and Torbay had MMR 1 (at 5 years) coverage above 95% and Cornwall are well above 90%. Devon and Plymouth and Torbay had coverage of the primary course (at 5 years) above 95% with Cornwall within 0.1% of achieving this.

For MMR 2 coverage Devon and Plymouth were above 90%. Torbay and Cornwall had coverage less than 90% for both MMR dose 2 and all four LA are now just below 90% for the preschool booster DTaP-IPV at 5 years. For the Hib/ MenC booster (at 5 years), Devon is at 95% and the other three LA areas are above 90%.

Maximising Immunisation Uptake:

Work continued aiming to increase MMR and child immunisations uptake and reduce inequalities through the Devon and Cornwall Maximising Immunisation Vaccination Groups, (MIUG), and the ICB Vaccination Teams. These all used the evidence-based regional MMR action plan produced by NHSE VAST team. In Devon, Vaccination Innovation Funding (VIF) was also used to enable GP practices to undertake local work for their registered patients. Additional workstreams via the Devon and Cornwall MUIGs included:

1. MMR17-30 project undertaken in Feb/Mar 2024.
2. Further phases of vaccination data cleanse (Primary Care) with MMR as a priority

[4] Routine childhood immunisation schedule - GOV.UK (www.gov.uk)

3. Establishing GP practice immunisations leads networks in both Cornwall and Devon
4. Inclusion of social care support data in CHIS childhood immunisations dashboard to support liaison and project work with local CIC teams.

The South West Commissioning Support Unit were commissioned to provide additional support to a number of targeted practices with lowest immunisation uptake across the region.

Upcoming changes:

There was preparation for the 2025/26 childhood immunisation schedule changes and the anticipated change from January 2026, where children would be offered a combined vaccine for measles, mumps, rubella and varicella (chickenpox).

SCHOOL AGED IMMUNISATIONS

To Note: Data for 2024/25 not published at the time of writing

Coverage (2023/24 data):

Year 9 Td/IPV and MenACWY uptake was below South West and England for all four local authority areas. By year 10 the gap had narrowed.

HPV uptake in year 8 for both females and males was significantly lower than both England and South West[5] averages. Cornwall had HPV female coverage in year 10 above both England and South West values, compared with all three Devon LA areas which were below. For HPV male coverage in Year 10, Cornwall was marginally below both England and South West values whilst all three Devon LA areas were further below with 5-7% differences.

Service developments:

A new provider (Kernow Health) was commissioned for Devon commencing August 2023, meaning that both Devon and Cornwall have the same provider. The mobilisation of this new service created additional challenges for delivery in that first year with some impact being seen on the existing Cornwall provision for 2023/24.

[5] But not for Isles of Scilly

During 2024/25 NHSE VaST team and the provider worked to develop and implement operational delivery plans with a strong focus on activities to increase uptake including reviewing operational processes to support easier consent; increased school and parent engagement; providing additional community clinics; targeting lower uptake areas / schools earlier in the programme to provide opportunity for additional catch-up work and school revisits. Improvements were seen in uptake for the 2024/25 academic year.

The core offer of the service was expanded to include an offer of MMR catch up alongside the routine school age immunisations. This check mainly identified that MMR had been previously given and afforded an opportunity to update records. A small number of MMR were also given (~30).

Using funding available via the access and inequalities fund from NHSE VaST, the University of Exeter and the Schools Aged Immunisation service co-developed a project to increase awareness of vaccine preventable diseases and improve access to vaccinations in Gypsy Roma Traveller communities across Devon and Cornwall (commenced Feb 2025).

Work to understand how the EDUCATE[6] tool might be best utilised was ongoing, with a survey undertaken in Cornwall schools and one school in Torbay piloting this.

VACCINATIONS IN PREGNANCY

Maternity Programme (to protect infants)

The NHSE VaST supported a perinatal pathway work programme which is the key vehicle to deliver ongoing improvements to access and acceptability of the vaccination programme to maximise uptake.

To support efforts to maximise all vaccines in pregnancy (including seasonal flu) and the targeted newborn BCG vaccination programme, regional funding was made available in

[6] The HPV Educate resource was developed by researchers at the University of Bristol and the London School of Hygiene and Tropical Medicine (LSHTM) using co-production methods and an iterative approach with teenagers and key informants. It consists of a lesson plan which has been refined following consultation, and associated resources including activities and further information for teachers. University of Bristol: EDUCATE

2024/25 to develop a peri-natal immunisation lead role and support improvements in uptake and service delivery to all vaccines in the perinatal pathway across the South West. All the maternity providers in Devon and Cornwall now have their leads in place. The leads will support developments to improve uptake and vaccine timeliness including enhanced reporting, development of action plans and coming together as a regional network coordinated by the VaST team to share learning and best practice.

RSV: RSV was added to the vaccines in pregnancy schedule from 1 Sept 2024. This vaccine would be routinely offered from 28 weeks (although RSV circulates seasonally, the vaccine is given once all year round). As part of the mobilisation, initial vaccinations were given later in pregnancy in time for the 2024-25 winter RSV season. The South West was the second highest performing region for RSV.

Pertussis: Both Devon and Cornwall ICBs performed above the optimal performance target of 60%. GP Practices are required to participate in a national vaccination and immunisation campaign each year, as a requirement of the GP contract. Due to the number of cases of pertussis increasing and the recent infant deaths, the 2024/25 national campaign focussed on the pertussis vaccination programme for pregnant women. The campaign ran from Tuesday 1 October 2024 to Monday 31 March 2025. Due to the full coverage of offer of pertussis in maternity care in place in the South West, the system was in a good position from a maternity offer perspective. The NHSE VaST developed and shared advice with primary care to support best practice opportunistic delivery, signposting and reducing risk of confusion. Local systems amplified communication messages for example, Cornwall undertook a MUIG project: Maternal Pertussis Comms & Engagement Campaign. Over 1.5 million impressions were delivered across the various channels, resources were supplied to antenatal clinic areas and engagement continued via Cornwall's first baby show https://cornishstuff.com/portreath/cornwalls-first-ever-baby-show-promises-essential-resources-for-parents/

OLDER PEOPLE IMMUNISATIONS

Coverage:

As of 31 July 2025 the RSV vaccine coverage for older adults in the catch-up cohorts, in the South West was 67.3%, which was second region in the country (England 63.4%). Unpublished local performance monitoring data indicates that both Cornwall and Devon have coverage above England and in keeping with the South West. RSV vaccine coverage report in older adults for catch-up cohorts in England: July 2025 - GOV.UK

Programme delivery:

PPV: Adults over 65 years are eligible for routine single dose vaccination. As age increases so does coverage as this is a measure of total population uptake and increasing age offers more time for the vaccine to be given after turning 65 years. Coverage in the Peninsula LA areas exceeded the optimal performance for coverage (75%) for the 75+ year group and exceeded the efficiency standard (65%) for the 65+years group emphasising the importance of continuing to offer these vaccinations in older years and also of the need to do more work to improve the timeliness of the vaccination closer to the age of first eligibility in order to gain more protection from the vaccine for these groups. Coverage for the Peninsula LA areas, South West and England values lay within 2.5% range of each other (75+year group) and 2.3% range of each other (65+year group).

Shingles: The 'Shingrix for All' immunisation programme began on 1 September 2023. The programme offers 2 doses of the Shingrix vaccine to all immunocompetent individuals turning 65 and 70 and severely immunosuppressed individuals turning 50 and over. As this is a two dose regime at 6-12 months apart there is limited data available for 2024-25 as those that became eligible in this period would not necessarily have reached the date of their second vaccine.

Programme changes:

The RSV vaccination programme for older adults was launched in England on 1 September 2024 as a single-dose vaccine for adults turning 75 years old on or after the programme start date. A catch-up programme for those aged over 75 at programme start, until they are

80 years of age, was also in place. Those turning 80 during the first year of the programme were also eligible until 31 August 2025 (subsequently extended).

Upcoming changes:

Teams were planning for upcoming changes including:

Shingles: The eligibility for severely immunosuppressed group was lowered from 50 years to 18 years commencing September 2025

Men B / Mpox: Opportunistic immunisation to be delivered by sexual health services for GBMSM population from September 2025

RSV: JCVI have recommended that RSV eligible cohort be extended to include everyone over 75 years no matter what age (therefore extending use beyond the current 79 years to include all adults over 80 years) and for all residents in care homes. Ministerial decision will be required, and timescales are not confirmed.

SEASONAL IMMUNISATIONS (FLU AND COVID19 IMMUNISATIONS)

Autumn 2024/25 (COVID19 and influenza)

The Seasonal Influenza season in 2024-2025 ran from September 2024 until end of March 2025. Cohorts included people aged 65+, all Care Home residents and staff, housebound patients, Health and Social Care Workers and Clinically Extremely Vulnerable groups as identified by the Green Book.

Performance is shown in the tables below.

With the exception of Torbay 65 year and over, and children aged 2-3 years cohorts, all areas exceeded the national figures for flu immunisations across the groups.

All areas exceeded the national figures across all the age groups for COVID19 (except the Torbay 75-79 cohort).

Both the Devon and Cornwall and Isles of Scilly ICBs delivered vaccinations through Primary Care Networks, Community Pharmacies, Large Vaccination Centres and a wide range of outreach activities.

Both Devon and Cornwall ICBs monitor delivery and vaccine delivery oversight through vaccinations operational delivery group and oversight groups. All ICBs were asked to submit plans in line with national and regional guidance.

Seasonal influenza immunisation uptake for season in 2024-25

	Aged 65 and over	Under 65 (at risk)	2 year olds	3 year olds	Primary school aged
Cornwall & IOS ICB	76.6%	41.2%	46.1%	45.0%	55.3%
Devon	79.5%	46.9%	53.8%	56.0%	65.7%
Plymouth	77.7%	41.9%	45.1%	46.1%	60%
Torbay	74.3%	42.5%	39.4%	42.0%	56.2%
South West	79.4%	45.8%	49.7	50.8	62.8%
England	74.9%	40%	41.7%	43.5%	54.5%

Source: seasonal-flu-vaccine-uptake-in-GP-patients-2024-2025-data.ods

COVID19 immunisation uptake for Autumn 2024-25

Covid 19 Jan 29 2025)	65-69 years	70-74 years	75-79 year	80+years
Kernow (Cornwall and Isles of Scilly)	57.2%	67.0%	72.6%	75.7%
Devon	60.8%	69.5%	74.2%	77.8%
Plymouth	52.9%	61.4%	67.8%	71.8%
Torbay	49.4%	58.6%	63.7%	68.2%
South West	59.6%	68.6%	73.9%	77.0%
England	47.8%	58.0%	65.0%	67.6%

The flu in pregnancy uptake data is challenging due to difficulties in being able to identify denominator figures and recording issues and are likely to be under-estimates. Data is shown in the appendices but should be viewed with caution. All the maternity providers in Devon and Cornwall now have their peri-natal immunisation leads in place who support improvements in uptake and service delivery to all vaccines in the perinatal pathway.

Spring 2025 (COVID19)

Cohorts included people aged 75+, all Older Adult Care Home residents and staff, housebound patients, and patients that were immunosuppressed as identified by the Green Book.

Inequalities continued to be a strong focus of both programmes with outreach into areas of deprivation and/ or low uptake and in locations Devon and Plymouth and Torbay have, such as food banks; community centres; soup runs; complex lives settings; and bespoke clinics for specific groups such as carers. Providing added value of these contacts continued to be a priority, with other needs identified and addressed as part of the Making Every Contact Count agenda and created an opportunity for wider support.

6. HEALTH CARE ASSOCIATED INFECTIONS AND ANTIMICROBIAL RESISTANCE

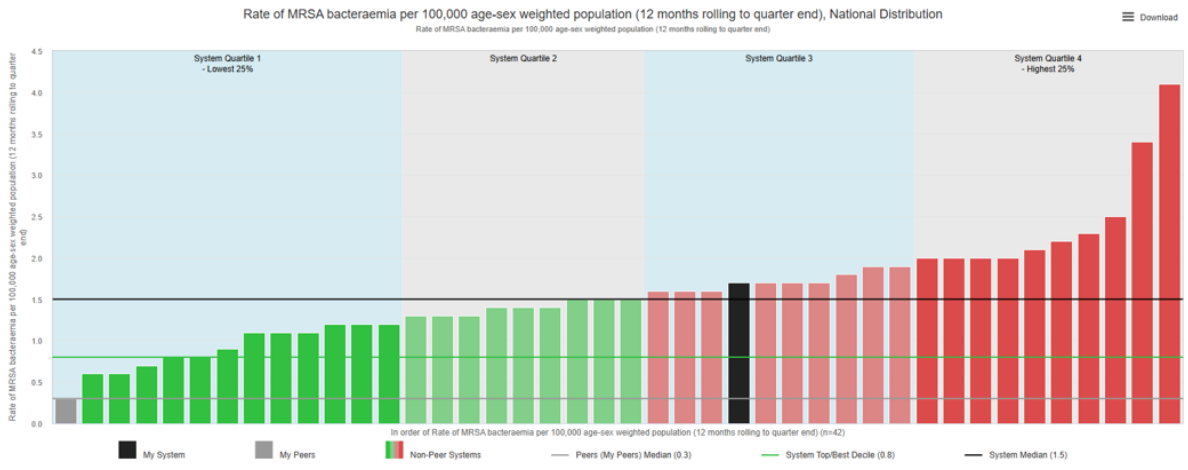
6.1 KEY PERFORMANCE

The following information summarises the key performance position and developments for health care associated infections, antimicrobial resistance work and key challenges over 2024/25 across the geography of Devon and Cornwall and Isles of Scilly (CIoS).

The shared data charts are courtesy of Model Health System NHS Digital. Figures are presented as rates per 100,000 population and are age-sex weighted. The numerator is sourced from the UKHSA healthcare-associated infection (HCAI) data capture system, and the denominator is a 12-month average GP registered population. The calculated rates are 12 months rolling to quarter end. Cornwall is displayed in black and Devon in grey.

