

DRAFT – March 2025

Coventry and Warwickshire Health Protection Strategy

2025 - 2030



Purpose

This strategy and accompanying action plan sets out how partners in Coventry and Warwickshire will work together with our communities and businesses to protect the health of the local population. The focus is on communicable disease prevention and control, emergency planning, environmental hazards, screening and immunisation.

The Health and Social Care Act 2012 moved Public Health related statutory functions to Local Government including an assurance function around “Health Protection”. The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (regulation 8) sets out these health protection duties. The regulations refer to arrangements to deal with infectious disease, environmental hazards and contamination and adverse weather events. The main responsibilities for delivering most health protection activities sits with the NHS and UK Health Security Agency (UKHSA). The full details are captured in a memorandum of understanding.

This strategy provides an overview of how the Councils will assure and support the delivery of services carried out by local partners, including local NHS/Integrated Care Board, UK Health Security Agency and Environmental Health teams. The Strategy has been jointly developed by Coventry and Warwickshire Local Authority Public Health Teams in consultation with partners from across the local system including the NHS, UKHSA and other parts of each Council. This has produced a shared vision with agreed priorities that are based on the evidence of needs across our communities in Coventry and Warwickshire.



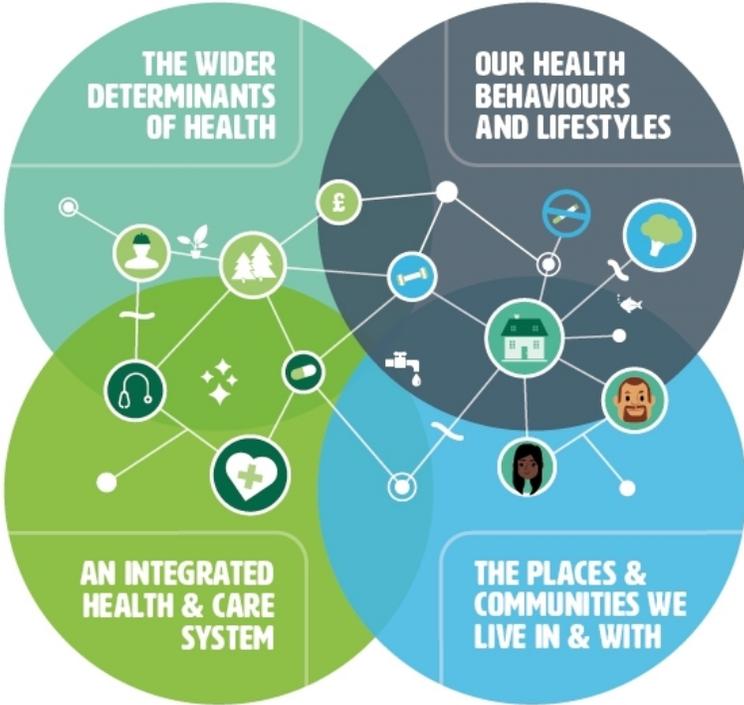
Source: Joint Decision Model developed by [JESIP](#)

Vision

We want all people to be protected from infectious diseases and environmental hazards

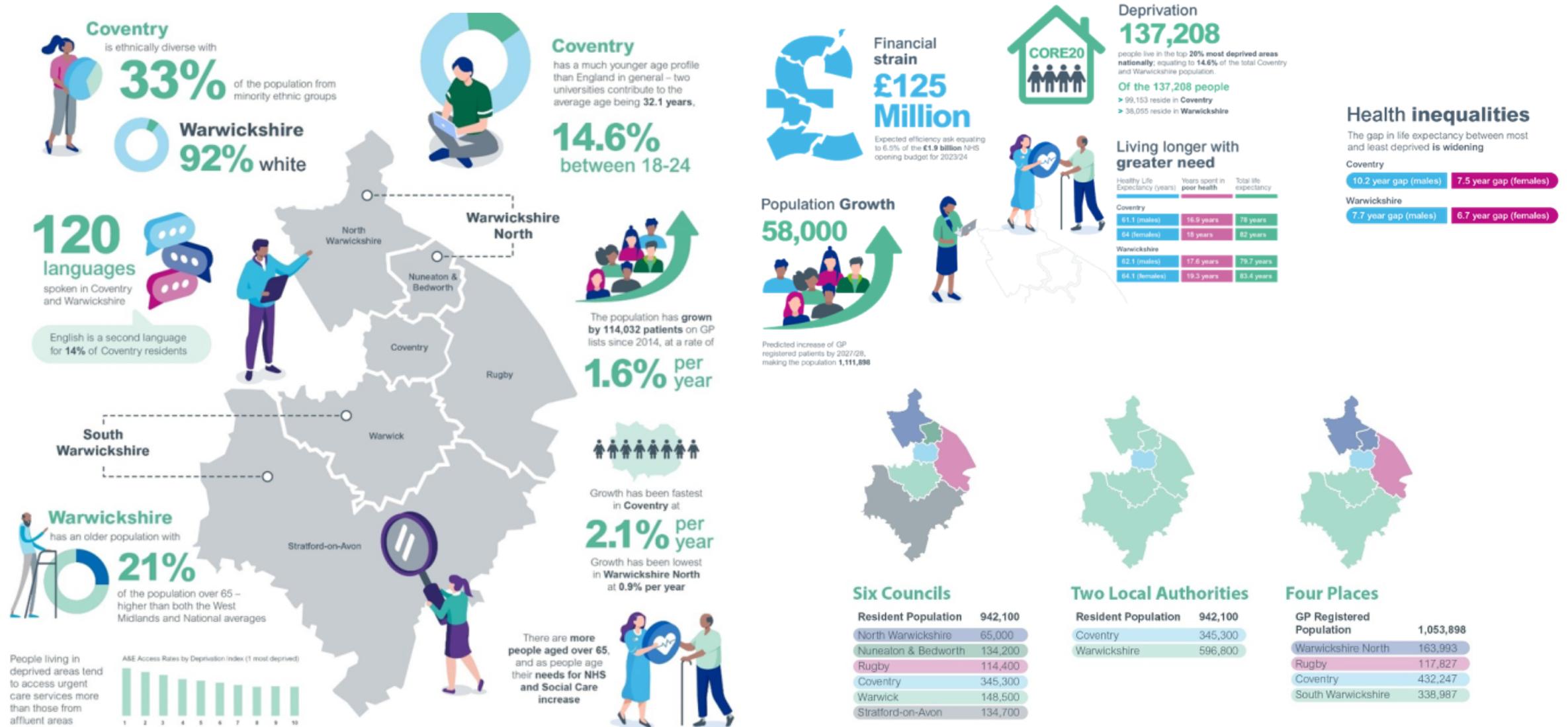
Aim

We aim to protect Coventry and Warwickshire communities by being a health protection system that is interconnected, strong, high-performing and effective in working with residents and local, regional and national partners



Source: Population Health Management approach. Image from Coventry and Warwickshire Integrated Care System's [Health Inequalities Strategy Refresh 2023-2024](#)

The Local Picture- Our communities



Note: This source will updated once new data is published

Source: ICB data from 2023 - [Our Strategy - Happy Healthy Lives](#)

The Local Picture – Strategic Priorities

| Priority Theme | 5-Year Vision | Focus |
|--|---|---|
| Sexually Transmitted Infections (STIs) and Blood Borne Viruses (BBVs) | To improve the prevention, detection and treatment of STIs and BBVs, and improve the outcome for individuals, by reducing inequalities in accessibility of services. | <ul style="list-style-type: none"> Increasing testing particularly in vulnerable, higher-risk and complex groups Improving access to and uptake of treatment and free condoms Improving education so people can make informed choices about their health Improving prescribing and compliance to reduce the risk of anti-biotic resistance |
| Immunisations | To improve coverage across the life course, protecting individuals and communities from vaccine-preventable diseases and reducing inequalities. | <ul style="list-style-type: none"> Understanding and improving people’s decision-making for vaccination uptake across the life course (and amongst key professional groups) Engaging communities to understand the opportunities in low uptake areas and groups and to overcome the barriers |
| Environmental Hazards | To protect the population from environmental hazards (e.g. air quality, adverse weather events, environmental incidents); and when such hazards occur, minimise their impact and contribution to health inequalities. | <ul style="list-style-type: none"> Improving air quality Minimising the impact of adverse weather events Deepening relationships between agencies to quantify and reduce the impact of environmental incidents |
| Tuberculosis (TB) | To improve the prevention, detection and control of TB in Coventry and Warwickshire, moving to a reduction in infections and TB-related deaths. | <ul style="list-style-type: none"> Reducing the length of delays to starting treatment: a. influenced by health services b. influenced by patients (e.g. understanding of symptoms) Improving prescribing and compliance to reduce the risk of anti-biotic resistance Improving vaccination coverage of infants that are at higher risk of exposure to TB Developing screening pathways that are both appropriate and effective |

Priorities – Summary of rationale and joint actions

| Focus area | Rationale | Actions |
|--|--|--|
| Sexually Transmitted Infections (STIs) and Blood Borne Viruses (BBVs) | <p>Many sexual health indicators are deteriorating nationally. To make more impact and guide best use of resources to improve outcomes, we need to ensure that interventions do not widen existing inequalities in sexual health.</p> <p>Blood borne viruses (BBVs) are viruses that some people carry in their blood and can be spread from one person to another. For both forms of blood borne hepatitis there is a global elimination strategy and significant progress has been made nationally towards elimination of hepatitis C (HCV).</p> | <ul style="list-style-type: none"> • Coventry and Warwickshire have commissioned a single Sexual Health service, which will support the sexual health needs of residents with an emphasis on narrowing sexual health inequalities and delivering flexible services to engage patients at greater risk of contracting an STI • Developing local pathways for community needlestick injuries and antenatal care • Work with drug and alcohol service providers, to increase testing in people with complex needs who may be receiving drug treatment and who inject drugs • Work with UKHSA to develop local action plans to ensure the national target is met locally • To support the government pledge to 'zero new HIV infections, AIDS and HIV related deaths by 2030' and the national action plan to support this ambition |
| Immunisations | <p>December 2023 saw a West Midlands outbreak of measles, followed by high rates of pertussis in May 2024. Inequalities in immunisation uptake persist in local populations. Second to the provision of clean water, immunisations are the most effective public health intervention with a five-year return on investment of between £4-£6.90 per pound spent</p> | <ul style="list-style-type: none"> • Working in partnership to promote vaccination in outreach settings across the key life course stages where vaccination is offered • Hold regular immunisation boards with local system partners, monitoring coverage figures by geographical area and demographic groups to inform behavioural change interventions • Support the development of the ICB Immunisation Strategy and its assurance |

