

	<p align="center">Health and Well-Being Board</p> <p align="center">18 September 2014</p>
Title	Immunisation rates in Barnet
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Wards	All
Date added to Forward Plan	July 2014
Status	Public
Enclosures	Appendix 1 - NHS England report on child immunisations in Barnet Appendix 2 - Action Plan for CLCH (Barnet) July 2014
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Summary

In November 2013, a report was presented to the Health and Wellbeing Board by NHS England to explain a significant drop in reported childhood immunisation (COVER) rates in Barnet since April 2013.

At this time, NHS England gave assurance that the decline in rates was not representative of the proportion of children in Barnet receiving the recommended vaccinations but rather due to a data management problem.

A variety of solutions were proposed by NHS England to address the problem in Barnet. Assurance was given that the data management issues would be resolved by the locally accountable provider, Central London Community Healthcare NHS Trust, resulting in a stabilisation and subsequent improvement in immunisation rates.

The issue is being highlighted to the Health and Wellbeing Board again because the anticipated results have not been achieved.

The accompanying report from NHS England is intended to provide an overview of immunisation rates in Barnet in the last two years along with evidence to demonstrate that the drop in immunisation rates in the last year is due to a data management issue. It also provides an explanation for why the anticipated results have not been achieved and what measures have been put in place to resolve this going forward. Finally, the local governance arrangements to quality assure immunisation performance is discussed.

Recommendations

- 1. That the Committee notes the assurance given from NHS England that reported childhood immunisation rates in Barnet are not an accurate reflection of immunisation uptake in the borough.**
- 2. That the Committee seeks assurance from NHS England that sufficient action is being taken to address this issue and that alternative surveillance measures are in place whilst childhood immunisation (COVER) data is inaccurate.**
- 3. That the Committee is satisfied that appropriate governance arrangements are in place within NHS England in relation to immunisations to protect the health of people in Barnet.**
- 4. That the Committee consults with Health Overview and Scrutiny Committee to enable a referral for remedy to the Department of Health if performance does not improve.**

1. WHY THIS REPORT IS NEEDED

- 1.1 In November 2013, a report was presented to the Health and Wellbeing Board by NHS England to explain a significant drop in reported childhood immunisation (COVER) rates in Barnet since April 2013 (Appendix 1).
- 1.2 At this time, NHS England gave assurance that the decline in rates was not representative of the proportion of children in Barnet receiving the recommended vaccinations but rather due to a data linkage problem. Specifically, the problem was reportedly due to a lack of transfer of information from GP systems to the Child Health Information System (information system housing child health/care records from which immunisation rates are monitored). Since April 2013, Central London Community Healthcare NHS Trust (CLCH) has been responsible for ensuring the Child Health Information System is updated locally.
- 1.3 A variety of solutions were proposed by NHS England to address the problem in Barnet. Assurance was given that the data management issues would be resolved by CLCH, resulting in a stabilisation of rates for the next quarterly release of childhood immunisation data (Q3 2013/14 COVER data) followed by an increase for Q4 2013/14 onwards. In addition, it was proposed that data for Q1 and Q2 would be resubmitted resulting in a more accurate representation of childhood immunisation rates in the annual statistics.
- 1.4 The issue is being highlighted to the Health and Wellbeing Board again because the anticipated results have not been achieved. