

Health Protection Forum Report for 2018/19

to the Birmingham Health and Wellbeing Board

April 2019



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Foreword

Birmingham is a large, vibrant and diverse city and this presents us with many opportunities, but this can also present challenges for health protection.

The 2018/19 Birmingham Health Protection Forum report presents to the Health and Wellbeing Board some of the health protection challenges for the City, and some areas where the Director of Public Health is seeking further improvement and assurance.

Health Protection is one of the three domains of public health, and it is therefore an important pillar that contributes to the improvement and maintenance of the health of everyone living in, working in and visiting Birmingham.

The Health Protection Forum brings together partners from across the City to report on health protection planning and outcomes, and it creates an environment for all stakeholders to work in partnership to make improvements. The Forum also monitors emerging issues so that they can be addressed; ensuring the health of Birmingham citizens continues to be protected.

A handwritten signature in black ink, appearing to read 'Justin Varney', written over a light blue horizontal line.

Dr Justin Varney
Director of Public Health for Birmingham



1. Introduction

1.1. Health Protection

Health protection is one of the three domains of Public Health, and it is therefore an essential part of achieving and maintaining good public health in Birmingham. Health protection is about preventing and reducing the harm to the population's health caused by communicable and non-communicable diseases, and from environmental hazards such as chemicals and radiation. Key activities that contribute to the daily delivery of health protection activities include strategic and emergency planning, surveillance and response to incidents and disease outbreaks. Programmes such as national immunisation and screening programmes and the provision of services to diagnose and treat infectious diseases are important parts of the system to protect the health of the Birmingham population.

1.2. Health Protection Forum

The Health and Social Care Act (2012) gave local authorities health protection duties and also identifies clear roles for Public Health England (PHE), NHS England and Clinical Commissioning Groups (CCGs) that all contribute to delivering health protection at regional and local levels.

The Birmingham Director of Public Health (DPH) is legally accountable to the Secretary of State for the health of the City's population, but most health protection functions are delivered by teams and organisations that are not part of the local authority public health team, such as PHE, NHS England, CCGs, local authority Environmental Health and Resilience teams. As part of this accountability the DPH has a statutory mandated role to be assured that all relevant local organisations have plans in place to protect the health of the population. This means that as well as local authority public health teams working closely with local organisations to provide support, knowledge, insight and guidance, the DPH or a representative also has a role to challenge and question local planning.

To assist this DPH role in Birmingham a Health Protection Forum (HPF) has been established since 2013. The HPF is chaired by the DPH (or a representative) and meets bi-monthly; it provides the space and time for the exchange of information necessary to ensure that relevant partners in Birmingham are acting jointly and adequately to provide comprehensive services covering all aspects of Health Protection. The forum also provides evidence and assurance to the DPH to facilitate the delivery of the statutory role.

The HPF has defined five areas of health protection that it receives regular updates and reports from key partners about:

- a. Communicable Diseases
- b. Non-Communicable Diseases (focus on Environmental Health)
- c. Screening and Immunisations
- d. Emergency Planning, Resilience and Response



e. Infection Prevention and Control

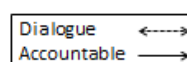
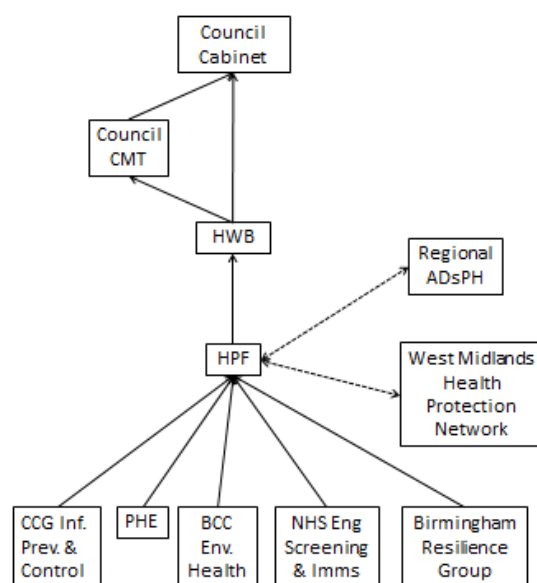
This report explains the scope of each of the five areas, identifies the key challenges and provides a review of the most significant recent and current issues. Details on emerging issues, and any potential future challenges are also presented.