Note: Actions that apply to only one local authority area (i.e. Coventry or Warwickshire) are documented in the separate action plans for each place

Priorities – Summary of rationale and joint actions

| Focus area | Rationale | Actions |
|------------------------------|--|--|
| Environmental Hazards | Poor air quality is a key determinant of ill health and mortality. Air pollution causes death and disability and costs the UK economy £22.6 billion every year. In addition, air pollution contributes to global climate change. Local planning is now recognised as essential for adequately preparing for climate impacts especially risk from adverse weather events. | <ul style="list-style-type: none"> • Monitor Air Quality Action Plans and utilise regional Air Quality Alliance to drive action on air quality • Work with partners including the NHS to improve air quality for key vulnerable groups • Create plans to address adverse weather events in our communities • Increase uptake of immunisations for key risk groups at risk of adverse outcomes from air quality |
| Tuberculosis (TB) | Approximately 25% of new cases are from transmission in England, with the remainder acquired outside of the UK. There was an 11.2% rise in TB notifications in the updated 2023 figures compared with 2022, rebounding to above the pre-COVID-19 pandemic numbers in 2019. | <ul style="list-style-type: none"> • Raise awareness of Tuberculosis with key professional groups (GPs and those working with high-risk populations) and members of the public with an emphasis on migrant communities from high prevalence countries to reduce patient led delay from symptom onset to presentation to healthcare • Increase effectiveness and resilience of the TB Services covering Coventry and Warwickshire |

Note: Actions that apply to only one local authority area (i.e. Coventry or Warwickshire) are documented in the separate action plans for each place

Cross-cutting Themes

Two themes have been identified which cut across all health protection priorities.

Anti-microbial resistance (AMR)

The use of antimicrobials underpins modern medicine. Without effective antibiotics, even minor surgery and routine operations could become high-risk procedures if serious infections cannot be treated. Microorganisms which become resistant to antimicrobials, so-called 'superbugs,' do not respond or respond less well to available treatments. The emergence and spread of these superbugs affects: global public health, animal health, food security, the economy and sustainable development

Drug-resistant infections arise when the microbes (including bacteria, fungi, viruses and parasites) that cause them change over time, developing the ability to resist the drugs designed to kill them. This genetic adaptation is driven by the exposure of microbes to antimicrobials in humans, animals and the environment over time. The result of this genetic adaptation is that many antimicrobial medicines (e.g. antibiotics) are becoming less effective at treating certain infectious illnesses.

AMR is a natural phenomenon and a consequence of rapid evolution. It cannot be entirely prevented, therefore the focus is on containing, controlling and mitigating it, as set out in the UK 20-year vision for antimicrobial resistance (that by 2040 AMR is effectively contained, controlled and mitigated).

This strategy action plans will align with the Coventry and Warwickshire Integrated Care System Antimicrobial Resistance Strategy 2024-2026 and the UK 5-year action plan for antimicrobial resistance 2024 to 2029.¹

Health equity and inequalities

Health inequalities are unjust differences in health and wellbeing between different groups of people (communities) which are systematic and avoidable. Health inequalities exist across a range of dimensions or characteristics and often overlap.

Communities that experience inequalities and may be impacted by our work should be considered and engaged in the process. Engaging higher-risk, vulnerable and complex need groups is crucial to achieving this. Their lived experience should be valued and used to shape decision-making.

The detrimental impact of low trust and confidence between affected communities and statutory services causes and exacerbates healthcare inequalities and overall health disparities. This can be reduced by implementing the recommendations from a [Health Equity Assessment Tool \(HEAT\)](#)² and use of this tool will be key to developing action plans for the health protection strategy.

Wider Health Protection Activity and Functions

We recognise there are many business-as-usual health protection activities that are not explored in the priority areas of focus in this strategy.

Over the next five years, we will continue to work collaboratively adopting a local system approach to carry out the health protection functions beyond the identified priorities.

A summary of some of those activities are illustrated here.

Outbreak and Incident Management

Infectious diseases and incidents response requires coordination between different stakeholders, and this is a system responsibility. UKHSA lead the response and ensure that appropriate guidance is followed

Infection Prevention Control (IPC)

IPC is an evidence-based approach to preventing harm from avoidable infections in occupational, healthcare and public settings

Screening

Screening identifies apparently healthy people who may be at increased risk of a condition
Screening can lead to an earlier diagnosis and increase chances of treatment being offered, which is more likely to be successful

Dental Public Health

Dental public health includes monitoring oral health, deciding on sampling plans for dental surveys and fluoridation of water. The aim is to improve services and promote good dental hygiene

Emergency Preparedness, Resilience and Response (EPRR)

Planning for outbreaks, incidents, and environmental threats is crucial to support and protect the population, alongside protecting the provision of health and care, as well as wider services

Environmental Hazards

Environmental hazards, including physical, chemical, biological and radiological factors are capable of causing harm and, as with infectious diseases, need to be contained and/or mitigated. Multi-agency action supported by legal duties provide help optimise environmental protections.

Key System Components

Our health protection system in Coventry and Warwickshire is underpinned by four key components, which enable us to achieve this strategy's aim.

Insight, intelligence and evaluation

- We will gather evidence from multiple sources including a health protection dashboard to ensure we have a clear and common understanding of health protection challenges in Coventry and Warwickshire.
- We will ensure we measure progress and outcomes against our agreed strategic priorities.
- We will ensure we learn and build on what works and celebrate and share successes.

Workforce development

- We will work collectively to build support and retain a skilled and resilient workforce to enable the delivery of this strategy.
- We will develop and upskill knowledge across system partners to support the delivery of the key identified health protection priorities.
- We will continue to make Coventry and Warwickshire an attractive place to train and work.

Communication and Engagement

- We will tailor local messages to ensure they reach our local communities.
- We will work closely with communications colleagues and communities to disseminate messages and understand local issues and barriers to action.

Clear governance and strong multi-agency partnership working

- We will collaborate and work in partnership as we recognize that no single agency can deliver this strategy in isolation - protecting the health of our populations from infectious diseases and environmental hazards is everybody's business.
- We will ensure we have robust governance and accountability mechanisms in place.

Health Protection Dashboard

The Joint Coventry and Warwickshire Health Protection Strategy will:

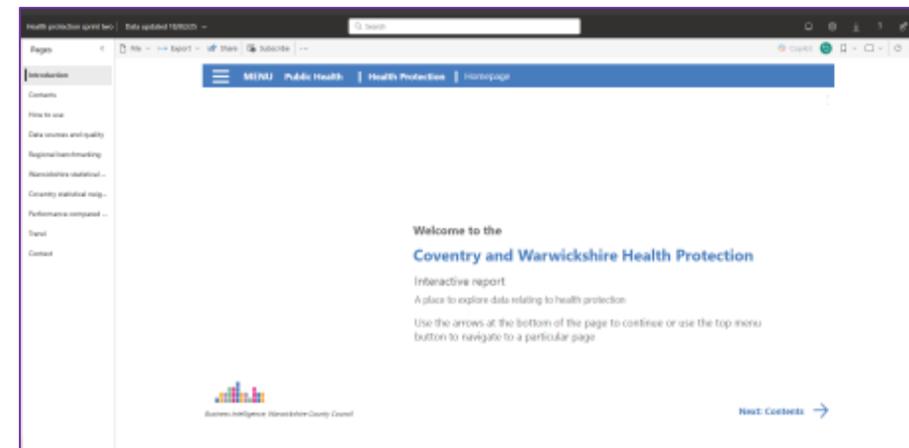
- Review the available data and evidence on health protection needs across Coventry and Warwickshire;
- Consider where Coventry and Warwickshire fall below national targets; and
- Make appropriate mitigation recommendations.

To achieve the above, stakeholders agreed to develop an interactive dashboard alongside the strategy. The dashboard was shaped by stakeholders through discussions facilitated by Warwickshire County Council's Business Intelligence team.

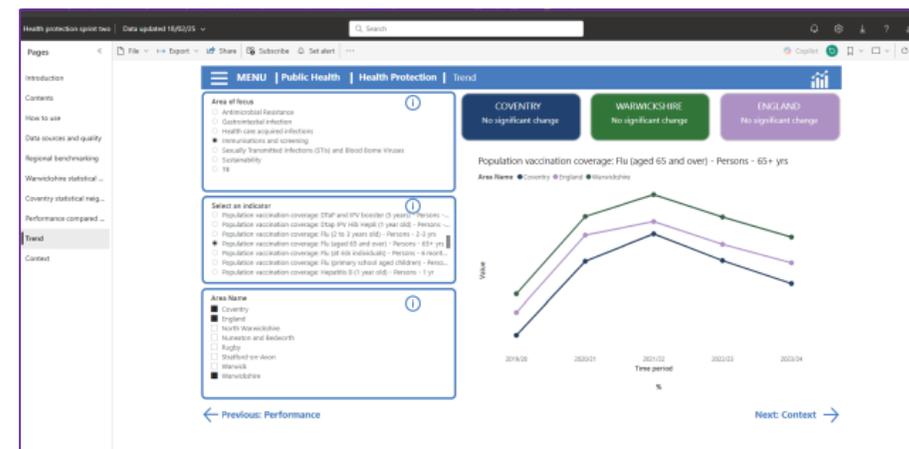
The dashboard will:

- Inform us of the latest, publicly available data;
- Enhance our understanding of the data; and
- Guide our responses to areas of need, at both a local and system level.

