

Solihull Health Protection Annual Report 2023-24

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Foreword

Under national guidance, the Director of Public Health has a statutory duty to ensure that planning and arrangements to protect the health of local communities are robust. This includes making sure that across our local system, we are able to plan for, and respond to, a range of threats to health including infectious or communicable diseases (illnesses which can be passed from person to person through virus spread or contamination), and major incidents affecting the health sector and people's health.

Solihull is committed to prevention. This is a principle in our local Council Plan and our 'Living Well in Solihull Strategy' sets out the importance of acting early, taking steps to prevent harm and keep people healthy. Our Health Protection arrangements fit with this ethos: programmes such as vaccination against preventable illnesses like measles or flu, food inspections to ensure that restaurants and shops have good arrangements to reduce the risk of food poisoning, making sure we have the right arrangements in place to deal with rapid health emergencies such as MPox all have a big role to play in preventing avoidable illness. As well as the individual benefits, this also helps reduce demand on local services by, for example, reducing the risk of avoidable hospital admissions and the costs associated with the longer-term impacts of some infectious diseases.

Getting this right requires close joint working around the range of organisations. Health protection is everyone's business: whether this is care home staff implementing good infection prevention and control to keep residents protected, primary care delivering routine vaccination programmes to children and adults, schools and nurseries promoting key messages with parents and carers or environmental health officers inspecting food premises. Locally, our airport and airlines using the airport have specific responsibilities to enable public health agencies to prevent the control of imported infectious diseases. Emergency planners support the work to prepare for and if necessary, respond to major threats to health ranging from floods which can have health impacts to large scale major incidents such as chemical spills. The NHS delivers nationally-set screening programmes to identify early markers of disease including certain cancers.

Solihull's Local Health Protection Board, which reports to our Health and Well-being Board, co-ordinates the different sectors involved in health protection locally. This report outlines key activities in 2023/24 and includes key recommendations for 24/25.

Ruth Tennant, Director of Public Health, Education and Inclusion

December 2024

Acknowledgements

We would like to thank our partners at the Integrated Care Board, UK Health Security Agency, NHS England for their contributions to this report.

We also acknowledge the internal teams that we work closely with as part of our collective health protection efforts: Children's Services, Education, Adult Social Care, Communications, Regulatory Services, Emergency Planning and Resilience.

Neeraj Malhotra, Deputy Director of Public Health

Jessica Addo, Health Protection Officer

Ikechukwu Opara, Health Protection Officer (maternity cover)

1 Executive Summary

This report details the health protection challenges that have been faced by Solihull in the previous year. It primarily covers the period April 2023 to March 2024 but where it makes sense to include more recent activity, this has also been included.

The report describes how we seek to prevent as well as respond, as part of a multi-agency system, to health protection incidents and outbreaks and it sets out our governance arrangements. The report includes summary snapshots from the Health Protection dashboard which is considered at the Health Protection Board throughout the year and is used as a springboard for action.

Finally, the report sets out some recommendations for the year ahead.

1.1. Children and Young People

Measles

The most significant health protection challenge faced by Solihull and the West Midlands was the measles outbreak. Measles is highly contagious; the virus spreads quickly when an infected person breathes, coughs and sneezes. Young unvaccinated children and pregnant women are most at risk of severe complications from measles. In about 1 in 5000 cases, it can be fatal. Vaccination is the most effective way of protecting our population.

From 1 January to 31 December 2023 there were 362 laboratory confirmed measles cases in England¹. Activity earlier on in the year was mainly focused in the London region. However, the rapid escalation from the beginning of October was due to the outbreak in the West Midlands.

Between April 2023 and March 2024, there were 12 confirmed cases of measles in Solihull and 571 confirmed cases in the West Midlands (source: UKHSA).

In response to the measles outbreak, there was a concerted effort to boost vaccination uptake. This led to 12,000 more doses between 1 October 2023 to 31 March 2024, compared to the same period in the previous year.

Pertussis (whooping cough)

In 2023, there were 856 provisional laboratory-confirmed cases of pertussis reported nationally. In marked contrast, there were 13,952 laboratory confirmed cases of pertussis across England reported to the UK Health Security Agency (UKHSA) between January and September 2024². Among these cases, this included significant proportions in individuals aged 15 and older and in children aged 10 to 14 years.

Between April 2023 and March 2024, there were 17 confirmed cases of pertussis in Solihull and 442 cases across the West Midlands (source: UKHSA).

Babies under 1 year of age are most at risk from pertussis. For this reason, pregnant women are offered the Pertussis vaccination. By December 2023, in Solihull, the maternal vaccine uptake was at 49.5%, the highest it has been since July 2022. However there have been 11 deaths nationally from pertussis amongst babies across the country since January 2024, including the West Midlands (source: NHS England, October 2024).

¹ [Confirmed cases of measles in England by month, age and region: 2023 - GOV.UK](#)

² [Confirmed cases of pertussis in England by month - GOV.UK](#)

In the year ahead, some additional funding from NHS England to the Integrated Care Board (ICB) will support continued improvement in take up of childhood vaccinations. The four approved schemes include child immunisation call/recall offers, school ambassador programmes, community engagement efforts, and GP catch-up sessions in areas with low vaccination uptake. This will be led by the ICB, working in conjunction with Solihull Council, Birmingham Council and community organisations.

It is recommended that after these time limited interventions have been completed and evaluated, that the lessons are used to inform next steps.

1.2. Adult Health

Screening programmes

Solihull's screening programmes are currently commissioned by NHS England with responsibility set to be delegated to the ICB at a future date. Data on screening is presented routinely at the Health Protection Board to provide assurance that there are good levels of take up locally.

Breast screening

The national target for breast screening in England is that at least 70% of eligible women have a screening within six months of their first offered appointment. After a decline in uptake in 2022 (54%), breast cancer screening significantly improved to 70% in December 2023.

Bowel screening

Initially, the age groups for bowel screening were 54-74 years old, but this is gradually being extended to include 50-53-year-olds by April 2025. The acceptable minimum standard of uptake is set nationally at 52% but the optimal target is 60%. In Solihull, uptake is at 74.6% for 2023.

Cervical screening

Uptake of cervical screening has fallen in both older and younger cohorts over approximately the last 10 years. Solihull's uptake is higher than national levels but falls below the 80% target (76% for 50-64 year olds and 70% for 25-49 year olds).

Upcoming priorities for the screening services include:

- Extending bowel screening to include 50 and 54-year-olds
- Introduction of a new call-recall database for cervical screening
- Changing diabetic eye screening for low-risk patients to every two years.

It is recommended that the Health Protection Board continues to receive updates in relation to the uptake of screening programmes and identify where collective efforts can make improvements, particularly where there has been a decline.