Cases and rates for key organisms 2024/25

Methicillin Resistant Staphylococcus Aureus (MRSA)



NHS Cornwall ICB:

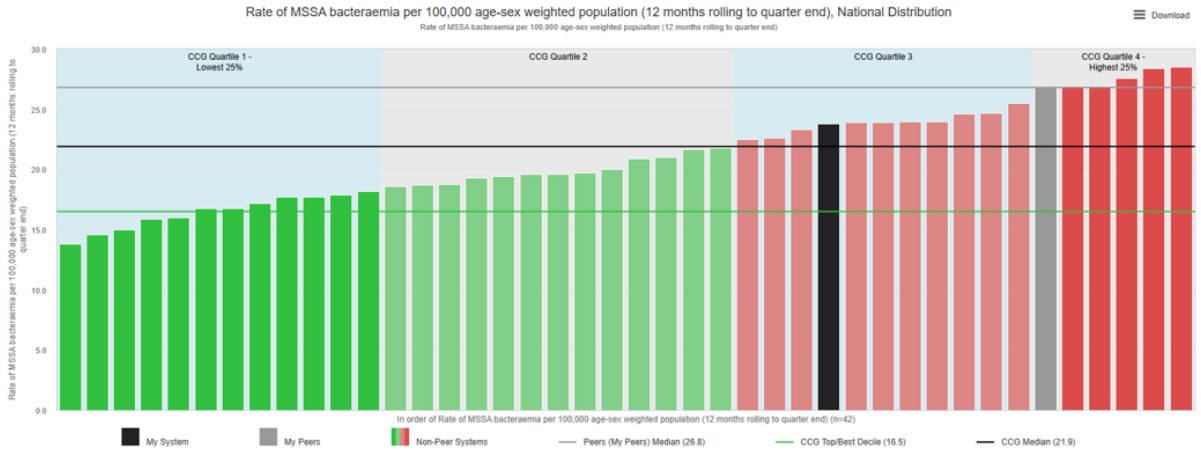
There were a total of 2 cases of MRSA blood stream infections (BSI) in Cornwall from 1st April 2024 to 31st March 2025, this is a 12-month rolling rate (age/sex standardised) of 0.3 per 100,000 and places Cornwall in the lowest quartile nationally.

NHS Devon ICB:

There were a total of 26 cases of MRSA blood stream infections (BSI) in Devon from 1st

April 2024 to 31st March 2025, at the end of quarter 4 this is a 12-month rolling rate of 1.7 per 100,000 and places Devon in the mid-high quartile nationally.

Methicillin Sensitive Staphylococcus Aureus (MSSA)



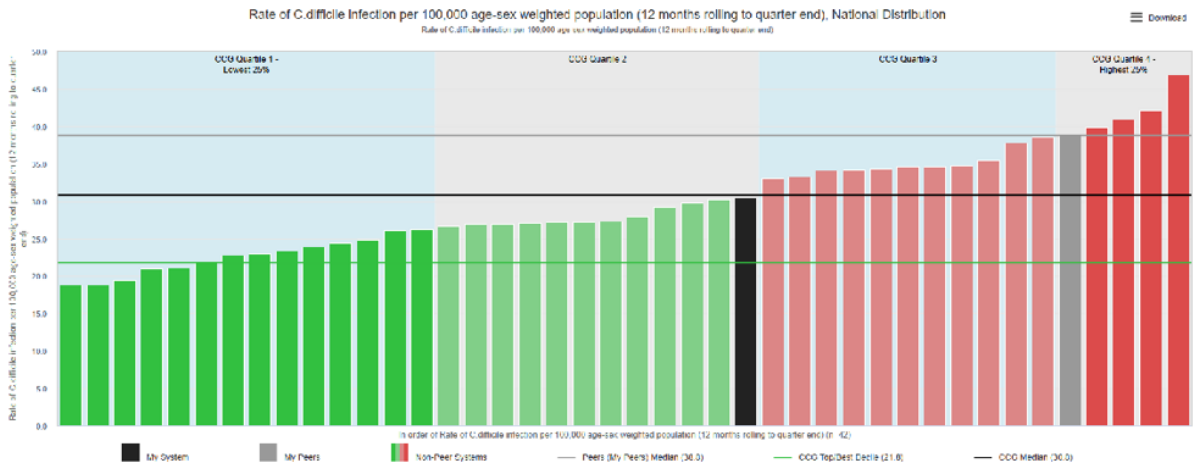
NHS Cornwall ICB:

There were a total of 161 cases of MSSA blood stream infections (BSI) in Cornwall from 1st April 2024 to 31st March 2025, this is a 12-month rolling rate (age/sex standardised) of 21.9 per 100,000, placing Cornwall in the mid-high quartile nationally

NHS Devon ICB:

There were a total of 385 cases of MSSA blood stream infections (BSI) in Devon from 1st April 2024 to 31st November 2025, at the end of quarter 4 this is a 12-month rolling rate of 25.0 per 100,000, placing Devon in the mid-high quartile nationally.

Clostridioides difficile (C. difficile)



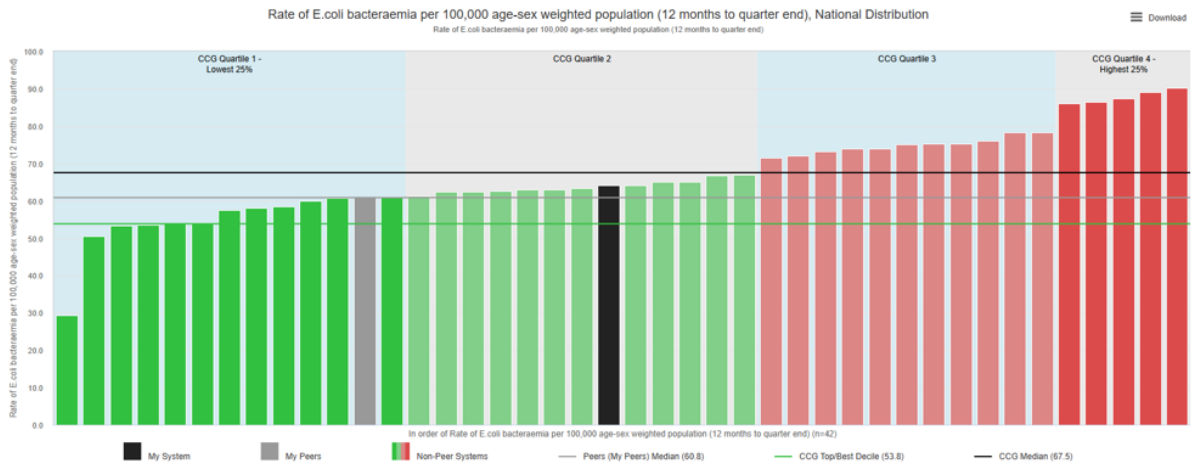
NHS Cornwall ICB:

There were a total of 301 cases of *C. difficile* blood stream infections (BSI) in Cornwall from 1st April 2024 to 31st March 2025, this is a 12-month rolling rate (age/sex standardised) of 38.8 per 100,000, placing Cornwall in the highest quartile nationally.

NHS Devon ICB:

There were a total of 497 cases of *C. difficile* blood stream infections (BSI) in Devon from 1st April 2024 to 31st March 2025, at the end of quarter 4 this is a 12-month rolling rate of 30.4 per 100,000, placing Devon in the mid-low quartile nationally.

Escherichia Coli (E. coli)



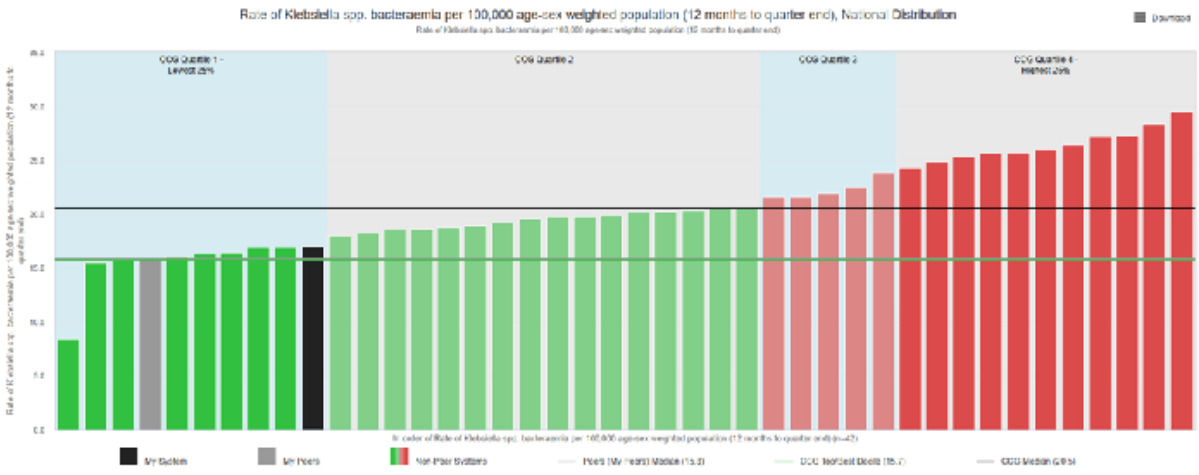
NHS Cornwall ICB:

There were a total of 484 cases of *E. coli* blood stream infections (BSI) in Cornwall from 1st April 2024 to 31st March 2025, this is a 12-month rolling rate (age/sex standardised) of 60.8 per 100,000, and places Cornwall in the lowest quartile nationally.

NHS Devon ICB:

There were a total of 1069 cases of *E. coli* blood stream infections (BSI) in Devon from 1st April 2024 to 31st March 2025, at the end of quarter 4 this is a 12-month rolling rate of 64.1 per 100,000, and places Devon in the mid-low quartile nationally.

Klebsiella



NHS Cornwall ICB:

There were a total of 124 cases of *Klebsiella* blood stream infections (BSI) in Cornwall from 1st April 2024 to 31st March 2025this is a (age/sex standardised) 12-month rolling rate of 15.8 per 100,000, placing Cornwall in the lowest quartile nationally.

NHS Devon ICB:

There were a total of 278 cases of *Klebsiella* blood stream infections (BSI) in Devon from 1st April 2024 to 31st March 2025, at the end of quarter 4 this is a 12-month rolling rate of 17.0 per 100,000, placing Devon the lowest quartile nationally.

6.2 ANTIMICROBIAL RESISTANCE (AMR) WORKING GROUPS

6.2.1 Peninsula AMR Group

The Peninsula Anti-microbial resistance group (PARG) met on a quarterly basis during 2024/2025 and through working groups structured around the main ambitions of the South West Infection Prevention and Control Strategy, including:

Prevention

This group focused on the development of a project to standardise urine sampling in primary care.

Communications and workforce

The communications group focused on two campaigns during the year, World Antimicrobial Resistance Week (November 2024) and WHO Hand Hygiene Day (May 2025). For both campaigns the working group developed sector specific communications materials which were shared with PARG members to further share with their networks, including early years and education, universities, care settings, healthcare settings, farmers, food premises and the public.

These collaborative LA efforts included both broad sharing of public-facing campaign materials alongside internal staff communications to raise awareness of tangible calls to action that can contribute to AMR prevention.

Data and digital

The data and digital group is developing a central repository hosted on NHS Futures to host and share AMR resources and collateral.

Health inequalities

This group has shared best practice across the Peninsula in addition to vaccine uptake work to reduce inequalities through the Devon and Cornwall MIUGs. Devon has delivered IPC training for staff working with health inclusion groups.

One Health

While not part of the SW IPC Strategy, One Health is central to AMR. This group has worked to embed a 'One Health' approach through all PARG workstreams.

All PARG groups have worked to progress the ambitions of the South West Infection Prevention and Control Strategy.

The PARG is made up of representatives across Devon, Cornwall and IoS systems, including primary care (both in-hours and out-of-hours), acute trusts, Academia, Infection Prevention and Control, Public Health (LAs and UKHSA), ICB medicines optimisation, pharmacy, APHA, dentists, and veterinary.

Torbay AMR group continues to promote initiatives across settings. The team was nominated for a national award for the work with schools and early years and was a finalist in the category.

6.2.2 World Antimicrobial Awareness Week 2024

As part of the World Antimicrobial Awareness Week 2024; engagement activities, information and initiatives were shared across NHS Trusts, Local Authorities, universities, and schools throughout the Peninsula. These collaborative LA efforts included both broad sharing of public-facing campaign materials alongside internal staff communications to raise awareness of tangible calls to action that can contribute to AMR prevention.

6.3 PROGRESS ON KEY HCAI & AMR CHALLENGES

Investigations into all healthcare-onset, healthcare-associated cases have been undertaken. Within Cornwall, these have identified key learning themes which include missed opportunities for face-to-face GP consultation, no documented follow up of urinary tract infections (UTI), midstream urine samples not being collected, dipping urine (a Point of Care Testing (POCT)) in patients over the age of 65, missed testing due to lack of detail on microbiology request forms, and multiple cannulation attempts. The picture in Devon was similar and also found the majority of cases were community-onset or community-associated (COCA).

MSSA work has been less well covered during the pandemic due to the many other pressures. However, both systems are placing this work within their IPC 2024-2025 work plans focusing

on non-infection specific quality improvement plans within the following themes: wound care, UTI, pneumonia, timely care, sampling, and prescribing patterns.

C. Difficile has shown an increase both regionally and nationally, to the point where a national incident has been declared. Reasons behind this rise are unclear, and additional *C. difficile* metrics are likely to be added to the data capture system to determine the cause of the rise in cases.

Within the Cornwall system a patient-held, 'Think C. diff' passport continues to be rolled out across Cornwall for all patients with a *C. difficile* infection diagnosis. The system infection control lead is representing the Devon system at a national *C. difficile* strategic level, and both Devon and Cornwall are a member of the regional *C. difficile* data collaborative. In addition, individual trusts each have *C. difficile* reduction strategies in place and results from some of these works have been shared at national level. Community onset *C. difficile* monitoring and theme/trend analysis is taking place in Devon localities but has yet to be combined across the Devon footprint- this is planned for 2025/26.

7 EMERGENCY PLANNING, RESILIENCE AND RESPONSE

7.1 DCIOS RESPONSE

Emergency Planning, Resilience and Response (EPRR) is led across the region by the NHS with the support of local authority partners as part of multi-agency partnerships; in the Peninsula this is the Devon, Cornwall and the Isles of Scilly Local Resilience Forum (LRF).

Relevant forum members responded to the following major/ critical incidents in 2024/25:

- A Major Incident was declared by the Police, in April 2024, in response to a series of contaminated drug incidents that resulted in 9 admissions to North Devon District Hospital of which two subsequently died. An issue identified was the lack of awareness of other contaminated drug incidents in the Region, which resulted in the hospitals clinicians responding in isolation. A process was subsequently agreed whereby OHID

SW will provide updates on unusual drug incidents for EDs across the Region via NHS England SW ROC.

- The May 2024 Cryptosporidium incident in areas of Torbay and South Hams placed some pressures on Primary Care in the area and was monitored by NHS Devon IPC staff but did not require a full incident response by the ICB.
- In August/ September 2024, when investigation was being undertaken into two possible unexploded ordinances in Plymouth, NHS Devon, University Hospitals Plymouth and Livewell Southwest, worked with partners to put in place a pre-prepared response, in case of any need for an evacuation of residents. This multi-agency work, whilst not activated, resulted in the development and adoption by the LRF of the Operation Luxvale Protocol, which will guide any future multi-agency response to unexploded ordinance in the DCIoS area.
- Response to adverse weather events, included several named storms during 2024/25 that resulted in power outages. Efforts focused on maintaining access to health and care services and ensuring that vulnerable patients are identified and supported throughout these incidents.
- Devon and C&IOS System Critical Incidents: Robust system responses were activated on several occasions due to various causes for example, escalating pressures upon urgent and emergency care services.
- Through multi-agency collaboration and exercise, the Isles of Scilly Reinforcement Plan has been updated by the Cornwall Council Emergency Management team. This plan ensures that resources can be activated and sent to the islands in the event of a critical or major incident.

