

Health Protection Annual Report 2022-2023



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1. Forward



Health Protection is a key plank of Public Health and aims to reduce the impact of infectious diseases and other non-infectious health threats on the population. In Solihull, the scope of health protection work is wide-ranging. The Health Protection Board oversees these actions and associated sub-groups to ensure that the function is delivered as efficiently as possible. The Board brings together key stakeholders from across the Borough who work collaboratively to enhance health protection outcomes and to actively monitor emerging situations ensuring appropriate actions are taken in a timely manner.

The coronavirus pandemic, both during the acute and recovery phases, had a significant impact on health and wellbeing of Solihull residents and on the activities of all workforces. The period of 2022/23 has been challenging as teams have been dealing with both 'business as usual' activities and as well as many aspects of covid response and recovery.

This included ongoing work with partner organisations to ensure effective and accessible infection prevention and control provision and responding to emerging health concerns related to new migrants, often arriving unexpectedly and settling in Solihull.

This report outlines key success and challenges for health protection in 2022/2023 and presents our actions and next steps for 2023/2024.

2. Summary

The purpose of this report is to provide members of the Health Protection Board and the Health and Wellbeing Board with an update on health protection assurance arrangements and activities in Solihull.

During the pandemic, there were significant changes in governance and assurance for the local health protection arrangements. Pandemic recovery has allowed the Health Protection team to shift their focus from reactive COVID-19 response to wider health protection issues in 2022 – 2023. This involved the re-establishment of the Health Protection Board (HPB) and creation of the Health Protection Tactical Group (HPTG) to support the Board.

The Health Protection Board meets three times a year and seeks assurance on four main strands of health protection activity:

- System-wide strategic protocols and pathways
- Communicable diseases and infection control
- Screening and immunisation programmes
- Preparedness and response to health protection incidents and emergencies.

2.1 Key Achievements in the last year include:

- Re-establishment of the Health Protection Board and establishment of the Health Protection Tactical and Information Sharing Group
- Re-instatement of the Health Protection Dashboard to support the HPB in monitoring and scrutiny of health protection indicators such as immunisation uptake, excess mortality rates, or rates of vaccine preventable diseases
- Establishment of a relationship with Birmingham's Health Protection Board and the Integrated Care Board's Infection and Prevention Control Committee to enable effective oversight and facilitate joint working when appropriate. Examples include a common approach to infection prevention and control and supporting the rollout of screening and vaccination programmes across the system
- Strengthened working relationships with Birmingham and Solihull Integrated Care Board (BSol ICB) to improve the uptake of childhood and adolescence immunisation programmes
- Development of a Memorandum of Understanding with UK Health Security Agency (UKHSA), Birmingham City Council and BSol ICB which captures health protection pathways and protocols
- Continued support to the Adult Social Care sector including oversight of the Infection Prevention and Control Audit and Training programme that was delivered by University Hospital Birmingham NHS Foundation Trust. We also worked alongside the Adult Social Care Directorate to secure funding for an enhanced Infection Prevention and Control provision for Solihull care homes for 2023/24 via the Better Care Fund.
- Development of a business case for system-wide Infection Prevention and Control Service to embed the learning and good practice from the pandemic for proactive and reactive health protection responsibilities. The proposal now serves as a framework for the development of a Provider Collaborative to improve the existing service.
- Establishment of the Nitrous Oxide (NO) Taskforce facilitating multi-disciplinary partnership working to address NO recreational drug use across the Borough.
- Establishment of the Migrant Health Working Group facilitating multi-disciplinary partnership working to improve health and wellbeing outcomes of new migrant, refugee, and asylum seeker populations.
- A new suite of web pages to inform professional stakeholders and the public about a range of health protection issues.

2.2 Actions for the year ahead:

- The regular monitoring of screening programmes has been affected by the pandemic and needs to be re-established to provide routine and ongoing assurance and to enable the HPB to identify issues and areas for improvement.
- Vaccination programmes (children and adults) are currently below the target coverage rates. The Health Protection team will continue to work with BSol ICB and NHS providers to ensure improved rates of vaccination and to gain assurance of actions and catch-up programmes in place.
- Improving data sharing pathways for cases and outbreaks of infectious disease to allow for greater understanding of epidemiology and a real-time case and incident surveillance when required.
- Working with BSol ICB and key stakeholders to support high quality infection prevention and control measures across the system.
- Improving pathways and governance arrangements for tuberculosis cases, particularly for residents with no recourse to public funding.

