

**Solihull Health Protection
Annual Report
2025**

Contents

Foreword	3
Acknowledgements	3
1. Executive Summary	4
2. Health Protection Overview	5
2.1 Purpose and Introduction	5
2.2 What is Health Protection?	5
3. Health Protection Governance	6
3.1 Solihull Health Protection Board	6
3.2 System-wide oversight	6
3.3 Proposed changes in Governance	6
4. Review of Solihull’s Health Protection Workplan	7
4.1 Health Protection workplan	7
4.2 Effective response to incidents and outbreaks	7
4.3 Enhancing vaccination uptake	9
4.4 Improving screening uptake	12
4.5 Securing community infection, prevention and control	12
4.6 Addressing the increase in sexually transmitted infections	13
4.7 Strengthening partnership collaboration	13
4.8 Staying connected to broader collaboration efforts	15
4.9 Maintaining surveillance on emerging hazards	15
5. Data Updates	16
5.1 Children and Young People	16
5.2 Adult Health	23
5.3 Older People’s Health	29
5.4 Other Population Groups	31
6. Next Steps	32

Foreword

The Director of Public Health has a statutory responsibility to ensure that there are adequate arrangements to protect the public from threats to health. This includes having confidence that there is adequate capacity from relevant partner agencies to plan for and respond to health-related incidents and emergencies.

Achieving effective health protection requires close collaboration among various organisations. This year, we participated in three exercises to assess the robustness of our system-wide operations, with the third exercise in train at the time of writing and led by national government.

This effort is crucial given the significant changes in NHS structures announced in 2025, ensuring that key responsibilities are upheld. These exercises have enabled us to identify where there is room for strengthening our collective ways of working.

Solihull's Local Health Protection Board, which reports to the Health and Wellbeing Board, coordinates health protection efforts locally. This report highlights key activities from 2025 and outlines actions for 2026.

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 and ongoing collaborative efforts to improve public health in Solihull.

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, Community Development, Emergency Planning and Resilience.

Neeraj Malhotra, Deputy Director of Public Health

Jessica Addo, Health Protection Officer

Rujuta Nikam, Public Health Information Analyst

1. Executive Summary

Review of the Work Plan

This report reviews progress against the workplan agreed by the Health Protection Board for 2025. This includes: outbreak response, vaccination and screening uptake, infection prevention and control (IPC), and partnership collaboration. Key achievements included securing ongoing funding for community IPC, which enabled enhanced training and outbreak support in care homes. System-wide exercises: Tangra, Solaris, and Pegasus identified and addressed gaps in PPE, diagnostics, anti-viral distribution and management of High Consequence Infectious Diseases. Vaccination efforts were strengthened through targeted community engagement and outreach, particularly in response to measles cases. Screening initiatives were supported through equity audits. The workplan was updated to take account of increasing numbers of TB cases at national level.

Data Updates

The section on data highlights both progress and challenges. Childhood vaccination rates in Solihull remain above national averages but below the 95% herd immunity threshold, with notable variation across GP practices. MMR uptake has declined nationally, especially in deprived areas, though Solihull's rates are relatively stable. Screening coverage for breast and bowel cancer meets or exceeds national targets, but cervical screening continues to decline, particularly among younger women. Adult flu vaccination surpassed WHO targets, while RSV and COVID-19 uptake varied across age groups. Healthcare-associated infections, particularly CPE organisms, have increased, prompting closer surveillance. Sexual health data shows lower diagnostic rates in Solihull compared to national figures, but concerns remain about low testing activity.

Next Steps

For 2026, Solihull will focus on strengthening governance in light of NHS structural changes, maintaining robust outbreak response protocols, and updating the Memorandum of Understanding with partners. Efforts to improve vaccination and screening uptake will continue through collaboration with the ICB, NHS England, and community stakeholders. TB education and IPC audits will be expanded, and sexual health testing will be prioritised. Migrant and Traveller communities will be supported through targeted health initiatives. There will be continued engagement with climate change surveillance and air quality monitoring. Ongoing surveillance of emerging hazards will ensure timely and coordinated responses across the system.

2. Health Protection Overview

2.1 Purpose and Introduction

The purpose of the Health Protection annual report is to provide assurance to the Health and Wellbeing Board on arrangements for protecting the health of the public. The Health and Wellbeing Board provides the point of public accountability for how we work collaboratively - responding to as well as proactively preventing health protection incidents and outbreaks.

The report describes roles and responsibilities and sets out key issues where further steps may be needed to maintain effective responses.

This report includes a review of the previous year's work plan and notes priorities for the year ahead. The rationale for priorities is informed by system challenges as well as the range of indicators that are presented in the data section of this document.

2.2 What is Health Protection?

Health protection means:

“The protection of people from infectious and environmental hazards on an individual, group and population level. This includes identifying, mitigating and preventing the impacts of communicable diseases and environmental threats to health, as well as implementing continued surveillance and management measures such as through vaccination programmes, particularly for infectious disease outbreaks¹”.

Health protection at a local system level involves the following:

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

¹ Association of Directors of Public Health, [New policy statement on health protection | ADPH](#) November 2023

3. Health Protection Governance

3.1 Solihull Health Protection Board

Solihull has a multi-agency Health Protection Board that meets three times a year and reports into the Health and Wellbeing Board on an annual basis.

Chaired by the Deputy Director of Public Health, there is representation from:

Birmingham and Solihull Integrated Care Board (ICB), NHS England (NHSE), UK Health Security Agency (UKHSA), Regulatory Services and Emergency Planning.

3.2 System-wide oversight

When health protection issues require it, partners are able to mobilise quickly and form new structures to help ensure a rapid and effective response.

Learning from the measles outbreak in 2023-2024, when measles cases started to emerge in April 2025, Birmingham and Solihull quickly came together. Structures were put in place, overseen by the two Directors of Public Health and the ICB's Chief Medical Officer to ensure a co-ordinated system response.

3.3 Proposed changes in Governance

As the ICB role changes and it works across a larger geographical footprint and with revised responsibilities, we will review how best to coordinate health protection governance locally with the ICB and other neighbouring local authorities. A key principle will be that any changes will fit with existing assurance requirements and reporting at local level to our Health and Well-being Board.

4. Review of Solihull's Health Protection Workplan

4.1 Health Protection workplan

As described in the Health Protection Annual Report from December 2024, the Solihull Health Protection Board's workplan for 2025 focused on:

1. Effective response to incidents and outbreaks
2. Enhancing vaccination uptake
3. Improving screening uptake
4. Securing community infection, prevention and control
5. Addressing the increase in sexually transmitted infections
6. Strengthening partnership collaboration
7. Staying connected to broader collaboration efforts
8. Maintaining surveillance on emerging hazards and the implications for port health

Throughout the year, the workplan has been very much a live document. It was reviewed and improved by members and any proposed amendments were agreed at Board meetings.

Under area 8 of the workplan, one important amendment was the inclusion of work on TB, in response to an increasing national trend.

Each of the areas of the workplan are considered in turn in the sections below.

4.2 Effective response to incidents and outbreaks

Memorandum of Understanding

The Memorandum of Understanding (MOU) sets out arrangements for working across the NHSE, UKHSA, Birmingham and Solihull ICB, Birmingham City Council (BCC) and Solihull Metropolitan Borough Council (SMBC). It sets out underpinning legislation and roles and responsibilities to enable effective responses in the event of an incident or outbreak².

The MOU has been co-produced and each partner has contributed to the sections relevant to their organisation.

Exercise Tangra

Emergency Preparedness, Resilience and Response is a programme of work designed to help the NHS and wider health care system prepare for and respond to a variety of emergencies and incidents³.

² BSoI UKHSA MOU 010825

³ [Emergency preparedness, resilience and response \(EPRR\) – NHS England](#)

Exercise Tangra took place in April and involved several partners across the West Midlands including representatives from UKHSA, ICBs, NHS and local authorities.⁴ Strengths as well as issues were identified, leading to a set of recommendations to ensure a robust system is in place.

Recommendations included:

- **Command & Control:**
 - Clarify leadership roles and primacy.
- **Diagnostics & Testing:**
 - Establish priority pathways and include contact tracing/testing in local plans.
 - Commission community swabbing services.
- **System-Wide Planning:**
 - Develop integrated plans with clear roles, disease-specific guidance, and risk logs.
 - Include fit testing and PPE training for Primary Care.
- **Workforce & Training:**
 - Rapidly address PPE training for High Consequence Infectious Diseases
 - Develop local fit testing teams and ensure access to FFP3 masks or hoods.
- **Infrastructure & Continuity:**
 - Review PPE stock levels and storage facilities.
 - Plan for antiviral distribution in the community
 - Reassess mortuary arrangements and business continuity plans.
- **National & Regional Coordination:**
 - Clarify national guidance on escalation levels for High Consequence Infectious Diseases (HCID).
- **Financial & Strategic Planning:**
 - Highlight financial pressures and capability limits.
 - Consider capital and revenue implications of becoming a HCID centre.

Exercise Solaris

In May 2025, Exercise Solaris took place. This was organised by the West Midlands Resilience Forum and included representation from Local Health Resilience Partnerships. It was an opportunity for Local Resilience Forum partners to explore their response to a pandemic. The learning informed the development of Exercise Pegasus, a high-level national simulation with ministerial involvement.

⁴ [Exercise Tangra tests ability to cope with next pandemic](#)

There were some findings that were common to both exercises around leadership and PPE. Additionally, there were recommendations on:

- Strong alignment across national, regional and local plans
- Clear communication from national to regional and local forums
- Valuing the Voluntary and Community Sector and Social Care.

Exercise Pegasus

This exercise consists of three phases:

- Phase 1 – Emergency Response
- Phase 2 – Containment
- Phase 3 – Mitigation

Each exercise phase begins with three days dedicated to national-level activities and decision-making, followed by two days focused on local actions informed by previous national decisions. Multi-agency strategic coordination meetings will be held on Monday mornings, bringing together agency groups and Chief Executives from each authority. These scenario-led meetings will guide a dynamic and evolving response throughout the exercise.

Addressing Gaps and Issues

The Memorandum of Understanding and the exercises have identified where there are areas for strengthening our collective response. These issues were collated and considered at partnership meetings, and it was identified who has the responsibility to address them. Four areas have been improved as a result:

- 1) The swabbing pathway is now being delivered by Birmingham Community Health Care
- 2) A clear plan is in place for PPE across both individual GP practices and at Primary Care Network level
- 3) An action card has been developed setting out how to respond, across partners, to enable the effective management of patients with a High Consequence Infectious Disease.
- 4) Anti-viral distribution out of hours is delivered by the GP out of hours service.

4.3 Enhancing vaccination uptake

Community Engagement

In the 2024 Christmas period, University Hospitals Birmingham (UHB) declared a critical incident due to a surge in flu cases. In response, NHS England allocated funds to increase vaccination uptake among global majority populations through a

partnership with the Integrated Care Board, Solihull Council, and Birmingham City Council.