Sexually transmitted infections

There have been marked increases in the rates of diagnosis of syphilis and gonorrhoea both nationally and regionally. Solihull has not experienced the same level of increase but this will need close monitoring.

It is recommended that in the year ahead, given the wider trends with sexually transmitted infections, there will be continued close surveillance of our rates by the Health Protection Board. This will be routinely shared with our colleagues in primary care, our Umbrella sexual health service and community groups as appropriate to enable improved awareness of STIs and better targeting of resources in areas and groups at highest risk.

1.3. Older People's Health

Care homes

To aid the management and reporting of outbreaks in care homes, the UKHSA introduced the **CareOBRA system**: an online outbreak risk assessment tool. Settings submit data online onto the system and immediately receive advice. The system focuses specifically on outbreaks of acute respiratory infections such as Covid-19, influenzas and chest infections. This is a new system and continued work is needed to ensure that the systems works effectively for care homes.

Vaccinations

Throughout the autumn, the local health protection team are supporting and amplifying the ICB's promotion of vaccinations against flu, Covid and RSV to eligible populations as well as frontline staff and unpaid carers as part of their 'Breathe Easy' campaign.

Infection, Prevention and Control

There is an infection prevention and control team in place, jointly funded by Birmingham and Solihull's Better Care Funds. This builds on good practice developed during the pandemic. It includes proactive training, audit and reaudit of care settings and also provides support in the event of incidents and outbreaks. This gives confidence to hospitals discharging frail and vulnerable patients to care homes that they are either free from outbreaks or able to respond speedily and effectively and reduce the risk of onward transmission.

Over the past year, the focus has been on training and developing the network of infection prevention and control champions. These champions are able to keep team-wide skills and knowledge up to date. This is vital given that this sector can experience high turnover within the workforce. The team has also supported care homes when there have been outbreaks of infectious disease, to eradicate the outbreak as quickly as possible.

It is recommended that sustainable funding solutions are identified to maintain the current service as a key part of our health protection arrangements.

1.4. Other population groups

Migrant Health

When new communities arrive in Solihull, it is not clear what vaccinations they would have received previously. It is therefore important that they register with a GP and receive any required vaccinations as part of an overall health assessment. This not only protects them, it also protects others around them from vaccine preventable diseases.

In the year ahead, the resettlement team aims to improve health literacy with a view to improving vaccination and immunisation uptake as well as better engagement with the health care system as a whole

Gypsy, Roma and Traveller Communities

With support from the ICB, a GP who has had a fellowship to specifically consider the health of traveller communities, was able to secure the use of a vaccination van as a mobile clinic hub and arranged two visits to the two largest Gypsy, Roma and Traveller Community (GRTC) sites. During these visits 8 MMR vaccinations were administered and 6 chronic health reviews conducted.

1.5. Other emerging threats

MPox

There are 2 types of MPox. There have been 'Clade 2' cases circulating globally for some time including cases in the UK. There has been vaccination available for high-risk communities, through local sexual health services. This type of MPox is not clinically severe.

Since late 2023 there has been an increase in the 'Clade 1a and b' type. This is more transmissible and can result on more clinically severe outcomes. The World Health Organisation declared this type of MPox a Public Health Emergency of International concern on 14th August 2024. Any case of MPox is considered a 'high consequence, high impact disease' and as such, would need to be managed in specialist NHS units with very strict clinical protocols in place.

At the time of writing, there has been two confirmed cases of MPox in the UK where the person travelled from an infected area. The first case passed MPox on to three household contacts. Surveillance is being undertaken by UKHSA and UKHSA state that the risk to the wider public remains low.

It is recommended that in the year ahead, further work is undertaken, working closely with the UK Health Security Agency, Birmingham and Solihull ICB, NHS England, Birmingham Airport and Birmingham Public Health colleagues on our preparedness.

Multi-drug resistant organisms

In recent years, there has been an increase in the incidence of multi-drug resistant organisms in NHS Trusts, mainly known as 'CPE' (carbapenemase-producing Enterobacterales). These bacteria usually live harmlessly in the gut of humans but if they get into the 'wrong' places such as the blood stream they can cause infection and then there are limited treatment options available.

It is recommended in the year ahead that further work is undertaken, working closely with the UK Health Security Agency, Birmingham and Solihull ICS, NHS England and our Adult Social Care colleagues to reduce the risk of onward transmission of such organisms.

Pandemic preparedness

In July 2024, the UK Covid inquiry published its first set of recommendations. **In the year ahead, it is recommended that the Health Protection Board reviews system-wide plans which take account of the findings from the inquiry.**

2. Health Protection: System Overview and Assurance

2.1. Health Protection definition

Health Protection is an integral part of public health work. It can be understood as: “*The protection of individuals, groups and populations through expert advice and effective collaboration to prevent and mitigate the impact of infectious disease, environmental, chemical and radiological threats.*”¹

Health protection at a local **system** level involves the following:

- Emergency preparedness, resilience and response
- Communicable disease control
- Risk assessment and risk management
- Risk communication
- Incident and outbreak investigation and management
- Monitoring and surveillance of communicable diseases
- Response to public health alerts from the European Union (EU - via the European Centre for Disease Prevention and Control) and the World Health Organisation (WHO - through the International Health Regulations)
- Infection prevention and control in health and care settings
- Delivery and monitoring of immunisation and vaccination programmes
- Environmental public health and control of chemical, biological and radiological hazards

2.2. Working in Partnership

Health Protection Partners

Across the local system, different partners oversee different aspects of these Health Protection responsibilities; the UK Health Security Agency (UKHSA) is now responsible for the monitoring and management of incident and outbreaks of communicable diseases. Additionally, they manage environmental health and the control of biological, chemical and radiological hazards at a regional level.

Birmingham and Solihull Integrated Care Board oversees the delivery of some aspects of vaccination, and has strategic oversight of infection, prevention and control in health and care settings.

NHS England commission screening services as well as vaccinations at the primary care level.

Solihull Council convenes the multi-agency Health Protection Board which ensures a focus on partnership working across the system to best meet the needs of our Solihull population. The council's Public Health team promotes and amplifies the work of partners and working across council functions, making best use of local relationships with communities. In line with the conditions of the Public Health grant, the council funds a small Health Protection team, based within Public Health to support the local activity outlined in this report. In the event of larger incidents or issues, wider capacity is remobilised to create additional short-term trained specialist capacity.

Responding to an incident or outbreak

NHS England, the ICB, UKHSA and Local Authority Public Health come together speedily if new issues emerge, as set out in a system-wide Memorandum of Understanding. Other partners, such as Children's Services, Adult Social Care and Regulatory Services are brought in as needed.

Proactive communication between partners

Outside of an incident or outbreak, partners come together regularly, for example at vaccination and screening boards.