7.2 INDUSTRIAL ACTION

Emergency planning was involved in preparing for and responding to industrial action taken by NHS staff during the year. Previous system wide industrial action plans were reviewed and updated with lessons identified from the last periods of action, working collaboratively with providers. A debriefs was held and learning identified will be embedded into the next iteration of planning assumptions.

7.3 EPRR RESPONSE ACTIVITY

7.3.1 Devon

Robust EPRR function with has been maintained:

- Early 2025 saw NHS Devon EPRR become a team as the outcome of the 2023-24 restructure recognised that the function had been under resourced. The increased resource to two full-time, trained, EPRR staff is enabling a wider range of concurrent work than was previously possible.
- The Nationally driven cuts and changes to ICBs will result in an ICB Cluster being implemented. This work will change EPRR structures going forward, however, national and regional direction on what this will entail has not yet been received.
- The ongoing 2023-24 restructure, and the announcement of a further round of cuts and further restructure, has continued the churn of on-call staff within the ICB, requiring frequent inductions of new Directors and Managers in addition to the maintenance of established on-call staffs knowledge.
- The Senior EPRR Manager also chairs the LHRP Business Management Group (BMG) and supports LRF work across capabilities such as Whole Society Resilience; Human Aspects, Evacuation & Shelter; and Vulnerable People groups.
- The delivery of the nationally mandated EPRR Assurance was completed in October 2024 with the ICB and all NHS Providers in Devon achieving Substantial or Full compliance with the Core Standards for EPRR.

7.3.2 Cornwall and Isles of Scilly

The team have continued to deliver a robust EPRR function with highlights listed below:

- Joint principles of health command training has been successfully delivered across the Peninsula, with sessions led collaboratively by the EPRR leads from both Devon and Cornwall. The local Director on Call training programme has undergone a comprehensive review, resulting in a refreshed training package. Monthly refresher sessions are now offered and have been well received, helping to ensure that our directors are equipped to provide effective system-wide leadership during incident response, in line with our Category One responsibilities.

- Delivery of the EPRR annual assurance process, supporting providers through a quarterly meeting assessment process to deliver collaborative working and support
- Provide leadership for the Local Health Resilience Partnership (LHRP), including overseeing the review and revision of the risk register and coordinating the upcoming evaluation of the associated work plan Head of EPRR is part of several national groups led by NHS England including CBRN and Pandemic preparedness.
- Development of LHRP/ LRF Pandemic Framework working in collaboration with the LRF capability lead.
- Act as Senior Responsible Officer (SRO) for Health on the LRF
- Exercise Effluvium was undertaken to outline the response to a major gas leak in a large urban community and included the impacts on the healthcare system locally.

7.4 DEVON, CORNWALL, AND ISLES OF SCILLY EXERCISES & PLANNING

Valuable lessons were taken from each of the exercises undertaken which have been built into workplans going forward.

In April 2024, a Devon system-wide Exercise, Pathalogia, was run with the support of NHS England SW Cyber Security to work through the Devon system's response to a cyber attack. Learning from the exercise is informing IT Disaster Recovery planning and how that links into the response to operational impacts.

NHS Devon, NHS Cornwall and Isles of Scilly ICB, University Hospitals Plymouth and Livewell Southwest participated in Exercise Hydropical (a part of Operation Skippered), a first of kind, multi-agency exercised response to a counter terrorism incident, in Plymouth in September 2024. The lessons from this exercise have informed national preparedness for terror incidents and bolstered local understanding of the health system's role and support for these operations.

At the request of the Health Protection Committee, Exercise Helios was undertaken in February 2025 to understand "the immediate response arrangements and long-term adaptations needed to ensure we are prepared for a protracted period of high temperatures". A debrief report with recommendations for future work has been shared with members of this committee as well as the Local Resilience Forum. The overarching findings of the exercise were that:

- There is a varying level of maturity of plans by individual agencies leading to an inability for the Local Health Resilience Partnership (LHRP) to be assured that the health of the population will be adequately protected during an extreme heat event.
- There are some multi-agency plans and frameworks that support the common consequences of an event of this nature, however there is a need to further explore the joint response arrangements and strategy for dealing with events of this nature.
- There is a need to explore the communication strategy for communicating with the public in events of this nature, to ensure that the messaging is tailored to get the most engagement from the various at risk groups. We all need to consider our ability to utilise national media outlets to support the local response.

Exercise Ultravox focused on the increasing use of synthetic opioids, highlighting the associated risks to users and the potential impact on the wider health system. The event featured valuable insights from Drug and Alcohol Implementation Coordinators and provided key networking opportunities for partners. In response, we have established systems to ensure alerts from the local drug information network are promptly shared with relevant healthcare partners, enabling timely action in the event of synthetic drug overdose incidents.

Various other exercises have taken place to test agency responses across partners to a range of scenarios.

7.5 LRF Pandemic Framework

In December 2024, the Local Health Resilience Partnership (LHRP) agreed to reframe its approach to pandemic preparedness, acknowledging that the LHRP does not hold a direct response function. Subsequently, the executive team committed to developing a pandemic framework document under the Local Resilience Forum (LRF), with input from partners across the LRF. This work has progressed well, and the draft framework is scheduled to be tested during Exercise Pegasus the national Tier One pandemic exercise beginning in September 2025.

7.6 SEVERE WEATHER PLANS

Severe weather plans are reviewed annually against any changes in guidance and assessed through the annual EPRR assurance process. We are running a capability style delivery of the LHRP workplan with a specific workgroup for this capability to ensure all plans are aligned with national guidance at operational levels.

7.7 ASSURANCE

The annual EPRR assurance was delivered in 2024 and signed off by the LHRP.

7.8 TRAINING

Training is delivered at a system and Peninsula level for principles of health command. Locally within CIOS we also deliver system level loggist training, all Directors on call have access to LRF level training such as JESIP and are encouraged to participate in any exercises.

As well as the joint PHC training referred to above, all NHS Devon on-call staff undergo internal on-call induction/ refresher training each year to maintain their awareness of the processes and systems in place for a multi-agency emergency response. Similarly, there is also a refresher programme in CIOS and on-call staff have access to LRF multi-agency training, including the Joint Emergency Services Interoperability Protocols training.

8. CLIMATE AND ENVIRONMENT

This section of the report was introduced 2022/23, seeking to continue development from the setting of work programme priority on climate in the 2021-22 Committee report.

Climate change is a growing threat, and exacerbates many existing health protection challenges, for example changing the epidemiology of infectious and vector borne diseases.[7] Nationally, UKHSA continues to prioritise research and action on climate change adaptation through the UKHSA Centre for Climate and Health Security

In the South West, UKHSA, OHID, FPH sustainability representatives and LA leads from Devon and Cornwall worked together through the South West Climate Change Public Health Leads Network, to share best practice and increase impact and influence on climate change. The network is building connections with professionals across Greener NHS and emergency planning.

In DCIOS, the Devon, Cornwall and Isles of Scilly (DCIoS) Climate Impacts Group (CIG) is the main partnership that coordinates Peninsula-wide action on climate adaptation, preparing communities and organisations for a changing climate, and improving resilience across the region, and has published a risk register and the DCIOS Climate Adaptation Strategy. Work on de-carbonisation and net zero is coordinated through the Devon Climate Emergency net zero plan and the Cornwall Climate Emergency plan.

The DCIOS Health Protection Committee and regular locality meetings have 'climate change' on the agenda as standing item as an ongoing prompt to consider the risks and opportunities for actions that have climate, health and equity co-benefits.

CIOS are working at system level on health creation models and adaptation, and mitigation plans which reduce the production of carbon by considering a wellness health model rather than the traditional sickness model. The climate change work in health is not just focused on response to climate change e.g. floods and heatwaves but the bigger picture of meeting the Net Zero targets in Green Plans through overall channel shift into health creation, healthier

[7] Climate change: health effects in the UK - GOV.UK

societies, moving care closer to communities and reducing the requirement for carbon intensive secondary care.

There are many actions already taking place across the Peninsula that are successfully reducing greenhouse gas emissions, increasing resilience and implementing the four local authorities carbon neutral / net zero plans. Please refer to local websites and plans for detail on specific actions.

https://www.cornwall.gov.uk/climateemergencydpd

https://devonclimateemergency.org.uk/devon-carbon-plan/

https://www.plymouth.gov.uk/climate-emergency-action-plan

https://www.torbay.gov.uk/council/climate-change/carbon-neutral-council-action-plan/

9. PROGRAMME PRIORITIES

The DCIOS Health Protection Committee has reviewed the work programme priorities in the formulation of this report and agreed the priorities set out below. These build on progress during the previous year.

1. Climate Emergency

Work closely with partners to address the climate emergency and develop plans in relation to flooding, heatwave, cold weather, and other climate related mitigations or emergencies, with an emphasis on the impact on vulnerable groups.

2. Infection Prevention and Management

Take action to strengthen infection prevention arrangements and tackle anti-microbial resistance:

- promote health protective behaviours
- strengthen infection prevention systems within health and care and wider settings
- reduce healthcare associated infections
- tackle antimicrobial resistance
- implement the regional Infection Prevention and Management Strategy at local level.

3. Screening and Vaccinations

Work in partnership across the system to improve uptake and reduce inequalities in screening and vaccination rates, with a focus on vulnerable populations. This work is driven forward by the Maximising Immunisation Uptake Groups in relation to vaccination and a similar approach is endorsed by the board for screening.

4. Pandemic Preparedness

Develop and strengthen planning and pandemic preparedness across the system, promote resilience, and build on learning from the Covid Inquiry, regional and national exercises as they are established.

5. Strengthen local Health Protection System, taking an all hazards approach

Collectively deliver continuous improvement in health protection. Develop the local Memorandum of Understanding and pathways taking into account service planning and response needs for specific hazards including, but not limited to HCIDs, climate change adaption and mitigation (e.g. severe weather events), emerging zoonotic risks (e.g. Avian Influenza) and Acute Respiratory Infection.

6. Inclusion & Inequalities

Protect the health of people experiencing greater inequalities in health or access. Implement the Inclusion Health Agenda through health protection systems.

7. Work to support local strategic plans

See links to plans in Appendix 3

10. AUTHORS AND CONTRIBUTORS

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With thanks to all contributors from members of the Health Protection Committee

11. Appendices

Appendix 1 Devon, Cornwall and Isles of Scilly Health Protection Committee summary terms of reference

1. Aim, Scope & Objectives

Aim

To provide assurance to the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council, Cornwall Council and the Council of the Isles of Scilly that adequate arrangements are in place for the prevention, surveillance, planning and response required to protect the public's health.

Scope

The scope of health protection to be considered by the committee will include prevention and control of infectious diseases, immunisation and screening, healthcare associated infections, non-infectious environmental hazards, and emergency planning and response (including severe weather, environmental and non-environmental hazards).

Objectives

- To provide strategic oversight of the health protection system operating across Devon, Plymouth, Torbay, Cornwall Council & the Council of the Isles of Scilly.
- To oversee the development, monitoring and review of a memorandum of understanding that outlines the roles and responsibilities of the UKHSA, Integrated Care Systems (Devon, and Cornwall & the Isles of Scilly), and upper tier/lower tier/unitary authorities in relation to health protection.
- To provide oversight of health protection intelligence reported to the committee and be appraised of risks, incidents, or areas of underperformance.
- To review and challenge the quality of health protection plans and arrangements to mitigate any risks.
- To share and escalate risks, incidents and underperformance to appropriate bodies (e.g. Health and Wellbeing Boards/Local Health Resilience Partnership, NHS England) when health protection plans and arrangements are insufficient to protect the public. The escalation route will depend on the risk or area of underperformance.
- To agree an annual programme of work to further improve local health protection arrangements as informed by the respective Health and Wellbeing Strategies for Devon, Plymouth, Torbay, Cornwall Council and the Council of the Isles of Scilly and their Director of Public Health's Annual Report and Joint Strategic Needs Assessments.
- To review and challenge arrangements for the delivery of existing and new national screening and immunisation programmes or extensions to existing programmes.

- To promote reduction in inequalities in health protection across Devon, Plymouth, Torbay, and Cornwall & the Isles of Scilly.
- To oversee and ratify a Health Protection Committee Annual Report.

2. Membership

Chair: Director of Public Health

Business Support

Members:
UKHSA Health Protection Consultants
NHS England South West Vaccinations & Screening Team
NHS Devon IPC Team
NHS Kernow ICB Director of IPC
Consultant in Public Health: Local Authority Health Protection Lead
EPRR Leads from NHS Devon ICB and NHS Kernow ICB
Co-Chair of Health Protection Advisory Group
Local Health Resilience Partnership Co-Chair
Devon Strategic Environmental Health Group Representative
Co-Chairs of Peninsula AMR Group

Minutes are also circulated to:

Chief Nursing Officer, NHS Devon ICB and NHS Kernow ICB

3. Meetings & Conduct of Business

3.1 The Chairperson of the Health Protection Committee will be either a Director of Public Health from Devon County Council, Plymouth City Council, Torbay or Cornwall Council. Directors of Public Health serving these councils will review this position annually.

3.2 For meetings to be quorate they must comprise:
- The Chairperson of the Health Protection Committee, or their deputy
- Leads or their deputies from the Local Authority Public Health (minimum of one representative from Cornwall and one from the Devon Local Authorities)
- Leads or their deputies from the Integrated Care Board
- Leads or their deputies from the UKHSA
- Leads or their deputies from the VAST

3.3 All meeting papers will be circulated at least seven days in advance of the meeting date.

3.4 The agenda (standing items listed in 3.6 below) and minutes will be formally recorded. Minutes listing all agreed actions will be circulated to members and those in attendance within 14 working days of the meeting.

3.5 Meetings will be held quarterly.

3.6 Standing agenda items will include the following:

- Health Protection Exception Reports
- Communicable Diseases, Environmental Hazards & Health Protection UKHSA Quarterly Update
- Healthcare Associated Infections Quarterly Report
- Screening and Immunisation Quarterly Performance and Risk Monitoring Report
- Peninsula Cancer Prevention Alliance: Feedback from Devon & Cornwall Meeting
- Emergency Planning update
- Annual Assurance Report
- Update on ongoing work programme priorities[8] (where not already provided)
- Joint Forward Plans
- Gap Analysis Action Plan (GAAP) Tool Implementation
- Risks
- Any Other Business

3.7 An annual report of the Committee will be forwarded to members of the Health and Wellbeing Boards for Devon County Council, Plymouth City Council, Torbay Council, Cornwall Council & the Council of the Isles of Scilly. Also present as an annual agenda item to the Local Health Resilience Partnership.

3.8 Terms of Reference to be reviewed annually.

AFFILIATED GROUPS

In addition, several groups sit alongside the Committee with remits for:

- Infection Prevention and Control
- Antimicrobial Stewardship
- Immunisation
- Screening
- Seasonal vaccination
- Emergency planning (including Local Resilience Forums)
- Migrant and Refugee health
- Tuberculosis & Hepatitis

All oversight groups have Terms of Reference and clear escalation routes to ensure accountability both within NHS England and UKHSA and into individual partner organisations.
NHSE, UKHSA and ICBs provide quarterly performance, surveillance, and assurance reports to the Committee.
Local authority lead officers review surveillance and performance monitoring information to identify health protection risks and/or under performance prior to committee meetings.

[8] as outlined in the Annual Assurance Report

Officers are responsible for liaising with relevant partners to ensure that actions have been agreed to mitigate against any identified risks, or to improve performance. The outcomes of these discussions are formally reported to the Committee for consideration and agreement.

Appendix 2 Roles in relation to delivery, surveillance and assurance

Prevention and control of infectious disease

UKHSA local health protection teams lead the epidemiological investigation and the specialist health protection response to public health outbreaks or incidents. They have responsibility for declaring a health protection incident, major or otherwise and are supported by local, regional, and national expertise.

NHS England is responsible for managing and overseeing the NHS response to any incident that threatens the public's health. They are also responsible for ensuring that their contracted providers deliver an appropriate clinical response.

Integrated Care Boards ensure, through contractual arrangements with provider organisations, that healthcare resources are made available to respond to health protection incidents or outbreaks.

Local authorities, through their Director of Public Health or their designate, have overall responsibility for strategic oversight of an incident or outbreak which has an impact on their population's health. They should ensure that an appropriate response is put in place by NHSE and UKHSA, supported by the local authorities and NHS. In addition, they must be assured that the local health protection system response is robust and that risks have been identified, are mitigated against, and adequately controlled.

UKHSA provides a quarterly report to the Committee containing epidemiological information on cases and outbreaks of communicable diseases of public health importance at local authority level. Surveillance information on influenza and influenza-like illness and infectious intestinal disease activity, including norovirus, are published during the winter months.

Screening and Immunisation

Population Screening and Immunisation programmes are commissioned by NHS England and Improvement under what is known as the Section 7A agreement. There are 20 population immunisation programmes and 11 population screening programmes. These programmes cover the whole life course from antenatal to elderly persons and, in any one year, approximately 70% of the population will become eligible for at least one immunisation programme or screening test. These programmes are a core element of prevention and early diagnosis and offer opportunities for accessing populations to improve wider health and wellbeing.

NHS England is the lead commissioner for all immunisation and screening programmes except the six antenatal and new-born programmes that are part of the CCG Maternity Payment Pathway arrangements, although NHS England remains the accountable commissioner.

UK Health Security Agency is responsible for setting national screening and immunisation policy and standards through expert groups (the National Screening Committee and Joint Committee on Vaccination and Immunisation). At a local level, specialist public health staff in Screening and Immunisation Teams, employed by NHS England work alongside NHS England Public Health Commissioning colleagues as part of a wider Vaccination and Screening Team to provide accountability for the commissioning of the programmes and system leadership.

Local Authorities, through the Director of Public Health, are responsible for seeking assurance that screening and immunisation services are operating safely whilst maximising coverage and uptake within their local populations. Public Health Teams are responsible for protecting and improving the health of their local population under the leadership of the Director of Public Health, including supporting NHS England in efforts to improve programme coverage and uptake.

The South West Vaccination and Screening Team provides quarterly reports to the Health Protection Committee for each of the national screening and immunisation programmes.

Reports are considered by lead Local Authority Consultants in Public Health and any risks identified are considered with NHS England specialists to agree mitigating activities.

Serious incidents that occur in the delivery of programmes are reported to the Director of Public Health for the Local Authority and to the Health Protection Committee.

Locality Immunisation Group activity was suspended during the pandemic but has been re-introduced in 2022 and badged as Maximising Immunisation Uptake Groups, where all local activity to improve coverage and reduce inequalities is planned and co-ordinated working with local system partners.

Separate planning and oversight groups are in place for seasonal influenza and covid.

There are oversight groups (Programme Boards) for all screening programmes and these form part of the local assurance mechanisms to identify risks and oversee continuous quality improvement. In addition, specific project groups are convened, as necessary, to oversee significant developments in the programmes and the introduction of new programmes.

All the oversight groups have Terms of Reference and clear escalation routes to ensure accountability both within NHS England and individual partners.

Healthcare associated infections

NHS England sets out and monitors the NHS Outcomes Framework which includes Domain Five (safety): treating and caring for people in a safe environment and protecting them from avoidable harm. NHS England holds Integrated Care Boards to account for performance against indicators under this domain, which includes incidence of healthcare associated methicillin-resistant Staphylococcus aureus bacteraemia and incidence of Clostridium difficile infection.

UKHSA, through its consultants in communicable disease control, leads the epidemiological investigation and the specialist health protection response to wider community non-hospital outbreaks, and is responsible for declaring a health protection incident.

The ICBs role is to ensure, through contractual arrangements with provider organisations, that health care associated infection standard operating procedures are in all provider contracts and are monitored regularly. In addition, ICBs must be assured that the Infection Prevention and Control Teams covering the hospital and NHS community healthcare provided services sector are robust enough to respond appropriately to protect the local population's health, and that risks of health care associated infection have been identified, are mitigated against, and are adequately controlled.

The local authority, through the Director of Public Health or their designate, has overall responsibility for the strategic oversight of a health care associated infection incident affecting their population's health. They should ensure that an appropriate response is put in place by NHS England and UKHSA, supported by the ICB.

The Regional Infection Prevention & Control (IPC) Network is a monthly forum for all stakeholders working towards the elimination of avoidable health care associated infections. The Devon IPC group covers health and social care interventions in clinical, home, and residential care environments, identifying risks, sharing best practice and collaborating in system-wide approaches. The group is co-ordinated by NHS Devon ICB and is a cross-agency forum involving Acute and Community NHS Trusts, Ambulance and Out of Hours Doctors, Local Authority Public Health, UKHSA, Medicines Optimisation and NHS England.
In Cornwall there is an IPC system alliance with multi-agency attendance working on a similar agenda, also reporting into the Health Protection Committee. There is cross-attendance between the Devon and Cornwall groups.

Emergency planning and response

Local resilience forum (LRF) is a multi-agency partnership made up of representatives from local public services, including the emergency services, local authorities, the NHS, the

Environment Agency, and others. These agencies are known as Category 1 Responders, as defined by the Civil Contingencies Act. The geographical area the forum covers, reflects the police area of Devon, Cornwall, and the Isles of Scilly.

The LRFs aim to plan and prepare for localised incidents and catastrophic emergencies. They work to identify potential risks and produce emergency plans to either prevent or mitigate the impact of any incident on their local communities.

The Local Health Resilience Partnership (LHRP) is a strategic forum for organisations in the local health sector. The LHRP facilitates health sector preparedness and planning for emergencies at Local Resilience Forum (LRF) level. It supports the NHS, UKHSA and local authority representatives on the LRF in their role to represent health sector Emergency Planning, Resilience and Response (EPRR) matters.

All Councils continue to engage with the Local Resilience Forum and the Local Health Resilience Partnership in undertaking their local engagement, joint working, annual exercise programme, responding to incidents and undertaking learning as required.

Appendix 3 Links to Strategies and Plans

Cornwall and Isles of Scilly ICS Strategy
https://cios.icb.nhs.uk/ics/

Cornwall and Isles of Scilly Joint Forward Plan
https://docs.cios.icb.nhs.uk/DocumentsLibrary/NHSCornwallAndIslesOfScilly/Organisation/Policies/230405JFPJune2023edition.pdf

Devon ICS Strategy and **Devon Joint Forward Plan**
https://onedevon.org.uk/about-us/our-vision-and-ambitions/our-devon-plan/

Plymouth Climate Emergency Action Plan
https://www.plymouth.gov.uk/climate-emergency-action-plan-2022

Devon, Cornwall, and Isles of Scilly Climate Adaptation Strategy
https://www.climateresilient-dcios.org.uk/#:~:text=View%20Consultation%20Report-,The%20Devon%2C%20Cornwall%20and%20Isles%20of%20Scilly%20(DCIoS)%20Climate,change%20increasingly%20affects%20the%20UK.

Cornwall and Isles of Scilly ICS Strategy
https://cios.icb.nhs.uk/ics/

Cornwall and Isles of Scilly Joint Forward Plan
https://docs.cios.icb.nhs.uk/DocumentsLibrary/NHSCornwallAndIslesOfScilly/Organisation/Policies/230405JFPJune2023edition.pdf

Devon Carbon Plan
https://devonclimateemergency.org.uk/devon-carbon-plan/

Plymouth Climate Emergency Action Plan
https://www.plymouth.gov.uk/climate-emergency-action-plan-2022

Appendix 4 Counts of situations by principal contexts and infectious agents

Local Authorities: Devon, Plymouth Torbay, Cornwall and Isles of Scilly

APRIL 2024 TO 31 MARCH 2025

Counts of Respiratory Situations by Principal Contexts and Infectious Agents

	Primary context				
Infective organism	**Care Home**	**Nursery/ School**	**Other**	**N/A**	**Total**
Bordetella spp	<5	<5	<5	<5	<5
COVID-19	7	<5	<5	<5	10
Influenza A virus, Seasonal	5	<5	<5	<5	5
Influenza B virus	<5	<5	<5	<5	<5
Influenza (not specified)	66	8	<5	38	113
Parainfluenza virus	<5	<5	<5	<5	<5
Respiratory syncytial virus (RSV)	<5	<5	<5	<5	<5
(blank)	<5	<5	<5	<5	<5
Total	79	9	<5	42	133

Other context = Custodial institution, Hospice, Hospital, Household, Supported living facility, workplace

Where the numbers of incidents are small, they are denoted as <5 to protect anonymity.

Counts of Gastrointestinal Situations by Principal Context

Primary context	Number of Situations
Care Home	50
Nursery	16
School	13
Other	37
Grand Total	116

Other context = boat, custodial institution, hotel, visitor attraction, workplace

Gastrointestinal situations include: Diarrhoea and/or vomiting, Enteric Fever, Food Poisoning, Gastroenteritis, Gastrointestinal infection (GI), and Infectious bloody diarrhoea

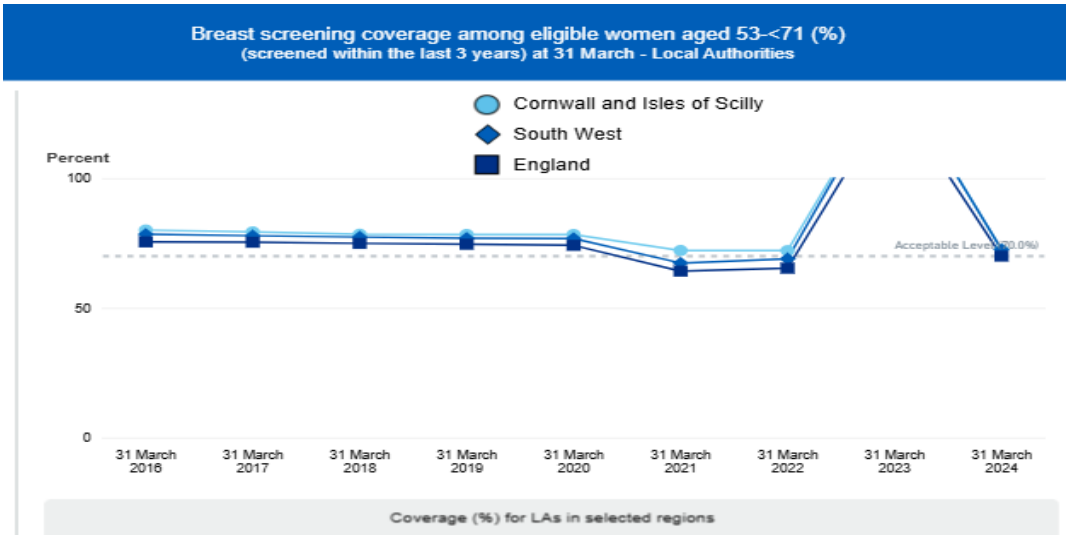
Appendix 5 Screening data 2024/25

Cancer Screening Coverage Data

Breast Screening: Coverage amongst eligible women aged 53-≤71 screened within last 3 years at 31 March (%)

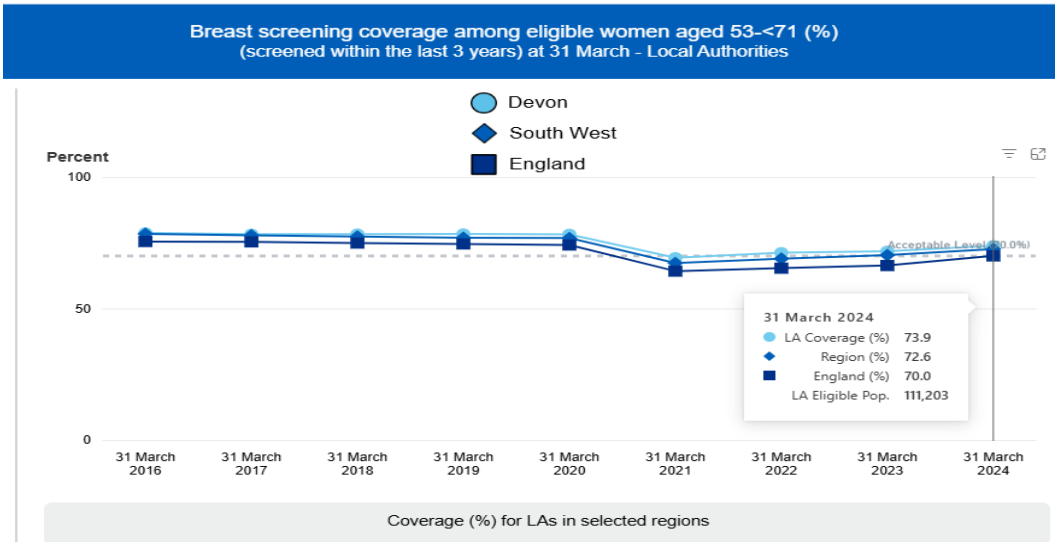
Source: NHS Digital, Timeseries from 2016 – 2024. NB all programmes were significantly impacted by COVID. Extracted August 2025 Microsoft Power BI

Cornwall & Isles of Scilly

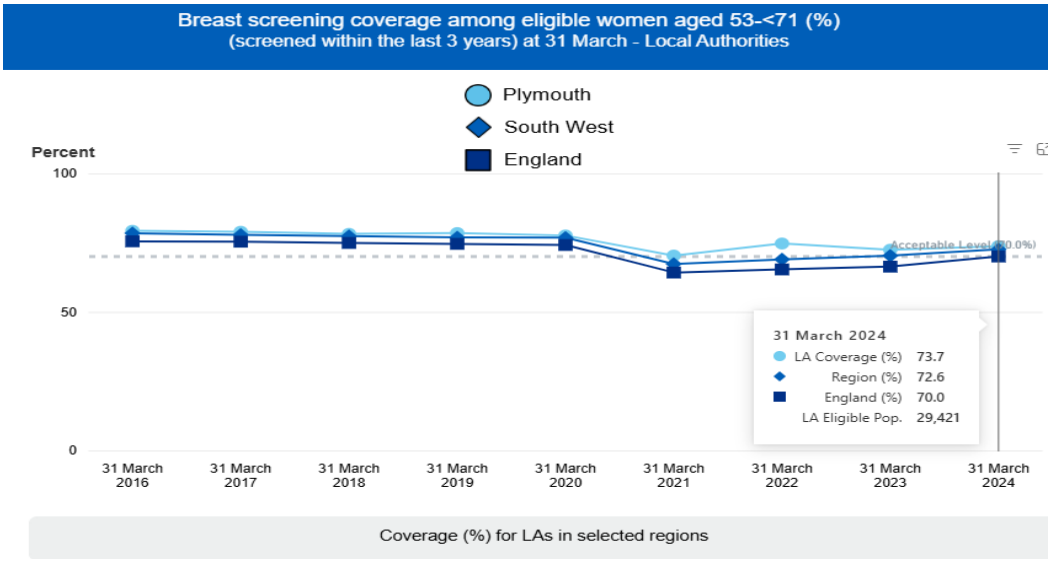


To note: there is an error in this diagram for the 31 March 2023 figures. Taken from a different data source Cancer Services - Data | Fingertips | Department of Health and Social Care, the figure for 2022/23 was 70.5% and the values for the South West and England are 70.3% and 66.4% respectively as shown in the following diagrams.