The dashboard will go live in March 2025.



Health Protection Dashboard – Cover



Health Protection Dashboard – Sample page

Sexually Transmitted Infections (STIs)

Why is this important and what does the local data and intelligence tell us?

STIs are a major public health concern as many are asymptomatic for a long period of time, are transmitted unwittingly and may cause significant health complications. The transmission routes are usually through the exchange of infectious bodily fluids or direct skin contact.

The new HIV diagnosis rate in those first diagnosed in the UK in Coventry was 6.7 per 100,000 in 2023, higher than the national (4.9) and regional rate (4.6), Coventry is classified as a high-rate HIV city. The rate in Warwickshire was 4.4 per 100,000, lower than the national and regional rate.

Late HIV diagnosis is the most important predictor of HIV morbidity and mortality and increases the likelihood of onward spread of infection. The proportion of late HIV diagnoses in those first diagnosed in the UK was 37.8% in Coventry lower than the national (43.5%) and regional (44.6%) figures (2021/23). In Warwickshire 51.1% new HIV diagnoses were late.

The HIV testing rate was higher in Coventry at 3,034.9 per 100,000 in 2023, whereas Warwickshire is lower at 1,874.4. Rates in both areas are increasing.

The gonorrhoea diagnostic rate in Coventry was 171 per 100,000 in 2023, higher than the national (149) and regional (104) rate and is increasing. The rate in Warwickshire was 66 per 100,000, below the national and regional rate, however the rate is increasing.

The syphilis diagnostic rate in Coventry was 15.7 per 100,000 in 2023, higher than the regional rate (12.2) but lower than the national rate (16.7) and is increasing. Whereas Warwickshire's rate was 7.4 per 100,000, lower than the regional and national rate and there is no significant change in the rates.

Anti-Microbial Resistance

Antimicrobial resistance (AMR) in bacterial sexually transmitted infections (STIs) is a global public health concern. Emerging 'superbugs' that have developed AMR to all antimicrobials used in their treatment, and treatment failures have been reported. There is a very real threat that these infections could become untreatable in the future. Although syphilis and chlamydia infections are easily treated with first-line antimicrobials there is a concern that AMR could potentially develop, as antimicrobial resistance in gonorrhoea has been observed.

Health equity and inequalities identified

The national STI Prioritisation Framework states that the following groups consistently have the highest rates of STI's.

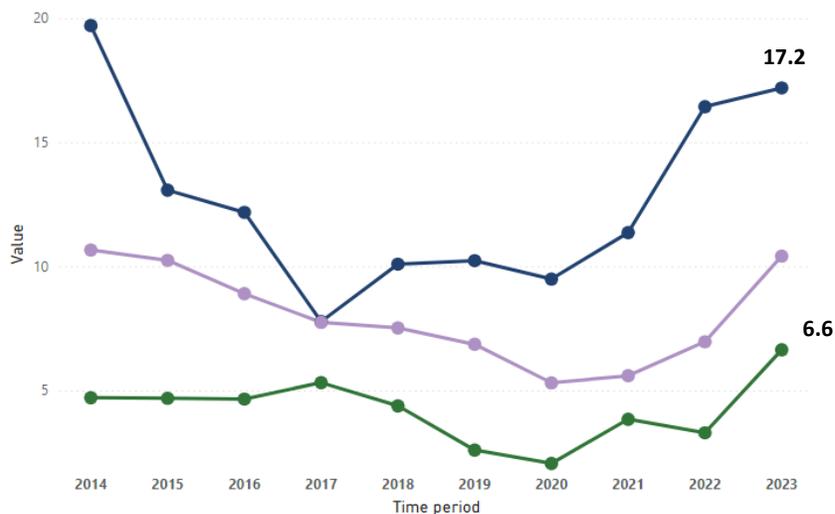
- Young heterosexuals aged 15-24 years
- black ethnic populations
- GBMSM (Gay, bisexual and other men-who-have-sex-with-men)
- people residing in the more deprived areas

The 2022 Coventry and Warwickshire Sexual Health Needs Assessment additionally identified the following groups as priority groups for support.

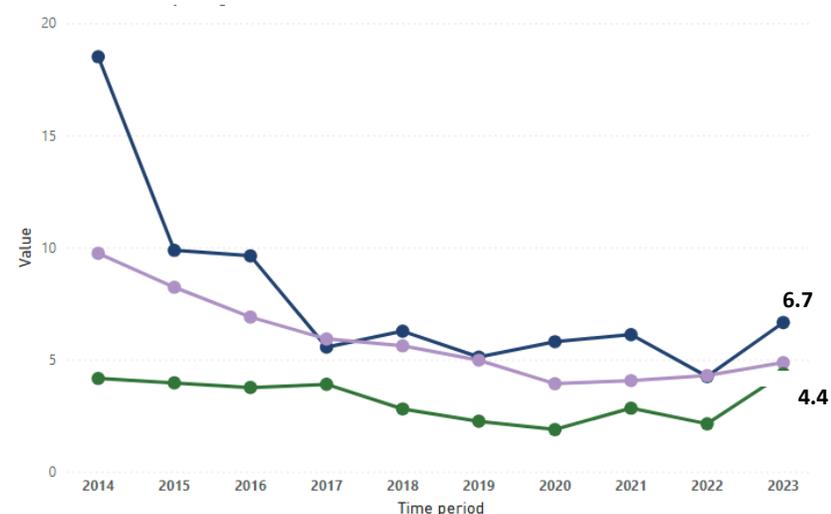
- underserved communities, such as sex workers, substance misusing communities, newly arrived migrants
- delivery of effective and flexible delivery to support populations with complex needs

Sexually Transmitted Infections

New HIV diagnosis rate per 100,000 (2023)



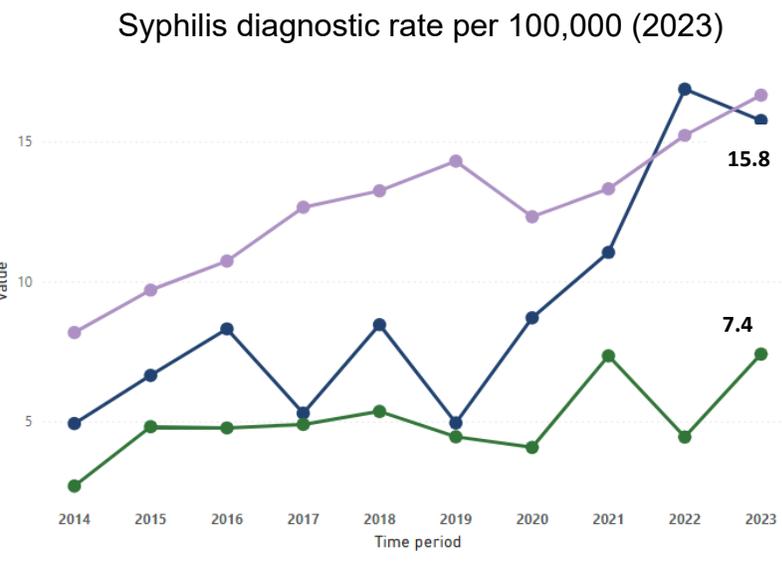
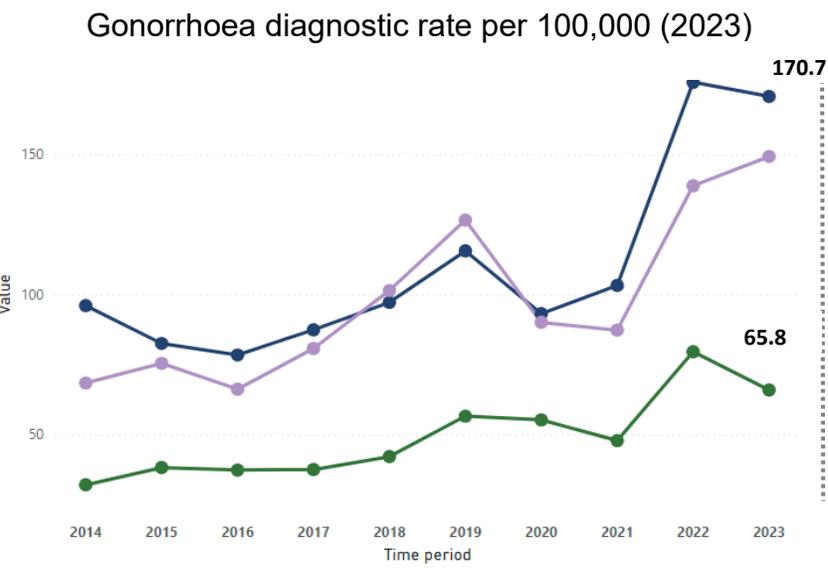
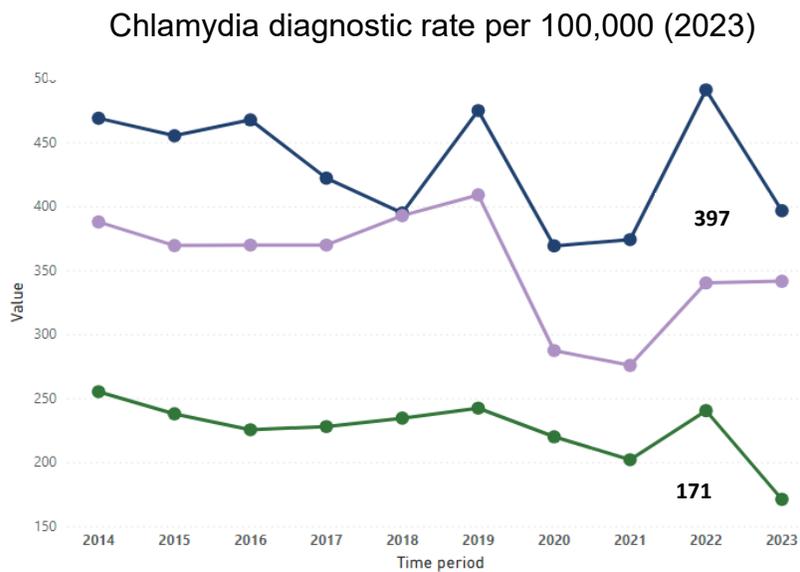
New HIV diagnoses among persons first diagnosed in the UK per 100,000 (2023)