3. Background

Health protection describes a set of functions to protect individuals and populations. It is an integrated approach to infectious diseases, radiation, chemical and environmental hazards. The protection of the health of the population is one of the five mandated responsibilities given to local authorities as part of the Health and Social Care Act 2022. The Director of Public Health (DPH) for Solihull is responsible under legislation for the oversight and discharge of these functions as outlined below:

- (a) the Secretary of State's public health protection functions
- (b) exercising the local authority's functions in planning for, and responding to, emergencies that present a risk to public health
- (c) such other public health functions as the Secretary of State specifies in regulations
- (d) responsibility for the local authority's public health response as a responsible authority under the Licensing Act 2003, such as making representations about licensing applications
- (e) a duty to ensure plans are in place to protect their population including through screening and immunisation.

Local authorities have a critical role in protecting the health of their local population, both in terms of helping to prevent threats arising and in ensuring appropriate responses when things do go wrong. The Civil Contingencies Act (2004) classifies Local Authorities as Category 1 responders, with statutory responsibilities for actively planning for, and leading the response to health protection incidents and emergencies.

Directors of Public Health also have a wider health protection role in supporting the UK Health Security Agency (UKHSA) with the management of outbreaks and incidents within their local authority area. UKHSA's core functions include protecting the public from infectious diseases, chemicals, radiation, and environmental hazards and supporting emergency preparedness, resilience, and response.

Liaison between the Director and Deputy Director of Public Health and UKHSA occurs regularly as well as with the network of Public Health professionals leading on health protection via the Regional Health Protection Oversight Group.

4. Health protection assurance arrangements

4.1 Health Protection Board

The Health Protection Board has been re-established in 2022 and a HP Tactical Group (HPTG) has been created in 2023 to support the Board.

The purpose of HPB is to set the strategic direction for an effective, multi-agency Solihull-wide health protection offer to reduce morbidity and mortality from communicable diseases, that is both proactive and reactive.

The Board meets three times a year and seeks assurance on four main strands of health protection activity:

- (a) Screening and immunisation programmes
- (b) Communicable diseases and infection prevention and control
- (c) System-wide strategic protocols and pathways
- (d) Preparedness and response to incidents and emergencies.

In-between these meetings, HPTG meets three times a year to provide a consultative forum to discuss and monitor emerging themes, operational issues, actions, and plans in relation to the Council's role in health protection response and prevention to reduce morbidity and mortality from communicable diseases.

HPB reviews and challenges areas of under-performance, subsequent risks to the local population and the mitigating actions for partner agencies. This work is supported by a data dashboard that includes a range of appropriate health protection indicators that is presented at each HPB.

The DPH will communicate with the Health & Wellbeing Board, Corporate Leadership Team, and relevant Cabinet Members when it is deemed necessary to address any health protection concerns that may affect the wellbeing of Solihull residents. The DPH, or the Health Protection Team acting on her behalf, can also exchange information with key stakeholders such as NHS England, UKHSA, and BSol ICB.

4.2 Emergency Planning

The Local Resilience Forum (LRF) and the Local Health Resilience Partnership (LHRP) provide strategic leadership to the planning for emergencies and major incidents. The West Midlands Local Health Resilience Partnership (LHRP) is co-chaired by the Director of Public Health in Solihull and the delivery group of this Partnership is the Health Emergency Planning Officers Group (HEPOG). The HEPOG ensures issues around organisational readiness are addressed and works to ensure there is an accurate picture of preparedness in individual organisations shared with the LHRP.

The council's compliance with the Civil Contingencies Act is managed by the shared service Coventry, Solihull and Warwickshire Resilience Team who attend the LHRP and all levels of Local Resilience Forum activity.

