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for the people of Birmingham & Solihull

Birmingham & Solihull Newsletter for Neighbourhood Health

August 2026

Respiratory team wins top award in Rotterdam

A respiratory team from West Birmingham has won the prestigious Best Poster award at the international Respiratory Impact Conference in Rotterdam for its groundbreaking work on transforming asthma care for children and young people.

Held by the European Respiratory Society (ERS), the theme of the event was 'Policy to Action for Respiratory Health'. It attracted clinicians, researchers, educators, policymakers and health innovators who are all committed to improving respiratory health locally and globally.

After reviewing the existing care pathway offered to children and young people with respiratory illness, the West Birmingham Locality Delivery Partnership, responsible for coordinating community services to meet the health and care needs of those living in West Birmingham, worked with the team to design a multidisciplinary service to help those with undiagnosed asthma to better manage their condition through holistic, proactive and preventative intervention.

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We are absolutely thrilled to have received international recognition for our work.

Dr Imran Zaman

Clinical Lead for the
Respiratory Team



From left to right: Imran Afzal - Clinical Pharmacist, Nazir Hussain - Specialist Respiratory Pharmacist and Ikhlq Hussain - Respiratory Services Operations Lead. All from the West Birmingham Locality Respiratory Team



Keep up with our news

 @Bsol_ICS

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An international panel of expert reviewers judged the poster entries at the conference held in June. They scored the winning poster based on three strict criteria which included the strength of the clinical methodology, the clarity of the take home message and the poster's effectiveness in answering peer questions.

Based at the West Birmingham Locality hub in Summerfield Health Centre, the multi-disciplinary respiratory team provides specialist community-based care and support for suffering from chronic lung conditions including COPD, asthma and pulmonary rehabilitation to help patients to better manage their conditions at home.

Dr Imran Zaman, Clinical Lead for the Respiratory Team, said: "We are absolutely thrilled to have received international recognition for our work. This award is testament to the hard work and dedication of the entire team. Being invited to share details of our approach on the Rotterdam world stage allows us to help shape best practices not just locally, but across the wider healthcare community."

Locality Delivery Partnerships (LDPs) are place-based partnerships that bring together organisations such as primary care, community services, mental health services, social care, acute trusts and the voluntary sector to improve health and care for local populations. There are six Locality Delivery Partnerships across Birmingham and Solihull. Each LDP is accountable for delivering integrated care at locality and neighbourhood level, helping people stay healthy and independent in their communities.

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REACHING THE "UNREACHED" A Pharmacist-Led Community Respiratory Service

Improving Equity and Outcomes in Childhood Asthma



EQUITY IN HEALTHCARE



QUALITY IMPROVEMENT



POPULATION HEALTH

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BACKGROUND



Childhood asthma disproportionately affects underserved populations, with delayed diagnosis, suboptimal management and limited access to specialist respiratory care.

Little Lungs – Shaping Healthier Futures is a pharmacist-led community respiratory service delivering proactive, culturally sensitive assessment, diagnosis and treatment directly within local communities to reduce respiratory health inequalities.

Baseline Disease Burden (Previous 5 years)

This cohort represented a high-risk population with significant unmet respiratory need and substantial reliance on unscheduled healthcare.

HEALTHCARE UTILISATION

- 52 children (70.3%) had ≥1 urgent appointment
- 30 children (40.9%) had ≥3 urgent appointments
- 13 children (17.6%) had ≥6 urgent appointments
- Highest recorded utilisation: 14 urgent appointments

EXACERBATION BURDEN

- 21 children (28.4%) had ≥1 OCS course
- 10 children (13.5%) had ≥2 OCS courses

RESPIRATORY RELATED A&E ATTENDANCE/ADMISSION

- 27 children (36.5%) had ≥1 episode
- 17 children (29%) had ≥2 episodes
- 8 children (10.8%) had ≥4 episodes
- Highest recorded burden: 6 episodes

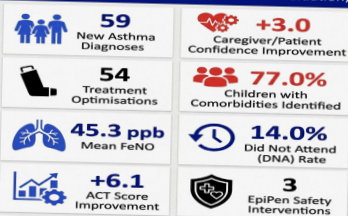
HIGH RELIEVER ISSUE

- 14 children (18.9%) were prescribed ≥10 inhalers/year
- 4 children (5.4%) were prescribed ≥10 inhalers/year
- Highest recorded issue: 22 inhalers/year

BASELINE TREATMENT

- Receiving no respiratory treatment 10.8%
- Salbutamol only treatment 59.5%
- Inhaled corticosteroid therapy 29.7%

SERVICE IMPACT SUMMARY (6 Month evaluation)



BTS = British Thoracic Society; DNA = Did Not Attend; FeNO = Fractional Exhaled Nitric Oxide; COPD = Chronic Obstructive Pulmonary Disease; ICS = Inhaled Corticosteroid; IgE = Immunoglobulin E; IQWiM = International Quality of Life; NICE = National Institute for Health and Care Excellence; OCS = Oral Corticosteroid; SIGN = Scottish Signposting Guidelines Network.