1.3. Assurance Statement

This report notifies the Health and Wellbeing Board that as Director of Public Health currently has some concerns that there are specific areas of health protection where development is needed. I am assured that there are action plans in place to address these areas and will monitor these closely through the Health Protection Forum. The DPH is working through the HPF with its members to address the main concerns: childhood vaccinations, cancer screening programs, community infection prevention and control, and healthcare emergency planning.

1.4. Health Protection Governance Map

The local Health Protection system is complex and involves many different partners, each with their own processes and groups. The governance map following is not fully comprehensive but is included in a simplified form to provide a context for where the HPF sits and how it relates to other local systems.



2. Communicable Diseases

2.1. Introduction

Communicable diseases, also known as infectious, transmissible or contagious diseases, are illnesses that can spread between people and result from the infection, presence and growth of pathogenic (capable of causing disease) biological agents in individual human hosts.

Some diseases do not present a significant public health risk because their impact is relatively minor (e.g. common colds), but others can have a very significant impact on public health and lead to serious illness and even death (e.g. measles). Infectiousness varies between disease-causing organisms, and this must be taken into account, alongside health impact when assessing the risks that diseases pose and planning appropriate responses.

In the HPF the main assurance and reporting for this area of health protection is received from the PHE Health Protection Team.

2.2. Specific health protection issues for the City

2.2.1. Seasonal Flu

Seasonal Influenza (flu) can have significant health impacts, particularly on people with existing health conditions and weaker immune systems due to age.

Flu is a largely preventable disease with an effective vaccination for those at risk.

Every winter, flu outbreaks occur in care settings (residential and nursing homes), presenting a risk to health, risks to social care and service continuity.

2.2.2. Tuberculosis

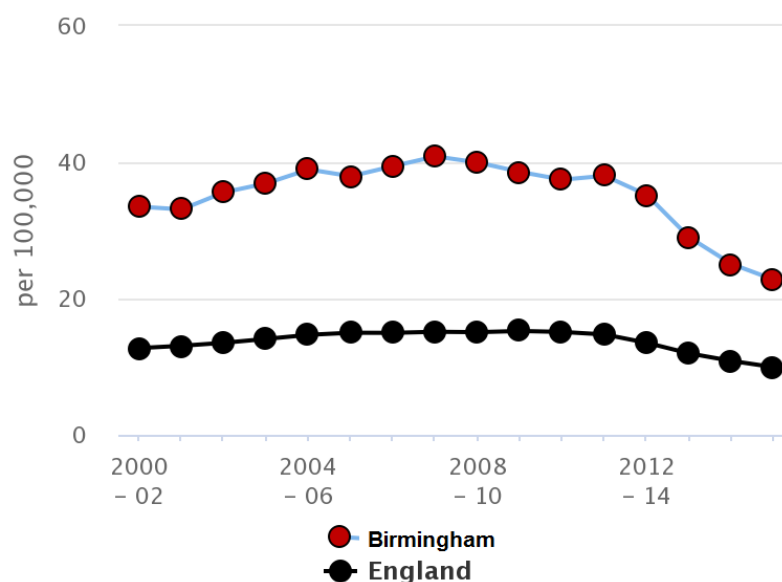
Tuberculosis (TB) is a health and a social care issue; it is often a disease of deprivation, poverty, complex social risks and chaotic lifestyles, and engagement with the criminal justice system.

Tuberculosis is a bacterial disease, it can affect many different parts of the body, and it can be present in inactive (Latent TB Infection – LTBI) or active forms. LTBI occurs when a person is infected with TB but the infection does not actively grow and cause symptoms, but survives in the body in a dormant phase; this can become an active TB infection after several years and then cause symptomatic illness. TB becomes infectious and can spread from person to person when active TB affects the lungs, leading to airborne transmission to occur. It is not usually highly infectious, and often needs several hours of exposure to be spread between people.



Indicator	Year	England	West Midlands	Birmingham	Birmingham Trend
TB incidence (3 year average) (per 100,000)	2015-17	9.9	11.9	22.8	↓
Proportion of drug sensitive TB cases who had completed a full treatment course by 12 months (%)	2016	84.4	83.7	85.2	↑
Proportion of pulmonary TB cases starting treatment within four months of symptom onset (%)	2017	68.8	70.8	74.4	↑

TB incidence (3 year average)



All data from PHE Public Health Profiles (<https://fingertips.phe.org.uk/>)

The infection risk is increased by living or working in crowded, poorly ventilated places, poor sanitation and poor general health. This means that those most often affected by TB have complex patterns of social risk and chaotic lifestyles: homelessness, substance misuse, prisoners, and people living in overcrowded situations.