4.3 Regulation and Enforcement

The head for Safer Communities (Regulation and Enforcement) attends the HPB meetings to provide assurance on wider environmental health protection issues such as food-borne and zoonotic diseases (e.g. avian flu). Services provided by Solihull Regulatory Services are regulated nationally by the Food Standards Agency, Health and Safety Executive and Department for Environment, Food & Rural Affairs.

5. Update on key areas 2022-23

This section provides a brief description of delivery arrangements for each area of health protection in Solihull. It includes a summary of successes and actions for the year ahead.

5.1 Communicable Diseases

Communicable diseases spread from one person to another through direct and indirect contact. Most communicable diseases are preventable by effective immunisation and good infection control. Onward transmission can be stemmed by prompt public health action. This is achieved through collaborative working, awareness raising, monitoring and surveillance, and preparing for and responding to incidents.

UKHSA Health Protection Team is represented at the HPB to provide assurance and reporting for infectious disease. The agency has a bespoke surveillance system in place with daily and weekly alerts for exceedances and identification of linked cases. The DPH and Health Protection Officers receive Health Protection Briefing Notes for notable incidents or for changes in infection prevention and control protocols. In addition, weekly winter reports are produced for common seasonal infections such as influenza, COVID-19, and norovirus. The DPH is represented at all local incident and outbreak management meetings.

5.1.1 Achievements in 2022-23

The **Health Protection Dashboard** was re-instated to support the HPB in monitoring health protection indicators such as immunisation uptake, excess mortality rates, or rates of vaccine preventable diseases.

A **Memorandum of Understanding** has been produced across Birmingham and Solihull Public Health teams, UKHSA and the ICB which sets out roles and responsibilities for how we collectively respond to outbreaks. The MoU will provide assurance to the HPB and ensure a joint collaborative and co-ordinated all hazards approach for Birmingham and Solihull population covering both prevention and response elements.

We continued to provide outbreak management support to the **Adult Social Care sector** and outbreak guidance to settings until April 2023 when the response function was fully handed back to UKHSA. Appropriate guidance documents were produced for the settings to support them in this transition. We have continued to support the sector including highlighting new ways of reporting respiratory illnesses to UKHSA (using the forthcoming CareOBRA system) and promoting the Covid and flu vaccine programmes to residents and staff.

An **Infection Prevention and Control** offer to the adult care sector is in place until March 2024, jointly funded by Birmingham and Solihull Better Care Funds, building on the success of the model during the pandemic. 23 full IPC audits in care settings have been completed to date, with an average compliance score of 94%.

While the COVID-19 restrictions and guidelines for **education settings** eased significantly during 22/23, the health protection team remained responsive to case and outbreak enquiries to support Solihull schools and early years settings. We also supported UKHSA in their response to other infectious diseases particularly during winter 2022 when schools were experiencing outbreaks of scarlet fever, norovirus, and respiratory infections. As schools returned in September 2023, we worked with education colleagues to ensure schools had access to resources about managing infectious diseases that could be shared with parents.

MPox

A successful year long campaign between August 22 and July 2023 developed and led collaboratively between Public Health, Umbrella Sexual Health Services who delivered the GUM service offer and the Immunisation and Vaccinations team who delivered the community based offer, reduced the risk of transmission by providing over 2,200 vaccinations, initially to those in high risk cohorts and later the service was offered to a wider population.

5.1.2 Actions for the year ahead

There will be some urgent actions in the months ahead to improve uptake of cancer screening, and breast cancer screening in particular which has not recovered since the acute phase of the pandemic.

To enhance the monitoring and evaluation of key statistics for case and outbreak surveillance, a quarterly and annual report from UKHSA has been requested by the Health Protection Board. The content of the quarterly report will include a summary of incidents or outbreaks that the UKHSA HPT has been involved in during the reporting period. An annual report will also provide summary data for the most common diseases reported over the year in comparison with the previous two years. An update on any regional (West Midlands) or significant national health protection issue or outbreak under investigation (reported within the last year) will also be provided. The team may also use this report to highlight the services needed to deal with health protection cases / incidents and to also document good practice in local areas.

We will organise a scenario exercise to test the pathways described in the MOU. Once the document is developed it will require ongoing reviews and communications with partners to ensure that it is reflective of any changes to the health protection and IPC provision across the system.