The community engagement programme focused on Black African, Caribbean, Pakistani, and Bangladeshi communities, later expanding to Hong Kong and Indian groups. Key activities included stakeholder consultations, development of tailored resources, and outreach sessions at local venues.

Concerns raised from community leaders included vaccine safety driven by misinformation, ethical and religious issues regarding vaccine ingredients, access difficulties particularly for non-English speakers, disinformation and ineffective generic health messaging.

While the initiative raised awareness, hesitancy remained among Black African and Caribbean communities, indicating a need for culturally specific outreach. Future efforts should focus on addressing this, enhancing school-based vaccination programmes.

Locally, we have built on good local relationships with faith and community leaders to deliver key messages around health protection. Over the next year we would want to build on this platform to enable the wider engagement on health issues.

Response to measles cases

In April 2025, UKHSA identified that measles cases, with no known source (such as arriving from a country where measles is more prevalent) were emerging in Birmingham and the Black Country. This led to a concern that there were measles cases in the community that were not known to services, creating opportunity for rapid spread.

In Solihull, MMR first dose coverage in 2025 reached 89.6% at 2 years and 92.8% at 5 years, though still below the 95% herd immunity threshold. Suboptimal vaccination coverage and rising local cases resulted in an Incident Management Team structure being quickly established, co-chaired by the Directors of Public Health for Birmingham and Solihull and the ICB's Chief Medical Officer. As the cases were predominantly in the under 5s, efforts focused on communications out to schools and early years settings, encouraging vaccination uptake and providing information on spotting signs and symptoms.

Cases declined over the summer and at the time of writing, UKHSA continues to keep close surveillance on cases and numbers remain low.

Birmingham & Solihull Integrated Care Board

The Birmingham & Solihull Integrated Care Board (BSol ICB) has developed a plan to improve vaccinations for people of all ages, focusing on increasing participation in scheduled and seasonal programmes.

Direct Support Initiatives

To help improve uptake, the ICB's team has offered over 1,000 instances of support to general practices in BSol, including 112 offers in Solihull.

This offer included:

- **Patient Outreach:** Contacting patients who are overdue for MMR vaccinations.
- **Vaccination Vans:** Bringing vaccination services to traveller communities via mobile vans.
- **Locality Champions:** Helping practices with low uptake review their internal processes.
- **Care Home Outreach:** Providing COVID vaccinations to residents in care homes.
- **Clinical Support:** Assisting practices with incident management.
- **Cost Reduction:** Supplying respirator hoods to lessen expenses for practices.

Collaborative Efforts

The BSol team has been involved with Locality Partnerships (including in Solihull) to look at differences in vaccination uptake across localities and Primary Care Networks (PCNs) as MMR 1 vaccination uptake at GP practice-level ranged from 40-90% in 2023/24. The goal of these discussions has been to encourage PCNs to identify and address uptake variation and then to share best practice to enhance community protection ahead of anticipated winter pressures.

Expanding Vaccination Services

For 2025/26, general practice was tasked with launching a catch-up campaign for the human papillomavirus vaccination (HPV) aimed at teenagers in schools. This is due to HPV vaccination rates only reaching 75.9% for Solihull instead of the 90% WHO target. The shingles vaccination offer was expanded to include individuals aged 18-49 who are severely immunosuppressed, with the programme being consultant-led to ensure appropriate care and oversight. Additionally, 80 community pharmacies in BSol will offer flu vaccinations for children aged 2 and 3 throughout autumn and winter.

4.4 Improving screening uptake

Screening services are commissioned by NHS England and delivered by a range of NHS providers. In Solihull, breast cancer screening coverage was 70.5%, meeting NHS England's acceptable threshold. Bowel cancer screening coverage reached 74.7%, exceeding both the nationally defined acceptable (55%) and achievable (60%) targets. However, cervical screening coverage declined to 70.5% for women aged 25–49 and 76.1% for those aged 50–64, prompting plans for self-sampling pilots and additional outreach.

Over the past year, there has been a strong focus on equitable access to screening services in the West Midlands. Health Equity Audits revealed that lower screening uptake occurs in more deprived areas and among ethnic minority communities, migrants, and vulnerable populations. In response, screening services are committed to increasing awareness and participation through targeted GP support, translated materials, and outreach in local prisons. They will engage community leaders to promote screening and enhance interpretation services. Additionally, GP surgeries will host informational sessions for non-responders and engage in outreach efforts with large employers to effectively reach target groups. The local Public Health team will support and amplify these initiatives where appropriate to do so.

4.5 Securing community infection, prevention and control

Good infection prevention and control (IPC) practices in care homes are essential for preventing outbreaks and protecting vulnerable populations, especially patients with weakened immune systems transitioning from hospitals.

Until 2025, NHS funding for community IPC was limited to annual allocations, but ongoing funding is now available, which is a positive development. The IPC team at Birmingham Community Health Care (BCHC) has worked to improve service quality in care homes. Over the past year, they delivered mandatory infection control training to 187 staff across 16 care homes and conducted three specialised IPC Champions training days for 34 Solihull care staff members.

From April 2024 to September 2025, the IPC team provided crucial support during 26 outbreak incidents and conducted audits in 12 care homes, with 11 achieving over 90% ratings. They also launched a Gloveless/Less Gloves campaign, with IPC Champions promoting best practices. Their efforts earned them finalist status for the Workforce Development Award and recognition in two categories at the Great British Care Awards, highlighting their commitment to enhancing care services.

4.6 Addressing the increase in sexually transmitted infections

Sexual health services are commissioned by Public Health. Sexually transmitted infections are monitored by the Health Protection Board, and it forms part of the health protection dashboard that is routinely produced and presented at each meeting.

Whilst diagnosis rates in Solihull looks promising, further investigations with our sexual health provider are being undertaken as testing rates appear low.

4.7 Strengthening partnership collaboration

UK Health Security Agency

Local Health Protection Teams (HPTs) within the UKHSA collaborate with the NHS, local authorities, and other agencies to provide expert public health advice and support during health-related incidents. This partnership aims to prevent and reduce the impact of major emergencies, infectious diseases, and chemical and radiation hazards. HPTs achieve this by running alert systems, monitoring local disease trends, investigating and managing incidents and outbreaks, and implementing national action plans for infectious diseases at the local level. For instance, during outbreaks of lower-risk diseases, they may give basic advice to help settings minimise the spread. In more serious cases, a team that includes representatives from UKHSA, the NHS, local authorities, and other partners may be gathered to ensure appropriate actions are taken⁵.

As of April 2025, the list of pathogens that Registered Medical Professionals and laboratories in England are required to notify UKHSA about has been expanded. This adjustment aims to strengthen both local and national surveillance, ensuring a prompt response to outbreaks of infectious diseases. These changes were made in direct response to concerns raised during public consultations regarding the update to the 2010 Health Protection (Notification) Regulations⁶. In line with this, the team responded to 42 incidents in care settings and 18 in schools in Solihull.

Great emphasis has also been placed on enhancing communications and improving health literacy among low engagement groups. UKHSA has developed a variety of communication toolkits, that Public Health cascades to relevant partners such as schools and care homes, to support organisations in their efforts within the wider community. For instance, a webinar was conducted focusing on effective communication regarding childhood vaccinations. Additionally, animations were

⁵ [UKHSA health protection teams](#)

⁶ [Changes to health protection notification regulations \(NOIDs\) - UKHSA](#)

created in collaboration with organisations that work with traveller communities to boost vaccination rates.

Regulatory Services

There are 1796 food premises within Solihull. Each setting is risk assessed dependant on their primary activity and visited at a frequency based on this risk. The profile of the premises due a food hygiene inspection from 1st April 2024 to 31st March 2025 can be seen in Table 1 below.

Rating	Visit Frequency	Number in Solihull
A rated	6 months	6
B rated	12 months	55
C rated	18 months	182
D rated	2 years	127
E rated	3 years	663
U unrated		210
Total		1243

Table 1: Profile of Solihull premises due a food hygiene inspection

The expectation is that all 1243 will be completed before April 2026 in accordance with Food Law Code of Practice. In addition, further headlines on activity completed during 2024-2025 can be found on the infographic below.

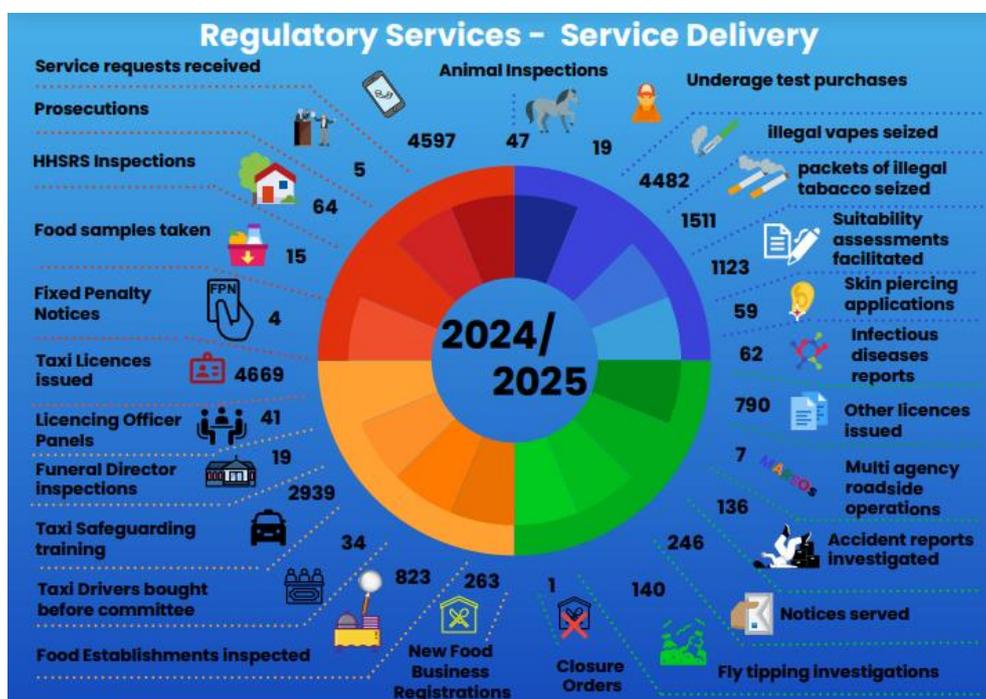


Figure 2: Regulatory Services - Service Delivery

4.8 Staying connected to broader collaboration efforts

In August 2025, an update on the implementation of the air quality strategy was presented at Scrutiny Committee^[1] where Members were informed of the wide range of actions taken over the last twelve months to improve air quality. This included the installation of 12 new low cost PM2.5 sensors across Solihull and the wider region in partnership with the West Midlands Combined Authority that enable real time monitoring of PM10, PM2.5 and NO₂. Monitoring data from the sensors can now be viewed by the public via our new web page. Other actions included anti-idling initiatives and programmes to improve the public's awareness of indoor air pollution.

During the course of the meeting, concerns were expressed at the increase in admissions amongst Solihull residents for respiratory illnesses. As a result, a deeper dive into this data is being undertaken so that we can better understand the age, sex, geography and diagnosis behind these admissions and so inform preventative action.