TB has very high prevalence in many countries around the world which means that some people migrating to Birmingham may have been exposed in their home country and be infected with the latent form of TB.



To reduce the number of LTBI infections that become active TB it is important to diagnose and treat them; this is the aim of the national LTBI treatment program that is delivered locally by the Birmingham CCGs. Patients that meet the required criteria for testing are screened in GP Practices and then offered treatment if they test positive. Locally not all Practices are delivering the program, but those with higher rates of TB are engaged and the program is delivering good results. The TB service is also working with the Birmingham Refugee and Migrant Centre and delivers LTBI screening and testing clinics for their service users on a regular basis.

Further information on the local LTBI program is available at:

<https://www.birminghamandsolihullccg.nhs.uk/your-health/latent-tuberculosis>

<https://sandwellandwestbhamccg.nhs.uk/latenttb>

Birmingham Public Health is a member of a local (Birmingham, Sandwell and Solihull) TB Program Board that provides strategic oversight of services working to control the public health risk of TB. Key performance indicators are monitored and improved healthcare outcomes have been facilitated over the last five years.

When TB treatment is compromised drug resistance can occur and this leads to multi-drug resistant TB (MDRTB) and extensively drug-resistant TB (XDRTB). Cases of both MDR and XDR-TB occur in Birmingham, and present particular challenges to both the health and social care system.

2.3. Improvement Plan

Secure housing provision is an essential step in supporting particularly vulnerable patients to adhere to TB treatment, and often this is hard to provide, particularly when patients have no recourse to public funds (NRPF). A regional task and finish group has developed a TB and housing framework to suggest a way for housing needs to be addressed, but this needs to be adopted and implemented in Birmingham.

2.4. Recommendations

There is a need to develop closer working between the TB Service, mental health services, substance misuse services, and relevant local authority departments (e.g. housing) to address the needs of people with social risk factors earlier in treatment (e.g. homelessness, drug and alcohol abuse, prison history) so that the risk of TB transmission is reduced.

Local stakeholders (CCGs, Local Authority public health and housing teams) should develop a Birmingham framework to address housing need for vulnerable TB patients, using the regional TB and Housing Framework. This will help patients to successfully complete their TB treatment programmes so that their TB is cured and the public health risk reduced.



3. Non-Communicable Diseases

3.1. Introduction

Non-communicable diseases (NCDs) include cardiovascular disease, all types of diabetes, cancer, chronic respiratory diseases and renal disease. Many non-communicable diseases can result from individual behavioural risk factors like smoking, alcohol, poor diet, and risk factors that are amenable on a local or national scale such as air quality or vaccination and screening programmes. Many non-communicable diseases are therefore preventable.

Birmingham Public Health and City Council Officers in the Regulation and Enforcement Division (including Environmental Health, Trading Standards and Licensing) lead on services and projects with outcomes contributing to reduced impacts of NCDs on health outcomes.

At the HPF this health protection work area is reported on by Birmingham Environmental Health, with support from PHE and NHS England.

3.2. Specific health protection issues for the City

3.2.1. Air Quality

Poor air quality (air pollution) has a significant impact on health, and it affects everyone living in, working in, or visiting an area where it occurs. Short-term and long-term exposures to air pollution have different effects on health, and current evidence shows that there are no safe levels of pollution.

High air pollution is linked to low birth weight and premature births. Being exposed to air pollution during pregnancy and after birth, affects a baby's lung function development.

There is a strong link between air pollution and the worsening of asthma symptoms; it may also play a part in causing asthma in some people. The more children with asthma are exposed to air pollution, the more they suffer with long-term respiratory symptoms. Higher amounts of air pollutants are associated with more asthma attacks, more hospital admissions and a higher death rate.