There is an identified need to improve our oversight of TB pathways within BSol ICB. We will work with the ICB and UKHSA teams as well as with internal colleagues from the Communities Directorate and Solihull Community Housing to ensure that appropriate agreements and protocols are in place.

We will continue to work with BSol ICB and key stakeholders to support high quality infection prevention and control measures across the system, particularly beyond March 2024. In addition, we the health protection team is represented on the BSol ICB infection prevention and control committee which oversees the incidence of healthcare associated infections and work to address antimicrobial resistance across the borough.

5.2 Foodborne illnesses, and environmental hazards

Foodborne illnesses are usually infectious or toxic in nature and caused by bacteria, viruses, parasites, or chemical substances entering the body through contaminated food. They can result from several forms of environmental contamination including pollution in water, soil or air, as well as unsafe food storage and processing.

Solihull Regulatory and Enforcement teams lead services and initiatives aimed at reducing the impact of food-borne illnesses and environmental hazards on the local community. This service encompasses environmental health, trading standards, and licensing teams. The Head of Safer Communities (Regulation and Enforcement) actively participates in HPB meetings, providing comprehensive updates on service activities and promptly addressing any relevant concerns.

5.2.1 Achievements in 2022-23

Food Safety

During 2022/23, LAs were required to follow the Food Standards Agency (FSA) Recovery Plan for **food hygiene inspections**. This plan was aimed at ensuring that during the recovery from the pandemic, resources were targeted where they added greatest value in providing safeguards for public health and consumer protection in relation to food.

The Food and Safety Team supports UKHSA in incidents and outbreaks of **food borne infectious diseases**. They undertake work to determine the source, prevent further spread of infection, and provide advice to patients. UKHSA has produced a "Roles and Responsibilities for Investigation of Gastrointestinal Infectious Diseases" document outlining the division of responsibility between Regulatory Services and the UKHSA in the investigation of infectious/communicable diseases. The aim of the document is to ensure a consistent approach to the investigation of infectious disease and clearly define roles. This has been adopted by regionally by all local authorities and UKHSA.

In 2022/23 the team investigated 82 incidents of food borne diseases.

A case of lead exposure is currently under investigation.

Tattoo Convention

Solihull MBC officers liaised with organisers of a tattoo convention at the NEC as well as 300 tattooists before and after the event to ensure all exhibitors were registered and operating in accordance with hygiene controls including adequate hand washing facilities and safe working methods.

Cryptosporidium outbreak

In autumn of 2022 officers investigated a cryptosporidium outbreak infecting several children and their parents who attended a commercial teaching pool for lessons.

SMBC food and safety officers received intelligence that several SMBC school had installed temporary outdoor pools to provide on-campus swimming lessons. The internal health and safety team were advised to place greater emphasis on the potential contamination from cryptosporidium.

Avian influenza

On 10 November 2022 we received notification of a suspected outbreak of highly pathogenic avian influenza in a commercial flock of turkeys on a farm near Balsall Common. Samples were taken and preparations for a contingency plan were made. Following a positive confirmation on 13 November, the farm on which the outbreak occurred was declared an Infected Place (IP).

A Protection Zone made up of a circle, radius of 3km, centred on the IP was identified. Solihull Council officers worked with Animal and Plant Health Agency (APHA) officers to conduct visits within the PZ to investigate whether other birds were being kept. As the PZ extended into the jurisdictions of Coventry City Council and Warwickshire County Council, Solihull Trading Standards liaised with officers of the Trading Standards of both Councils, ensuring all visits were completed.

All necessary visits were completed in four days and no further outbreaks were reported.

Trading standards

Solihull Trading Standards seized **304 illegal disposable vapes** were seized during visits to premises. Although there was no evidence to suggest the vapes seized were of any greater risk than legal vapes, they were not permitted to be sold in the UK. In most cases, this was due to the tank size (volume of vaping liquid) being greater than that permitted by UK statutory requirements.

Trading Standards seized a quantity of **illegal and non-compliant cosmetics**. Problems include the presence of illegal ingredients, some of which have been linked to skin cancer. Others did not provide the legally required information on the labelling e.g., importers details.