4.9 Maintaining surveillance on emerging hazards

Tuberculosis

Nationally, notifications of tuberculosis have increased markedly in recent years. This is something Solihull needs to be aware of in terms of prevention, case finding and efforts to reduce the risk of onward transmission. As a result, an education session from the TB service is being planned that includes information on care pathways and best practice. The invitation will be extended to a range of frontline workers such as those who work with new arrivals and those presenting as homeless. The session will be recorded so that it can reach wider audiences.

A BSoL TB board has been set up to provide an integrated response to TB: this enables close working between clinical leads with responsibility for TB, ICB commissioners and local authority public health. As changes take place across the system, it will be important to maintain this joint approach.

Climate change

We will continue to work with regional partners and academic institutions to develop our abilities to define and identify the potential health impacts of climate change through effective surveillance, that will also assist in informing the development of practical interventions to improve resilience and ability to mitigate impacts.

^[1] [Agenda for Economic Development, Managed Growth and Skills Scrutiny Board on Wednesday 6th August 2025, 6.00 pm | Solihull Metropolitan Borough Council](#)

5. Data Updates

5.1 Children and Young People

Childhood Vaccinations

Nationally, childhood vaccination coverage continues to decline. None of the 14 childhood vaccinations met the 95% threshold required for herd immunity, when last measured in 2024/25⁷.

In Solihull, vaccination coverage remains above the national average and achieves over 90% coverage for the majority of vaccines. Although there has been a slight decline, this data can be subject to small fluctuations from year to year. The slight decline also reflects national trends.

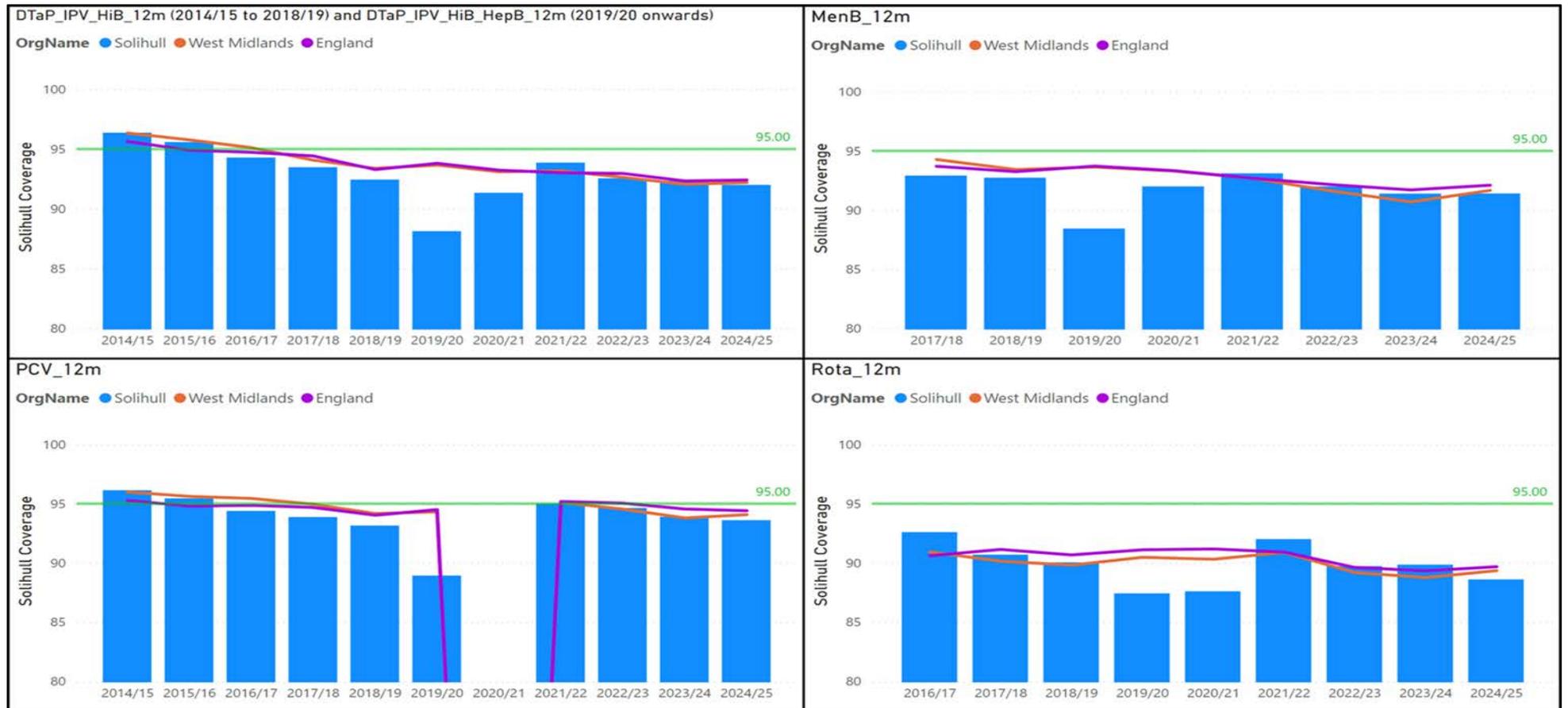
An analysis of the 2023/24 vaccination data by GP practice revealed a wide range of coverage from 40% to 90%. The ICB is leading efforts to reduce this variation, as outlined in section 4.3.

The graphs below show the trends in childhood vaccination coverage, measured at 12 months, 24 months and 5 years old.

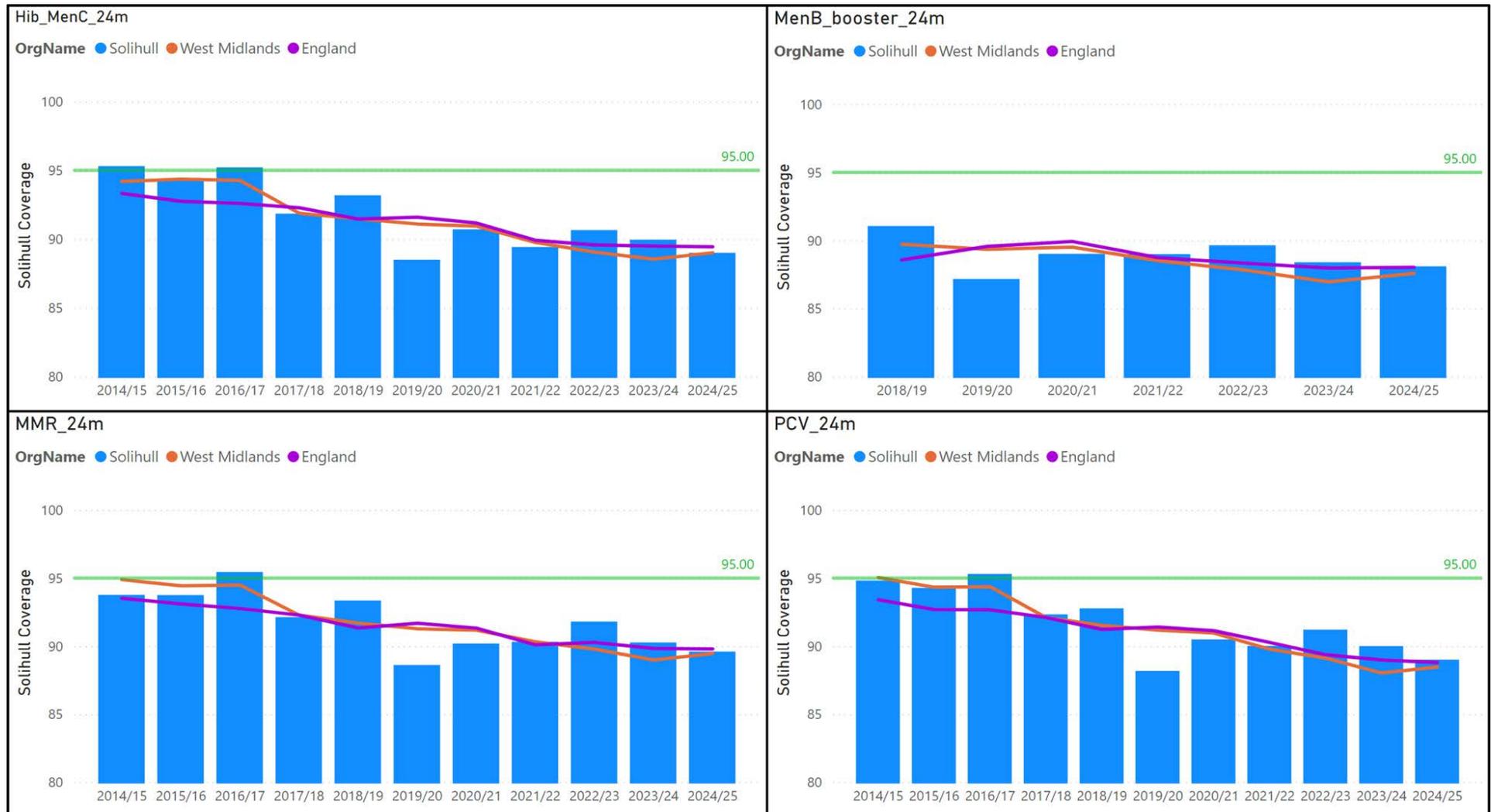
Vaccine abbreviation	Vaccine description
6-in-1: DTaP/IPV/Hib/HepB	Diphtheria, Tetanus, Polio, Hepatitis B, Pertussis (Whooping Cough) and Haemophilus Influenza Type B
4-in-1: DTaP/IPV	Diphtheria, Tetanus, Pertussis (Whooping Cough) and Polio
MenB	Meningococcal group B disease
PCV	Pneumococcal disease
Rota	Rotavirus
Hib/MenC	Haemophilus Influenza Type B and Meningococcal group C bacteria
MMR	Measles, Mumps and Rubella

⁷ [Vaccination coverage statistics for children aged up to 5 years, England \(COVER programme\) report: April 2024 to March 2025 - GOV.UK](#)