2.3. Formal governance

In Solihull, the Health Protection Board comes together three times a year with representation from:

Local Authority Public Health, UKHSA, NHS England, Birmingham and Solihull Integrated Care Board, Regulatory Services, Children's Services and Adult Social Care.

This Board reports to the Health and Wellbeing Board annually and also, with Birmingham Public Health, updates the ICB's System Quality Group.

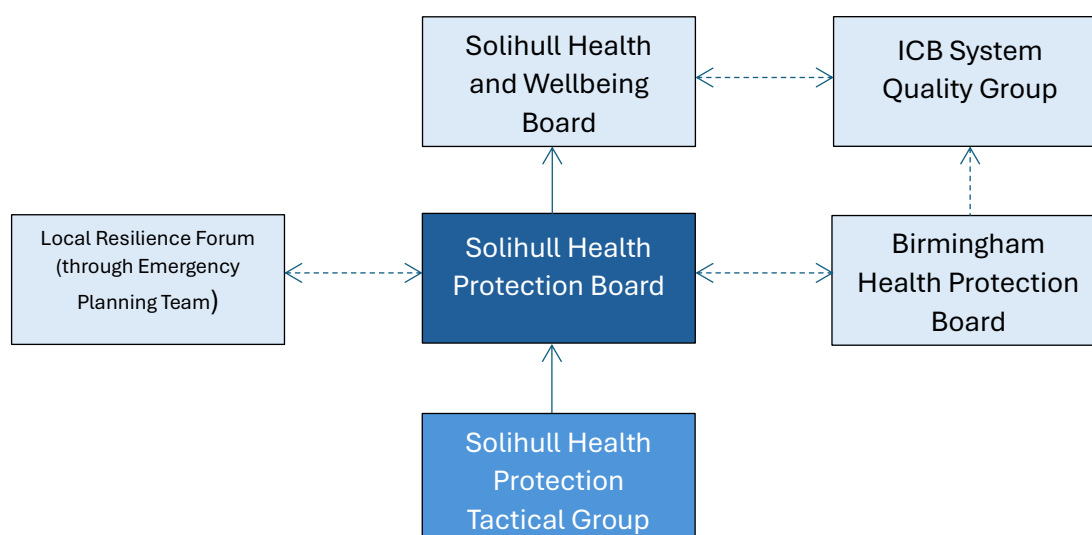


Figure 1: Health Protection governance arrangements

3. Update on Key Areas 2023-24

3.1. Children and Young People

Measles

Much of the past year in health protection has been dedicated to responding to and managing the local Measles outbreak. Measles is a highly infectious viral illness characterised by a full body rash and flu-like symptoms, that can lead to serious complications in some instances can be fatal³.

On the 7th of November 2023, a measles case was reported that led UKHSA to instigate an investigation that identified a community-based cluster of measles cases.

Following these initial cases, measles continued to circulate throughout Birmingham and Solihull with more probable and confirmed cases being identified on a daily basis. Individual incident management meetings were held for each case and cluster to minimise the risk of further spread. In total, Birmingham encountered 472 confirmed and 132 probable cases of measles between 25th September 2023 and 30th July 2024. During the same period, Solihull experienced 21 confirmed and 14 probable measles cases.

In response to the continued rapid spread, a joint BSOL system incident management team, chaired by the Director of Public Health and ICB Chief Medical Officer was formed to agree strategy, oversee delivery and escalate key issues.

A three-pronged approach was adopted: protect, contain and promote.

The **Protect** aspect covered by the ICB, Primary care and NHSE involved the commissioning of:

- Pop-up Measles, Mumps and Rubella (MMR) vaccination clinics in response to localised outbreaks
- GP practice toolkits to increase MMR uptake including convenient tailored appointments, proactive conversations with concerned patients/parents and the offer of the non-porcine MMR in relevant communities.
- Reviewing vaccination levels amongst vulnerable populations such as recent migrants.

The **Contain** component delivered by the UKHSA regional team, hospitals, primary care, schools and nurseries focused on:

- Rapid identification of cases by clinicians, parents and teachers.
- Identifying and protecting vulnerable contacts, particularly infants under 1, pregnant women and immunocompromised groups
- Warn and inform letters and texts shared with contacts of cases.

Finally, the **Promote** function, delivered by the ICB, local authorities, charities and educational/childcare settings focused on:

- Webinars and action cards for healthcare professionals, nurseries, teachers to raise awareness of symptoms and how to promote MMR uptake.
- Work with community organisations and faith groups to build trust and promote vaccination.
- Bespoke community outreach in areas of high prevalence and low vaccine coverage.
- Information in community languages (including Urdu / Arabic)
- Digital billboards and video clips from community leaders including local elected members.



PROTECT: Accelerate vaccination uptake through fast-track, data-driven vaccine programme targeting low uptake communities and schools



CONTAIN: Effective case management and risk-based approach to contact tracing to minimise clinical risks to **most** vulnerable.



PROMOTE: Increased community outreach, engagement and communications with trusted leaders & influencers

Figure 2: Revised Measles Strategy from BSol ICS Birmingham and Solihull Measles Outbreak Management Presentation – Ruth Tennant & Dr Clara Day 25/01/24⁵

Prior to the most recent outbreak, MMR vaccination uptake in Solihull stood at 88.6% at 24 months for MMR1; 96.5% for MMR1 and 87.2% for MMR2 at 5 years based on the routine programme.

As a result of the above co-ordinated system response, the following outcomes were achieved across Birmingham and Solihull. A total of **33,321** MMR vaccinations were given to all ages between 1st October 2023 and 31st March 2024; of those, **17,694** were administered to 5s and under (**53.1%**). This equated to 12,000 more doses than the same period the year before.

In addition, the positive impact of additional clinics in schools and through Primary Care networks within Birmingham and Solihull ICB contributed to the increase in vaccination numbers. Around 23 school-based clinics were established, resulting in 475 MMR vaccinations being administered.

Furthermore, primary care networks were selected based on their vaccination uptake and patient population for children aged 0-5 for the Call and Recall system. A total of 8 underperforming Primary Care Providers (PCPs) were chosen. The program involved clinical staff reaching out to parents to understand why their child hasn't been vaccinated and booking appointments for those willing. This led to a total of 418 vaccinations being administered.

On Monday 15th April 2024, an interim debrief was conducted to assess progress to date, lessons learnt and strategy moving forward. Key lessons identified were to take prompt action when an outbreak occurs, creating an incident management team earlier and establishing relevant system partners for involvement. Consistent community engagement was also seen as important matter, as well as holistic communications about all vaccinations.

It is recommended that an ICS Outbreak Management Plan should be created - a blueprint detailing preparedness, resources and infrastructure required for a timely and effective outbreak response.