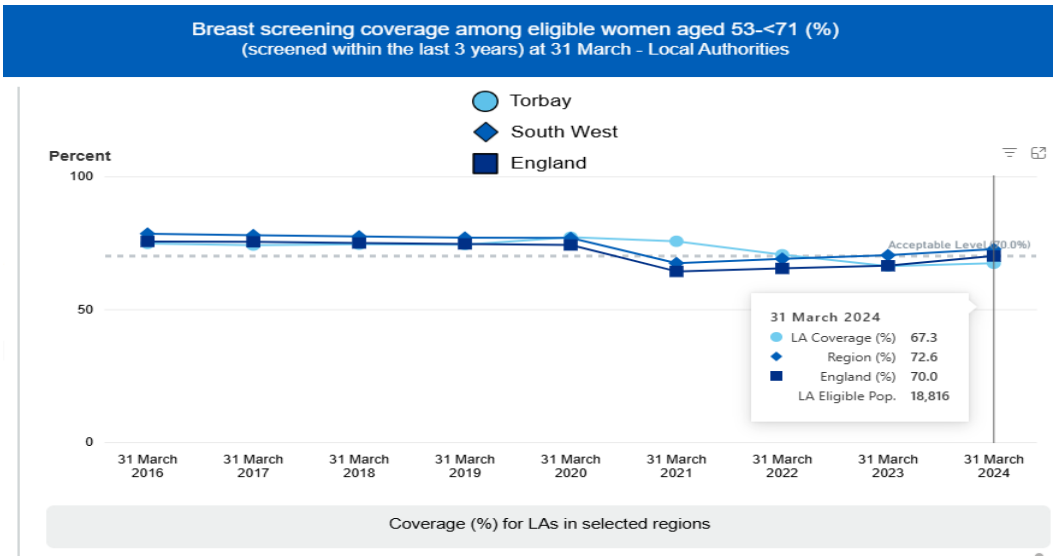
Devon



Plymouth



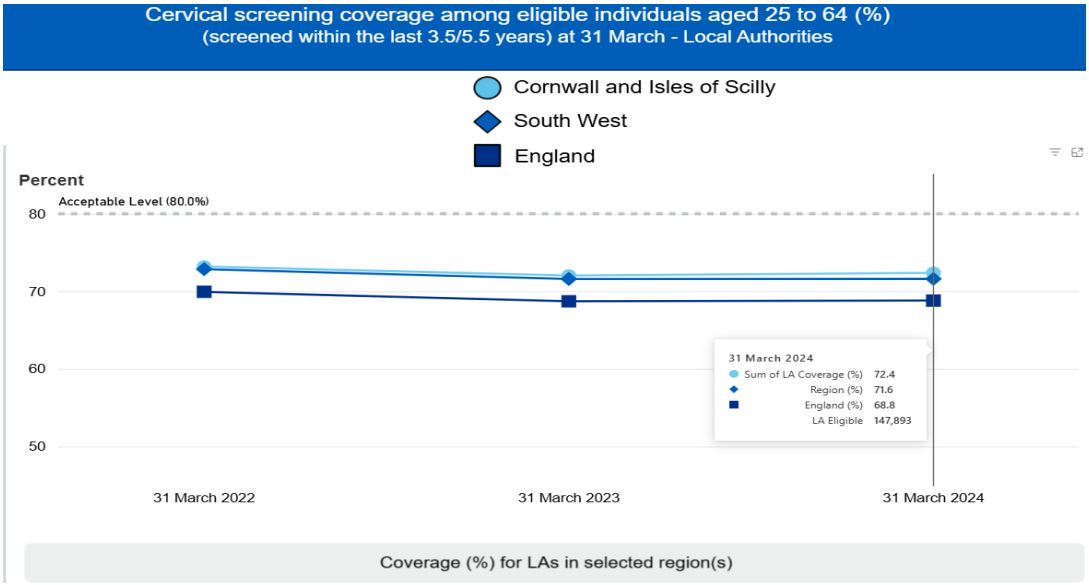
Torbay



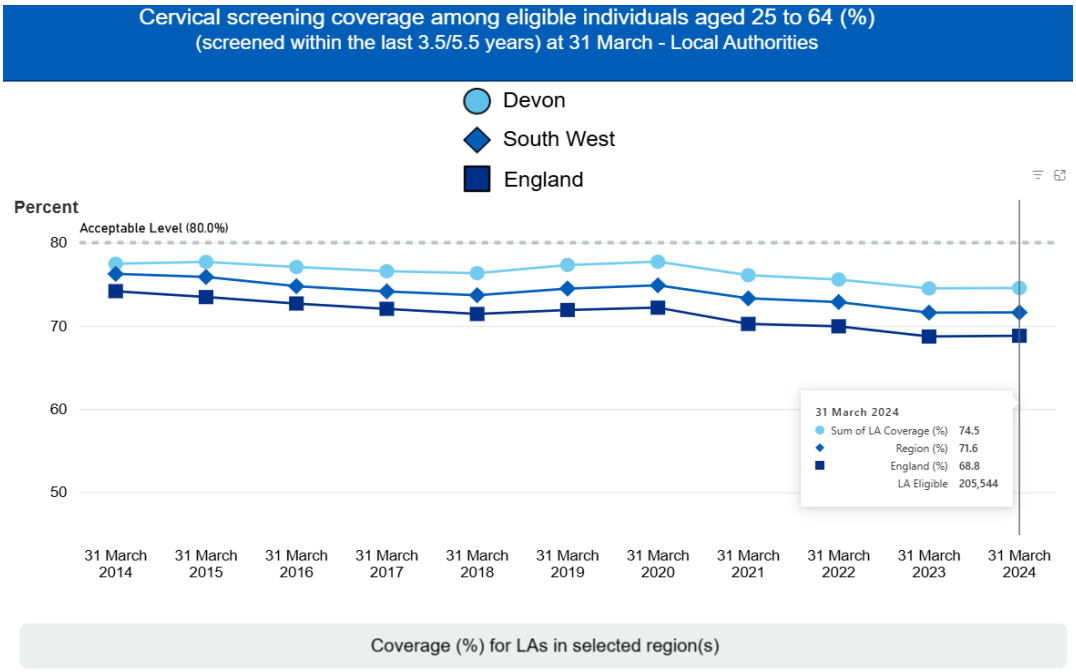
Cervical: Coverage amongst eligible individuals aged 25 to 64 screened within last 3.5/ 5.5 years at 31 March (%)

Source: NHS Digital, Timeseries from 2014– 2024 Extracted August 2025 Microsoft Power BI

Cornwall and Isles of Scilly[9]

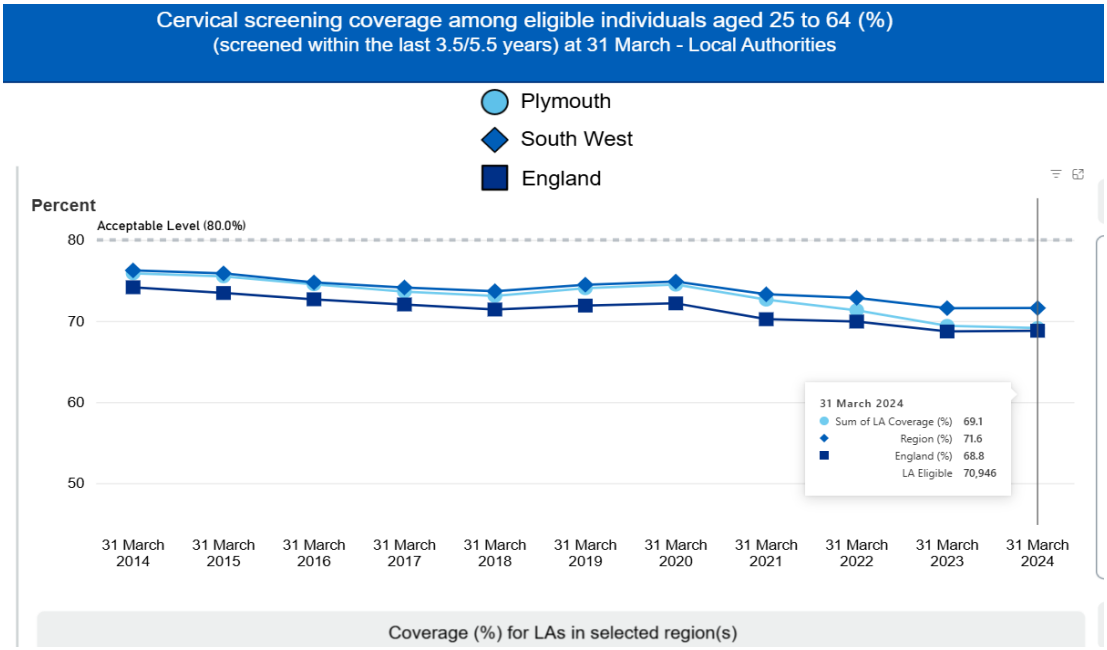


Devon

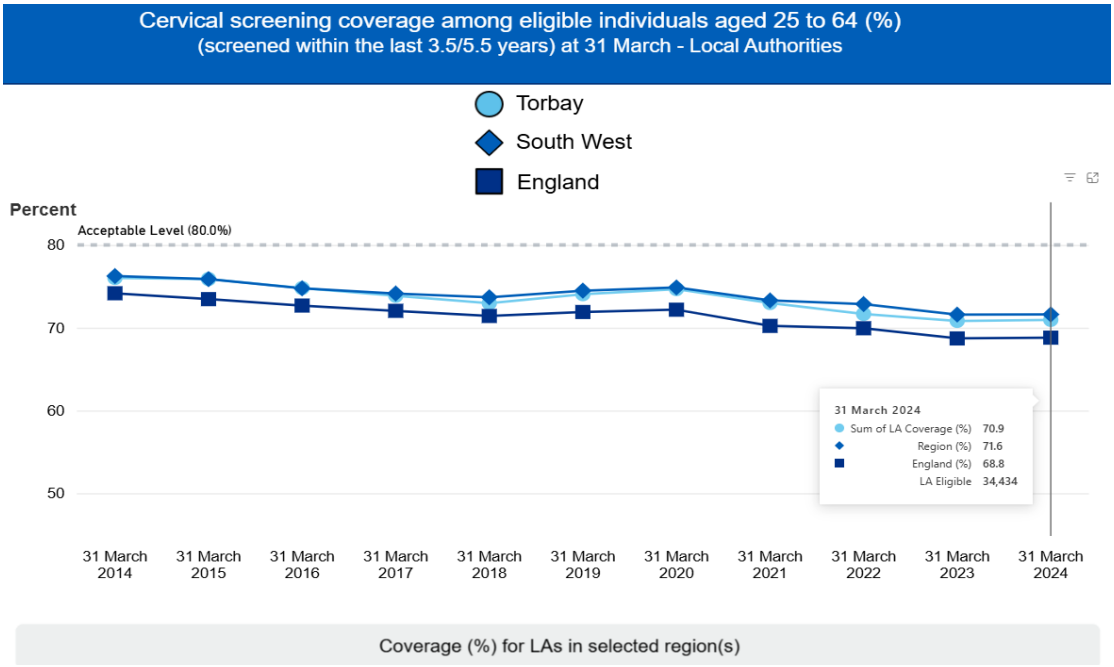


[9] Cornwall and Isles of Scilly has a break in data so that preceding data is shown separately in the NHS Digital series. Therefore most up to date time series is shown here.