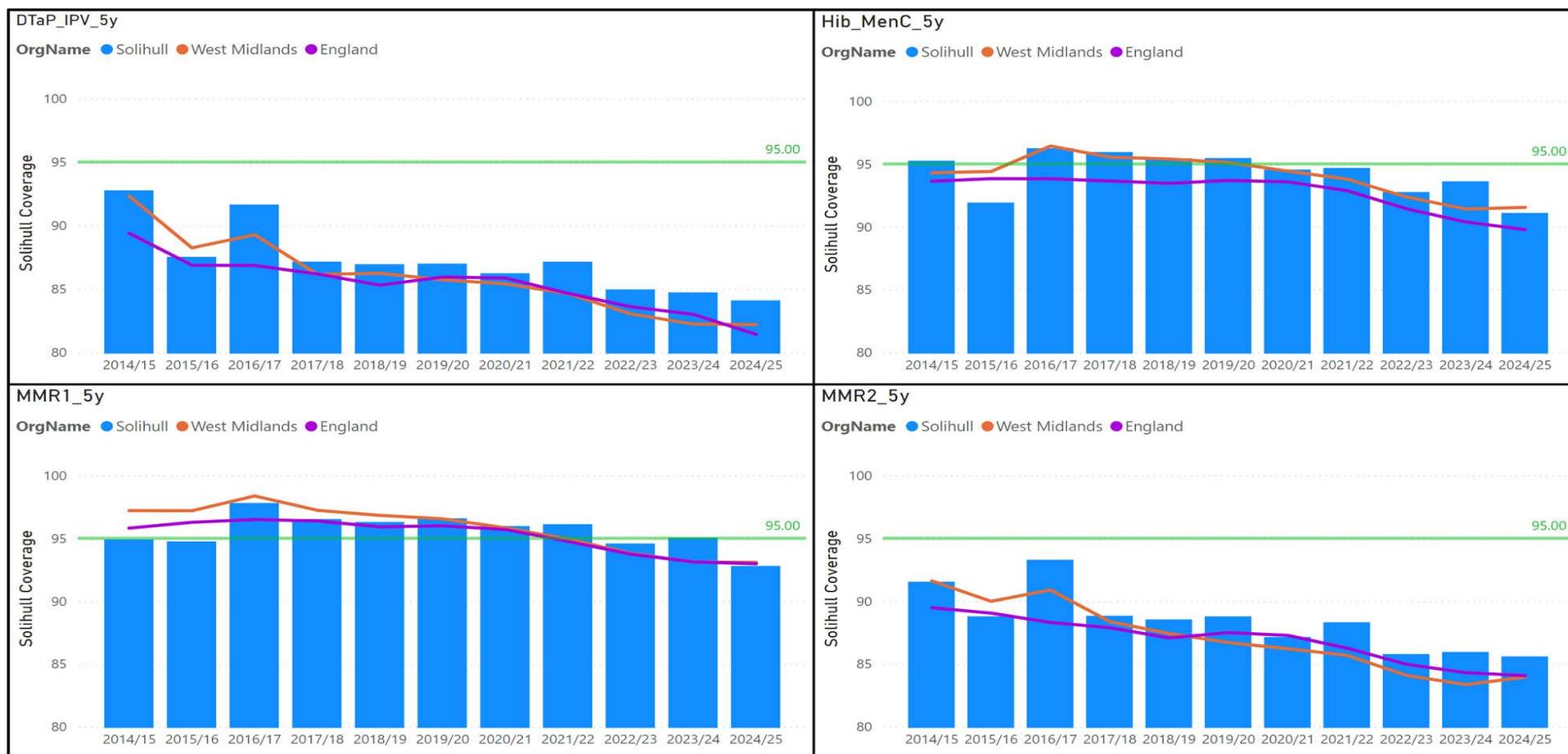
A) Vaccine coverage measured at 12 months



B) Vaccine coverage measured at 24 months



C) Vaccine coverage measured at 5 years



RAG Rating: Target - 95% - Green.

Table 23: Coverage of Childhood Immunisations in Children aged 0-5 years in Solihull, West Midlands and England from 2014/15 to 2024/25

Source – [Cover of vaccination evaluated rapidly \(COVER\) programme: annual data - GOV.UK](#)

Measles

Much like the previous year, a significant proportion of this year had been dedicated to responding to and managing measles cases. There has been a national resurgence in measles over the past two years. However, nationally the number of cases in 2025 has been significantly lower at 742 compared to 2911 cases in 2024⁸. Aside from the West Midlands, where there continues to be sporadic cases, the majority have been primarily in London, Manchester and the North East⁴.

At national level, the majority of cases have been in children aged ten or younger and they are mostly in the more deprived sections of our community. The children of most concern are the under one-year olds as they will not have had opportunity to be vaccinated and will have underdeveloped immune systems.

Although the number of cases has fallen, uptake of the Measles, Mumps and Rubella (MMR) vaccine has declined consistently since 2010.

The chart shows that the national decline is notably starker in our more deprived communities. The analysis of take up in Solihull by GP practice does indicate that largely, our more deprived areas have lower uptake, but the picture is more nuanced locally compared to the national picture.

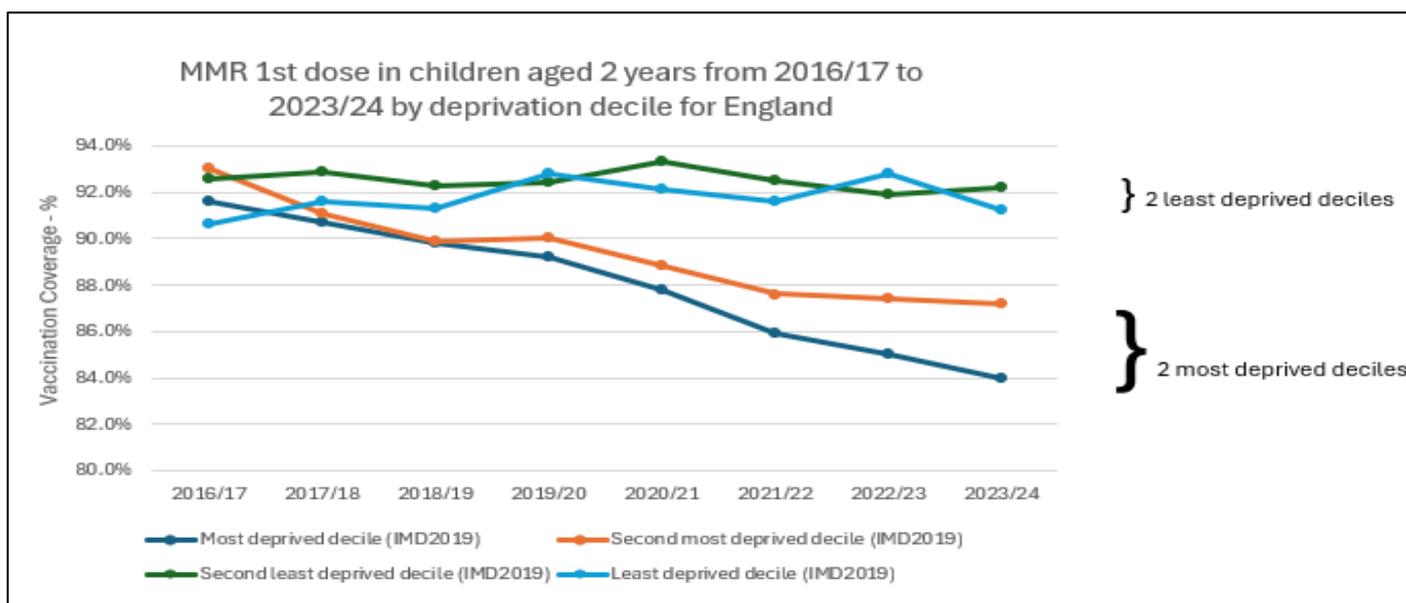


Figure 24: Trends in MMR 1st Dose by Deprivation in England. Source – [Fingertips | Department of Health and Social Care](#)

⁸ Communicating Vaccines Webinar: Childhood Immunisations – UKHSA and DHSC

MMR Uptake in Solihull

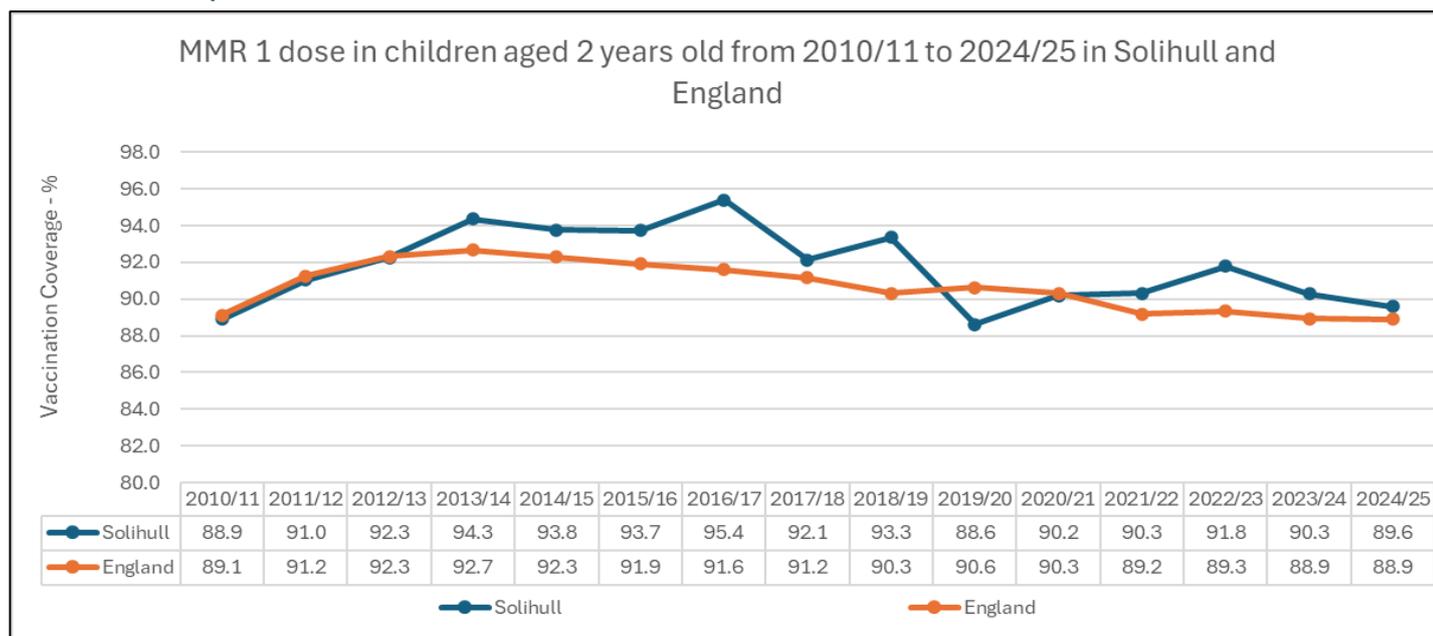


Figure 35: Trends in MMR 1st Dose in 2-year-olds in Solihull and England. Source: [Fingertips - OHID, Department of Health and Social Care](#)

In Solihull, levels of MMR uptake are relatively high although below the 95% required for herd immunity. In 2024/25, the average coverage for the first MMR dose at 24 months was 89.6% and at 5 years of age, coverage reached 92.8%. Coverage levels declined slightly for the second dose of MMR to 85.6% at 5 years of age⁹. Efforts continue to be made to improve vaccination uptake locally and to achieve the 95% MMR coverage target.

Changes to Vaccination Schedule

The Joint Committee on Vaccination and Immunisation introduced changes to the childhood immunisation schedule to optimise the protection of children nationally. Children born on or after 1 July 2024 will now receive their second dose of the Measles, Mumps and Rubella vaccine at 18 months instead of 3 years 4 months¹⁰.