METHODS

This project was conducted as a retrospective service evaluation. All children aged >5 years assessed through the Little Lungs – Shaping Healthier Futures Service between January and June 2025 were included in this retrospective service evaluation. The study population comprised 74 children aged 6–16 years (median age 11 years, IQR 9–12). Tailored searches helped identify high-risk children suspected of asthma who were invited to the clinic. These included children who:

- Were prescribed inhalers without a confirmed diagnosis
 - Were prescribed 2 or more courses of oral corticosteroids
 - Had a history of urgent unscheduled respiratory-related appointments
 - Were referred by GP practices because they were considered high risk or with an uncertain diagnosis.
- Structured asthma assessments were undertaken according to BTS/NICE/SIGN asthma guidelines. Objective diagnostic testing included FeNO, spirometry and blood eosinophil count/IgE assessment where clinically indicated, supporting guideline-based asthma diagnosis within a community setting.

Data analysis included clinical outcome measures and routine service evaluation key performance indicators (KPIs).

Outcomes measures included:

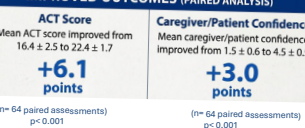
- Asthma diagnosis and objective diagnostic testing outcomes
- Treatment initiation and optimisation
- Age specific Asthma Control Test (ACT) scores
- Caregiver/patient confidence scores in recognition and management of an acute attack
- Follow-up attendance and service engagement metrics
- Healthcare utilisation history
- Medicines safety interventions
- Identification and management of comorbidities

Prevalence and post-intervention outcomes were analysed using paired statistical testing, with p<0.05 considered statistically significant.

All service evaluation using confidential collected clinical data. Formal research ethics approval was not required.



IMPROVED OUTCOMES (PAIRED ANALYSIS)



Who we reached

- Delivered in communities of high deprivation
- Targeted children with repeated respiratory healthcare utilisation
- Many had barriers to traditional clinic access (transport, time, work and other pressures)
- Children and families with poor health literacy requiring additional support with diagnosis, treatment and self-management

Acknowledgements

We thank participating children, families, GP practices, community partners and the Birmingham Children's Hospital Respiratory Department for their support and collaboration.

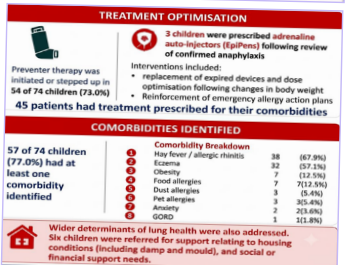
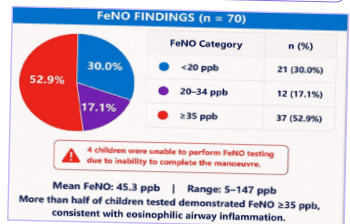
DIAGNOSTIC IMPACT

59 children were diagnosed with asthma through the service:
- 53 diagnosed at first consultation
- 6 diagnosed following further assessment

Objective diagnostic testing delivered within the community setting included:



Several children had multiple positive objective tests; therefore, objective testing categories are not mutually exclusive.



CONCLUSION

A pharmacist-led community respiratory service successfully identified and engaged underserved families with significant unmet need. Community based access to objective testing enabled earlier diagnosis, optimisation of preventative treatment, improved symptom control, increased caregiver/patient confidence, identification of important comorbidities and delivery of targeted medicines safety interventions

This model offers a scalable approach to reducing respiratory health inequalities in childhood asthma.



Being invited to share details of our approach on the Rotterdam world stage allows us to help shape best practices not just locally, but across the wider healthcare community.

Dr Imran Zaman

Clinical Lead for the Respiratory Team

In-reach in action: how Karen helped a patient return home

In-reach work across Birmingham and Solihull continues to make a massive difference in helping patients return home to recover more quickly in their own surroundings. We love celebrating these wins, and we recently received a lovely story that highlights exactly why this work matters so much.