Pertussis

Pertussis (whooping cough) follows a 3-4 year cyclical pattern. The last peak was in 2016. The subsequent expected peak in 2020 did not occur due to the control measures introduced for Covid-19 prevention. This resulted in a few cases of pertussis, but it also reduced population immunity.

Over recent months, an increase in confirmed pertussis cases has been observed nationally and regionally across all age groups. In 2023, there were 858 provisional laboratory confirmed cases of

pertussis in England. In 2024, there were **556, 918 and 1,319** cases in **January, February and March** respectively – a total of **2,793 cases**. Of these cases, 1420 (**50.8%**) were in people aged 15 and older; with **26.6%** (799 cases) in children aged 10 to 14 years.

From 1st October 2023 to 28th July 2024, Birmingham experienced 181 confirmed and 460 suspected cases of Pertussis. Solihull experienced 38 confirmed and 81 suspected cases within the same period.

There have been 11 reported deaths in infants who developed pertussis between January and October 2024.

Despite the introduction of the pertussis vaccination programme in 2012, uptake levels in pregnant women, babies and young children have declined in recent years. As of December 2023, Solihull was at 64.5% for vaccination in pregnancy, higher than BSol average of 49.5% but still below 75% - the value from December 2017.

In terms of next steps, Solihull has the highest rates of maternal pertussis vaccination uptake in the locality with an average of 64.5%. However, even within Solihull there is significant variation in uptake between primary care practices: the lowest with just 40% uptake and highest with 100%. As such, BSol ICB recommend improving coding and the recording of vaccinations on practice systems and improving reporting between maternity services and general practice. There will also be the development of targeted promotional campaigns to key under-vaccinated groups. The local Health Protection team will support the ICB with these actions.

Childhood vaccinations: the wider picture

For childhood vaccination data, Solihull has the highest rate of uptake in the region but falls below 95% required for herd immunity.

Age Vaccine is due	Vaccine	Solihull (%)	Target (%)	Compared to Target	England (%)	Trend for Solihull from 2010/11 to 2022/23
8, 12 and 16 Weeks	12m DTaP/IPV/Hib/HepB%	92.4	95.00	-2.60	91.2	
12 weeks	12m PCV1%	93.9	95.00	-1.10	93.2	
8 and 12 weeks	12m rota%	89.9	95.00	-5.10	88.5	
8 and 16 weeks	12m MenB%	91.4	95.00	-3.60	90.6	
12 Months	24m DTaP/IPV/Hib/HepB3%	94.1	95.00	-0.90	92.4	
8, 12 and 16 Weeks	24m PCV Booster%	90.0	95.00	-5.00	88.2	
12 Months	24m Hib/MenC%	90.0	95.00	-5.00	88.7	
12 Months	24m MMR1%	90.3	95.00	-4.70	88.9	
12 Months	24m MenB Booster%	88.4	95.00	-6.60	87.3	
8, 12 and 16 Weeks	5y DTaP/IPV/Hib/HepB3%	95.7	95.00	0.70	92.6	Not Available on Fingertips
12 Months	5y MMR1%	95.0	95.00	0.00	91.9	
3 years 4 months	5y MMR2%	86.0	95.00	-9.00	83.9	
3 years 4 months	5y DTaPIPv%	84.7	95.00	-10.30	82.7	
12 Months	5y Hib/MenC%	93.6	95.00	-1.40	89.4	

Table 1: Coverage of childhood immunisations in Children aged 0-5 years in Solihull from 1st April 2023 to 31st March 2024

RAG Rating: Green: Coverage >95%, Amber: Coverage between 90%-95%, Red: Coverage <90%.

DTaP	Vaccine for Diphtheria, Tetanus and Pertussis (whooping cough)
IPV	Inactive Polio vaccine
Hib	Haemophilus influenza type b vaccine protects against Hib disease, which can cause serious infections and complications in infants and young children.
Rota	Rota virus Vaccine. Rota virus is a common cause of diarrhoea and vomiting
Hep B	Hepatitis B vaccine
Men B	Meningitis B Vaccine
Men C	Meningitis C Vaccine
MMR	Measles, Mumps and Rubella vaccine

Table 2: Vaccine key

The 95% coverage target was only achieved for two vaccines, namely the primary course of the '6-in-1' vaccine and the first dose of MMR.

The first of these is the primary vaccination of infants at 8, 12 and 16 weeks of age to protect against diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis and disease caused by Haemophilus influenzae type b.

The second protects against measles, mumps and rubella.

However, these levels of uptake are achieved by age 5 when they should be achieved much sooner. This is leaving Solihull babies and toddlers without 'herd immunity' and has a knock-on effect of children missing out on their booster vaccinations when they are of school age.

In collaboration with the ICB and BCC, targeted community engagement will be offered to the groups with the lowest vaccination uptake in the region with a view to understanding barriers to access, improving vaccination uptake. This is particularly important given the measles and pertussis cases experienced nationally and regionally over the past year.

It is recommended that the Health Protection Board reviews the evaluation of these initiatives to inform continued efforts to improve vaccination uptake.

3.2. Adult Health

Screening

NHS England is responsible for commissioning high-quality cancer and non-cancer screening services across the Midlands region. The current screening programmes are listed below.

- Abdominal Aortic Aneurysm Screening ([AAA](#))
- Breast Screening ([BSP](#))
- Bowel Cancer Screening ([BCSP](#))
- Cervical Screening ([CSP](#))
- Diabetic Eye Screening ([DES](#))
- Targeted Lung Health Check Screening ([LSP](#))
- **National antenatal and newborn screening programmes**
 - Infectious Diseases in Pregnancy Screening ([IDPS](#))
 - Sick Cell and Thalassaemia Screening ([SCT](#))
 - Foetal anomaly screening programme
 - Newborn and Infant Physical Screening Examination (NIPE)
 - Newborn blood spot
 - Newborn Hearing Screening Programme

Performance

Screening performance has largely been able to return to the pre-pandemic coverage.