Pertussis

Whooping cough (Pertussis) is a lung infection that is highly contagious and can have serious implications, particularly for babies. As such, pregnant women are encouraged to receive vaccination to ensure newborn babies are protected in the

⁹ Solihull Health Protection Dashboard: Childhood Immunisations – COVER Data for MMR Vaccine

¹⁰ [Changes to the routine childhood vaccination schedule from 1 July 2025 and 1 January 2026 letter - UKHSA](#)

first 8 weeks of life until they can receive vaccination¹¹. The pertussis vaccine is routinely offered at 20 weeks gestation, often with the foetal anomaly scan. It is 90% effective at preventing infant death in the first 8 weeks of life¹².

The rate of pre-natal pertussis vaccination in England for 2023/24 stood at 58.6% and increased significantly to 65.6% in 2024/25¹³. Similarly, vaccination rates have improved in Solihull from 53.6% in 2023/24 to 60.6% in 2024/25⁶. Work needs to be done to bring Solihull vaccination levels in line with England.

Flu

In Solihull, 38.6% of 2-year-olds and 42.5% of 3-year-olds had received the seasonal Influenza vaccination when coverage was measured in 2024/25¹². Solihull's coverage is lower than national coverage which is 41.7% at 2 years old and 43.5% at 3 years old.

Tuberculosis

Children born to parent or grandparents from countries where Tuberculosis (TB) is endemic are offered the BCG vaccination. In Solihull, this has affected around 500 children in 2024/25. Coverage is measured at 3 and 12 months; for Solihull this was 85.4% (505 vaccinations) and 88.2% (495 vaccinations) respectively¹⁴.

Human Papillomavirus

Human papillomavirus (HPV) is a common group of viruses. While they usually don't cause any issues for most people, some types are linked to an increased risk of certain cancers¹⁵. The HPV vaccine was developed to lower the chances of people contracting the virus and to prevent cancers particularly cervical cancer. It is offered to all children aged 12 to 13 (school year 8) through a school-based programme as an enhancement to the current cervical screening programme.

Alternative provision is available for children outside of mainstream schools. Those eligible for vaccination under the adolescent program can receive it until they turn 25, with catch-up opportunities available through schools and GP practices. From September 2023, the programme changed to a one dose only schedule¹⁶.

¹¹ [Whooping Cough - NHS](#)

¹² [Seasonal influenza vaccine uptake in GP patients: winter season 2024 to 2025 - GOV.UK, seasonal-flu-vaccine-uptake-in-GP-patients-2024-2025-data.ods](#)

¹³ [Prenatal pertussis vaccination coverage in England from January to March 2024, and annual coverage for 2023 to 2024 - GOV.UK](#)

¹⁴ [cover-anual-data-tables-2024-to-2025.ods](#)

¹⁵ [HPV vaccine - NHS](#)

¹⁶ [HPV vaccination programme: changes from September 2023 letter](#)

The target set for HPV vaccination is 90% by the age of 15 by WHO¹⁷. Uptake of the one dose of HPV vaccine given at 12-13 years old reached 75.9% for Solihull in 2023/24 as compared to 72.9%, nationally. However, the WHO target of 90% and above was last achieved in 2020/21 in Solihull at 92.6% indicating there is scope for improvement here¹⁸.

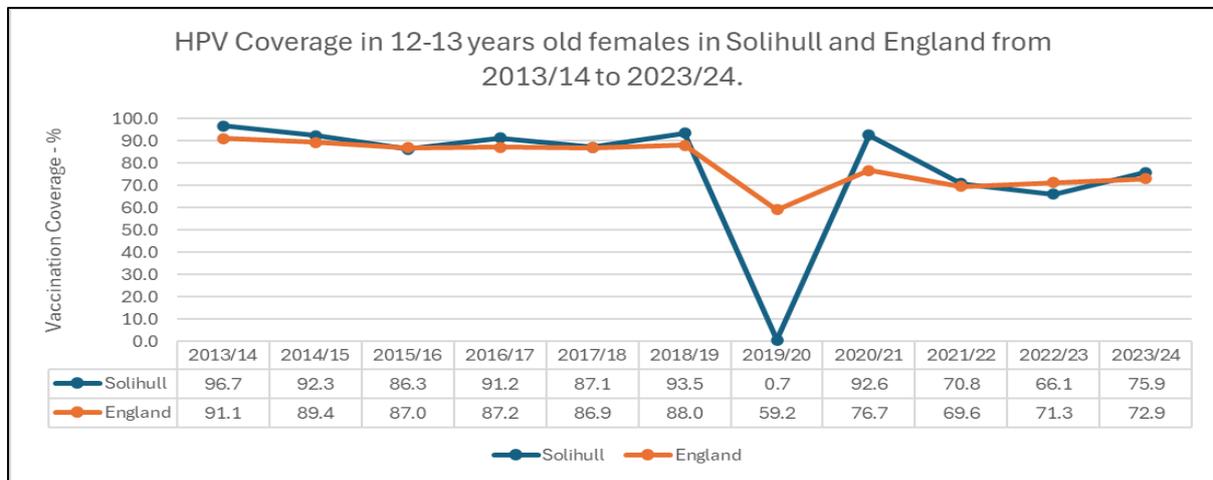


Figure 46: HPV Coverage in Solihull and England. Source – [OHID, Fingertips - Fingertips | Department of Health and Social Care](#)

5.2 Adult Health

Screening is commissioned by NHS England. At the local level, the Health Protection Board is responsible for ensuring that programmes are operating effectively. This oversight is crucial, as average figures can obscure variations within the borough. In the upcoming year, NHS England will work in partnership with screening providers to address inequalities in participation, with the support of Public Health.

Breast Cancer Screening

Breast Cancer screening is offered to women aged 50 to 73, every three years and those aged over 73 years who are at high risk¹⁹. Uptake of Breast Cancer Screening in Solihull peaked in 2011 and declined drastically during the COVID-19 pandemic. Over the past two years, uptake has continued to recover. Local Breast cancer

¹⁷ [Cervical Cancer Elimination Initiative, NHS England » Cervical cancer elimination by 2040 – plan for England](#)

¹⁸ [Fingertips | Department of Health and Social Care](#)

¹⁹ [Guidance: Your guide to NHS Breast Screening – GOV.UK](#)

screening coverage remains at 70.5%; this is above the acceptable 70% target as defined by NHS England and better than national levels²⁰.

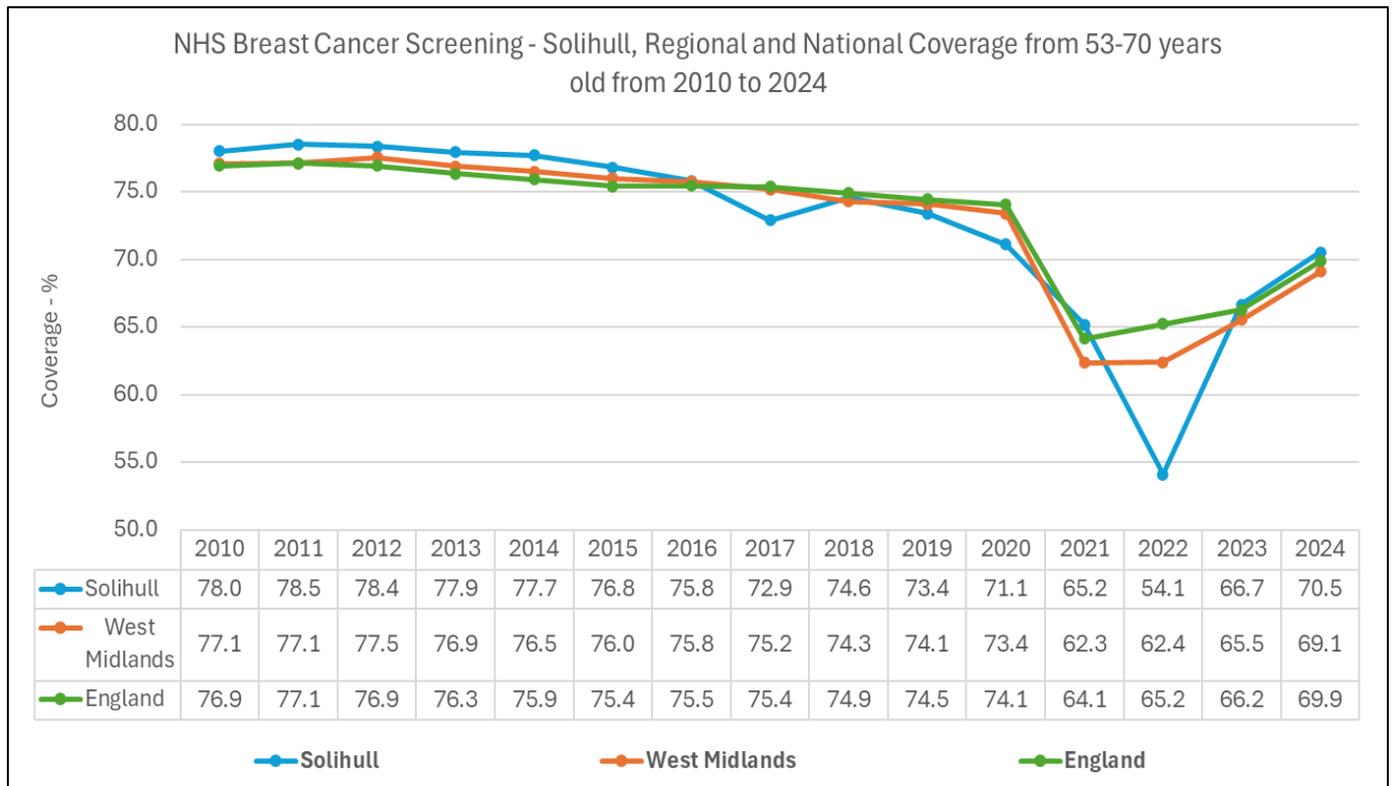


Figure 57: Trends in Breast Cancer Screening at the local, regional and national level. Source – OHID, Fingertips