Leaving the hospital can feel daunting, and recently, a patient felt too anxious about managing their wound care alone. Feeling worried, they asked to stay in the hospital a bit longer.

That is when Karen, one of our senior hub clinicians working as part of the Central Locality



Ensuring people feel confident to return home safely to continue their recovery is an important part of any professional's role

hub in-reach team at the Queen Elizabeth Hospital Birmingham, stepped in to help. She visited the patient right on the ward to offer some hands-on practice, friendly reassurance, and clear, practical guidance. Karen also made sure that the community team was lined up and ready to assist once the patient returned home to continue her recovery.

Thanks to Karen's care and encouragement, the patient built up the confidence they needed to head home safely. By bridging the gap between the hospital and the community, our dedicated team helped prevent a stressful, delayed stay and got a patient back to where they feel most comfortable — home.

Rapid teamwork ensures patient's safety in family crisis

We are delighted to share another fantastic example of how having different healthcare teams working under one roof makes a massive difference for local families when it matters most.

Recently, the North Birmingham Locality hub team, based at Stockland Green Primary Health Centre, showed just how powerful this setup is. The team managed to move a patient, who was receiving palliative care, into a secure care setting on the very same day his wife, his main caregiver, suffered a sudden medical emergency.

The situation began when a triage nurse in the care coordination centre was contacted by ambulance crews about a crisis unfolding at the patient's home. She immediately alerted the specialist palliative lead nurse on her team. The ambulance crew had arrived at the house to find that the patient's wife had attempted to harm



Pictured: Members of the North Locality hub team during one of the many meetings held that day to support the patient

herself and needed to be admitted to hospital. The patient could not be left home by himself, because he lives with advanced Parkinson's disease and frailty.

With the ambulance crew asking for urgent help to find the patient a safe place to stay, everyone in the Locality hub team pooled their knowledge to build a rapid safety plan. The lead nurse immediately contacted the intermediate care team to check for beds in a local care centre, getting the paperwork sorted ahead of time to speed up the process. At the exact same time, colleagues worked side-by-side to check for open rooms at both Birmingham Hospice and The Willows Hospice.

Thanks to this incredibly speedy teamwork, the patient was successfully moved into

Birmingham Hospice that very afternoon. This swift action gave the emergency services and the family the complete peace of mind they needed to focus entirely on helping his wife get the care she required.

Sylvia Ferron, Palliative Lead Nurse, North Locality hub said: "This story is a powerful example of the difference integrated neighbourhood teams can make. By having specialist colleagues working side-by-side and sharing their expertise, we were able to respond quickly to a complex and distressing situation, ensuring the patient received the care and support he needed while his wife was able to access urgent help. It shows how joined-up working can deliver the right care, at the right time, when people need it most."

This story is a powerful example of the difference integrated neighbourhood teams can make. It shows how joined-up working can deliver the right care, at the right time, when people need it most.

Sylvia Ferron

Palliative Lead Nurse,
North Locality hub

New team champions community voices

A new People and Communities Involvement and Participation Team has been launched across the Birmingham, Black Country and Solihull cluster to ensure that the voices, experiences and expertise of local people and communities help shape health and care services from the very beginning.

The team will work alongside colleagues, partners and communities to support a more people-centred approach to planning, commissioning and delivering services, with a particular focus on ensuring that seldom-heard voices are included in decision-making.

Rather than treating involvement as a final stage of a project, the team sees it as a

strategic discipline that helps organisations make better decisions by starting with people and communities first.

The team will bring together lived and living experience, community insight and evidence to help shape services and ensure that people can see how their views have influenced decisions.

Stephen Terry, Director of People and Communities Involvement and Participation Team said: "Too often, organisations ask people for their views when decisions have already been made. Our role is to help involve people and communities earlier, so their experiences, ideas and expertise genuinely shape the conversation and influence change."

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By working together, we can design solutions that are more sustainable, more trusted and ultimately more effective.

Stephen Terry

Director of People and Communities Involvement and Participation Team



From left to right, Involvement Team members: Sasha Shackell-York, Baljinder Jhalli, Anna Birch, Emma Peters, Helen Smith, Natalie Harding and Stephen Terry

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The team will support a wide range of priorities across the cluster, including neighbourhood health, women's health, maternity services, children and young people's services, SEND and strengthening partnerships with voluntary, community, faith and social enterprise (VCFSE) organisations.

Using approaches such as Asset-Based Community Development and co-production, the team will help identify the strengths, relationships and assets that already exist within communities and build on these to improve health and wellbeing.

