



Birmingham and Solihull  
Integrated Care System  
Caring about healthier lives

# Strategic Overview of Immunisations in Birmingham

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# Background

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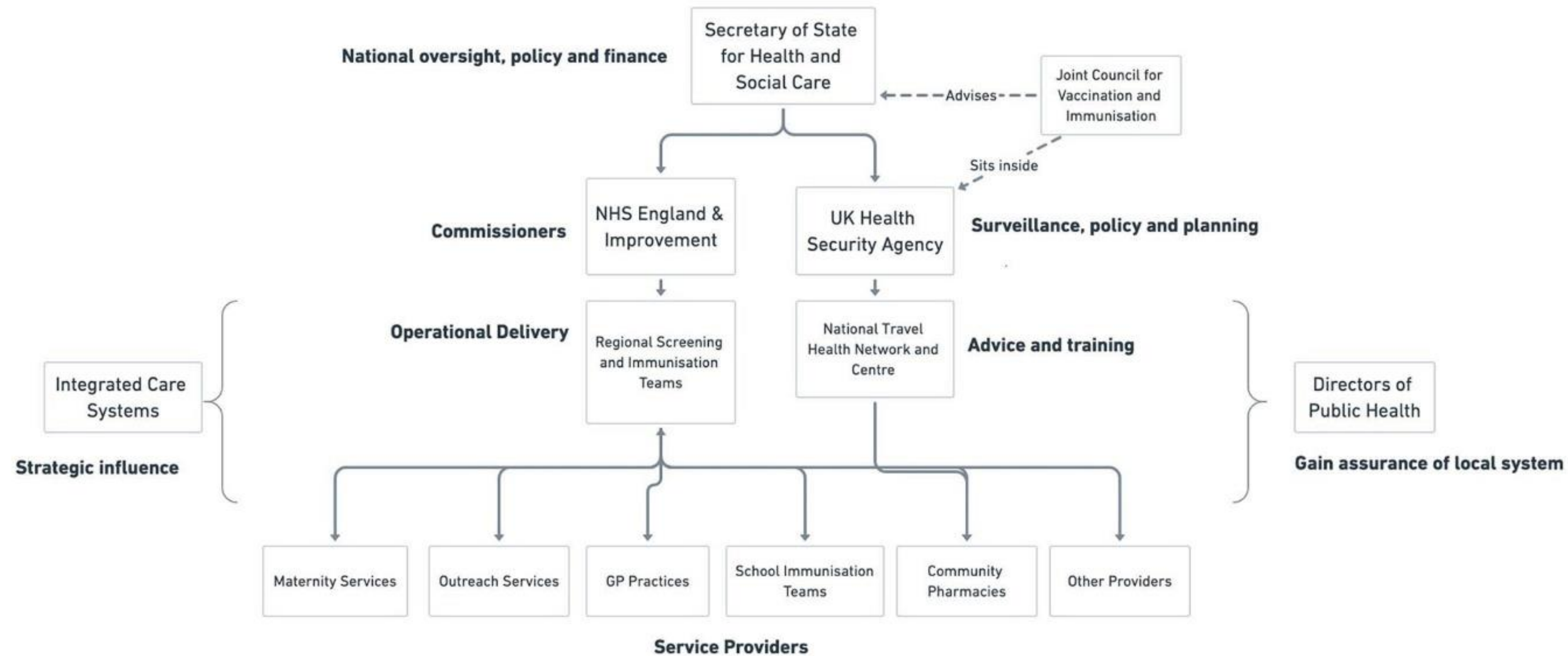
- Immunisations and vaccinations are delivered to people who are **well**, as an ongoing protective and preventative healthcare strategy from birth to older age, as part of a life-long basic foundation of good health and wellbeing
- It is one of the most effective and evidence based public health measures and has a key role in reducing sickness and death due to vaccine preventable diseases, especially in children

# Purpose

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- The purpose of this paper is to give the Health and Social Care Overview & Scrutiny Committee a brief strategic overview of the challenges associated with immunisations and vaccinations in Birmingham
- This overview will be followed by two more detailed papers (authored by BSol ICB and Public Health respectively) that will be presented at April's HOSC meeting

# System Roles



Statutory Roles and Responsibilities within England's Immunisation System (from Royal Society of Public Health)



# System roles - NHS

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## The NHS leads Birmingham's local immunisations system

- Immunisation services are commissioned by NHS England. The primary responsibility for uptake improvement in the different immunisation programmes sits with NHS England's local screening and immunisation teams (SITs)
- The ICB has oversight of the programme deliverables and are held accountable for performance and leads the all-age Immunisations & Vaccinations programme board with representatives across the system partners to make key decisions about the programmes

# System roles - Public Health

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- The Director of Public Health has a responsibility to be assured that there are sufficient plans in place to protect the health of the local population
- The role of Public Health is to scrutinise, challenge and where appropriate support the NHS

# Immunisations in Birmingham

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- Immunisation uptake across Birmingham is challenging for all ages and **below expected targets** for most vaccinations. The level of protection for the Birmingham population specifically is reduced.
- In most Childhood and Adolescent programmes **uptake has decreased** year on year for the last three years. Uptake for flu and COVID this Autumn/Winter is around 20% below expected levels
- There is **high inequality and uptake variation** across the programmes, with some groups and communities who have less protection and are therefore more vulnerable to avoidable illnesses and disease than others

# Children and young people's immunisations

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- A system priority is to rapidly improve childhood immunisation uptake, in order to prevent harm to citizens through a disease outbreak
- Improving MMR uptake is a focus, to ensure Birmingham is protected against future outbreaks of measles. At age 5 uptake has **fallen over the last three years to 78.7%** compared to the optimum protection level of 95%
- Birmingham's unvaccinated population is much larger than its nearest neighbours and other areas in the West Midlands. There are **more unvaccinated children in Birmingham** than in areas such as Nottingham, Liverpool, and Wolverhampton. The level of children living in poverty in Birmingham elevates this risk.



# Immunisations in Birmingham - adults

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- There is also a system priority to improve the uptake of winter vaccinations (COVID-19 and flu)
- For COVID-19, the number of **unvaccinated** people across BSol from a population of 1.5m is currently over a third of the population at **542,000**. **Those 49 and below are the least vaccinated**
- High uptake of both vaccines is important to **prevent hospitalisation and death** in more vulnerable adults
- It is also important to ensure that Birmingham's **working age adults remain well** throughout winter, ensuring that workforces (especially health and social care workforces) are maintained for the protection of more vulnerable citizens. Uptake in **50-64** year olds this autumn/winter is only 36 and 46% respectively.



# Strategic challenges

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1. Access to high quality data
  2. Establishing effective links with communities
  3. Ensuring easy access to vaccination services
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4. Vaccine hesitancy in the local population
  5. Partnership working outside of traditional health partners
  6. Tailored and effective communications & marketing





# Next Steps

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- The ICB April paper will present a more detailed look at immunisation & vaccination delivery, planning, and uptake
- The Public Health April paper will focus on the division's assurance work related to immunisations & vaccinations
- Papers will discuss future opportunities to improve and expand existing uptake improvement efforts with recommendations on progressing this work

These papers and subsequent discussion and recommendations from HOSC committee members will be shared with all immunisation system partners to influence future work and planning