²⁰ Solihull Health Protection Dashboard – Breast Cancer Screening

Bowel Cancer Screening

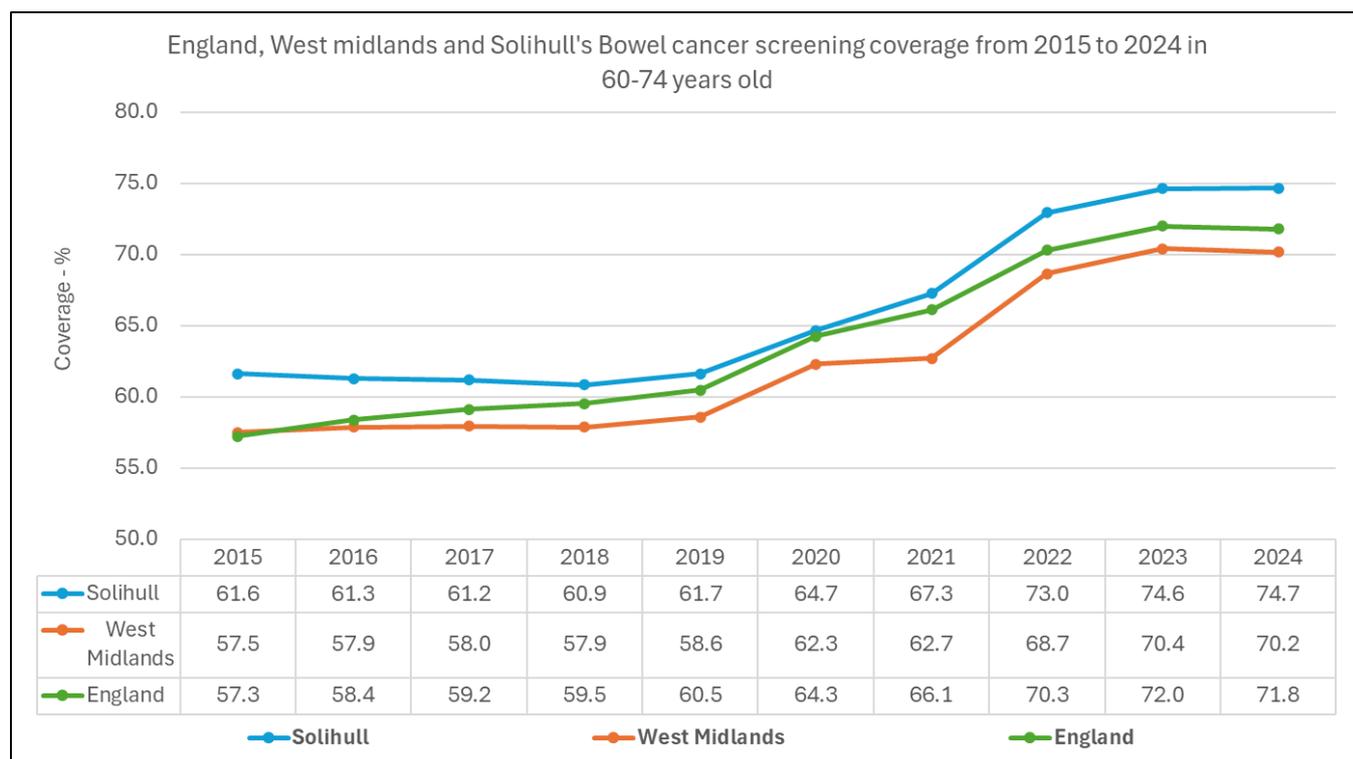


Figure 68: Trends in Bowel Cancer Screening at the local, regional and national level. Source – OHID, Fingertips

Bowel cancer screening is routinely offered to men and women every 2 years. Since April 2021, screening has been gradually expanded from people aged 60 to 74²¹, to include people aged 50 to 59. The achievable target for coverage is 60% whilst acceptable coverage is 55%²². Solihull has surpassed both the achievable and acceptable coverage target since 2019, with levels steadily increasing since then. In 2024, Solihull's bowel cancer screening coverage is stable at 74.7% and surpasses national and regional coverage²³.

Cervical Cancer Screening

Cervical cancer screening is offered to women aged 25 to 64 every 5 years²⁴. In Solihull, the coverage of cervical cancer screening is below the target of 80% for both age groups: 25-49 and 50-64 years old. The coverage for those aged 50-64 reached a peak of 78.6% in 2015 but has since decreased to 76.1% in 2024. For the 25-49 age group, coverage peaked at 73.9% in 2020 to 70.5% in 2024. Aside from a

²¹ [Bowel Cancer Screening – NHS UK](#)

²² [Bowel Cancer Screening Standards](#)

²³ Solihull Health Protection Dashboard – Bowel Cancer Screening

²⁴ [Cervical screening – NHS](#)

temporary increase following Jade Goody’s death, there has been a consistent decline in cervical screening, especially among the younger age group, over the last 14 years.

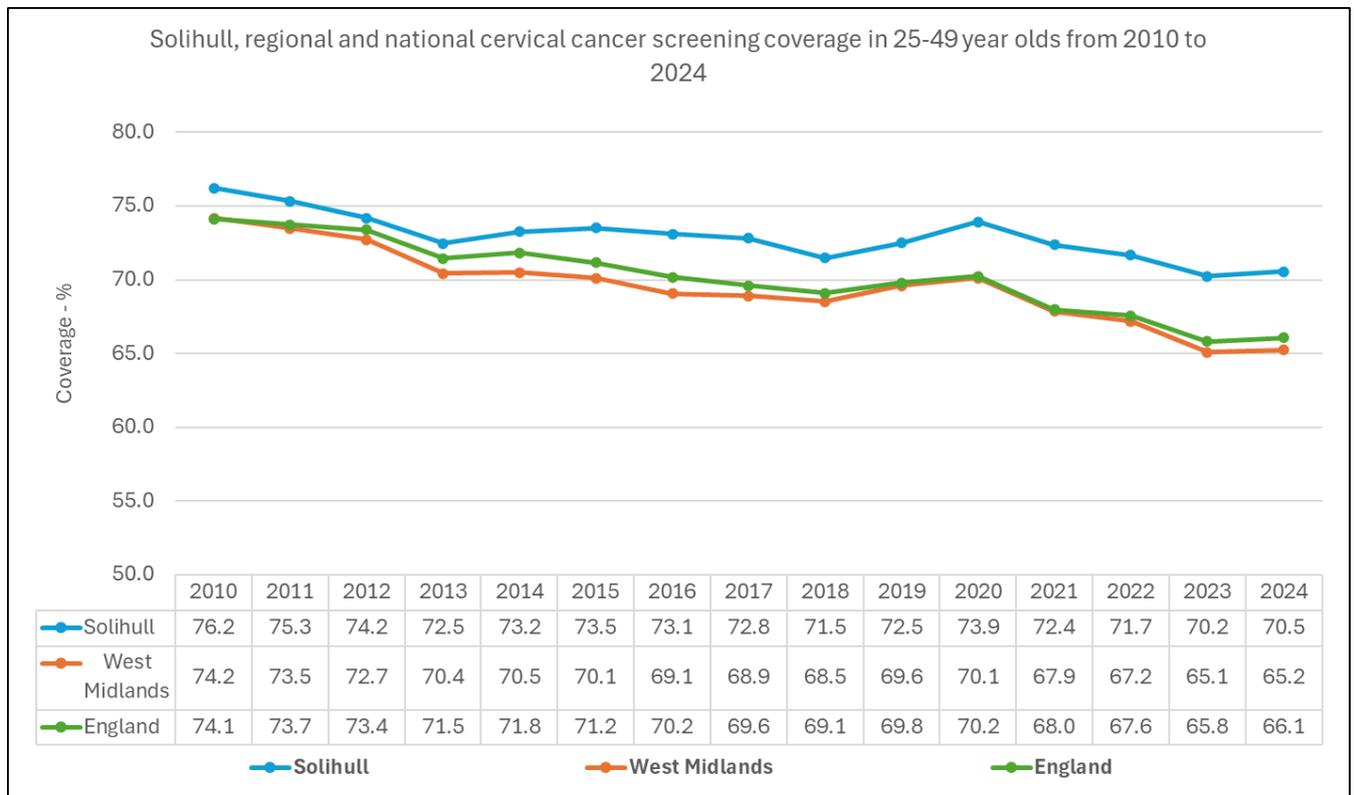


Figure 79: Trends in Cervical Cancer Screening for 25–49-year-olds at the local, regional and national level

Although the HPV vaccine program plays a key role in reducing cervical cancer cases, it's still very important for women to attend their screening appointments. Here are some steps being taken to increase participation:

- **Self-Sampling Initiative:** NHSE is rolling out self-sampling for those who don't respond to cervical screening, with the first use planned for early 2026.
- **More Screening Opportunities:** The Integrated Care Board (ICB) has received funding from the Cancer Alliance to provide additional screening options, with details of this plan to be shared soon.
- **Working Together:** Collaboration is critical to improving coverage in all screening programs is crucial, especially for cervical screening due to the various providers and commissioners involved. A coordinated cervical screening plan that includes NHSE, the ICB, local authorities, and community sectors should remain a focus for the NHS led cancer screening and early diagnosis group.

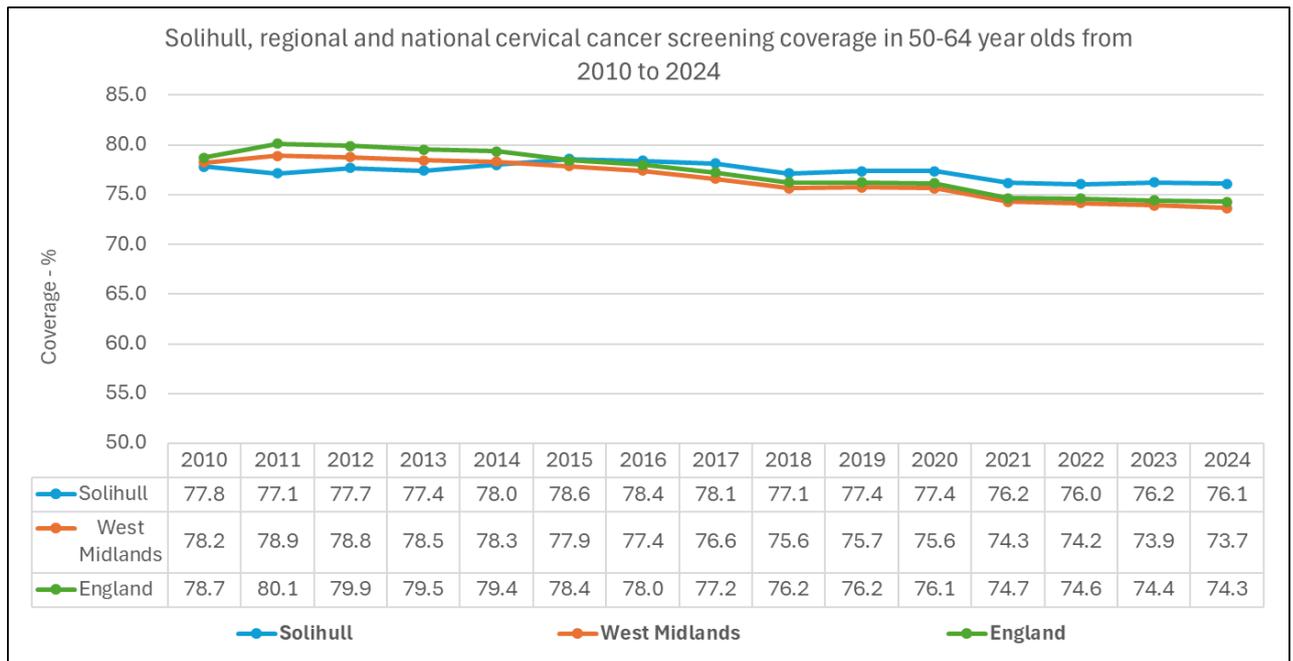


Figure 810: Trends in Cervical Cancer Screening for 50–64-year-olds at the local, regional and national level