	Geography	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Abdominal Aortic Aneurysm Screening Coverage	Solihull	85.2	86.7	85.8	68.3	40.7	82.1	83.6
	England	80.9	80.8	81.3	76.1	55.0	70.3	78.3

Table 3: Abdominal Aortic Aneurysm Screening Coverage

Source - [Fingertips | Department of Health and Social Care \(phe.org.uk\)](#)

Acceptable Target - $\geq 85.0\%$, Achievable Target - $\geq 95.0\%$

	2021/22				2022/23				2023/24				2024/25
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Birmingham, Solihull and Black Country	62.6	64.2	66.9	67.4	68.1	65.2	62.3	66.1	69.4	72.5	75.5	77.7	79.4

Table 4 Diabetic eye screening uptake

Source: FutureNHS – Diabetic Eye Screening Dashboard Quarterly Indicators - [\(england.nhs.uk\)](#)

Acceptable Target - $\geq 75.0\%$, Achievable Target - $\geq 85.0\%$

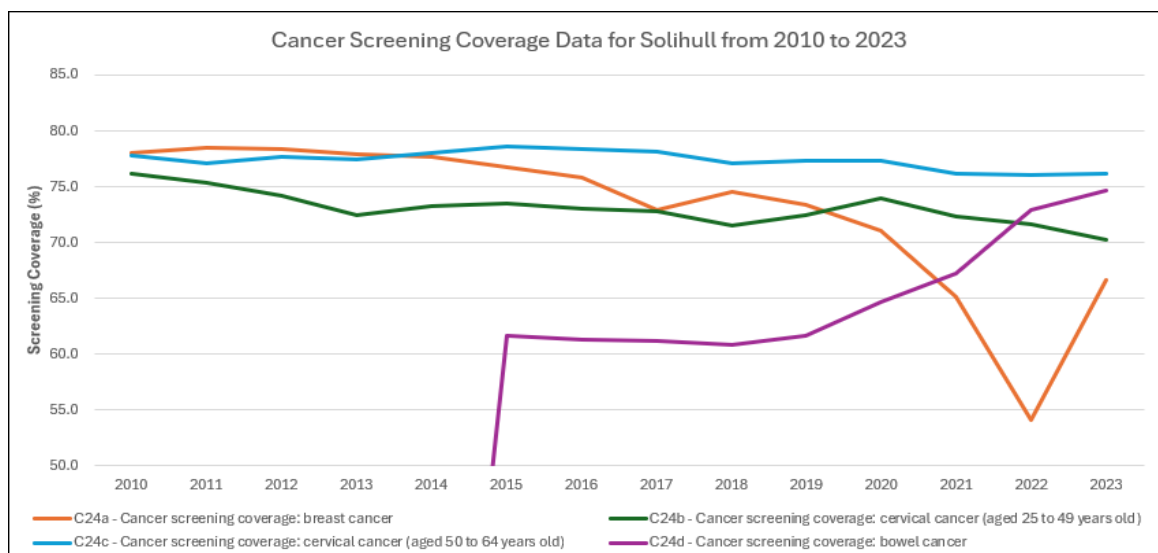


Figure 3: Cancer screening programmes Source - [Young person and adult screening KPI data: GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/young-person-and-adult-screening-kpi-data)

Bowel screening: In Solihull, coverage has increased each year since 2019. It was 73% in 2022 and improved to about 75% in 2023, above the programme standard of 60%. This is largely due to the change in screening test in 2019, with the Faecal Immunochemical Test requiring only one faecal sample. The programme is now extending the eligible age range, bringing the eligibility down to 50-year-olds by April 2025. The programme will extend to 54-year-olds in 2023/24 and bring in the 50 and 52-year-olds in 2024/25.

Breast screening: in 2023, there has been a marked improvement in breast cancer screening and after a marked dip in activity levels, take up of screening is back at 70% (verbal update from NHS England, December 2023, data not shown).

Cervical screening: uptake of cervical screening has fallen in both older and younger cohorts over approximately the last 10 years. Solihull's uptake is higher than at national levels but falls below the 80% target (76% for 50-64 year olds and 70% for 25-49 year olds).

System-wide efforts are needed to address this decline.

Further successes throughout 2023-24 include:

- 3 of 6 screening services covering Solihull received quality assurance visits in 2023; action plans based on recommendations are being created and completed.
- Bowel screening age groups were extended to include 58-year-olds and colonoscopy surveillance offered to people with Lynch syndrome as part of the programme.
- A new diabetic eye screening provider was introduced which covers Solihull.
- Commitment of additional funding from NHS England to support continued improvement in the breast cancer screening service.

The Targeted Lung Health Check Programme is overseen by the ICB. It is a new pilot scheme designed to identify signs of cancer at an early stage when it is much more treatable. The programme is being offered to people between the ages of 55 and 74 who are current or former smokers and at greater risk of lung cancer. Those eligible will be sent a letter to invite them for a lung health check. The lung health check finds out how well a participant's lungs are working and hopes to identify problems early.

In terms of next steps, upcoming priorities for the screening services include:

- Extending bowel screening to include 50 and 54-year-olds
- Introduction of a new call-recall database for cervical screening
- Changing diabetic eye screening for low-risk patients to every two years.
- Developing connections between new stop smoking services and the targeted lung health check.

The intention moving forward is for Integrated Care Boards to directly commission services wherever possible. The scale and timeline for delegation from NHSE to the ICB is yet to be determined.

It is recommended that the Health Protection Board continues to receive routine updates on the developments within screening services and works with partners to identify how best to improve uptake. This includes routinely receiving data that is specific to Solihull.

Sexually transmitted infections

Syphilis

Between 2021 and 2023, there has been a marked increase in the rates of diagnosis of syphilis both nationally and across the West Midlands. Solihull has not experienced this increase and rates have remained steady.

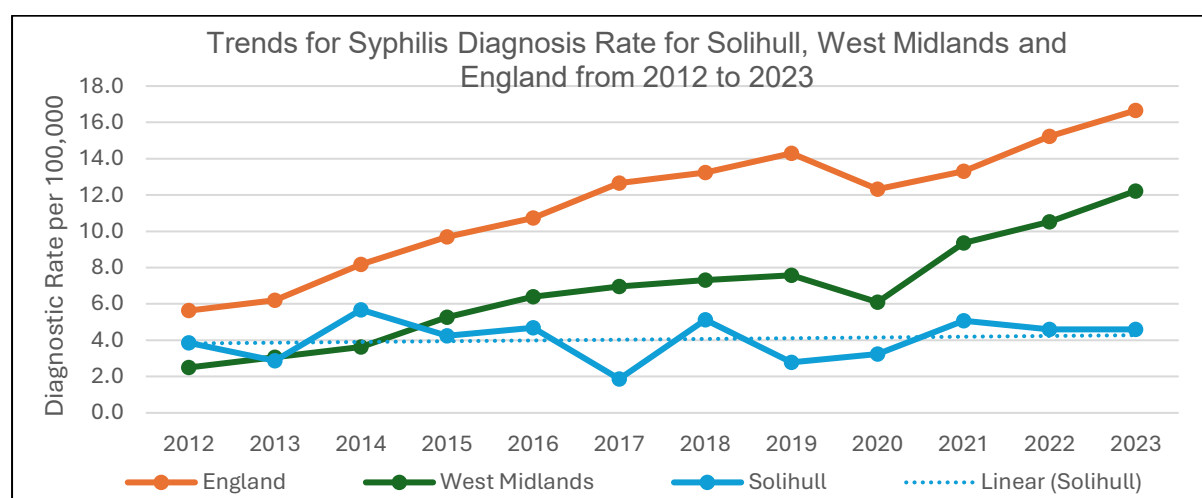


Figure 4: Source – Fingertips and UKHSA HIV/STI Data Exchange – GUMCAD Report

Gonorrhoea

There have been marked increases in gonorrhoea diagnosis rates nationally and regionally. Solihull has also experienced increases but not at the same rate as shown in the graph below.