Test purchase exercises on age restricted products such as knives, alcohol and vapes were carried out by volunteers between the age of 15 and 17 years. Volunteers were able to buy alcohol in three premises, knives in four premises and vapes in two premises. Individuals and premises concerned have been subjected to actions including prosecutions and alcohol license reviews.

Air Quality

The existing Air Quality Strategy, Risk Register and Action plan is in the process of being refreshed incorporating the latest developments, best practice, and requirements.

'Engines off – Young lungs at work' is an anti-idling campaign that has had 23 schools taking part so far. We are looking at extending this campaign to include non-school areas affected by drivers leaving their engines running, such as outside hospitals and shops.

SMBC are working with over 15 schools and colleges to develop Green School Travel Plans and have delivered several clean air sessions encouraging children to make changes that can improve air quality.

Cleaner Transport

A capability fund was set up following a successful bid from Transport for West Midlands. This will help Solihull achieve our commitment to promote active and sustainable modes of travel across Solihull, making it easier for people to leave the car at home, and support those who want to change their travelling habits have a positive impact on resident's health and help reduce carbon emissions.

A trial was conducted at Birmingham Airport using an autonomous vehicle capable of carrying up to 10 passengers, funded by the Greater Birmingham & Solihull Local Enterprise Partnership. Solihull became the first local authority nationally to purchase a fully electric autonomous shuttle.

Nitrous Oxide

A Nitrous Oxide Taskforce was established to facilitate multi-disciplinary partnership working and address the recreational nitrous oxide drug use across the Borough.

We led on collaborative development of a communications strategy and action plan with key partners. A [nitrous oxide webpage](#) was created for the [solihull.gov.uk](#) website informing of the health risks, legal consequences, and support pathways for people using nitrous oxide.

New informative leaflets and posters produced by Solihull Integrated Addiction Services.

A new nitrous oxide litter reporting form was developed to facilitate street cleaning as well as hotspot mapping to enable effective and targeted engagement and communications.

Extreme weather preparedness

The Seasonal Health and Wellbeing Group met prior to and during the run up to the onset of winter, and summer discussing and coordinating efforts to ensure a range of effective support for those who are most vulnerable.

The group, chaired by Public Health, co-ordinated the production and distribution of 20,000 copies of the Winter 2022/23 'Here 2 Help' booklet. The booklet was distributed to Members, Organisations, Parish Councils, key services and VCS groups across the borough.

5.2.2 Actions for the year ahead

Food Safety

For 2023/24 the Food Standard Agency has instructed Councils to revert to undertaking food interventions in accordance with the Food Law Code of Practice (FLCoP). Therefore, this year, the following inspections are due.

The profile of the premises due a food hygiene inspection - 1st April 2023 to 31st March 2024 is:

- A rated - 4
- B rated - 33
- C rated - 85
- D rated - 201
- U unrated – 210

There are currently 402 unrated food standards premises on the database. These premises will be initially subject to an Alternative Strategy to prioritise those of highest risk. Higher risk businesses will be subject to inspection.

In addition, the Food and Safety Team will:

- Continue to operate the Food Hygiene Rating Scheme – 97% premises in SMBC broadly compliant rated 3 or above.
- Reintroduce food sampling, focusing on ready to eat salads and swabbing of preparation and contact surfaces.
- Focus on allergen information for consumers.
- Undertake weekly visits to Birmingham Airport to inspect imported food, samples taken as necessary.

Private Water Supplies

The Regulations require local authorities to inspect the supply, conduct a risk assessment, take and analyse samples in relation to private water supplies to ensure they meet statutory requirements. The risk assessment assesses the source of the supply and the surrounding area to see if contamination is possible. It also checks any storage tanks, any treatment systems and pipework. The assessment identifies actual and potential hazards that may affect the health of those drinking the water. Where the water is found to be unsafe, action must be taken by the owners of the supply to ensure the supply is safe.

Air Quality

Ensuring an effective dynamic approach for **monitoring air quality** across the borough that provides real time information to the public utilising the latest technology for active monitoring of a range of pollutants, including particulate matter with attention focused on PM 2.5.

The council will continue to provide **leadership for air quality policy and action** across Solihull, whilst working with other organisations and the public to encourage dialogue, and commitment, for action on air quality.

Raising public awareness on the health impact of air pollution, encouraging the community to take actions to reduce their contributions to local air quality emissions and protecting the most vulnerable.

Ensure proposals for new developments include air quality screening to identify potential impacts on air quality where required.

We will work towards a transport network that **supports sustainable transport modes** (walking, cycling, car share and public transport) to enable a greener future, growing a sustainable economy, and tackling health inequality.

Nitrous Oxide

We will continue supporting this area of work and facilitate the implementation of the communications and engagement plan. This includes the delivery of posters for the hotspot areas, social media communications, and engagement sessions with young people to raise public awareness on the health impact of nitrous oxide and promote access to support services.

We will work with BSol ICB and NHS partners to improve awareness amongst frontline healthcare and pharmacy professionals.

Extreme weather preparedness

The Seasonal Health and Wellbeing Group have developed a winter warmth programme 2023/24; this will include coordinating the offer of support available to help people stay warm and well and the production of this year's Here 2 Help booklet.

In preparation for the warmer weather, next Spring we will work to promote heat-health awareness amongst council frontline staff and managers to improve their understanding of the heat alert system, public health risks, and advice for extreme heat.

5.3 Screening and Immunisation

5.3.1 Screening

Screening coverage for most programmes fell in the 2019/20 and 2020/21 cohorts due to the Covid-19 pandemic and has not resumed to pre-pandemic levels. The main exception to this trend is bowel screening, with coverage in Solihull increasing every year since 2019.

Breast screening programme has returned to screening people within the three year round. However, participation levels have experienced a marked decline and this needs to be focused on as a matter of some urgency.

5.3.2 Immunisation

MMR

There is currently a particular focus on improving uptake of the MMR vaccine, alongside the Covid and flu vaccine programmes. The MMR is focused on young children as well as those of university age who missed out when they were little due to the widespread false statements about the vaccine. This will include a concerted communications campaign alongside improvements in data systems for example, between GP practice systems and the Child Health Information System. A letter issued on 17th October encourages all Occupational Health Teams to review the vaccination status of their employees and to be aware that measles is an enhanced risk across the country due to the lower level of uptake in some areas.

Covid and flu

In August 2023 it was announced that this year's Covid and flu programmes would be brought forward as a precautionary measure following the identification of a new Covid-19 variant. Eligibility criteria include:

- all adults aged 65 years and over
- persons aged 6 months to 64 years in a clinical risk group, as defined in tables 3 and 4 of the COVID-19 chapter of the Green Book
- frontline health and social care workers
- persons aged 12 to 64 years who are household contacts, as defined in the Green Book, of people with immunosuppression
- persons aged 16 to 64 years who are carers, as defined in the Green Book, and staff working in care homes for older adults

We continue to support these rollout campaigns by disseminating messages to the care sector and amplifying communications campaigns including where vaccine mobile units are to be positioned.

This year's corporate flu programme has also been launched. At the time of writing, 300 vouchers for the vaccine out of a possible 450 have already been requested.

5.3.3 Actions for the year ahead

The regular monitoring of screening programmes has been affected by the pandemic and needs to be re-established to provide assurance and to enable the HPB to identify issues and areas for improvement. This will be achieved through including screening data on the HP Dashboard and by inviting appropriate representatives from the ICB to attend the HPB.

3 of the 6 screening programmes covering Solihull have had quality assurance visits in 2023. The services are now working through action plans for the recommendations (or will be when final reports are published).

Challenges in the pathway remain in many screening programmes, with issues around workforce, conflicting pressures on symptomatic services, and others. Therefore, NHS England will continue to work with trusts and wider partners including the ICB to ensure standards are met across the screening pathway. This is particularly relevant for the health improvement agenda, improving coverage and reducing inequity in the programmes.

All routine vaccination programmes (children and adults) are currently below the target coverage rates. The Health Protection team will continue to work with the BSol ICB and providers to ensure improved rates of vaccination and to gain assurance of actions and catch-up programmes in place.