Plymouth



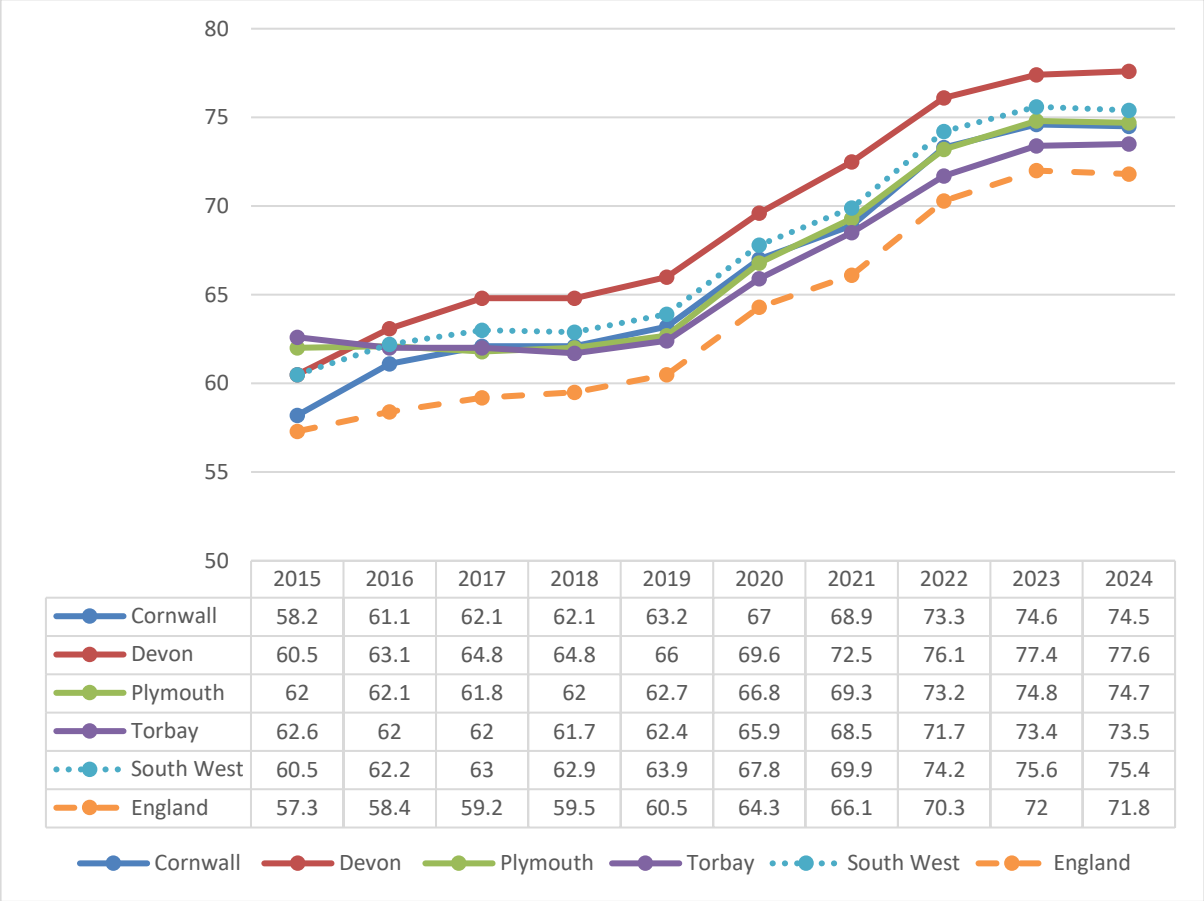
Torbay



Bowel Cancer screening coverage

Source: [Public Health Outcomes Framework - Data | Fingertips | Department of Health and Social Care]

Graph x: Graph showing the proportion of eligible men and women aged 60 to 74 invited for screening who had an adequate faecal occult blood test (FOBt) screening result in the previous 30 months.



	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Cornwall	58.2	61.1	62.1	62.1	63.2	67	68.9	73.3	74.6	74.5
Devon	60.5	63.1	64.8	64.8	66	69.6	72.5	76.1	77.4	77.6
Plymouth	62	62.1	61.8	62	62.7	66.8	69.3	73.2	74.8	74.7
Torbay	62.6	62	62	61.7	62.4	65.9	68.5	71.7	73.4	73.5
South West	60.5	62.2	63	62.9	63.9	67.8	69.9	74.2	75.6	75.4
England	57.3	58.4	59.2	59.5	60.5	64.3	66.1	70.3	72	71.8

Non- cancer Screening Programs

Abdominal Aortic Aneurysm screening

Screen shots from [AAA standards report 2023 to 2024 - GOV.UK]

Figure 5: coverage - percentage of eligible cohort men conclusively tested within the screening year plus 2 months, by screening provider, England, 1 April 2023 to 31 March 2024

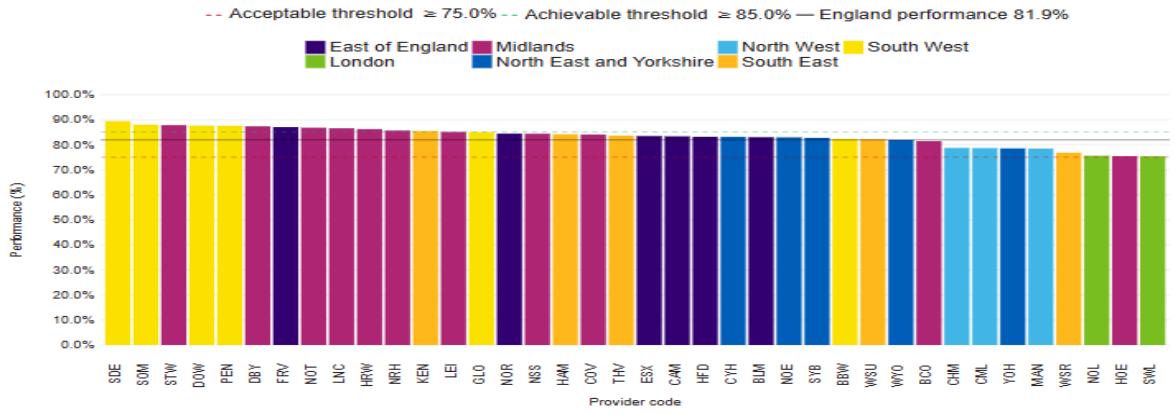


Figure 9: coverage - percentage of men in the eligible cohort who were tested and who lived in a lower super output area (LSOA) classed as decile 1 to 3 in the English indices of deprivation (IoD) 2019, by screening provider, England, 1 April 2023 to 31 March 2024

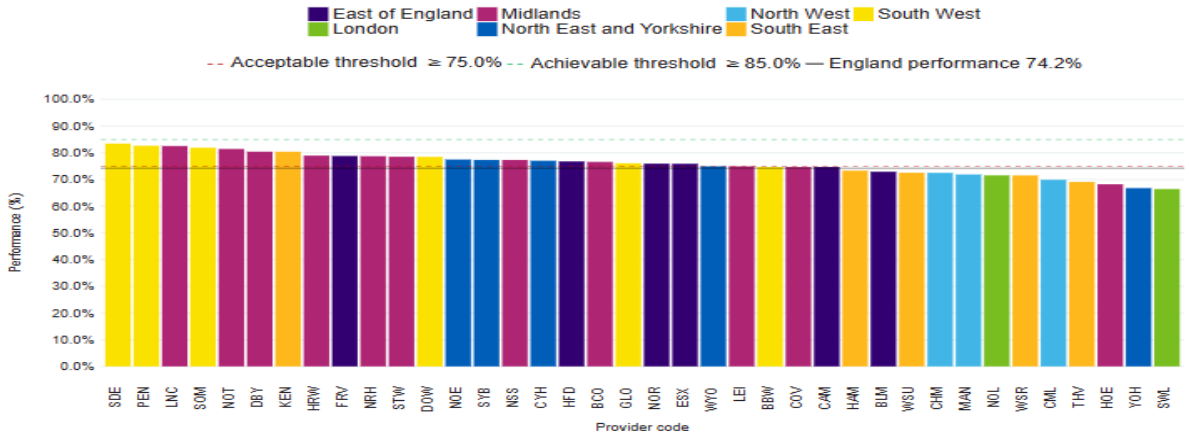
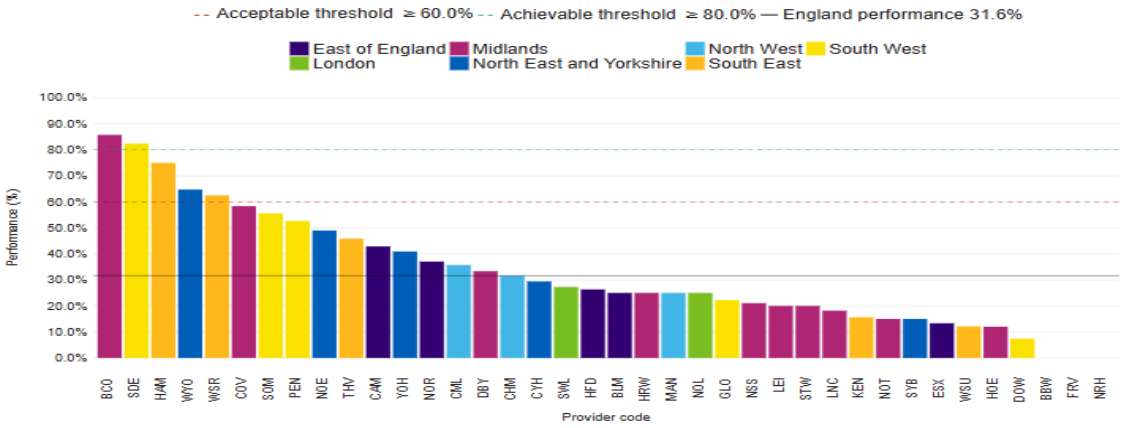


Figure 20: referral - percentage of men with aorta ≥ 5.5cm or men with an aorta ≥ 4.0cm that has grown ≥ 1cm in one year, deemed fit for intervention and not declining, operated on by a vascular specialist within 8 weeks, by screening provider, England, 1 April 2023 to 31 March 2024



Antenatal and Newborn Screening

NHS population screening programmes: KPI reports 2024 to 2025 - GOV.UK

All figures shown are percentages

Neonatal Newborn Hearing Screen	Q1	Q2	Q3	Q4
Cornwall & IOS	99.8	99.8	99.1	99.4
North Devon	98.9	98.9	98.8	99.4
Plymouth	99.7	99.5	99.7	99.7
Torquay and Teignbridge	99.6	98.3	98.6	97.3
South West	99.3	99.2	99.1	99.2
England	99.1	99.0	98.8	98.6
Acceptable level: greater than or equal to 98.0%; Achievable level: greater than or equal to 99.5%				

Newborn and Infant Physical Examination	Q1	Q2	Q3	Q4
Royal Cornwall Hospitals NHS Trust (RCHT)	96.3	95.6	97.0	95.8
Royal Devon University Healthcare NHS Foundation Trust (RDUH)	99.1	99.0	98.7	98.9
Plymouth Hospitals NHS Trust (UHP)	95.8	96.1	95.4	95.2
Torbay and South Devon NHS Foundation Trust (T&SD)	99.3	98.2	99.0	97.9
South West	97.5	97.4	97.5	97.2
England	96.4	96.4	96.4	96.5
Acceptable level: ≥ 95.0%; Achievable level: ≥ 97.5%				

Infectious diseases screening- Coverage HIV	Q1	Q2	Q3	Q4
Royal Cornwall Hospitals NHS Trust (RCHT)	99.9	99.8	99.7	99.9
Royal Devon University Healthcare NHS Foundation Trust (RDUH)	99.6	99.7	99.7	99.5
Plymouth Hospitals NHS Trust (UHP)	99.7	99.8	99.5	99.3
Torbay and South Devon NHS Foundation Trust (T&SD)	99.6	99.1	99.8	99.2
Acceptable level: ≥ 95.0%; Achievable level: ≥ 97.5%				

Infectious diseases screening- Coverage Hepatitis B	Q1	Q2	Q3	Q4
Royal Cornwall Hospitals NHS Trust (RCHT)	99.9	99.8	99.7	99.9
Royal Devon University Healthcare NHS Foundation Trust (RDUH)	99.6	99.7	99.7	99.5
Plymouth Hospitals NHS Trust (UHP)	99.7	99.8	99.6	99.3
Torbay and South Devon NHS Foundation Trust (T&SD)	99.6	99.1	99.8	99.2
Acceptable level: ≥ 95.0%; Achievable level: ≥ 97.5%				

Infectious diseases screening- Coverage Syphilis	Q1	Q2	Q3	Q4
Royal Cornwall Hospitals NHS Trust (RCHT)	99.9	99.8	99.7	99.9
Royal Devon University Healthcare NHS Foundation Trust (RDUH)	99.6	99.7	99.7	99.5
Plymouth Hospitals NHS Trust (UHP)	99.7	99.8	99.6	99.3
Torbay and South Devon NHS Foundation Trust (T&SD)	99.6	99.1	99.8	99.2
Acceptable level: ≥ 95.0%; Achievable level: ≥ 97.5%				

Infectious diseases screening- Coverage Syphilis	Q1	Q2	Q3	Q4
Royal Cornwall Hospitals NHS Trust (RCHT)	99.9	99.8	99.7	99.9
Royal Devon University Healthcare NHS Foundation Trust (RDUH)	99.6	99.7	99.7	99.5
Plymouth Hospitals NHS Trust (UHP)	99.7	99.8	99.5	99.3
Torbay and South Devon NHS Foundation Trust (T&SD)	99.6	99.1	99.8	99.2
Acceptable level: ≥ 95.0%; Achievable level: ≥ 97.5%				

Antenatal sickle cell and thalassaemia screening ST1 coverage	Q1	Q2	Q3	Q4
Royal Cornwall Hospitals NHS Trust (RCHT)	96.3	95.6	97.0	99.9
Royal Devon University Healthcare NHS Foundation Trust (RDUH)	99.1	99.0	98.7	99.6
Plymouth Hospitals NHS Trust (UHP)	95.8	96.1	95.4	99.5
Torbay and South Devon NHS Foundation Trust (T&SD)	99.3	98.2	99.0	99.2
Acceptable level: ≥ 95.0%; Achievable level: ≥ 97.5%				

Antenatal sickle cell and thalassaemia screening ST2 -timeliness of antenatal screening	Q1	Q2	Q3	Q4
Royal Cornwall Hospitals NHS Trust (RCHT)	95.5	97.6	93.8	70.1
Royal Devon University Healthcare NHS Foundation Trust (RDUH)	88.0	76.0	72.3	65.3
Plymouth Hospitals NHS Trust (UHP)	92.3	84.0	82.7	64.3
Torbay and South Devon NHS Foundation Trust (T&SD)	57.4	57.4	53.2	79.9
Acceptable level: ≥ 50.0%; Achievable level: ≥ 75.0%				

Antenatal sickle cell and thalassaemia screening ST3 - completion of family origin questionnaire (FOQ)	Q1	Q2	Q3	Q4

Royal Cornwall Hospitals NHS Trust (RCHT)	99.9	99.8	99.7	97.8
Royal Devon University Healthcare NHS Foundation Trust (RDUH)	99.6	99.8	99.7	100.0
Plymouth Hospitals NHS Trust (UHP)	99.4	99.7	99.6	98.4
Torbay and South Devon NHS Foundation Trust (T&SD)	99.6	99.3	99.8	98.3
Acceptable level: ≥ 95.0%; Achievable level: ≥ 97.5%				