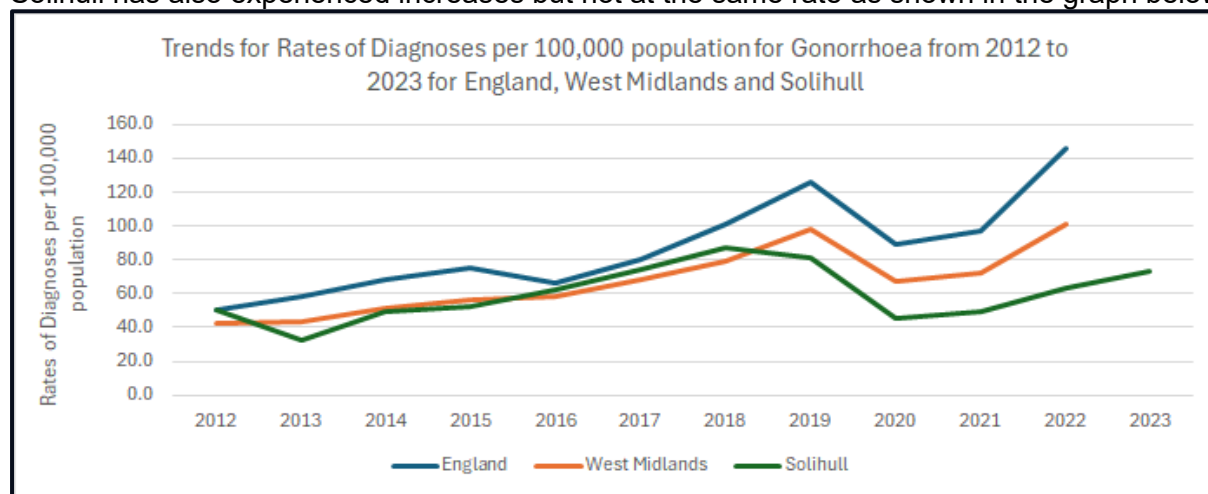


Figure 5: Source – Fingertips and UKHSA HIV/STI Data Exchange – GUMCAD Report

Chlamydia

Chlamydia detection rates in Solihull began to decline in 2016. This trend was also observed in England and the West Midlands, which experienced a similar decrease in detection rates. However, starting in 2021, England, the West Midlands, and Solihull have all shown an increase in chlamydia detection rates.

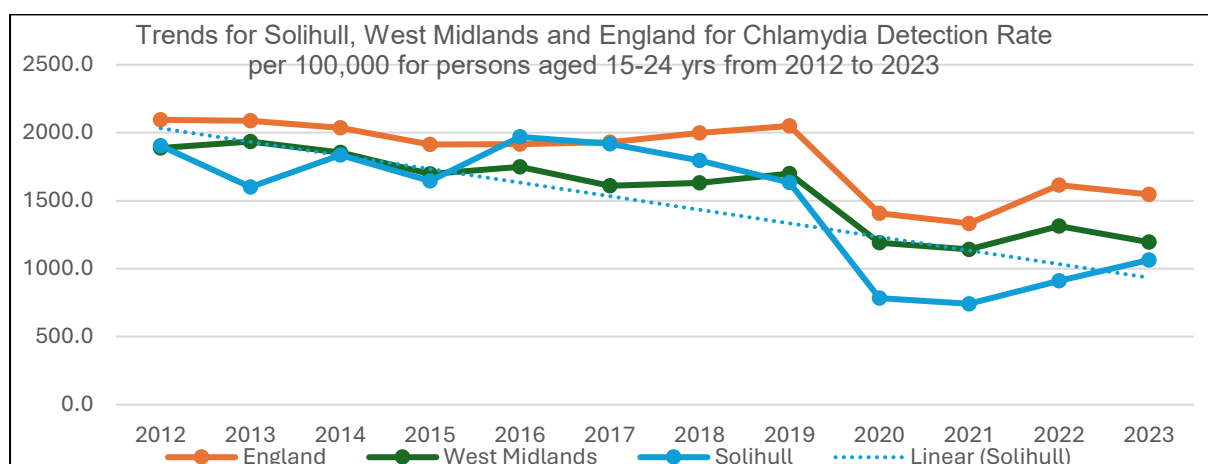


Figure 6: Source – Fingertips and UKHSA HIV/STI Data Exchange – GUMCAD Report

It is recommended that in the year ahead, given the wider trends with sexually transmitted infections, there will be continued close surveillance of our rates by the Health Protection Board. This will be routinely shared with our colleagues in primary care, our Umbrella sexual health service and community groups as appropriate to enable improved awareness of STIs and better targeting of resources in areas and groups at highest risk.

3.3. Older People's Health

Respiratory illness in Birmingham and Solihull

The chart below shows that BSOL had the highest number of non-elective bed days per 100,000 population for respiratory system problems. Peer systems are shown in grey.

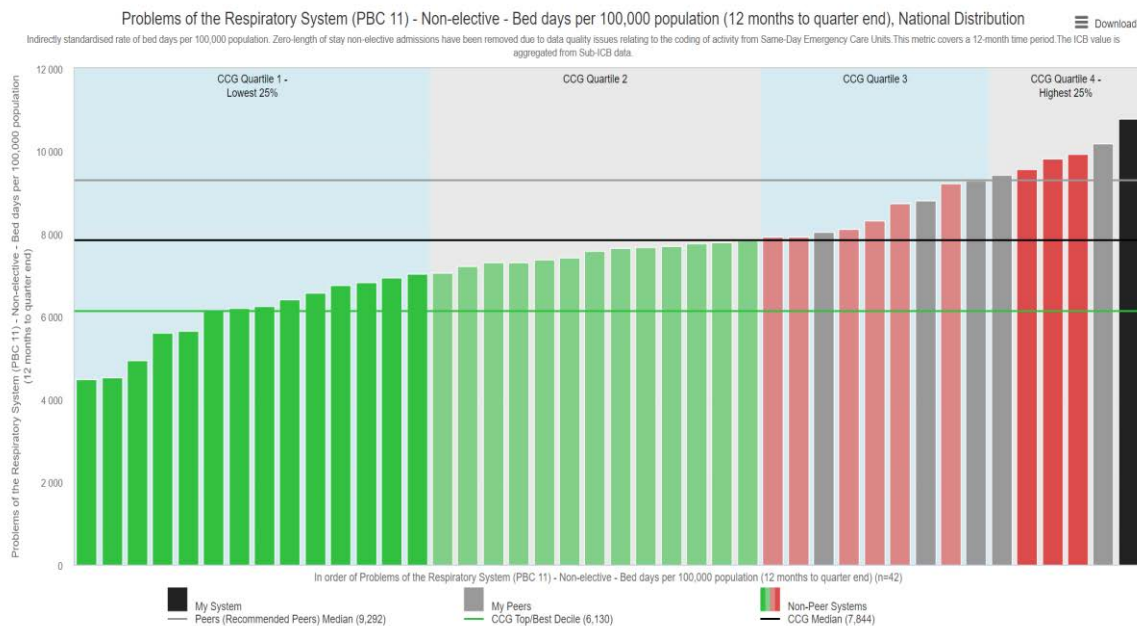


Figure 7: respiratory bed days per 100,000 population July 2023-June 2024.