Area Name ● Coventry ● England ● Warwickshire

Source: Health Protection Dashboard; Office for Health Improvement & Disparities. Public Health Profiles. <https://fingertips.phe.org.uk> © Crown copyright [2025]

Sexually Transmitted Infections



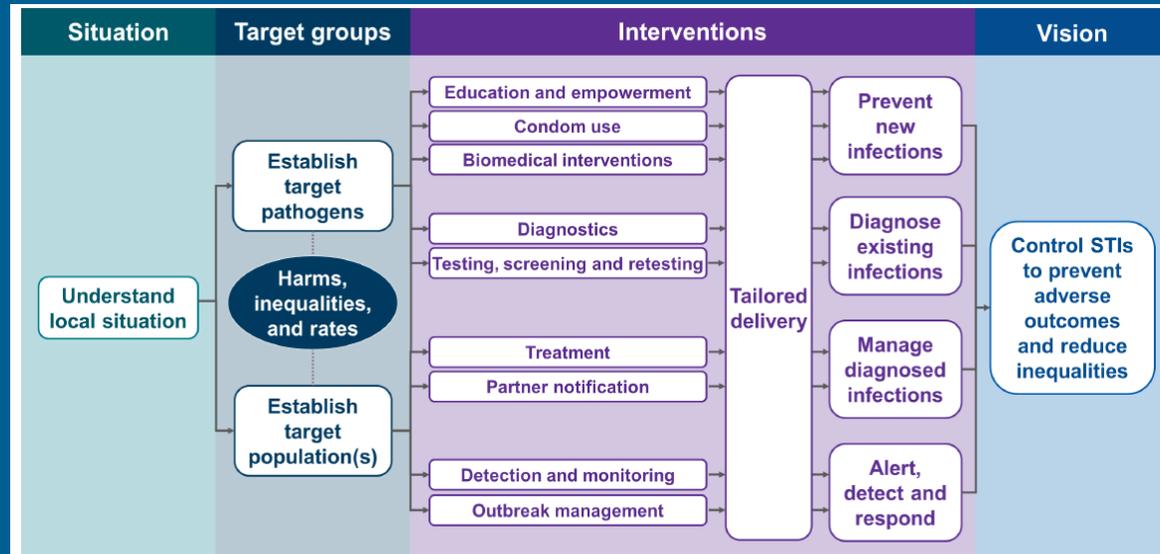
Area Name ● Coventry ● England ● Warwickshire

Source: Health Protection Dashboard; Office for Health Improvement & Disparities. Public Health Profiles. <https://fingertips.phe.org.uk> © Crown copyright [2025]

Sexually Transmitted Infections: Actions

What works?

UKHSA have produced an STI Prioritisation framework which helps steer priority setting and intervention planning for STI prevention and control with limited resources.



Source: [Theory of Change for the STI Prioritisation Framework](#)

Measuring success

- To reduce the rate of new HIV diagnoses first made in the UK
- To reduce the proportion of late diagnosis in those first diagnosed with HIV in the UK
- To increase the proportion of all users of the sexual health hub taking up an HIV test who were offered a test to 85%
- To increase prompt ART initiation in people newly diagnosed with HIV from 57.6% in 2023 to the West Midlands average of 85.2%
- Increase Chlamydia detection rate per 100,000 for people aged 15 to 24
- To reduce the Gonorrhoea diagnostic rate per 100,000
- To reduce the Syphilis diagnostic rate per 100,000
- Percentage of people with needs relating to STIs who are offered and screened for chlamydia, gonorrhoea and syphilis at first attendance - 97%
- Percentage of people diagnosed with an infection treated within three weeks of the date of test – 85%

What are we currently doing?

- Coventry and Warwickshire have commissioned a single Sexual Health service, which will support the sexual health needs of residents with an emphasis on narrowing sexual health inequalities and delivering flexible services to engage patients at greater risk of contracting an STI.
- Given the higher-level needs in Coventry, Public Health will enable the service to deliver a Sexually Transmitted Infections summit with a range of partners working with those at increased risk of contracting an STI which seeks to reduce the incidence of STI's in the city in the long term.

Blood Borne Viruses (BBV): Hepatitis B and Hepatitis C

Why is this important and what does the local data and intelligence tell us?

Blood borne viruses (BBVs) are carried in the blood and can spread through contact with infected blood or body fluids with the three main routes of transmission being mother to baby, sex and needle sharing. In the UK, the main BBVs are hepatitis B virus (HBV), hepatitis C virus (HCV) and HIV (slide 13).

HBV and HCV infect the liver and may lead to cirrhosis and liver cancer. Both often show no symptoms in the early stage, so carriers may unknowingly spread the virus. The challenge is to find those who are at-risk.

Hepatitis B

UKHSA estimates that around 270,000 people in England were living with hepatitis B in 2022 (0.6% of the population).¹ The acute hepatitis B incidence rate gives an indication of ongoing transmission. In 2021, both Coventry's (0.3 per 100,000 population) and Warwickshire's (0.0) rates were lower than England's (0.6).²

Hepatitis C

62,600 people in the UK (0.14% of the population) were estimated to be living with chronic hepatitis C infection in 2022.³

Hepatitis C is treatable. Improved access to diagnosis and treatment means there has been a fall in prevalence nationally of 51.6% between 2015 and 2022.³

Anti-Microbial Resistance

Antiviral drugs are used to treat chronic hepatitis B (which lasts over six months) and hepatitis C. The drugs may become less effective as resistance of HBV and HCV arises.

Factors contributing to resistance include prolonged use of the same antiviral medication; patients not taking medications as prescribed; and genotype variations in HBV and HCV.

Health equity and inequalities identified

British Liver Trust's survey (2022) of people living with viral hepatitis found that nearly 25% delayed seeking medical help due to stigma, and half have faced stigma from healthcare professionals.⁴

HEPATITIS B

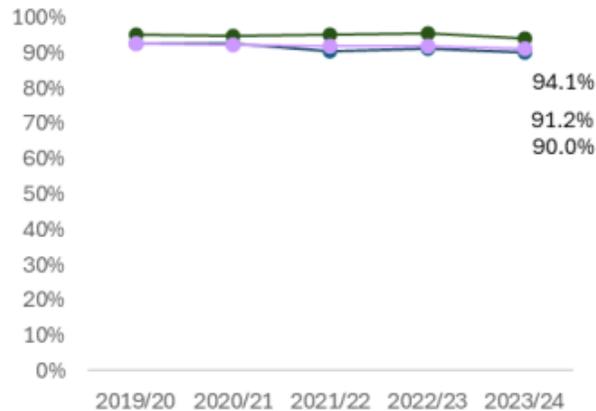
- Migrants – It is estimated that 95% of new chronic hepatitis B diagnoses in the UK are in migrants who have acquired the infection overseas, often perinatally.¹
- Age – For 1999-2022, hepatitis B diagnoses in England shifted to older ages. 59% of diagnoses in 2022 were among people aged 35 to 64.¹
- Sex – For 1999-2022, 56% of diagnoses were among males (range 51% to 63%).¹
- Deprivation – Over a five-year period of 2018 to 2022, about 60% of new hepatitis B diagnoses in England were in people living in the two most deprived IMD quintiles.¹

HEPATITIS C

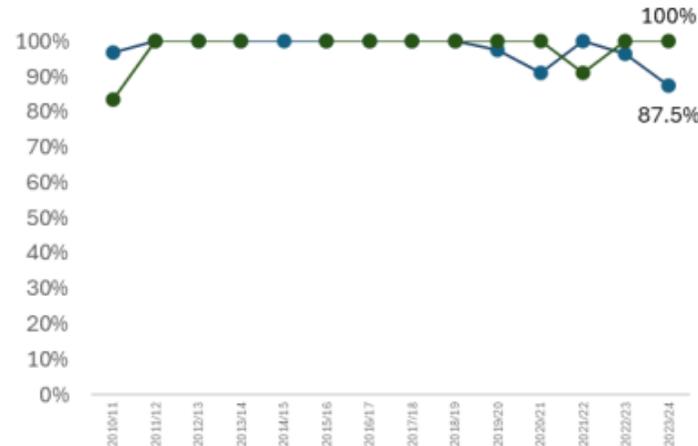
- It is estimated that over 90% of people with hepatitis C in England have acquired the infection through injecting drug use.⁵
- Around 70% of people who inject drugs, and are still living with hepatitis C, were unaware of the infection, or were awaiting a testing result.³

Hepatitis B

Percentage of infants who received three doses of Hepatitis B vaccine (via the 6-in-1 vaccine) by their first birthday



Percentage of eligible infants who received five doses of Hepatitis B vaccine by their first birthday (Eligible: Born to HBV-infected mothers)



Acute hepatitis B incidence rate per 100,000 population



Area Name ● Coventry ● England ● Warwickshire

Source (left): Childhood Vaccination Coverage Statistics: Data Tables England, 2023-24; NHS Digital. Accredited official statistics. <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics> Copyright © 2024, NHS England

Source (middle and right): Health Protection Dashboard; Office for Health Improvement & Disparities. Public Health Profiles. <https://fingertips.phe.org.uk> © Crown copyright [2025]

Note 1: The HBV vaccine is a series of shots that help to protect against HBV-infection. The NHS recommends at least three doses for best protection. In England, since 2017, it has been offered to all infants as part of the 6-in-1 vaccine (left graph). For infants born to HBV-infected mothers, they are given five doses of the vaccine before their first birthday (middle graph). Adults at higher risk of HBV exposure or complications are also eligible for the vaccine.

Note 2: The acute hepatitis B incidence rate per 100,000 population indicator (right graph) offers an indication of ongoing transmission. The incidence rate can be affected by differences in the number of outbreaks, or in population make up (e.g. if one area has a higher proportion of at-risk groups), or the at-risk groups' uptake of vaccination.