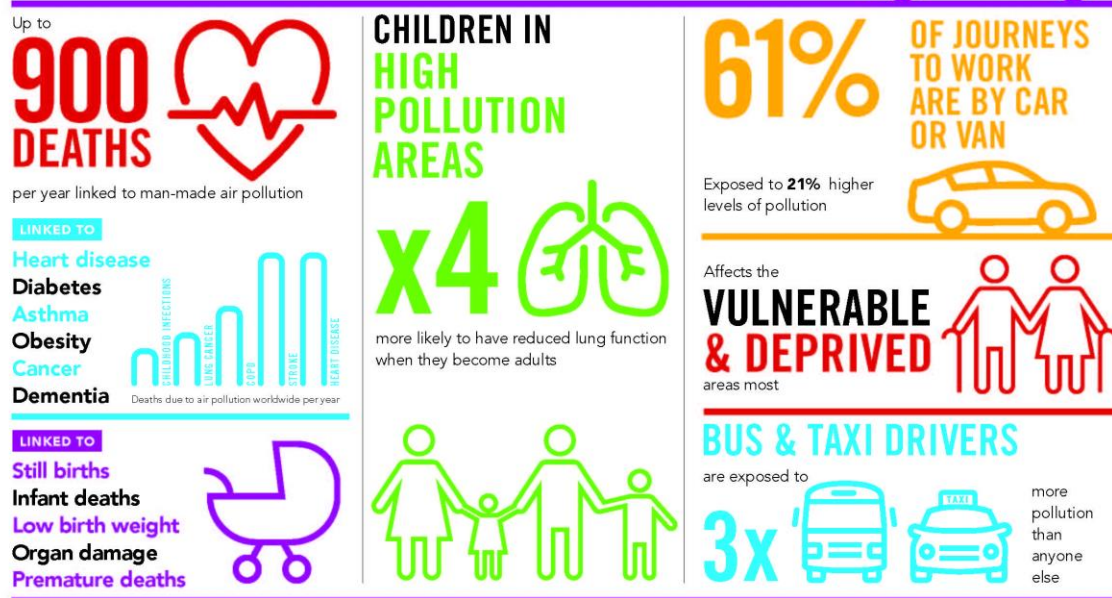
Air pollution increases the risk of death from cardiac (heart and blood vessels) and respiratory (lungs and breathing) causes, especially among people with pre-existing cardiac and respiratory conditions. It contributes to about 1 in 13 cases of lung cancer and causes coughs and phlegm in adults.

There is also evidence to suggest that poor air quality may also increase the risk of other health conditions such as bladder cancer and type 2 diabetes.

Poor air quality in Birmingham remains a priority for the City Council and current modelling suggests that poor air quality contributes to more than 900 premature deaths in Birmingham every year.



EFFECTS OF AIR POLLUTION



#BrumBreathes



Numbers have been rounded. Evidence provided by Public Health Birmingham, May 2017; birminghampublichealth.co.uk

Some parts of Birmingham have levels of air pollution above legal limits, but many other parts of the City also have high levels of pollution that still affect health. A consultation has been launched on introducing a Clean Air Strategy for the City of Birmingham, addressing pollution levels across all city Districts and not just those with the greatest concentrations that breach the legal limits. This will allow the Council to act beyond legal duties by tackling pollutants at concentrations just below the legal limits and also pollutants for which no legislative limit directly applies e.g. small particles (PM2.5). Council Cabinet has endorsed the principle of 'going beyond legal duties'; this will be an important contributor over the next few years to protect the health of more of Birmingham's population.

3.2.2. Food Safety, sampling and investigations

Safe and hygienic food is an important contributor to maintaining health in the population, and it is important that food that is prepared and sold (in restaurants and takeaways), and food that is processed in Birmingham does not present a risk to health.

The Birmingham Environmental Health team continue to have a yearly inspection programme of food premises within Birmingham to ensure food hygiene and safety. More than 3,900 food hygiene inspections and over 2,200 food standards inspections were carried out (96% of those planned) during 2017/2018. All manner of food premises are inspected including manufacturers, retail, caterers, mobiles and takeaways. During 2017/2018, 81



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premises were found to present an imminent risk to health and were closed immediately until all necessary works were carried out. Although this could be considered a large number, it only represents 2% of premises which seriously failed to meet basic hygiene requirements and put their customers at risk.

All sporadic cases and outbreaks of gastro-enteritis are investigated by the Environmental Health team. During 2017/2018, 1,169 sporadic cases and 4 outbreaks were investigated. Officers work with the PHE Health Protection Team to ensure a joined up approach to controlling the spread of gastro-enteritis and food poisoning. As part of the work involved in outbreak investigations, and regular inspection the Environmental Health team promote infection prevention best practice and hygiene.