Abdominal Aortic Aneurysm Screening

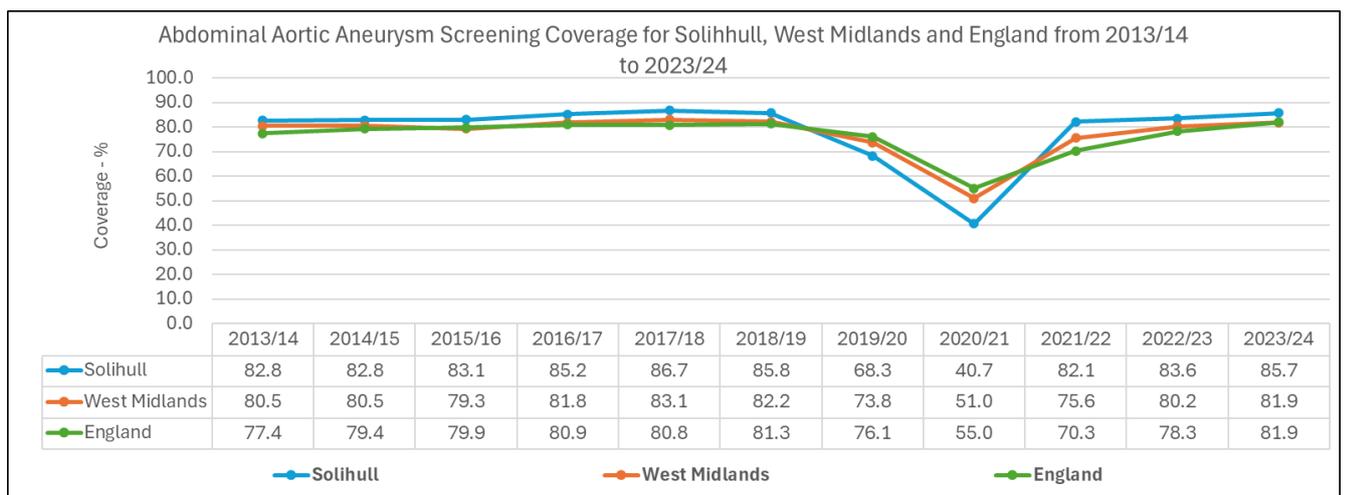


Figure 911: Trends in AAA Screening at the local, regional and national level. Source – OHID, Fingertips

Abdominal aortic aneurysm (AAA) screening is offered to men aged 65 to 74. The acceptable threshold for screening is 95%, while the achievable threshold is set at 99.9%. Solihull has consistently maintained higher AAA screening coverage compared to both England and the West Midlands. Since 2020/21, Solihull’s AAA screening coverage has been on the rise, reaching 85.7% in 2023/24, while coverage in the West Midlands and England stands at 81.9% for both.

Prostate Cancer Testing

There is currently no national screening programme for prostate cancer; research is ongoing. 1 in 8 men in the UK will be diagnosed with prostate cancer in their lifetime. The main risk factors are: being aged over 50, a family history of prostate cancer and being black²⁵. Having a relative with breast, ovarian, or prostate cancer who carries an inherited gene can also increase the risk of developing prostate cancer²⁶.

In the UK, there is an independent body of experts called the National Screening Committee (UKNSC). The UKNSC makes recommendations to governments on screening programmes based on the best scientific evidence. For screening to be useful and overtreatment avoided, the tests need to: be reliable at picking up cancers that need treatment, do more good than harm to people taking part and must be something that people are willing to do. The UKNSC are currently reviewing the latest scientific evidence and, at the time of writing, are due to make an assessment on whether or not a targeted screening programme should be introduced later this year.

Sexually Transmitted Infections

As mentioned in section 4.6, sexual health services are commissioned by Public Health.

Syphilis

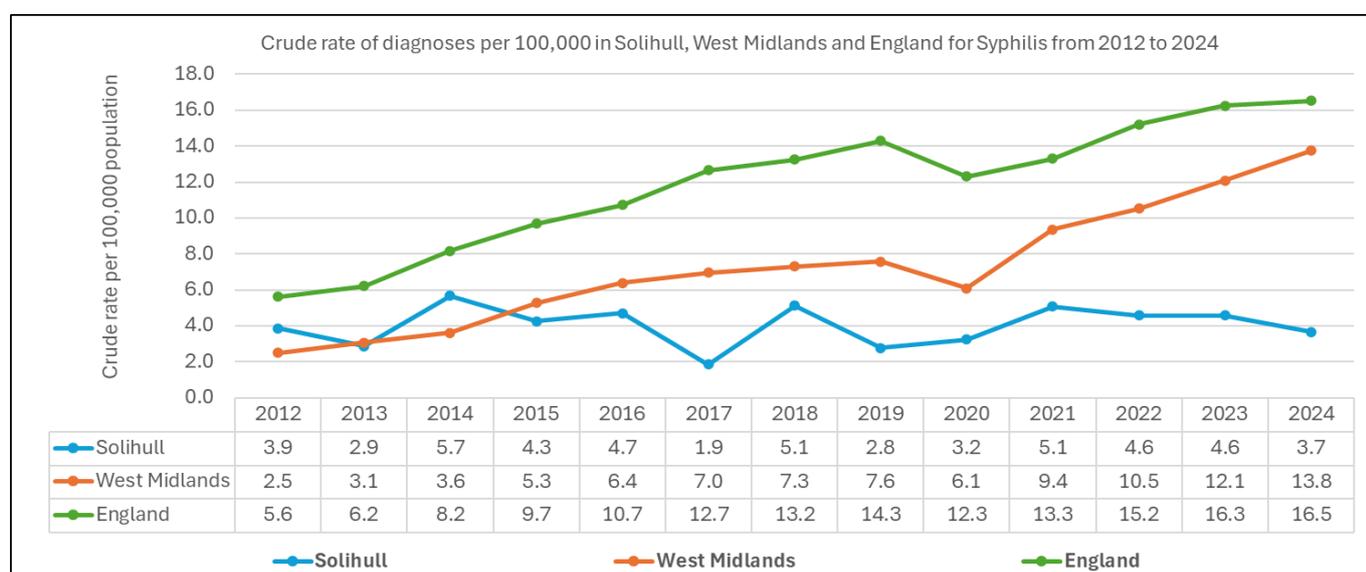


Figure 10 12: Trends in Syphilis at the local, regional and national level

²⁵ [Causes of Prostate Cancer – NHS UK](#)

²⁶ [Prostate Cancer Risk Factors – Prostate Cancer UK](#)

In 2024, the diagnostic rate for Syphilis in Solihull was notably lower than England - at 3.7 cases per 100,000 compared to the England average of 16.5 cases per 100,000. While the overall trend for diagnostic rates is rising both nationally and regionally, Solihull is experiencing a decline.

During the 2024/25 period, Solihull recorded a total of 6 diagnosed cases of Syphilis. The majority of these diagnoses were among 35–39- year- old males²⁷.

Gonorrhoea

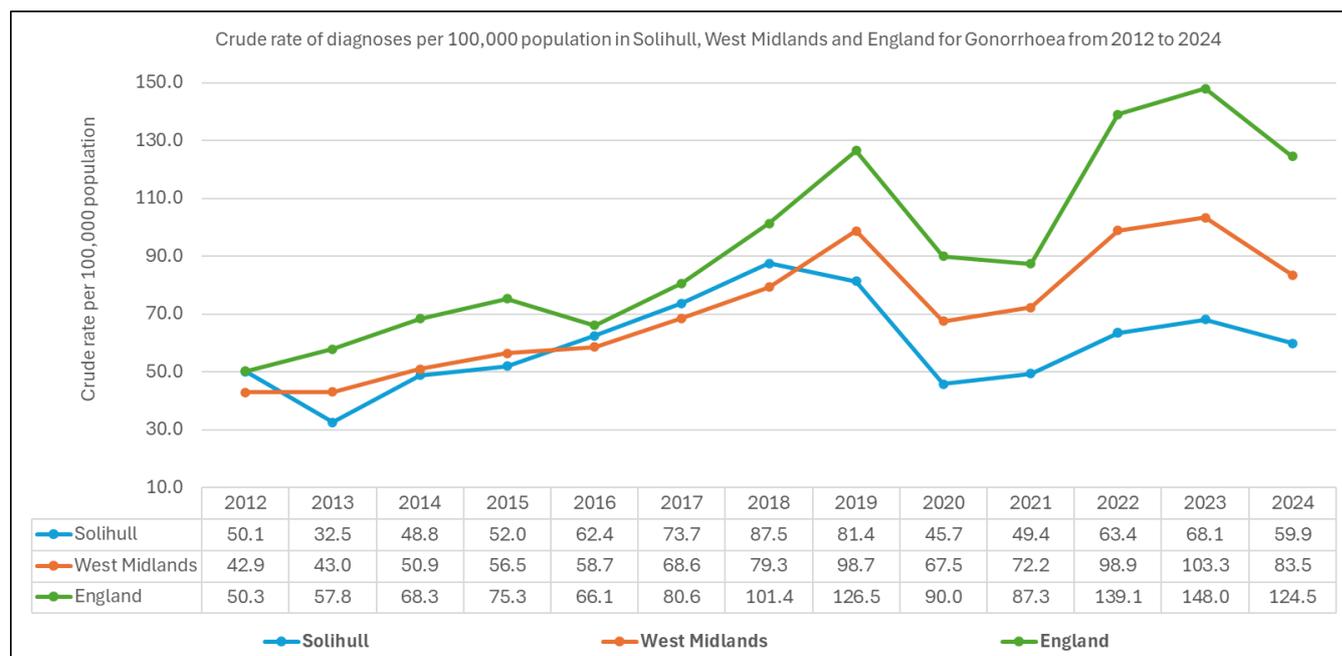


Figure 11 13: Trends in Gonorrhoea at the local, regional and national level

The diagnostic rate for Gonorrhoea in Solihull, stands at 59.9 cases per 100,000, significantly lower than the England average of 124.5 cases per 100,000 for 2024/25. There has been a decline in the trend at the national, regional, and local levels over the past year.

In the 2024/25 period, a total of 121 males and 70 females were diagnosed with Gonorrhoea in Solihull. The highest number of diagnoses among males occurred in the 25–29 age group, with 25 cases, while females in the same age group accounted for 22 cases. Together, these figures represent 24.6% of the total 191 Gonorrhoea cases reported in Solihull during this timeframe¹⁹.

²⁷ Solihull Health Protection Dashboard – Sexually Transmitted Infections

Chlamydia

In 2024/25, the Chlamydia diagnostic rate in Solihull was 157.7 cases per 100,000, considerably lower than the national rate of 292.8 cases per 100,000. The overall trend in Solihull aligns with the national trend.

During the 2024/25 period, a total of 150 cases of Chlamydia were diagnosed in Solihull, comprising 49 males and 101 females. The highest number of diagnoses was observed in females aged 20–24, with 34 cases, while males in the same age group accounted for 17 cases¹⁹.