Hepatitis B and Hepatitis C: Joint Actions

What works?

The World Health Organisation and UKHSA recommend the following for the prevention and management of hepatitis B and hepatitis C: ^{1, 2, 3}

- Increase access to screening and early diagnosis, to reduce the number of undiagnosed cases and to initiate timely treatment
- Expand access to effective treatment
- Ensure safe blood transfusions, injections, and surgeries
- Raise awareness among healthcare professionals and the public, to reduce stigma, encourage testing, and ensure adherence to treatment
- Multi-stakeholder working groups to improve services, and to further develop data sources and methodologies to monitor the impact of HBV and HCV

HEPATITIS B ^{1, 2, 4}

- Increase hepatitis B vaccination uptake for infants and high-risk groups, including promoting the vaccine to gay and bisexual men who have sex with men via Sexual Health Services; and framing the vaccine as cancer prevention
- Prevent mother-to-child transmission, by working with Maternity Service to increase the coverage of post-vaccination serology using Dried Blood Spot (DBS) testing, so to ensure timely vaccination of infants born to women with hepatitis B
- Develop robust pathway for antiviral treatment with ICB colleagues

HEPATITIS C ^{1, 3}

- Harm reduction strategies, e.g. needle exchange programs, and piloting a monitoring system to assess the provision of sterile and safe needles and syringes for people who inject drugs
- Data analysis and behavioural insights work to understand the characteristics of people who inject drugs, who have not been tested for HCV and/or are unaware of their infection
- Peer support to encourage people who inject drugs to engage in testing and treatment⁵

What are we currently doing?

- Developing local pathways for community needlestick injuries and antenatal care.
- Working with drug and alcohol service providers, to increase Hep C testing in people, who inject drugs, while receiving drug treatment.
- Implementation of opt out blood borne virus screening in the Emergency Department of UHCW.
- Working with services and commissioners to explore the option of an 'opt out Hep C test' for all service users in drug treatment.
- Maintaining the micro-elimination of hepatitis C (prevalence in people who inject drugs) in Warwickshire.
- Supporting people who inject drugs, who were not in treatment, to access hepatitis testing and treatment. A holistic drop-in clinic is in development in Coventry. Warwickshire is exploring the possibility of working with the Homeless Nursing Outreach Team to raise awareness of hepatitis C and testing opportunities.

Measuring success

- Maintain high levels of HBV vaccination in infants
- Achieve hepatitis C micro-elimination status in Coventry and Warwickshire, as defined by the Hepatitis C Drug Treatment Provider Forum
- Increase or maintain the percentage of people who have received a hepatitis C test, given that they are in drug treatment and inject drugs

Immunisations

Why is this important and what does the local data and intelligence tell us?

Immunisations protect people and communities from serious and infectious diseases enabling people to live healthier lives.

Data shows that vaccine uptake across all age groups can be improved in Coventry and Warwickshire. Monitoring vaccine coverage identifies possible drops in immunity before levels of disease rise. Childhood vaccine uptake in Coventry and Warwickshire is particularly concerning, with some indicators, such as the pre-school boosters, falling below the 95% recommended level required for herd immunity.

Whilst vaccine uptake for pneumococcal (PPV) and Shingles for adults has improved, often meeting or exceeding England averages, there is still room for improvement to achieve herd immunity levels. Improving uptake can help reduce preventable hospital admissions. For example, the PPV vaccine is protective against multiple types of pneumonia which continues to be the leading cause for hospital admission.

Vaccination coverage for Flu for over 65s, at risk individuals and for children has been declining since 2021/22. Flu vaccination uptake for at risk individuals is statistically below the target 55% in Coventry and Warwickshire. Data also shows low uptake in frontline health and care workers.

Anti-Microbial Resistance

Immunisations can prevent illness reducing the need for anti-microbial treatment in bacterial infections. Prescribing antibiotics to treat viral infections is unnecessary and ineffectual; nonetheless, viral infections are one of the leading causes of antibiotic use. Viral vaccines thus have the potential to reduce the misuse of antibiotics in treating viral infections, thereby reducing the development of AMR.

Health equity and inequalities identified

Inequalities in immunisation uptake persists in our wider populations.

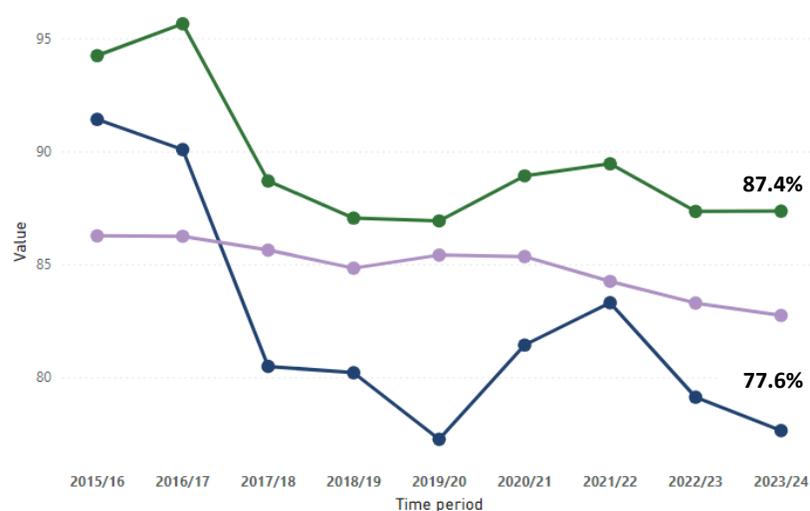
By using a life course approach, the strategy will use the Health Equity Assessments Tool (HEAT) and deep dive activities to systematically identify and embed action for immunisation access and delivery in pregnancy, early childhood, adolescence, frontline health and social care staff, people with pre-existing medical conditions and older adults.

In Coventry, low vaccination rates are linked to areas of higher deprivation, GP practices with larger list size and practices located in areas with higher proportions of ethnic minority groups.

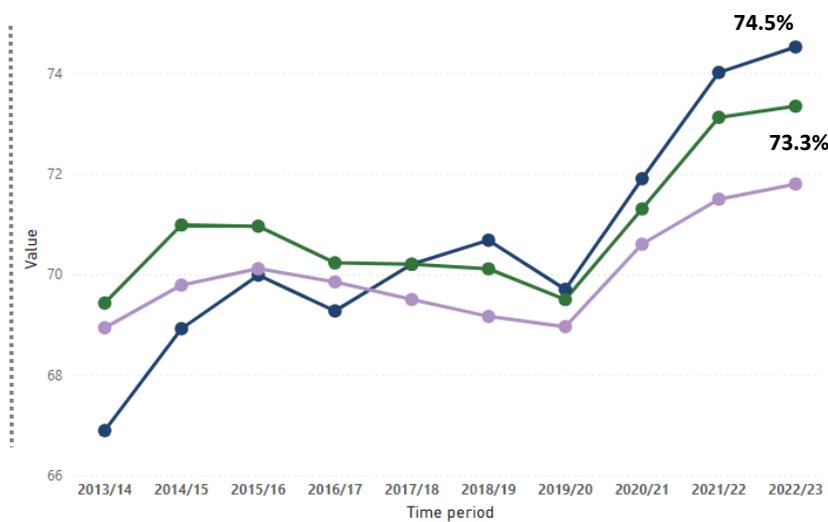
In Warwickshire, low vaccination rates are predominantly linked to GP practices located in Nuneaton and Bedworth.

Immunisations

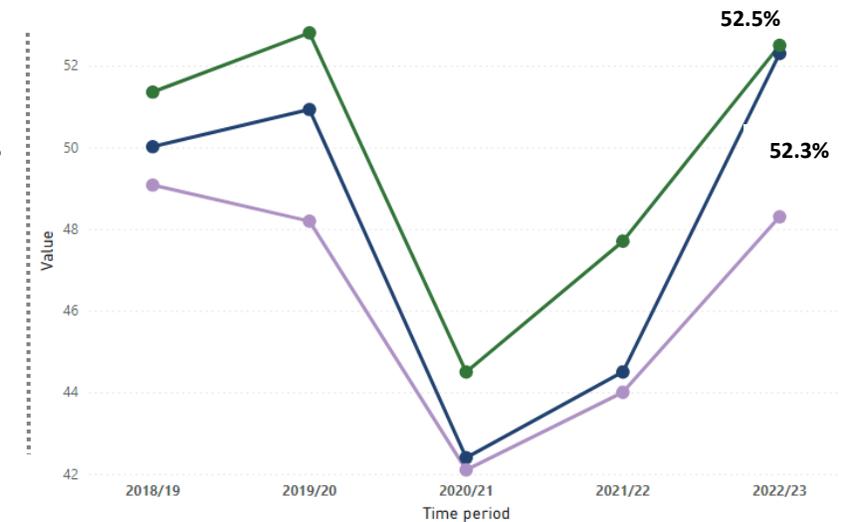
DTaP and IPV preschool booster uptake 2023/24
(5 years old)



PPV vaccine 2022/23
(at risk groups)



Shingles vaccine coverage 2022/23
(71yr old)



Area Name ● Coventry ● England ● Warwickshire

Source: Health Protection Dashboard; Office for Health Improvement & Disparities. Public Health Profiles. [Date accessed] <https://fingertips.phe.org.uk> © Crown copyright [2025]

Note 1: The indicators above are selected as proxies to represent the different vaccines offered by the NHS at various life stages. The 4-in-1 pre-school booster vaccine represents routine childhood vaccinations, pneumococcal (PPV) represents vaccines offered to clinically at-risk groups and shingles vaccine represents vaccines offered to older adults.

Note 2: The 4-in-1 preschool booster vaccine offers protection against four serious diseases, namely diphtheria, polio, tetanus, and whooping cough.

Immunisations: Flu

Flu 2023/24

(Frontline Healthcare staff)

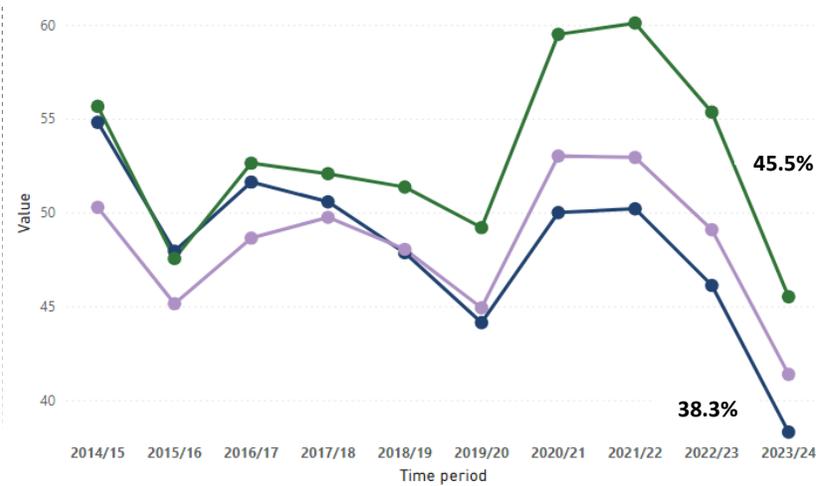
Flu Autumn Vaccinations of Frontline Healthcare Workers in the NHS Electronic Staff Record (ESR)

| NHS Trust uptake rates | Flu (Sept 23 -Jan 24) | Provisional Flu (Sept 24 to Nov24) |
|--|-----------------------|------------------------------------|
| Coventry and Warwickshire Partnership NHS Trust | 45.2% | 24.6% |
| George Eliot Hospital NHS Trust | 52.3% | 46.3% |
| South Warwickshire University NHS Foundation Trust | 47.6% | No data |
| University Hospitals Coventry and Warwickshire NHS Trust | 37.5% | No data |

Source: [UKHSA Official Statistics](#)

Flu 2023/24

(At risk individuals aged 6 months – 64 years)



Flu 2023/24

(65+ years)



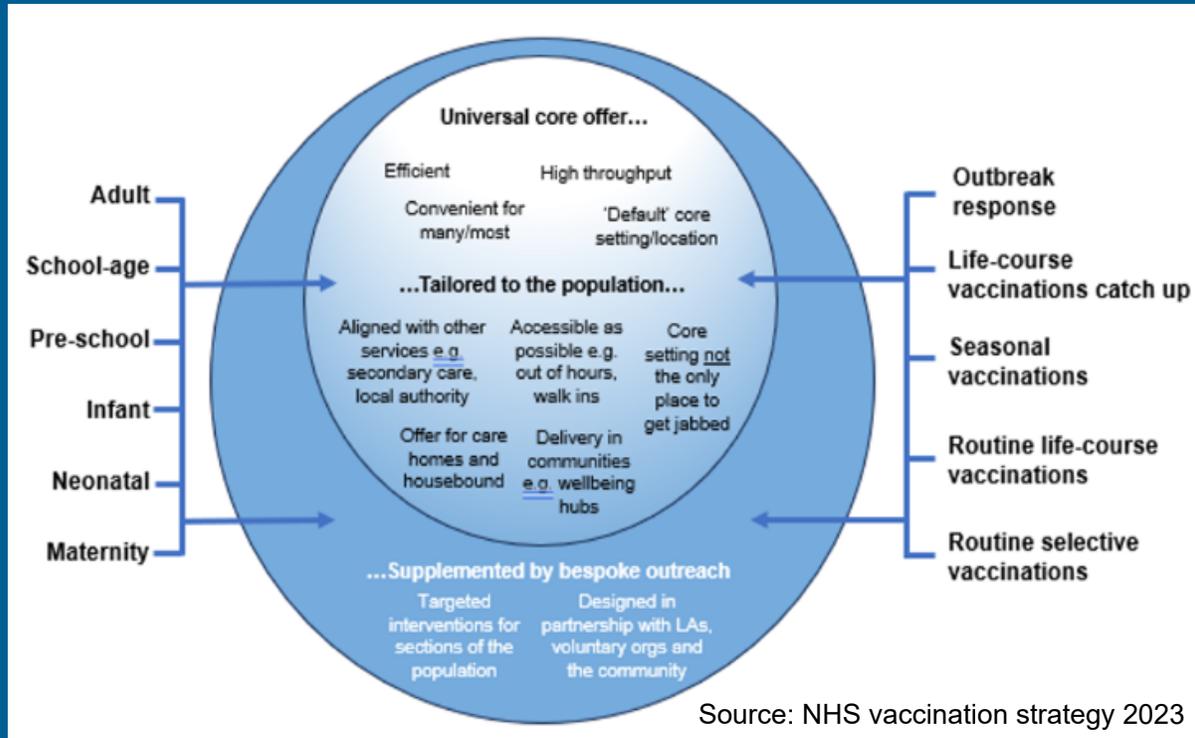
Area Name ● Coventry ● England ● Warwickshire

Source: Office for Health Improvement & Disparities. Public Health Profiles. [Date accessed] <https://fingertips.phe.org.uk> © Crown copyright [2025]

Immunisation: Joint Actions

What works?

As shown below an effective population vaccination programme requires both a universal core offer and a tailored response.



What works?

COMMUNICATION AND EDUCATION

- Locally designed outreach programmes, call and recall systems, information provision and service delivery interventions with partners.
- Listening to and understanding people's concerns and barriers to vaccination, including vaccine fatigue is central to any strategy.
- Tailored public health messaging to resonate with specific groups. The COVID-19 pandemic showed us the benefit of using local trusted community advocates to adapt and refine messages about vaccination to increase uptake.

PARTNERSHIPS & GOVERNANCE

- The ICB are responsible for the commissioning and delivery of the vaccination programmes but rely on local authorities and partners to help ensure that the approach, communication and delivery mechanism are community focussed to maximise uptake across our diverse populations.

WORKFORCE

- Utilise the skills and knowledge of the entire healthcare workforce, including pharmacists, nurses, and community health workers

MONITORING AND EVALUATION

- Ongoing review of vaccination rates to identify gaps and adjust strategies to enhance coverage as needed.

Immunisation: Joint Actions

What are we currently doing?

COMMUNICATION AND EDUCATION

- Working in partnership to promote vaccination in outreach settings across the key life course stages where vaccination is offered.
- Coordinating vaccination and immunisation initiatives with NHS partners.
- Commissioning of VaxChat to support and upskill professionals and community members to have informed conversations about the importance of vaccinations

PARTNERSHIPS & GOVERNANCE

- The ICB hold regular **immunisation board** with local system partners to monitor uptake rates, review service delivery plans and ensure we have a community-focussed vaccine programme that meets the needs of all our diverse communities.
- The ICB are also developing a local Immunisation Strategy which we will set out the future direction of work including key priorities, performance indicators and targeted actions.

MONITORING AND EVALUATION

- Monitoring coverage figures by geographical area and demographic groups to inform behavioural change interventions
- Working with primary care to share data and best practice to increase uptake in areas where rates are low.

Measuring success

- Increased uptake of vaccinations in Coventry and Warwickshire.
- Improve / Boost vaccine uptake in targeted geographical areas to address vaccine inequalities.
- Numbers of professionals and community members trained around vaccination to enable informed decision making.

The ICB and Health Protection teams monitor annual vaccination coverage data each year, and this is broken down according to GP practice level. This data is compared to assess population coverage and determine if additional support is required. Any concerns are raised at the relevant Immunisations Board where uptake levels are monitored with key stakeholders.

Environmental Hazards: Air Quality

Why is this important and what does the local data and intelligence tell us?

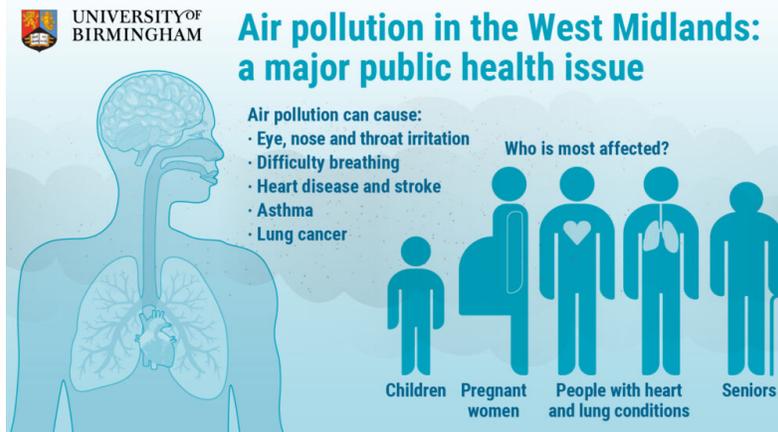
Air quality affects everyone. Air pollution is associated with impacts on lung development in children, heart disease, stroke, cancer, exacerbation of respiratory disease, and increased mortality, among other health effects. Individuals have little control over the level of pollution their families breathe, therefore, pollution must be seen as a societal problem to solve. While there have been significant improvements in air quality since the 1980s, some pollutants are still too high, and we need to go further to reduce air pollution – and it is technically possible.

The mortality burden of long-term exposure to outdoor air pollution in England in 2019 was estimated to be equivalent to 26,000 to 38,000 deaths a year. The true figure is likely to be higher as it does not consider all outdoor air pollutants, or the morbidity impacts and does not include indoor air pollution exposure. The fraction of mortality attributable to particulate air pollution in Coventry is 6.0%, higher than the regional and England average. The fraction of mortality attributable to particulate air pollution in Warwickshire is 5.5%, lower than the regional and England average.

The main pollutants of concern are nitrogen dioxide (NO₂) and particulate matter (PM) pollution. Local emissions are predominantly associated with road traffic, particularly on busy roads and areas where traffic queues regularly occur, and biomass burning e.g. waste and wood burning.