3.2.3. Non-Regulated Issues

There have been a number of activities / businesses that have come to the fore that have fallen between agencies and regulation regimes but have health protection risks associated with the activity. Such activities include mobile circumcisions, Vit C use in autistic children, new blood labs seeking approval, legionella in residential properties and particular beauty treatments. On occasion it has been difficult for agencies to take on an investigation or coordinate a response to an incident as well as determine the best course of action. The system is there between agencies to deal with the 'usual' but not the 'unusual'. A task and finish group to explore these types of issues could identify a suitable solution.

3.3. Recommendations

Local NHS, Public Health and Local Authority stakeholders need to consider how novel non-regulated challenges to health protection can be addressed effectively.



4. Screening and Immunisations

4.1. Introduction

Many infectious diseases of public health concern can be prevented by one of the most clinically and cost effective public health interventions; vaccination. Some non-communicable conditions and cancers can also be diagnosed and patients put on effective, evidence-based treatment pathways as part of a screening program.

All of the immunisation and screening programmes delivered in Birmingham are nationally specified, co-ordinated and commissioned locally by a PHE team embedded in the NHS England West Midlands Team. Updates are routinely reported to the HPF on all of the screening and immunisation programmes delivered in Birmingham. The local services are provided by different healthcare providers (including GP Practices, Community Pharmacies, Hospital and Community Trusts).

The routine immunisation schedule for England is very detailed and can be found at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741543/Complete_immunisation_schedule_sept2018.pdf

It includes vaccinations for:

- Infants and children
- Teenage females (males will be included soon)
- Older adults
- Babies born to hepatitis B infected mothers
- Infants with a parent or grandparent born in a high TB incidence country
- All people with specific conditions
- Pregnant women

The screening programmes are represented on the following page.