5.4 Migrant Health

Refugees and migrants have a variety of different physical and mental health needs, shaped by experiences in their country of origin, their migration journey, and living and working conditions. These experiences can increase the vulnerability of refugees and migrants to infectious diseases. There are also certain individuals who come from countries with high prevalence of diseases such as tuberculosis (TB), hepatitis B, hepatitis C and HIV. Additionally, asylum seekers and refugees are often dealing with significant underlying physical and mental health problems, caused by factors arising before, during, and after migration. These include experiencing conflict, violence, danger, exploitation, and loss, as well as the uncertainty around housing, finances, and employment during the process of seeking asylum. There are also additional challenges related to accessing care, and potential discrimination from healthcare professionals and the local community.

The HPB supports the work of Migrant Health Group and Migrant Mental Wellbeing Group to ensure appropriate policies and protocols are in place to support the new communities temporarily or permanently residing in Solihull. In the context of health protection, this is particularly concerned with immunisation programmes, access to primary care, and outbreak prevention in refugee and asylum seeker accommodations.

5.4.1 Key achievements in 2022-23

The **Migrant Health Working Group** was established to facilitate multi-disciplinary partnership working. The Group worked to improve health and wellbeing outcomes of new migrant, refugee, and asylum seeker populations. This included improving access to primary care and facilitating vaccination delivery in contingency accommodations. Public Health and NHS services supported multiple events for the new communities promoting access to physical activity, health checks, and vaccination programmes.

The '[Welcome to Solihull](#)' suite of webpages were developed for [solihull.gov.uk](#) informing newly arrived migrants about key health and wellbeing topics such as:

- Accessing health services
- Maternal and children's health
- Dental health
- Mental health and wellbeing
- Sexual health
- Vaccinations

The **Mental Health and Wellbeing Steering Group** was formed in September 2022 to further support and progress the Migrant Health Working Group priorities. The specialist sub-working group brought together multi-agency representatives to focus on improving quality of life and promoting social and mental health and wellbeing. The steering group have devised a model that incorporated the Five Ways to Wellbeing Framework and focused on engaging the communities in actions that build their skills and confidence in staying mentally well.

5.4.2 Actions for they year ahead

We will continue collaborative working with the ICB and Primary Care colleagues to explore provision of specialist support within Solihull sitting alongside Social Prescriber navigation and signposting and counselling sessions.

To facilitate access to information about the health services, cards with the website address and a QR code for 'Welcome to Solihull' will be distributed to frontline professionals and community organisations working with migrant groups.

A new mental health worker position is being added to the communities team.

6. Conclusion and next steps

From March 2020 until late Spring 2023, health protection structures and processes required significant adjustments due to the emergence of COVID-19. The delivery of services to support pandemic response resulted in a temporary halt for most business-as-usual provision, and the HPB was replaced by the Local Outbreak Management Board. This restructuring was necessary to provide assurance and governance for all COVID-19 response groups and cells. Other areas of health protection were negatively impacted with notable disruptions to the routine screening and immunisation programmes as well as to wider health protection projects.

However, there are also certain positive and unexpected outcomes. Notably, new ways of multi-agency and partnership working have been established with strong networks across the BSol system as well as the wider region. We are working to further develop and strengthen these relationships by seeking new avenues for collaborative work across the health protection agenda. We can also learn from successful community engagement during the pandemic to improve current interventions such as the ongoing work to improve vaccination coverage or to reduce nitrous oxide drug use.

We will ensure this learning is adopted and that the health protection function continues to be flexible and agile to adequately responds to the needs of Solihull residents. This is reflected in our work programme priorities for 2023/2024:

1. Increase assurance for screening and immunisation programmes and work with partners to improve delivery, coverage, and uptake, focusing on population groups at greater risk of poor outcomes or who face more disadvantage in accessing services.
2. Continue collaborative working with commissioners, providers, and communities to take action to expedite improvements and locally amplify national communications
3. Work with the ICB, Birmingham Adult Social Care, Birmingham Public Health and UKHSA to ensure appropriate Infection Prevention and Control provision is in place to prevent and respond to infections throughout the community
4. Focus efforts to address health inequalities, in particular health protection pathways for migrant and homeless communities