Source: NHS Model Health System tool

BSOL has also had the longest average length of stay among peer systems (Black Country; Greater Manchester; Nottingham and Nottinghamshire; South Yorkshire; West Yorkshire). Peer systems are shown in the graph below.

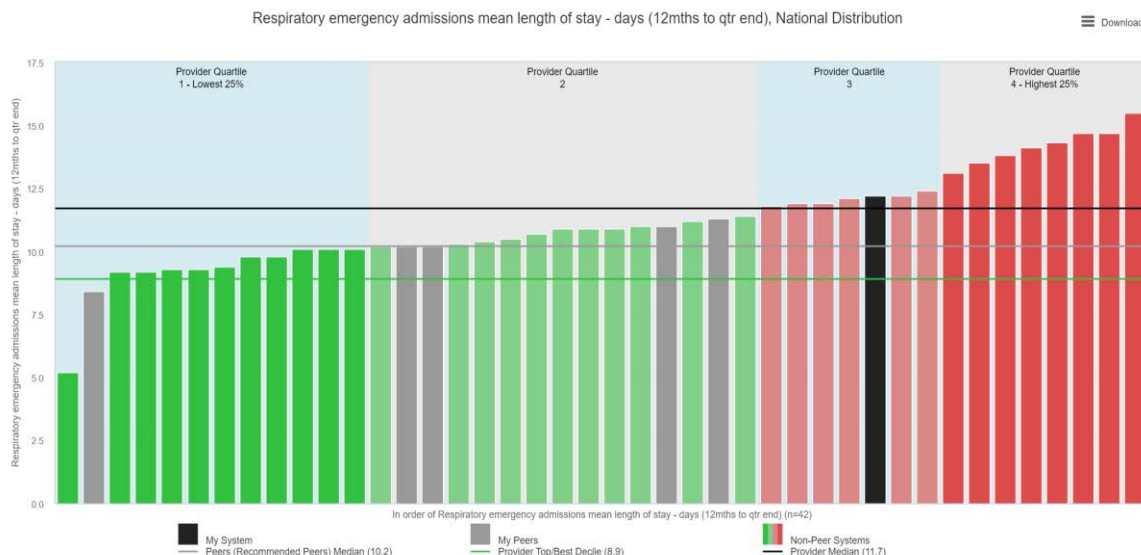


Figure 8: respiratory admissions average length of stay July 2023-June 2024

Source: NHS Model Health System tool

Adult Social Care services support some of the most vulnerable members of society. As such the health protection team has been working with UKHSA, the Adult Social Care team and wider

system partners to reduce the impact and frequency of outbreaks of respiratory illnesses and other infections in care settings. This includes promoting and amplifying the ICB's 'Breathe Easy' campaign which encourages frontline health and care staff and unpaid carers to get vaccinated against flu, Covid and RSV if they are eligible. Last year, uptake of vaccines amongst this group was low. The vaccination campaigns for flu, Covid and RSV commenced in September and October 2024. Uptake data will be shared locally to enable further activity to promote vaccination if this is needed.

CareOBRA & Cases

To aid the management and reporting of outbreaks in care homes, the UKHSA introduced the CareOBRA system: an online outbreak risk assessment tool. Settings submit data online onto the system and immediately receive advice.

The system focuses specifically on outbreaks of acute respiratory infections such as Covid-19, influenzas and chest infections. It is offered to residential care homes, supporting living and extra care settings, day centres, domiciliary home care and retirement homes.

In addition to receiving immediate advice, local authority and UKHSA health protection teams also receive a copy of the risk assessment allowing for further assessment and support to be offered. If determined to be high risk or out of hours, a copy is also shared with the UKHSA out of hours service for further assessment and prompt advice to be provided. Overall, the system helps with the immediate support of settings as well as the prioritisation of high-risk outbreaks, enabling prompt containment.

Feedback from care settings has indicated that when CareOBRA has been used, it has worked well. However, it does need to be better promoted. The local health protection team will work with UKHSA and Adult Social Care team to ensure settings are well-informed and prepared for the winter.

Infection, Prevention and Control

Research by the World Health Organisation suggests that up to 70% of all healthcare-associated infections could be prevented with improvements in infection, prevention and control practices (IPC)¹³. As such, high standards of IPC are required to reduce the frequency and opportunity for infections to spread in care settings and subsequent resistance to develop.

Birmingham Community Health Care NHS Foundation Trust (BCHC) has been commissioned by Birmingham and Solihull Better Care Funds to deliver an IPC service for care homes. This funding is until March 2025.

The service offers:

- High quality IPC support based on high-quality evidence, ensuring care homes are aware of their roles and responsibilities.
- Training and support to develop IPC expertise across the adult social care sector
- A comprehensive IPC audit and follow-up to independent adult social care providers
- Reduction in outbreaks of infectious diseases¹⁴.

Since the implementation of IPC services, significant improvements have been observed. Between July 2023 and March 2024, 57 IPC underwent annual audits, with facilities scoring between 87% and 99%. One reaudits showed an impressive increase from 87% to 97%. These achievements followed IPC training conducted in 35 care homes, where 312 staff members were trained during this period. Additionally, the effective implementation of action plans in care homes contributed to these improvements.

Furthermore, 16 outbreaks were recorded across BSOL between July 2023 and March 2024. The IPC team provided adequate support to minimize the impact of these outbreaks, which lasted between 4 to 11 days, with an average duration of 5 days.

Feedback on the benefits of the IPC service has been positive. As such, extension of the service was authorised for the financial year 2024-25. However, moving forward a more sustainable approach to funding the service is required.

It is recommended that sustainable funding solutions are identified to maintain the current service as a key part of our health protection arrangements.