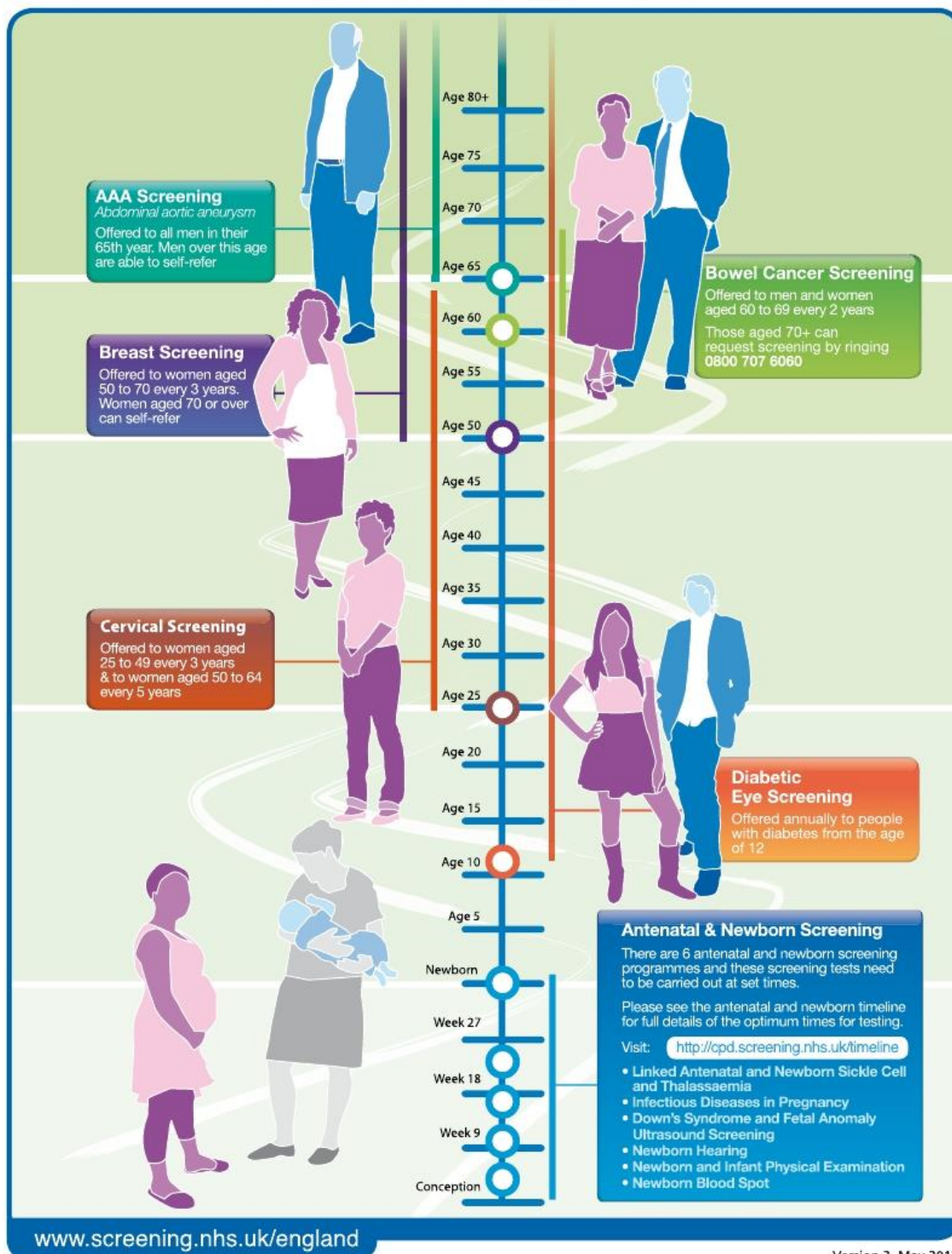




UK National
Screening Committee

NHS Screening Timeline

Screening Programmes



Version 3, May 2012



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Birmingham
City Council

4.2. Performance summary (selected indicators)

	Indicator	Year	England	West Midlands	Birmingham
Screening	Breast cancer screening coverage (%)	2018	74.9	74.3	68.5
	Cervical cancer screening coverage (%)	2018	71.4	70.9	65.2
	Bowel cancer screening coverage (%)	2018	59.0	57.4	48.1
	Abdominal aortic aneurysm screening coverage (%)	2017/18	80.8	83.1	78.7
	Newborn hearing screening coverage (%)	2017/18	98.9	98.6	99.1
Immunisation	MMR vaccination coverage for one dose (2 years old) (%)	2017/18	91.2	91.2	87.6
	MMR vaccination coverage for two doses (5 years old) (%)	2017/18	87.2	87.6	81.6
	Hib/MenC booster vaccination coverage (2 years old) (%)	2017/18	91.2	90.8	87.4
	Flu vaccination coverage, at risk individuals (%) [target 55%]	2017/18	48.9	49.0	47.7
	Flu vaccination coverage, aged 65+ (%) [target 75%]	2017/18	72.6	71.8	69.3
	Flu vaccination coverage, 2-4 years old (%) [target 65%]	2016/17	38.1	38.2	36.2
	PPV vaccination coverage (%) [target 75%]	2017/18	69.5	68.7	66.8
	Shingles vaccination coverage (%) [target 60%]	2017/18	44.4	44.5	39.8
	HPV vaccination coverage for 2 doses, females 13-14 years old (%) [target 90%]	2017/18	83.8	84.1	77.2
	% of eligible persons entering drug misuse treatment completing hepatitis B vaccination course	2016/17	8.1	7.0	5.2
	Hepatitis B vaccination coverage, 1 year old (%)	2017/18	No data	No data	100



4.3. Specific health protection issues for the City

4.3.1. Breast Cancer Screening

Breast cancer is the most common type of cancer in the UK; about one in eight women are diagnosed with breast cancer during their lifetime. It is important to note that there is a good chance of recovery if it is detected in its early stages. For this reason regular self-examinations are recommended and for women at higher risk (50-70 years old) breast cancer screening is offered.

Breast cancer screening coverage is low for the City, and there are also specific communities and population groups with very low uptake. Changes to the screening service provider contract were made (2017-2019) to develop and implement an improvement strategy to address low uptake and barriers to access of screening. The programme in Birmingham targets the lowest uptake Practices with a range of interventions, such as engagement and practice visits.

There was a national breast screening programme incident in 2018 that meant some women were not followed up correctly after their screening. The numbers affected in Birmingham were small and urgent plans to respond to the incident were put in place. All local women affected have now been properly followed up by appropriate services.

NHS England West Midlands commissioned a high risk breast screening service (commencing April 2016). This offers the appropriate imaging, assessment and care to women referred into the pathway by clinical genetics. Local breast screening services register the women in the service, contact women, and provide local imaging.