The launch comes at a time when health and care organisations are increasingly recognising the importance of working alongside communities to tackle health inequalities and improve outcomes.

The new team is also looking forward to creating stronger connections across Birmingham, the Black Country and Solihull, sharing learning between places and helping to build a culture where involving people becomes everyone's responsibility.

Stephen added: "Some of the most effective solutions don't come from services alone. Communities hold knowledge, relationships and strengths that no organisation can create. By working together, we can design solutions that are more sustainable, more trusted and ultimately more effective."

The launch marks an important step towards delivering more collaborative, inclusive and community-powered health and care services, ensuring that decisions affecting local people are shaped with them, not just for them.

Too often, organisations ask people for their views when decisions have already been made. Our role is to help involve people and communities earlier, so their experiences, ideas and expertise genuinely shape the conversation and influence change.

Stephen Terry

Director of People and Communities
Involvement and Participation Team

Integrated Neighbourhood Team helps turn life around

A Solihull Integrated Neighbourhood Team (INT) has helped transform the life of a 60-year-old woman who had been repeatedly calling emergency services and attending hospital.

Concerned by the pattern of repeat presentations, the woman was referred to the INT for additional support.

As the team got to know her, they discovered that loneliness was having a significant impact on her wellbeing and that she was using alcohol as a way of coping. They also identified a practical issue contributing to her frequent falls and emergency calls: her wheelchair was broken, severely affecting her mobility and independence.

Working together with local partners, the team developed a personalised plan to address the issues affecting her health and wellbeing. She was connected with Age UK to help reduce social isolation, her wheelchair was repaired, and she was supported to access services to address her alcohol use.

Sahdiah Shahan, Clinical Practitioner within the INT who initially worked with the patient said: "The key to helping this lady and getting to the root of what support she would benefit from, lay in working with her over several weeks to gain her trust. Once she trusted us, she talked to us in more depth and that's how we were able to establish how we could really help to turn her life around."

Three months after the intervention, the woman has not required any urgent or emergency service support. She has remained out of hospital, has not called an ambulance



and is receiving ongoing support within her community.

The case demonstrates the impact of neighbourhood-based, person-centred care. By looking beyond immediate clinical needs and addressing the wider factors affecting a person's wellbeing, the INT helped improve one woman's quality of life while reducing demand on emergency services.

It is a powerful example of how INTs are helping people get the right care, in the right place, at the right time, supporting healthier and more independent lives close to home.

The key to helping this lady and getting to the root of what support she would benefit from, lay in working with her over several weeks to gain her trust. Once she trusted us, she talked to us in more depth and that's how we were able to establish how we could really help to turn her life around.

Sahdiah Shahan

Clinical Practitioner

West Birmingham partners shape future of neighbourhood health

Pictured: West Birmingham Community Health Collaborative and local partners



More than 35 voluntary, community, faith and social enterprise (VCFSE) organisations recently joined NHS, public health and education partners at Aston Pavilion for Flourish's 2025/26 Review and Long-Term Planning Event.

Flourish is the West Birmingham Community Health Collaborative, a partnership of voluntary, community, faith and social enterprise organisations working with the NHS and local partners to improve health, tackle inequalities and strengthen community wellbeing across West Birmingham.

(Pictured right) Dan Brown, West Birmingham Locality Integration Manager, opened the event with an overview of the work of the West Locality Delivery Partnership. Representatives from Sandwell and West Birmingham NHS Trust then led discussions with community partners on the development of the West Locality operating model and strategic delivery programmes, including how organisations can work together to rebuild trust and strengthen support for local women following the Baroness Amos report.

Birmingham's Director of Public Health, Sally Burns, also launched a co-production programme to help shape a new Community Wellbeing Service, with further engagement planned across the city.

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The event highlighted the importance of partnership working in delivering neighbourhood health, with discussions on community-based nursing placements and the crucial role of the VCFSE sector in improving health outcomes.

At the same time, Flourish representatives joined a city-wide Child Poverty and Mental Health Awareness Day at Aston University, bringing together more than 50 cross-sector partners to explore ways of improving outcomes for children and families.

Together, the events demonstrated the power of collaboration in tackling health inequalities and creating healthier communities across West Birmingham.



Pictured (above): Colleagues at the event focussed on working together more closely to benefit the local west Birmingham population



Pictured (above): Members of the Flourish partnership

Get In Touch

If you have any news or stories you want to share, or you'd like to give a shout out to your team, get in touch with jenny.chatham@nhs.net with a few details. We will do the rest!