3.4. Other population groups

Migrant Health

Major changes in UK immigration policy and significant international events over the past few years have resulted in an increase in new arrivals to Solihull. For instance, the introduction of the Hong Kong British Nationals Welcome Programme, the fall of Kabul (2021), the Russian invasion of Ukraine (2022) and the War in Sudan (2023) has seen the asylum and resettlement of communities from the affected nations within the locality. As such, the Resettlement Team work primarily with communities from Hong Kong, Afghanistan, Ukraine and asylum seekers.

The Health Protection team has been working closely with the Resettlement team to support integration of the recent migrant communities into the local health and social care system.

At present, work is being undertaken to better understand the health needs of our migrant communities. A men's health pilot is commencing.

Gypsy, Roma & Traveller Communities

Over the past year, the health protection team has been able to gain greater access and insight into the Gypsy, Roma, Traveller communities (GRTC) through the work of the Community Engagement Team and primary care.

A local GP has been working to establish better primary care connections with registered patients from the GRTC as part of a fellowship. By reviewing appointment and chronic disease behaviours within patients in these groups, this GP has identified the opportunity for outreach preventative medicine. This resulted in the identification of the primary sites upon which GRTC patients resided and the conduction of regular visits accompanied by health visitors to these sites to offer health checks.

During the peak of the most recent Measles outbreak, a number of cases were identified on a GRTC site. With support from the ICB, our local GP was able to secure the use of a vaccination van as a mobile clinic hub and arranged two visits to the two largest GRTC sites. During these visits 8 MMR vaccinations were administered and 6 chronic health review conducted.

The Health Protection team has worked with the community development team and local primary care to identify all 9 GRTC sites in the borough and their respective primary care trusts. A network has been established to determine more effective methods for engaging with the GRTC, improving health outcomes, engagement with health services and overall health equity. A new GP has been identified to continue this work.

3.5. Updates from partners

Food Safety

Food safety is regulated by the Food Standards Agency, which regulates the enforcement of food legislation and ensures local authorities' food interventions are in accordance with the Food Law Code of Practice (FLCOP).

Premises' food hygiene and food standards are risk-rated in accordance with the FLCOP and National Food Hygiene Rating Scheme. As of 1 April 2024, there were 1796 food businesses known to the SMBC Regulatory Services team. A quarter were rated as high risk for food hygiene.

From 1st April 2023 to 31st March 2024 the following food hygiene interventions were conducted:

- A rated - 18
- B rated - 54
- C rated - 291
- D rated – 249
- E rated – 593 (lowest risk and managed with an alternative enforcement strategy)

In 2023/24 the food and safety team inspected all the due and overdue high risk food hygiene inspections, risk rated A to C. There were 2 C rated businesses that were not inspected as these were not open for inspection. On 1st April 2024 there were 50 overdue D rated premises inspections and 102 unrated businesses awaiting inspection (unrated because they are new). This satisfied the scrutiny of the Food Standards Agency (FSA) end of year monitoring.

As of 1st October 2024, the following inspections still need to be done:

- A rated - 0
- B rated - 3
- C rated – 7
- D rated – 34
- E rated – 555
- U rated – 61

In addition to the above inspections, the team will continue to fulfil their additional responsibilities. These include: trading standards led inspections of premises that handle and/or produce feeding stuffs for animals, (this includes supermarkets selling pet food); complaint investigations; preliminary food hygiene advice; food sampling; food safety incidents; private water supply inspection and investigation of food-related infectious disease outbreaks.

In 2023/2024, there were 67 food complaints investigated, 45 complaints related to hygiene of premises, and 78 notifications of notifiable infectious diseases.

From January 1, 2024, to July 31, 2024, the team received and verified 65 applications for skin piercing licenses in accordance with infection control measures.

Emergency planning and resilience

The Health Protection team works closely with the emergency planning and resilience team to ensure our preparedness for significant incidents. Over the past year, this has included exercises relating to a significant fire and the implementation of the sudden influx plan as people arrived into Birmingham Airport from Lebanon.

In the year ahead, this will include working on pandemic preparedness, following on from the recommendations from the Baroness Hallett Covid inquiry.

UKHSA

The Health Protection team works closely with the UKHSA Health Protection team for our region; aligning with them to ensure appropriate responses to cases and outbreaks in Solihull. There were **584** cases in Solihull from April 2023 to March 2024 reported to the UKHSA. This included bloodborne viruses, gastrointestinal disease, meningococcal disease, vaccine-preventable diseases and other diseases.

The majority of incidents and outbreaks occurred in care homes (18), followed by schools (12).

In the coming year, the local Health Protection team will review the system-wide Memorandum of Understanding and continue to support the UKHSA team in identifying, treating, and containing communicable diseases in Solihull to ensure the safety of the local population.

Wider partners: care homes, schools, university

Additionally, several ongoing initiatives and proactive plans are in place to enhance our efforts in protecting and improving health. We are currently collaborating with care homes, schools, and other settings to minimize the impact of winter illnesses. We are supporting ICB efforts to increase vaccinations for COVID-19, flu, and RSV in preparation for the winter season.

Air Quality

Solihull Council undertake monitoring of Nitrogen Dioxide (NO₂) at approximately 30 sites across the borough. Results from the NO₂ diffusion tubes fall below the national NO₂ air quality objective level (40 µg/m³) with most areas being well below that level.

The public health outcomes framework (PHOF) is a Department of Health and Social Care tool which sets out key indicators on the state of public health. It includes an indicator relating to air pollution from fine particulate matter, (PM_{2.5}) which reports the estimated fraction of all cause adult mortality attributable to particulate air pollution. The latest published figures for Solihull (6.03%) are for 2022. This figure is slightly higher than the figure reported for the West Midlands region (5.68%) and marginally higher than the average figure reported for England in 2020 (5.82%).

Solihull Council recently launched its new Air Quality Strategy and action plan and will continue to work in partnership with the University of Birmingham and West Midlands Combined Authority on initiatives related to air pollution efforts. This includes making real-time surveillance information on air quality available to our residents.

Conclusion

Over the past year, the local measles and pertussis outbreaks have dominated resources and focus. Nevertheless, they enabled the strengthening of existing partnerships and improved collaborative working between local partners.

We need to do all that we can to avoid outbreaks of this nature in the future. Working with the ICB, we are identifying opportunities to work more closely with our maternity services, health visiting, early years settings, family hubs and community organisations to address the barriers and challenges they face when having conversations with services users on the importance of vaccinations.

We will continue to work with UKHSA, the ICB and Adult Social Care colleagues to improve vaccination to protect against flu, Covid and RSV amongst our older population. Specifically, this includes improving uptake of vaccines amongst frontline health and social care staff and unpaid carers and identifying sustainable funding sources for community infection prevention and control.

We will work with our NHS England colleagues to improve take up of screening services, particularly where there has been a decline in recent years.