4.3.2. Flu Vaccinations

Seasonal Influenza (flu) can have significant health impacts, particularly on people with existing health conditions and weaker immune systems due to age. An effective vaccine is matched to the predicted flu strains every year and made available free to target groups to reduce flu infection and the risk that it may present. The comprehensive national flu vaccination programme targets different population groups that are able to access services from a range of providers in Birmingham:

- 2-4 year olds – GP Practices
- School aged children in school years 0-5 – School-based immunisation provider
- Pregnant women – GP, Pharmacy and Maternity Services
- People <65 years with an existing health condition – GP and Pharmacy
- People 65 years or over – GP and Pharmacy
- Carers and social care staff – GP, Pharmacy and Employer



4.4. Improvement Plans

4.4.1. Screening Programmes

Sandwell and West Birmingham CCG (SWB CCG) have proposed a cancer screening plan for the next 5 years which, if agreed will include the introduction of cancer champions in the community and primary care, closer working with pharmacies and a non-responder pilot project.

Local reductions in coverage of some screening programmes are also seen nationally, notably cervical cancer. The SIT will continue to address these with providers and a national awareness raising campaign is running in Spring 2019.

4.4.2. Immunisations

Following the local measles outbreak a measles elimination group has been set-up that is developing a local plan in-line with the national measles elimination strategy:

<https://www.gov.uk/government/publications/measles-and-rubella-elimination-uk-strategy>

The local group is tasked with understanding the MMR uptake variation and developing plans to increase uptake in the populations and communities where it is lowest. This will ensure that more people are protected against measles and help Birmingham get closer to the national uptake target.

4.4.3. Inequalities

Sandwell and West Birmingham CCG are implementing a 12 month pilot to introduce a Health Protection role across their Primary Care Networks. The role will support practices to audit and improve their screening and immunisation rates.

The West Midlands SIT has recently hosted a regional Screening Inequalities event to develop and disseminate good practice to address inequity in screening across the region. A cancer screening health equity audit has also been commissioned and will commence in Spring 2019. The aim of this is to provide meaningful and actionable priorities for screening services to reduce local inequity. The SIT will be following up the event by developing a health inequalities strategy.

4.5. Recommendations

NHS England, Public Health and CCGs need to identify uptake variation in screening and immunisation programmes, then develop and deliver plans to reduce to low uptake and the inequalities that exist.



5. Emergency Planning, Resilience and Response

5.1. Introduction

It is important that the local healthcare system has plans in place to respond to emergencies and big events that could present a risk to health.

The NHS Emergency Planning, Resilience and Response (EPRR) function is the responsibility of NHS England West Midlands and local CCGs. NHS England has major incident plans in place and conducts their emergency planning through the Local Health Resilience Partnership (LHRP). The LHRP reports into the local regional meeting of the Directors of Public Health. Close working between NHS England EPRR, PHE and Directors of Public Health is ongoing to ensure that the response to small public health incidents is adequate, effective and well-coordinated.

NHS Hospital Trust EPRR planning and assurance is the responsibility of the two Birmingham CCG Emergency Planning Leads.

NHS EPRR reporting into the HPF does not routinely occur, but information is shared and the wider system assurance is provided by the Local Authority Resilience team that sit on the Local Resilience Forum.

Birmingham City Council Resilience Team does attend the HPF and provides verbal updates on general EPRR strategic issues.

5.2. Specific health protection issues for the City

The main challenge relating to EPRR in Birmingham is how the changes in teams, organisational structures and capacity are impacting on reporting and assurance. Reporting and accountability relationships need to be reviewed so that they properly reflect the current structures.

The issues that present the main current challenges are:

- Brexit planning and contingency
- Major resilience risks (e.g. infrastructure, IT failures)
- Mass casualty incidents

All of these risks are being addressed by NHS and Local Authority working groups and plans are in place to respond to incidents of these types, and others.



6. Infection Prevention and Control

6.1. Introduction

Infection prevention and control (IPC) is a systematic approach, and practical solution designed to prevent harm to patients, service users and health or social care workers from infections. Health and social care service users are often vulnerable so it is essential to minimise the risk of them acquiring or transmitting infections.

Infection prevention and control (IPC) services in Birmingham are delivered and reported mainly by teams based in the Clinical Commissioning Groups (CCGs) while working very closely with local partners including PHE and other NHS partners.