In Coventry and Warwickshire, there is a network of NO₂ monitors. In 2022, only 2 monitors in Coventry found an annual mean concentration of NO₂ above 40 ug/m³ which is the legal target set by DEFRA, a reduction from 14 monitors found exceeding the limit in 2019. However, the WHO recommends annual mean NO₂ concentrations no higher than 10 ug/m³, which no monitoring site in Coventry or Warwickshire currently achieves.

Each year in Coventry and Warwickshire, air pollution causes early deaths and long-term harm to health.



Health equity and inequalities identified

Air pollution does not affect everyone equally. Some population groups have greater physiological susceptibility to the health impacts of air pollution, including those at the extremes of age and people with a wide range of underlying health conditions, such as respiratory and cardiovascular diseases. In addition, people's exposure is likely to be greater if they live, work or study in places with high concentrations of air pollution. These factors of physiological susceptibility and greater risk of exposure can overlap.

Environmental Hazards: Air Quality Joint Actions

What works?

The West Midlands Combined Authority (WMCA) has produced an Air Quality Framework that outlines strategies to address air pollution and improve public health, focusing on PM_{2.5} and NO₂. Key measures include:

1. **Reducing solid fuel burning** both indoor and outdoor solid fuel burning to cut harmful emissions
2. **Encouraging use of and improving infrastructure for active travel and public transport:** promoting walking, cycling, and reduced car usage to decrease vehicular emissions
3. **Improved information accessibility:** using digital platforms and tools to provide the public with actionable air quality information
4. **Enhancing natural environment measures:** leveraging green space and community initiatives to improve air quality and reduce individual exposure.

Measuring success

- Air quality monitoring across Coventry and Warwickshire to measure and reduce NO₂ levels to below the legal limit of 40 ug/m³.
- Aiming for a 22% reduction in pollution exposure by the end of January 2028, as compared with the average population exposure in the three-year baseline (2016-2018).
- Aiming to reach WHO air quality target concentrations ahead of the Government's target date of 2040.

What are we currently doing?

- **Coventry City Council Local Air Quality Plan** (approved by the Government in 2020) is focused on transport and behaviour change around travel, including promoting electric vehicles, decarbonising the public transport network, real time air quality monitoring linked to dynamic traffic management, improvements to the road network to tackle congestion, construction of segregated cycle routes and initiatives supporting behaviour change and active travel (incl. school streets)
- **Borough and District Councils Stratford Upon Avon, Warwick, Nuneaton and Bedworth, North Warwickshire and Rugby** have agreed air quality action plans. In 2024, there were 8 Air Quality Management Areas across Warwickshire
- **Coventry and Warwickshire Air Quality Alliance** allows collaborative working on air quality across the region
- **The Coventry and Warwickshire Asthma Partnership Group Children and Young People** utilising the Core20Plus5 to focus attention on asthma and reduce environmental exposures for children with asthma
- Working with **NHS partners** to improve access to immunisations for key risk groups at risk of adverse outcomes from air quality e.g. respiratory illness.
- Regular monitoring for NO₂ and live monitoring of NO₂, PM_{2.5} and PM₁₀.

Environmental Hazards: Adverse Weather

Why is this important and what does the local data and intelligence tell us?

Climate adaptation especially risk from flooding, water quality and access, heatwaves/drought/dehydration and water safety. The UK is experiencing a trend of warmer winter temperatures, with rarer and less severe extreme cold weather events. However, excess winter deaths are an important public health concern because they highlight vulnerabilities in certain population groups during colder months.

Temperatures of over 25°C are associated with excess heat-related deaths.

In the national context the risk of major scale flooding in Coventry is low but surface run off and surface water management remain important.

There are 26,499 people at risk of flooding in Warwickshire, this equates to 4% of the population. The River Severn Partnership have estimated that residential property at risk of flooding in Warwickshire is worth over £2.9bn and commercial property at risk is worth over £1.3bn.

Health equity and inequalities identified

Adverse weather health plans identified the following groups as at increased risk

| Hot weather | Cold weather |
|---|--|
| Older people (aged 65 years and over) | |
| Babies and young children (particularly those aged 5 years and under) | |
| Pregnant people | |
| People who live alone and may be unable to care for themselves | |
| People experiencing homelessness or people sleeping rough | |
| People with long-term health conditions such as cardiovascular or respiratory disease, or a mental health condition | |
| People on certain medications that affect heart or kidney function, cognition, or ability to sweat | People with learning disabilities |
| People who are already ill and dehydrated (e.g. from diarrhoea and vomiting) | People living in deprived circumstances |
| People who experience alcohol or drug dependence | People who are housebound or have low mobility |
| People who are physically active and spend a lot of time outside or work in jobs that require manual labour or extensive time outside | People at risk of falls |

Environmental Hazards: Adverse Weather Joint Actions

What works?

- [Adverse Weather and Health Plan: Protecting health from weather related harm 2024](#)
- Improving Housing – insulation and heating – proper insulation and efficient heating systems in homes
- Energy assistance programmes – fuel poverty support
- Flu and Covid-19 vaccinations – critical preventative measure
- Proactive Healthcare services – proactive management of chronic health conditions
- Community Outreach programmes – raise awareness of services available
- Public awareness campaigns – raise awareness about the risks of different weather events. Practical advice on staying warm, recognising symptoms of cold-related illness and seek timely medical help.
- Emergency preparedness – Having plans in place for compounding factors, such as power cuts or flooding.
- Improving awareness of dehydration in care staff and community working with older adults.

What are we currently doing?

- Implementing the 2024 Adverse Weather and Health Plan: Protecting health from weather related harm
- Warwickshire and West Midlands LRFs have Multi Agency Flood Plans and separate Adverse Weather Plans.
- Major strategies such as the Storm Overflow Action Plan (SOAP) by Severn Trent are directing significant capital investment in to water infrastructure. Green space initiatives such as the Sherbourne Valley project are improving community connections to wildlife and improving accessibility of water courses.
- [Decarbonisation Net Zero Programme](#) - supports businesses with fewer than 250 employees based in Coventry and Warwickshire who want to save money on energy, waste and water bills and maximise low carbon opportunities.
- Local Resilience Forum Health and Wellbeing cells - directory of vulnerable lists and public health action cards for adverse weather scenarios.
- Both areas have published adaptations plans relating to climate change. [Coventry's Climate Change Strategy](#) was released by Coventry City Council in 2024. [Warwickshire's Sustainable Futures Strategy](#) was released by Warwickshire County Council in 2023.
- Addressing the cost of living, for example the provision of [Keeping Coventry Warm Service](#) and [Act on Energy in Warwickshire](#) which offer energy advice and grants for the provision of heating and insulation for those people with low incomes and long-term health conditions or disabilities.

Measuring success

- Move from emergency response to adaptation with a focus on preparation, transformation and building community resilience to adverse weather and climate change
- Define and identify populations most at risk from adverse weather events, effective actions, culturally appropriate communications, and effective system-wide approaches that build trust and meet needs

Tuberculosis (TB)

Why is this important and what does the local data and intelligence tell us?

Approximately 25% of new cases are from transmission in England, with the remainder acquired outside of the UK. There was an 11.2% rise in TB notifications in the updated 2023 figures compared with 2022, rebounding to above the pre-COVID-19 pandemic numbers in 2019.

TB incidence in Coventry (15.6 per 100,000) is consistently higher than the national (7.6) and regional (9.2) figures (2020/22). The 3-year TB incidence rate in Warwickshire is 4.6 per 100,000. Coventry and Warwickshire data indicates that 14% of cases are highly complex requiring DOT therapy, with a further 16% having social factors which influence their care.

The proportion of pulmonary TB patients commencing treatment within four months of symptom onset in 2022 was 64.7% in Coventry and 40% in Warwickshire compared to the national (69.7%) and regional (68.1%) figures.

The proportion of TB notifications who had completed a full course of treatment by 12 months in 2022 was 86% in Coventry and Warwickshire ICB area, 18% higher than the national figure.

From national data we know that around 11.5% of those with Tuberculosis have diabetes and around 9% are immunosuppressed.

Anti-Microbial Resistance

Anti-biotic resistance is found in ~10% of cases.

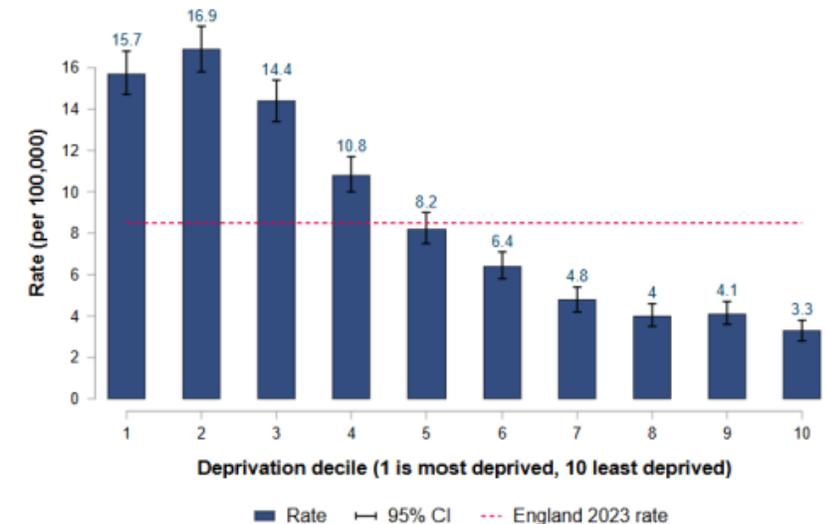
Treatment of drug-resistant TB (MDR and XDR) can cost from £70k-£0.5million per case depending on the level of drug resistance. These estimates calculate direct health care expenses only and do not include expenses for surveying, contact tracing, or the economic or social impact of TB on patients and their families

Health equity and inequalities identified

Audit of Patient and Healthcare led delay in patients with pulmonary TB demonstrated that those with the longest wait times between symptom onset and treatment commencement were more likely to:

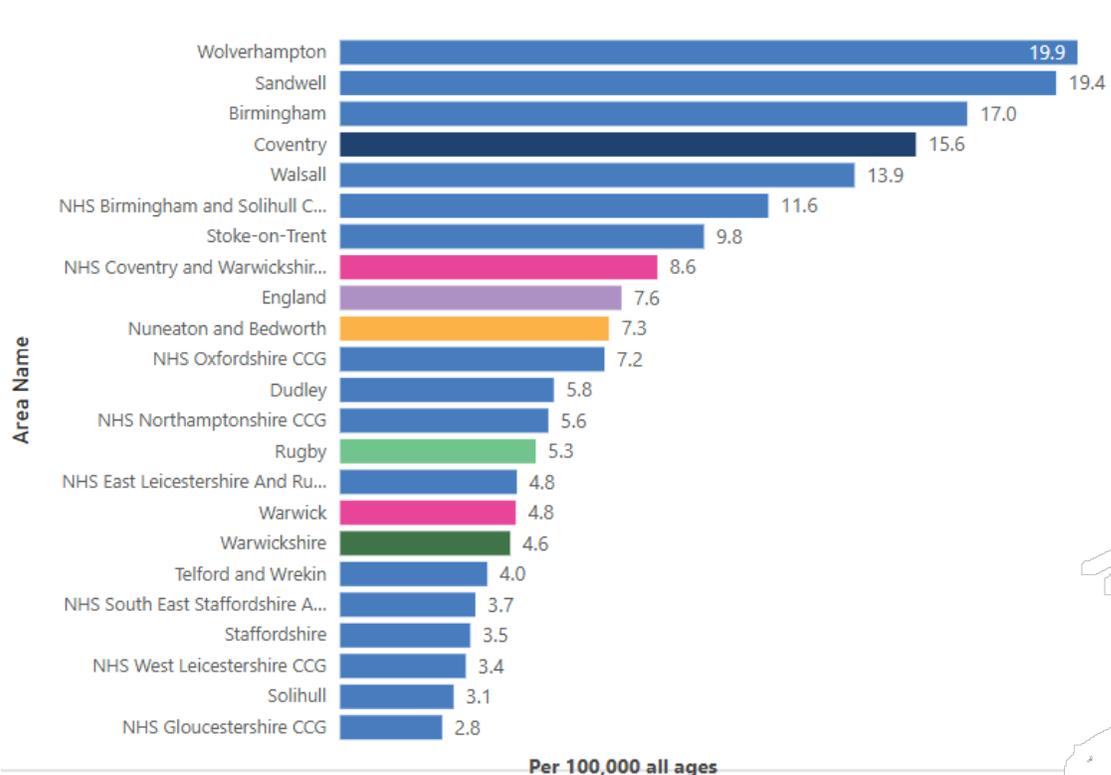
- Have multiple social risk factors, the most predominant being current or history of drug use, homelessness, and imprisonment.
- Self-report their ethnicity as White, Indian or black African
- Be male
- Live in deprived areas of Coventry

TB notification rate by deprivation decile, England, 2023

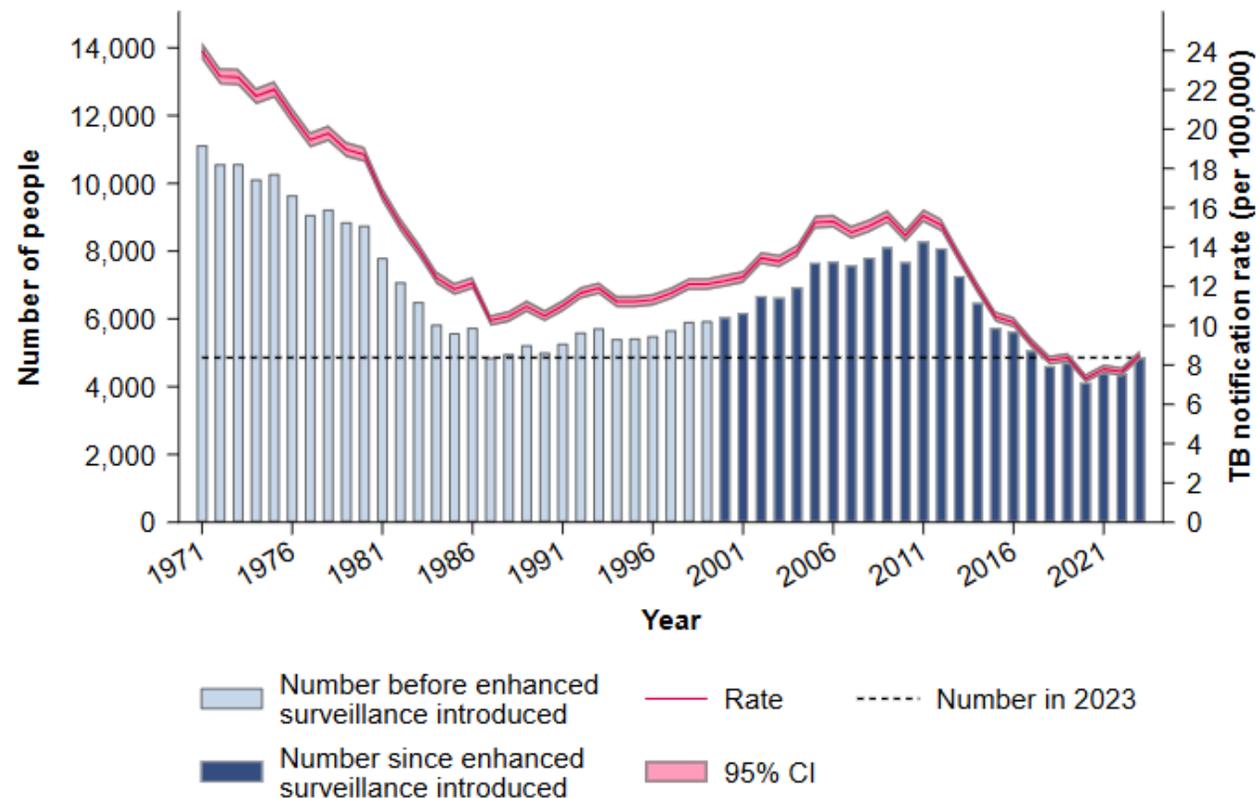


Tuberculosis (TB)

TB incidence (three-year average) – Persons – all ages (2020-22)
 Area comparison: Coventry, Warwickshire (districts and boroughs), England



Number of TB notifications and TB notification rate per 100,000, England, 1971 to 2023



Tuberculosis: Actions

What works?

Early diagnosis of pulmonary and latent TB and treatment completion is key to reducing the incidence of active TB, the likelihood of onward infection and the development of multi drug resistant active TB if the patient does not complete treatment.

- Improve access to services and ensure early diagnosis
- provide universal access to high quality diagnostics
- improve treatment and care services
- ensure comprehensive contact tracing
- improve BCG Vaccination uptake
- reduce drug-resistant TB
- tackle TB in under-served populations
- systematically implement new entrant latent TB (LTBI) screening
- strengthen surveillance and monitoring
- build an appropriate workforce to deliver TB control

What are we currently doing?

Working to understand the impact of different social risk factors to develop a TB prevention and intervention plan.

Raising awareness of TB symptoms with residents with an emphasis on migrant communities from high prevalence countries to reduce patient led delay from symptom onset to presentation to healthcare. Increasing social media presence around signs and symptoms amongst high-risk groups.

Working to develop Latent TB Infection screening programme for migrants from high prevalence countries.

Supporting GPs to recognise TB symptoms and understand who is most at risk of TB to enable a decrease in healthcare led delay from first presentation to treatment commencement.

Contributing to the delivery of the Coventry and Warwickshire Anti-Microbial Resistance Strategy (2024-2027) and working to raise awareness about challenges treating antibiotic resistant tuberculosis.

Measuring Success

- Reducing TB incidence over the lifespan of the strategy
- Increasing the proportion of pulmonary TB notifications starting treatment within four months of symptom onset by 5% year on year.
- Management of MDR and XDR TB in Coventry and Warwickshire to prevent onward spread or outbreaks.

References

Cross-cutting themes – Slide 9

1. [UK 5-year action plan for antimicrobial resistance 2024 to 2029](#)
2. [Health Equity Assessment Tool \(HEAT\)](#)

Sexually Transmitted Infections – Slide 13

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2. Coventry and Warwickshire Sexual Health Needs Assessment

Blood Borne Viruses – Slide 17

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2. All data from the Health Protection Dashboard; API-linked to data from Office for Health Improvement & Disparities. Public Health Profiles. <https://fingertips.phe.org.uk> © Crown copyright [2025]
3. [Hepatitis C in England 2023](#)
4. [New survey reveals that stigma can act as a barrier to eliminating viral hepatitis in the UK – British Liver Trust](#)
5. [Warwickshire Drugs Needs Assessment \(2022\)](#)

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4. [Guidance on the hepatitis B antenatal screening and selective neonatal immunisation pathway – UKHSA](#)
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Immunisations – Slide 20

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- [NHS England » NHS vaccination strategy](#)

Air Quality – Slide 25

1. [Chief Medical Officer's Annual Report 2022: Air Pollution](#)
2. [Fraction of mortality attributable to particulate air pollution \(new method\) 2022 – Fingertips Public Health Profiles](#)
3. [Air Quality Monitoring in Coventry](#)
4. [Air Quality Monitoring in Warwickshire](#)
5. [WM-AIR Infographics](#)

Adverse Weather – Slides 27-28

1. [Adverse Weather Health Plan](#)
2. [Storm Overflow Action Plans | Get River Positive | Severn Trent Water](#)

Tuberculosis – Slides 29-30

1. [Tuberculosis incidence and epidemiology, England, 2023 - GOV.UK](#)
2. [Collaborative TB Strategy for England, 2015 to 2020: end of programme report](#)
3. All data from the Health Protection Dashboard; API-linked to data from Office for Health Improvement & Disparities. Public Health Profiles. <https://fingertips.phe.org.uk> © Crown copyright [2025]
4. [Tuberculosis \(TB\): action plan for England, 2021 to 2026 - GOV.UK](#)