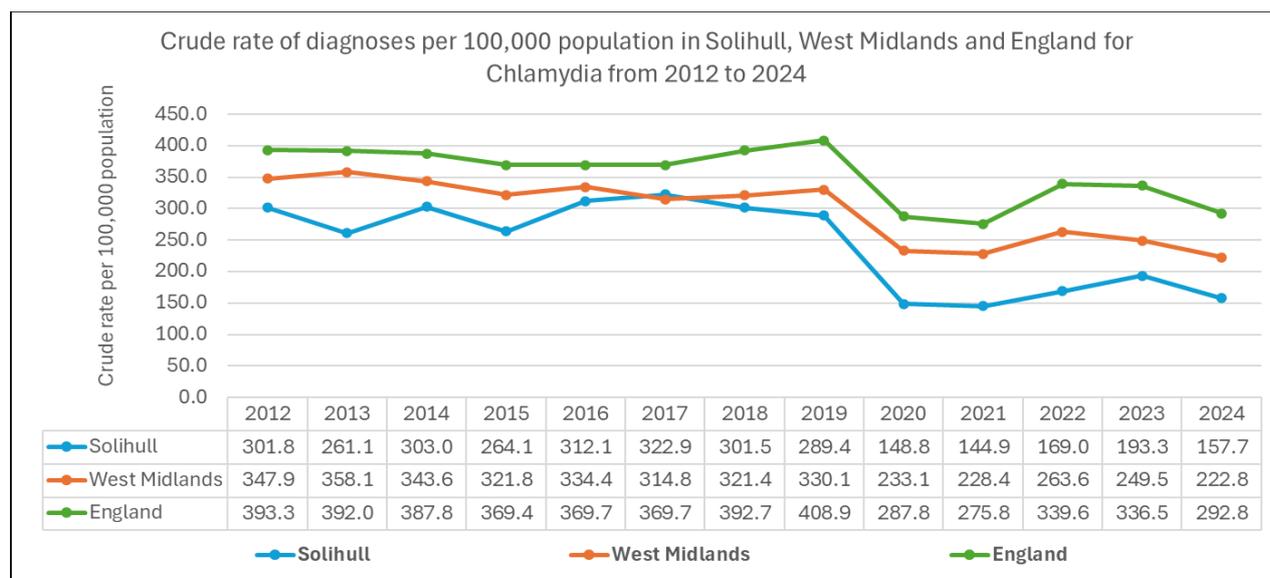


Figure 1214: Trends in Syphilis at the local, regional and national level. Source – OHID, Fingertips, UHB – Solihull Sexual Health Service provider

Corporate Flu Programme

The Corporate Flu Vaccine Programme for 2024, ran from September 9th to November 30th. This is a scheme to protect frontline workers from flu, who come into contact with vulnerable populations and who do not meet the NHS eligibility criteria to receive the vaccine for free.

All 425 vouchers made available were taken up. This year, 500 vouchers have been purchased and at the time of writing, take up has been good.

5.3 Older People’s Health

Flu Vaccination for Adults Aged 65 and Older

In Solihull, 36,924 adults aged 65 and older received the flu vaccine, achieving a 77.1% uptake. This is above the national average of 74.9% for this age group from 1st

September 2024 to 28th February 2025. Solihull met the WHO target of 75% for flu vaccination in 2024/25.

RSV Vaccination

The respiratory syncytial virus (RSV) vaccination program launched in September 2024, offering vaccines to those turning 75 and remaining eligible until their 80th birthday. In England, the catch-up cohort of adults aged 75 to 79 had a coverage rate of 63.4%. In Solihull, from 1st September 2024 to 31st August 2025, the vaccination uptake for those 75 and older was at 47.1%.

COVID-19 Vaccination

COVID-19 vaccinations are a priority for the NHS to safeguard against serious illness and enhance health and social care resilience. For the autumn/winter 2024/25 vaccination program, the following groups were offered vaccines:

- Residents in care homes for older adults
- All adults aged 65 and over
- Individuals aged 6 months to 64 years in clinical risk groups

From 1st September 2024 to 31st March 2025, 65.7% of patients 65 and older in Solihull GP practices were vaccinated, while 67.7% of at-risk patients in this age group received the vaccine. Additionally, 75.9% of residents in long-stay facilities were vaccinated.

Between 1st April 2025 and 30th June 2025, 34.5% of all patients aged 65 and over and 40.2% of at-risk patients in this age group received vaccinations, with 72.9% of long-stay facility residents vaccinated.

Healthcare-associated Infections

Healthcare-associated infections (HCAIs) can arise either directly from healthcare interventions, such as medical or surgical treatments, or through contact with healthcare environments. Carbapenemase-Producing Enterobacterales (CPE) are a group of bacteria that are highly resistant to antibiotics. These organisms typically inhabit the gut without causing harm; however, they can lead to serious infections, particularly in individuals with weakened immune systems or in hospital environments²⁸. This then prevents timely discharges from hospital and in turn can create significant pressures in the system.

²⁸ [Information about carbapenemase-producing Enterobacteriaceae \(CPE\) - NHS](#)

Table 3: CPE Organism Cases in Solihull		
CPE Bacteria	July 2023 to June 2024	July 2024 to June 2025
E. coli	177	175
Klebsiella	58	68
Pseudomonas	14	25
Total	249	268

Table 3: CPE Organism Cases in Solihull

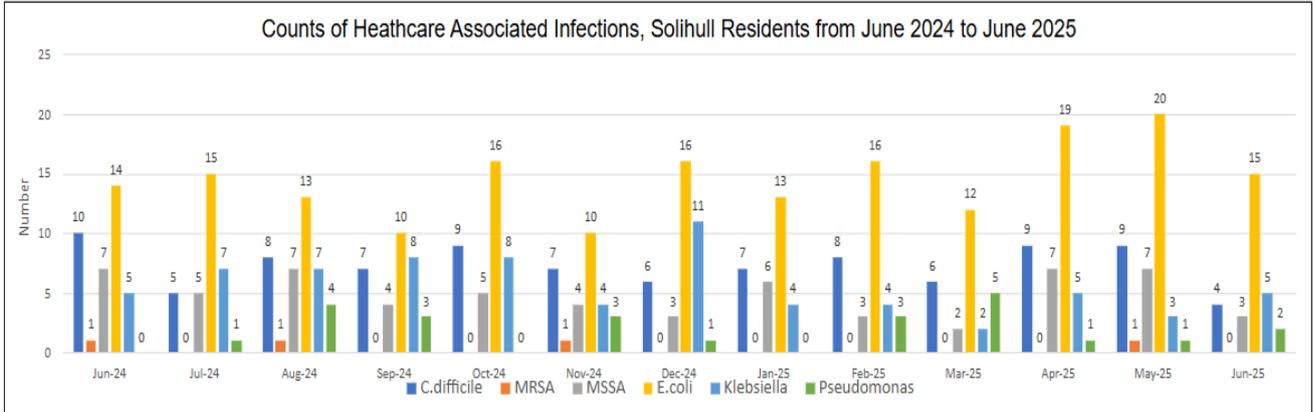


Figure 1315: Cases of Healthcare-associated infections in Solihull

According to HCAI data, cases of E. coli, Klebsiella, and Pseudomonas are reported solely under CPE organisms. From June 2024 to June 2025, a total of 448 healthcare-associated infections were reported among Solihull residents, with 63.8% of these cases attributed to CPE organisms²⁹. The table shows that cases of Klebsiella and Pseudomonas aeruginosa have increased; while E. coli cases, which represent more than half of all CPE cases, have remained stable. Notably, there has been a 7.6% increase in CPE cases in 2024/25 compared to 2023/24²¹. In response to this trend, the Infection Prevention and Control (IPC) group is prioritising the investigation of CPE cases, and the local Health Protection Board will continue to keep close surveillance on this trend.

5.4 Other Population Groups

Migrant Health

Solihull's resettlement team have developed health and wellbeing initiatives for newly arrived communities, including British Nationals Overseas (BNO) residents, Ukrainians, and Asylum Seekers. These initiatives aim to promote integration,

²⁹ Solihull Health Protection Dashboard – Healthcare Associated Infections from June 2024 to June 2025

alleviate isolation, and improve physical and mental health. They include social and therapeutic activities, mental wellbeing and support, community events and physical activity and clinics for health registrations, screenings and improved awareness of NHS services.

6. Next steps

The next steps listed below have been informed by issues identified from the review of the workplan, the changing NHS landscape and findings from the section on data.

1) **Respond to incidents and outbreaks with partnership collaboration**

We will continue to ensure there are clear roles and responsibilities across the system as we work together to address incidents and outbreaks. In particular this includes working with UKHSA, ICBs, NHS England, Birmingham Public Health and SMBC Regulatory Services. This will build on the learning from Exercises Tangra, Solaris and Pegasus.

We will ensure that the Memorandum of Understanding between partners stays up to date as changes occur across both NHS England and Integrated Care Boards.

2) **Ensure strong governance**

We will review health protection governance arrangements within the new ICB structure and working with neighbouring local authorities in relation to routine surveillance, effective oversight of responses as well as prevention of Health Protection risks.

3) **Improve vaccination uptake**

Through the BSOL Immunisation and Vaccination Board, we will continue to work with our ICB, primary and secondary care colleagues to improve vaccination uptake. This includes working closely with schools, early years settings, care homes, maternity services, pharmacies and other frontline staff.

4) **Improve screening uptake**

We will work with colleagues in NHS England, screening providers and primary care to improve screening uptake, particularly in more deprived areas.

For both 3) and 4) above, continuing the community engagement work that commenced in 2025 will help to promote both vaccination and screening amongst

key population groups. This will be done in partnership with the ICB, screening providers and our Community Development colleagues.

5) Embed best practice in relation to TB

We will progress work that has been identified in 2025. This is about embedding best practice with frontline staff who may be working with people presenting with signs and symptoms of TB. This includes stronger partnership working with our clinical TB service and UKHSA.

6) 'Refresh' community infection prevention and control

Now that community infection prevention and control is on a secure funding footing, we will work with the service to draw up a renewed programme of audit and reaudit of our care homes, training and development of workforce champions as well as ensuring timely and effective support during incidents and outbreaks.

7) Improve testing for sexually transmitted infections

Through our sexual health commissioning responsibility, we will work with sexual health providers to address both activity and data in relation to testing for sexually transmitted infections. The improved data will inform how work is taken forward to raise awareness of STIs in key population groups for more preventative action.

8) Broader collaborative efforts

We will stay connected to work being undertaken on air quality and climate change, working in partnership with the West Midlands Combined Authority and Birmingham University to develop a regional response to monitoring air quality and better understanding of climate change adaptation and resilience alongside surveillance on respiratory health which will inform our promotion of vaccinations for Covid, flu and RSV.

We will stay connected to initiatives led by the Community Development Team with migrants and with Traveller communities to be able to respond quickly if health protection risks emerge. This will involve working closely with the GP with a fellowship to support this community. our Health visiting teams and Community Advice Hubs through the Gypsy, Roma and Traveller Network.

9) Emerging hazards

Our strong working relationships with partners mean we will stay connected to routine surveillance data and information which indicates any emerging hazards that require action.