Q4_2024-25_Publication_ANNB_KPI_Data_V1.ods

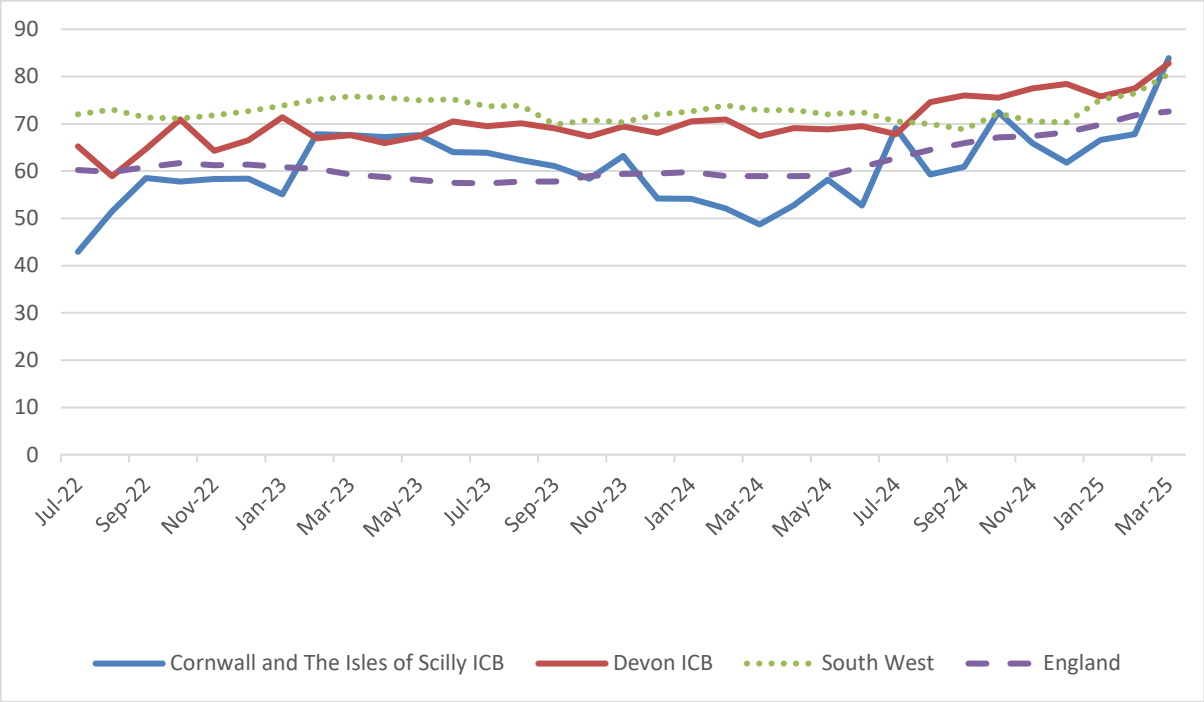
Q4 2024-25	**Newborn Blood Spot Coverage**
CIOS ICB	All Acceptable
Devon ICB	
For coverage: Acceptable level: ≥ 95.0%; Achievable level: ≥ 99.0%	

Appendix 6 Immunisations

Vaccines in Pregnancy

Pertussis coverage (%): July 2022 to March 2025

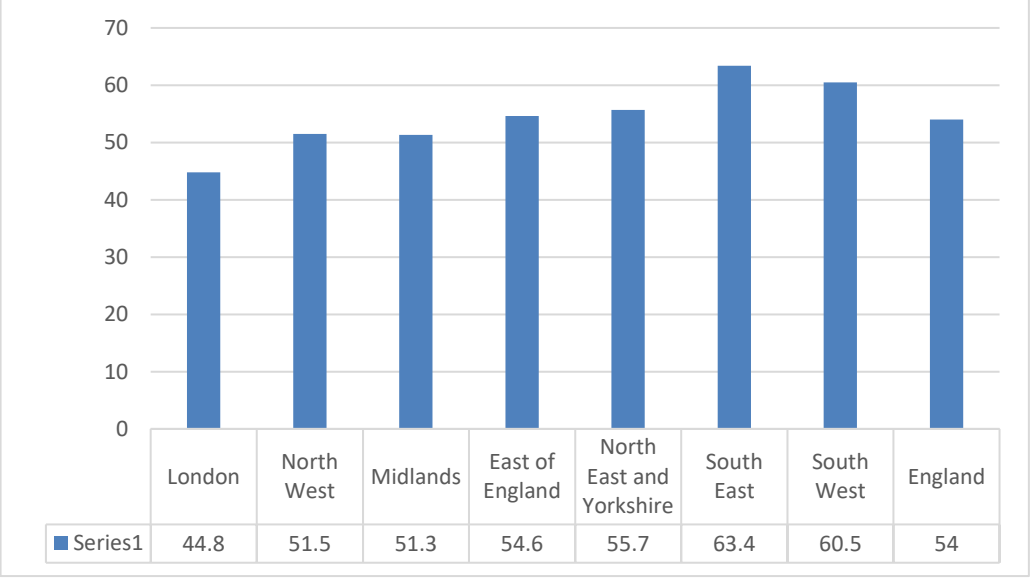
hpr0425-prenatal-prtsss-vc-data-tables.xlsx



Pertussis immunisation in pregnancy: vaccine coverage (England) - GOV.UK

RSV coverage in pregnant women measures in April 2025 (%)

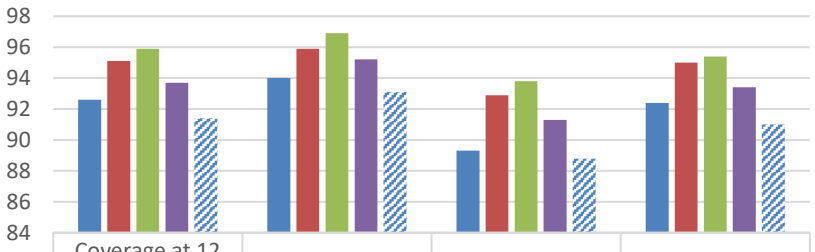
Respiratory syncytial virus (RSV) maternal vaccination coverage in England: April 2025 - GOV.UK



Childhood Immunisations

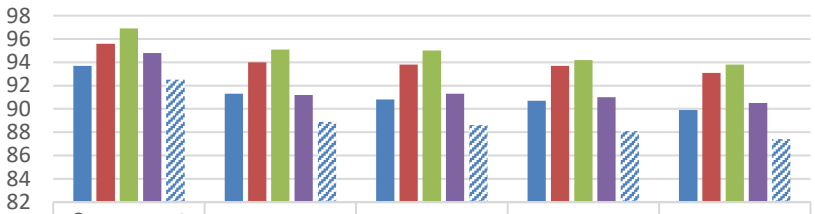
Annual 2024-25 COVER data [cover-data-tables-2024-to-2025.ods]

Coverage at 12 months



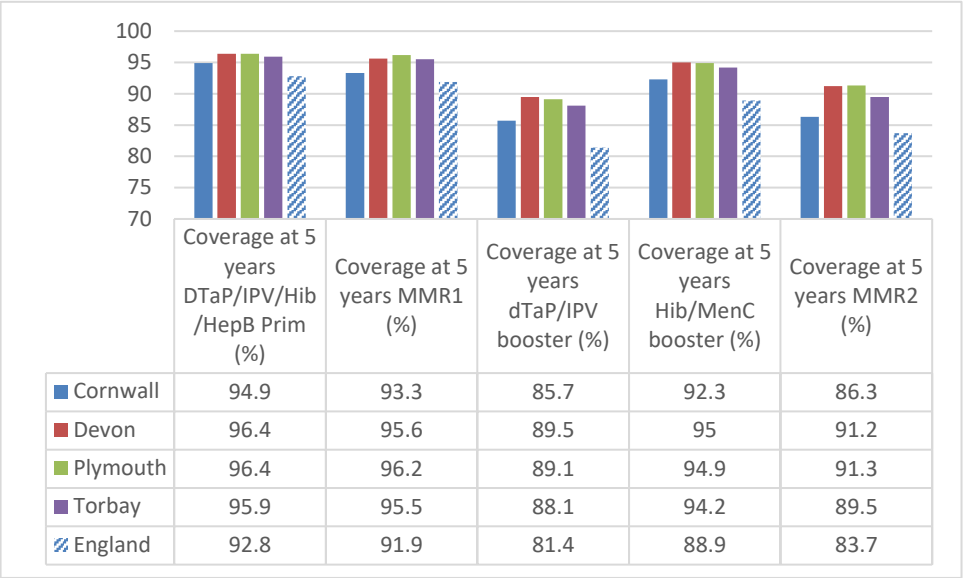
	Coverage at 12 months DTaP/IPV/Hib/HepB (%)	Coverage at 12 months PCV1 (%)	Coverage at 12 months rotavirus (%)	Coverage at 12 months MenB (%)
Cornwall	92.6	94	89.3	92.4
Devon	95.1	95.9	92.9	95
Plymouth	95.9	96.9	93.8	95.4
Torbay	93.7	95.2	91.3	93.4
England	91.4	93.1	88.8	91

Coverage at 24 months



	Coverage at 24 months DTaP/IPV/Hib/HepB Prim (%)	Coverage at 24 months MMR1 (%)	Coverage at 24 months Hib/MenC booster (%)	Coverage at 24 months PCV booster (%)	Coverage at 24 months MenB booster (%)
Cornwall	93.7	91.3	90.8	90.7	89.9
Devon	95.6	94	93.8	93.7	93.1
Plymouth	96.9	95.1	95	94.2	93.8
Torbay	94.8	91.2	91.3	91	90.5
England	92.5	88.9	88.6	88.1	87.4

Coverage at 5 years

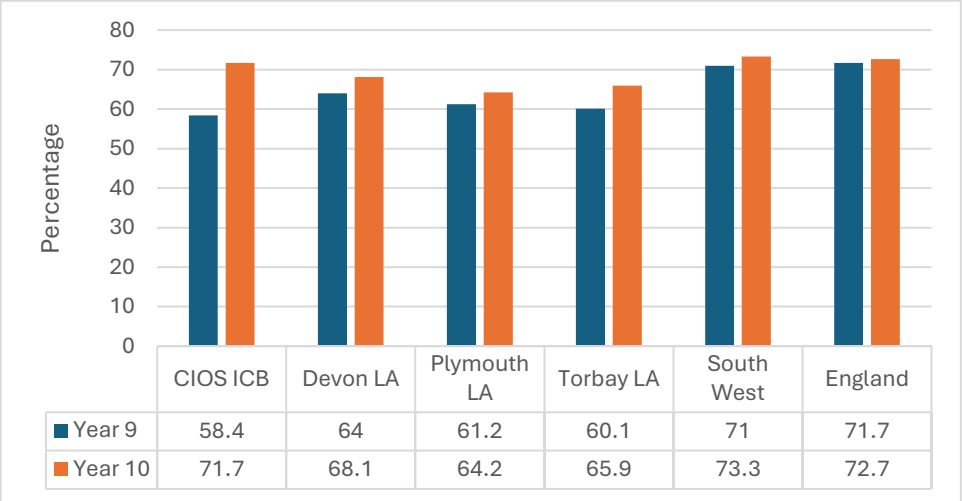


	Coverage at 5 years DTaP/IPV/Hib /HepB Prim (%)	Coverage at 5 years MMR1 (%)	Coverage at 5 years dTaP/IPV booster (%)	Coverage at 5 years Hib/MenC booster (%)	Coverage at 5 years MMR2 (%)
Cornwall	94.9	93.3	85.7	92.3	86.3
Devon	96.4	95.6	89.5	95	91.2
Plymouth	96.4	96.2	89.1	94.9	91.3
Torbay	95.9	95.5	88.1	94.2	89.5
England	92.8	91.9	81.4	88.9	83.7

School aged immunisations

Td/IPV vaccine coverage by local authority[10] September 2023 to August 2024

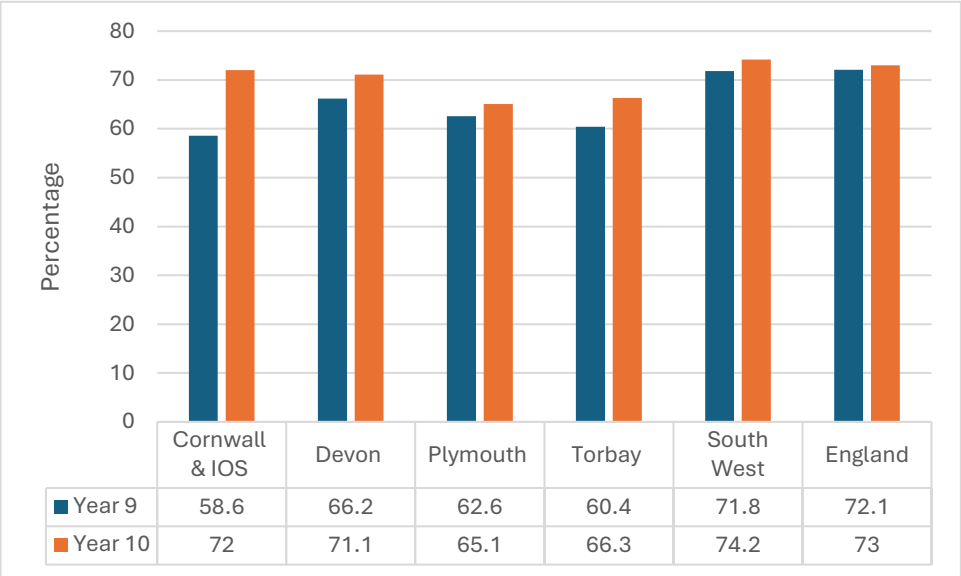
hpr0125-td-ipv-vc-data-tables_v4.xlsx



	CIOS ICB	Devon LA	Plymouth LA	Torbay LA	South West	England
Year 9	58.4	64	61.2	60.1	71	71.7
Year 10	71.7	68.1	64.2	65.9	73.3	72.7

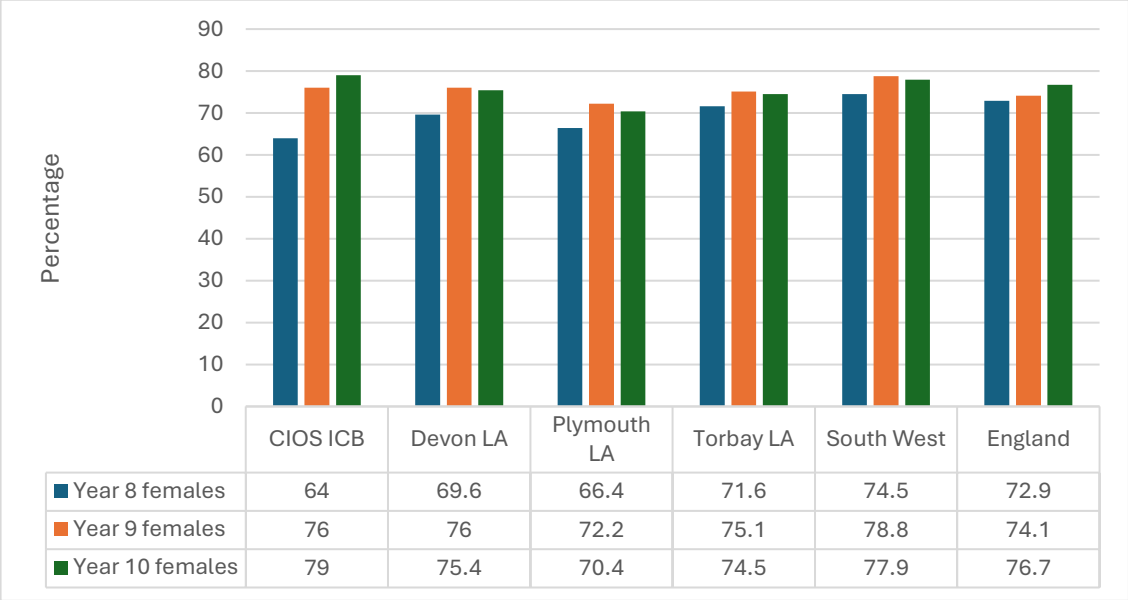
[10] Data comes from Local Authority tables for Devon, Plymouth and Torbay and for Cornwall and IOS the data is taken from the ICB table