The CCGs are responsible for monitoring and managing improvement plans for Healthcare Acquired Infections (HCAIs) and infection prevention in various community settings.

6.2. Specific health protection issues for the City

6.2.1. IPC service

The biggest challenge in Birmingham is the variation and scope of IPC services and support. All hospitals in Birmingham have IPC Teams and processes in place to identify and manage any HCAIs that present.

Community IPC provision is a more variable situation; Birmingham and Solihull CCG (BSol) has an IPC team in place and they have a robust IPC process that supports CCG-commissioned service providers across the CCG area. This mainly focusses on GP Practices and Care Home settings (nursing homes with CCG-commissioned beds).

Sandwell and West Birmingham CCG community IPC service was provided by the local NHS Commissioning Support Unit until March 2018, but since then the service has not been provided in the West Birmingham part of the CCG footprint. This is a significant gap in IPC provision that the HPF has recognised and challenged the CCG for a response.

In addition to the IPC provision for CCG-commissioned providers described above, there are many other community residential and care providers across Birmingham, and there is not currently an IPC service commissioned to support them for prevention training or to assist with an incident response.

The gaps in IPC provision identified present a challenge for the local health protection system that need to be investigated and addressed.



6.2.2. Antimicrobial Resistance

The resistance of microbiological organisms to antimicrobial drugs is an international, national and local public health priority. Antimicrobial resistance (AMR) is addressed locally in Birmingham predominantly by the work of CCG Medicines Management Teams, alongside Hospital Prescribing Teams, PHE, pharmacy training providers and Public Health. If organisms continue to develop resistance to drugs then infections that we now consider treatable and procedures that we now consider straightforward will become more significant public health risks in the future.

In Birmingham the focus is on ensuring that antimicrobial drugs are prescribed and used appropriately. The rate of antibiotic prescribing by GPs in Birmingham has been falling alongside national trends for the last 3 years and is currently higher than the England rate, but lower than the rate across the West Midlands.

Indicator	Year	England	West Midlands	Birmingham
Adjusted antibiotic prescribing in primary care by the NHS	2017	1.04	1.08	1.06

Local strategies to tackle AMR follow the national approaches; further information can be found at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/784894/UK_AMR_5_year_national_action_plan.pdf

A West Midlands AMR network has been established to share best practice and facilitate strategic coordination; it is jointly chaired by PHE and NHS England.

6.2.3. Non-clinical IPC

Several beauty and cosmetic service provider training institutes are based in Birmingham and the local region. They have the capacity to train high numbers of practitioners that will operate locally and nationally. Many of the procedures covered in the training can present an infection risk if they are not carried out in accordance with high standards of hygiene.

A working group has been established with representatives from Birmingham Environmental Health (EH), Wolverhampton EH, PHE and a Trainer from WM Nail and Beauty Academy to develop and deliver a 'Train the Trainer' programme and infection prevention toolkit for beauty technicians in infection prevention and control needed to reduce infection.

Work is also ongoing to review and update local legislation to include a number of new activities into scope and revise the hygiene and training standards and sterilising procedures.



6.3. Recommendations

A task and finish group needs to be convened, to include Local Authority Public Health and Social Care, and CCGs to map out the limits and gaps in current community IPC provision (including nursing and residential homes), and to develop and implement plans to address the issues found.

All of the key local stakeholders (CCGs, PHE, NHS England and the Local Authority) also need to develop outbreak/incident agreements to define roles and responsibilities, and ensure that joint working is effective.



7. Summary

A City the size of Birmingham and with the level of population diversity has many strengths, but these factors also present multiple challenges for public health, and health protection in particular.

The Director of Public Health has concerns about specific health protection issues, but is working closely with local system partners to address these.

Screening and immunisation programme uptakes are lower than they need to be to ensure preventable conditions are avoided, and diseases are identified early so that effective treatment can start.

There are also specific concerns about community infection prevention and control that the appropriate CCG and Adult Social Care will be seeking to address.

As a global city Birmingham will be hosting the Commonwealth Games in 2022. This gives the Health Protection Forum a clear timescale for action to ensure that the local health protection system is effective and resilient.

Further details on two health protection incidents are described in the private report for the Health and Wellbeing Board to highlight the complexity the system faces and the need for close, multi-agency working.