MenACWY adolescent vaccine coverage data by local authority*,, September 2023 to August 2024 [hpr0125-men-acwy-vc-data-tables_v2.xlsx]



	Cornwall & IOS	Devon	Plymouth	Torbay	South West	England
Year 9	58.6	66.2	62.6	60.4	71.8	72.1
Year 10	72	71.1	65.1	66.3	74.2	73

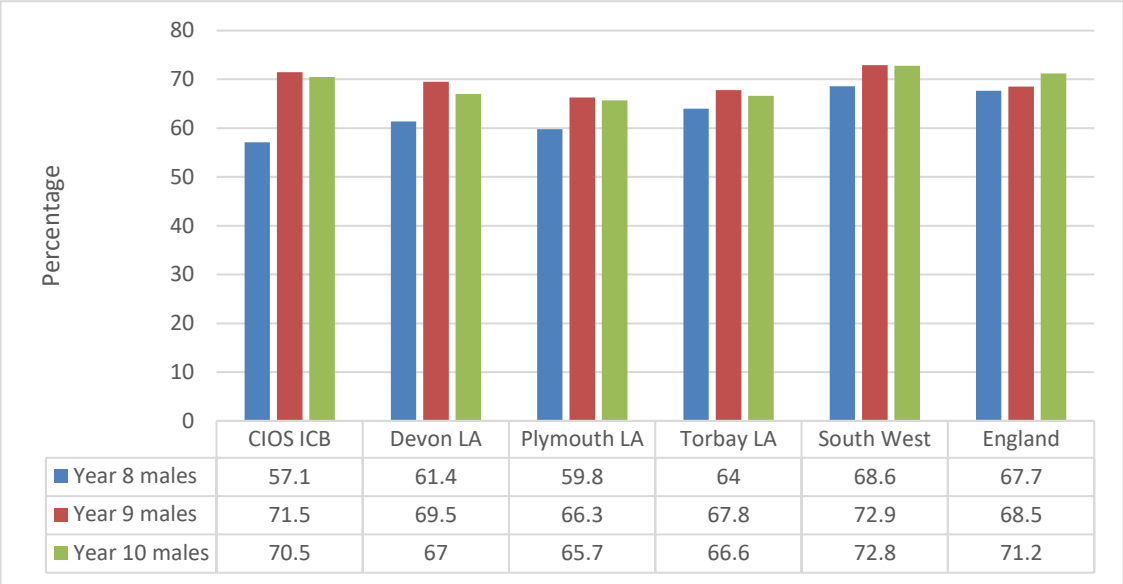
HPV vaccine coverage (female) data by local authority*, September 2023 to August 2024
HPV-data-tables-2023-to-2024.ods



	CIOS ICB	Devon LA	Plymouth LA	Torbay LA	South West	England
Year 8 females	64	69.6	66.4	71.6	74.5	72.9
Year 9 females	76	76	72.2	75.1	78.8	74.1
Year 10 females	79	75.4	70.4	74.5	77.9	76.7

HPV vaccine coverage (male) data by local authority*, September 2023 to August 2024

HPV-data-tables-2023-to-2024.ods



	CIOS ICB	Devon LA	Plymouth LA	Torbay LA	South West	England
Year 8 males	57.1	61.4	59.8	64	68.6	67.7
Year 9 males	71.5	69.5	66.3	67.8	72.9	68.5
Year 10 males	70.5	67	65.7	66.6	72.8	71.2

Adult immunisations

RSV: Number 01 September 2024 (commencement of programme) to 23 March 2025

NHS Region of GP Practice	Number of individuals who have received an RSV vaccination to date[11]
England[12]	1,796,270
East of England	231,432
London	153,720
Midlands	341,958
North East and Yorkshire	288,946
North West	207,862
South East	333,536
South West	226,359

Weekly Statistics by Region, NHS Digital cover period 01 September 2024 (commencement of programme) to 23 March 2025

The regional data combines all the cohorts and this will include some pregnant women so to give some perspective on split the national data for all cohorts is shown below

RSV cohort	Number of individuals who have received an RSV vaccination to date
England	1,796,270
Older adult catch up	1,511,438
Older adult routine	85,499
Maternity	188,729

PPV

PPV coverage 2024-25	Coverage aged 65+(%)	Coverage age 75+(%)
Cornwall & IOS	73.2	84.2
Devon	73.8	84.2
Plymouth	73.4	85.1
Torbay	71.5	86.7
South West	74.2	85.7

[11] Only records with a vaccination date between 1 September 2024 to 23 March 2025 have been included.

[12] An individual's NHS region is derived from the registered GP practice in the NHS Master Patient Index (MPI). The sum of the regions will not equal the England total. This is due to a number of individuals vaccinated in England who are registered to non-English practices or are not currently registered with a GP.

England	73.6	85.6

Efficiency standard 65%

Optimal performance level 75%

Source: hpr0825-ppv-vc-data-tables.xlsx

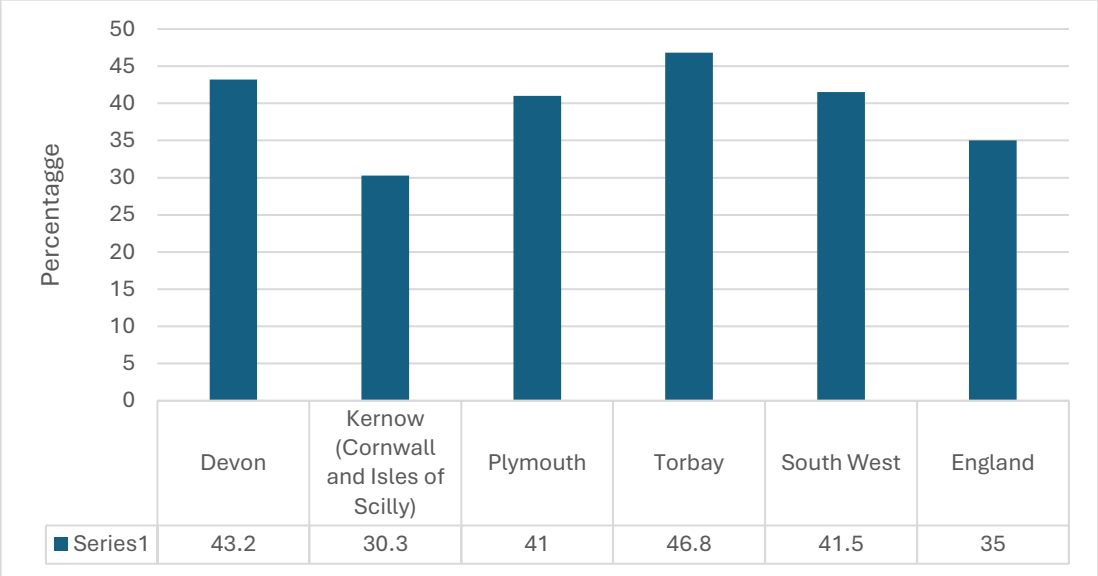
Seasonal vaccinations (2024/25)

Flu

Pregnancy

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

To Note: These data include all women already pregnant or becoming pregnant (in the first, second or third trimesters) as diagnosed by a medical professional from 1 September 2024. Accurately identifying this denominator is challenging and denominators may be regarded as over-inclusive as they may include women that become eligible and then ineligible before they are vaccinated. Vaccine uptake for pregnant women is likely to be underestimated.



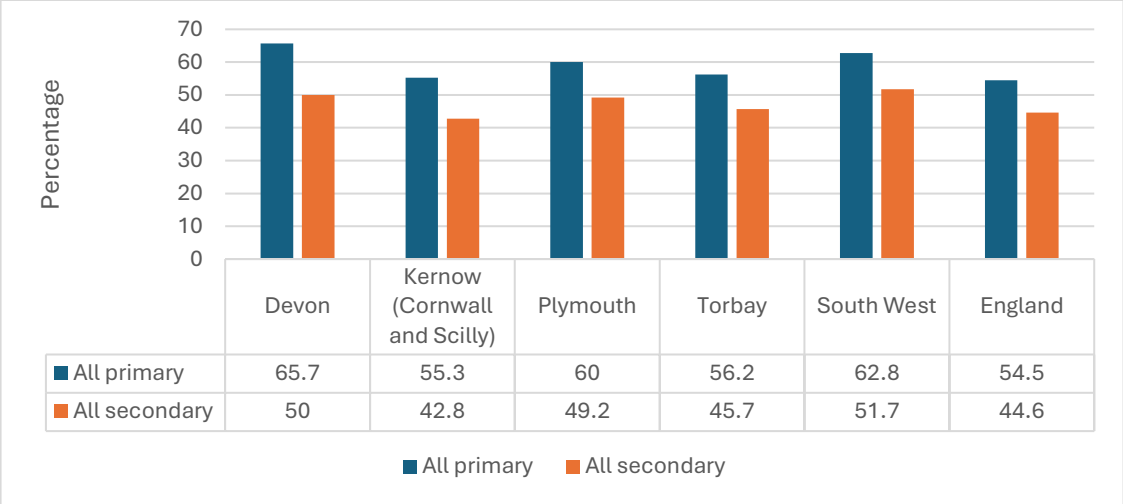
2-3 year olds

seasonal-flu-vaccine-uptake-in-GP-patients-2024-2025-data.ods

Flu vaccination 2024-25	Age 2 combined (%)	Age 3 combined (%)
Kernow (Cornwall and Isles of Scilly)	46.1	45.0
Devon	53.8	56.0
Plymouth	45.1	46.1
Torbay	39.4	42.0
South West	49.7	50.8
England	41.7	43.5

School age

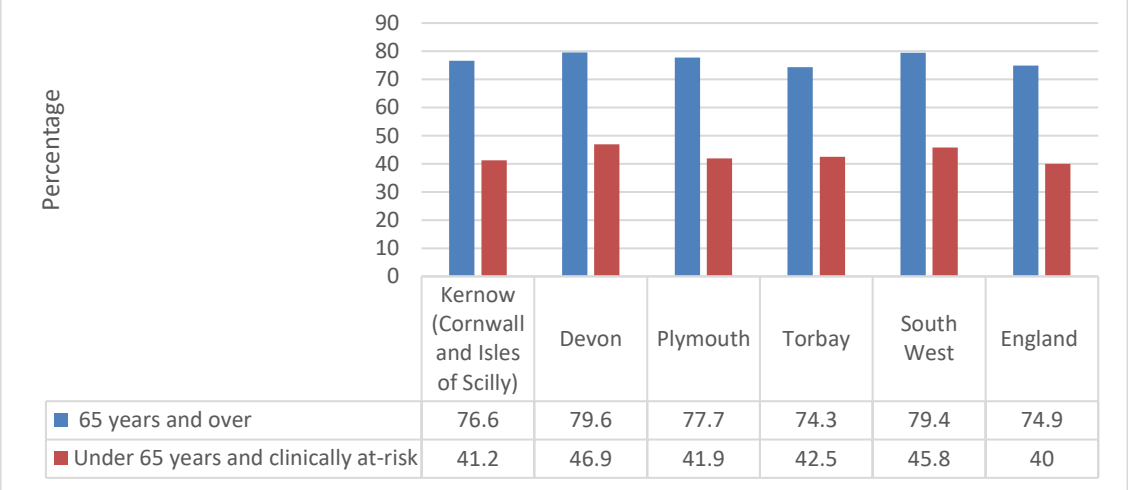
Flu uptake Primary & Secondary School (aged 4 – 16 years), data extracted from Government seasonal child influenza uptake data 2024/25[13]



	Devon	Kernow (Cornwall and Scilly)	Plymouth	Torbay	South West	England
All primary	65.7	55.3	60	56.2	62.8	54.5
All secondary	50	42.8	49.2	45.7	51.7	44.6

Adult Immunisations - Flu vaccination uptake in GP patients over 65 years, data extracted from Government seasonal influenza uptake data 2024/25

seasonal-flu-vaccine-uptake-in-GP-patients-2024-2025-data.ods



	Kernow (Cornwall and Isles of Scilly)	Devon	Plymouth	Torbay	South West	England
65 years and over	76.6	79.6	77.7	74.3	79.4	74.9
Under 65 years and clinically at-risk	41.2	46.9	41.9	42.5	45.8	40

[13] For the Kernow local authority (which comprises Cornwall and the Isles of Scilly), most children were offered the vaccine through school delivery programmes, except for the Isles of Scilly, where the programme was delivered through GPs.

Flu FHCW: Final Autumn 2024/25 Statistics by Trust, NHS Digital cover period 01 September 2024 31 March 2025 Sourced and compiled on 29/08/2025

Title:	Autumn 2024/25 Flu Vaccinations to Frontline Healthcare Workers in England by NHS Trust
Summary:	The number of individuals who are frontline healthcare workers who have had a vaccination for flu in England during the Autumn 2024/25 campaign by NHS Trust.
Period:	1 September 2024 to 31 March 2025
Source:	DPS (Data Processing Service) Direct Flow, NHS England
Basis:	England
Published:	10 July 2025
Status:	Published
Definition:	The data in this release includes all individuals identified as a frontline healthcare worker who could be matched to DPS Direct Flow vaccination data.

Organisation code[3]	Organisation name[3]	Organisation type[3]	Number of frontline healthcare workers	Number of frontline healthcare workers who have had an autumn flu vaccination	Percentage of frontline healthcare workers who have had an autumn flu vaccination
RA9	TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST	Trust	4,572	2,385	52.2%
REF	ROYAL CORNWALL HOSPITALS NHS TRUST	Trust	5,534	2,252	40.7%
RH8	ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST	Trust	10,176	4,902	48.2%
RJ8	CORNWALL PARTNERSHIP NHS FOUNDATION TRUST	Trust	3,813	1,440	37.8%
RK9	UNIVERSITY HOSPITALS PLYMOUTH NHS TRUST	Trust	6,499	3,004	46.2%
RWV	DEVON PARTNERSHIP NHS TRUST	Trust	2,853	1,382	48.4%

Seasonal influenza vaccine uptake in healthcare workers: winter season 2024 to 2025 - GOV.UK

COVID 19 Autumn

COVID-19 | UKHSA data dashboard

Covid 19 Jan 29 2025)	65-69 years (%)	70-74 years (%)	75-79 years (%)	80+years (%)
Kernow (Cornwall and Isles of Scilly)	57.2	67.0	72.6	75.7
Devon	60.8	69.5	74.2	77.8
Plymouth	52.9	61.4	67.8	71.8
Torbay	49.4	58.6	63.7	68.2
South West	59.6	68.6	73.9	77.0
England	47.8	58.0	65.0	67.6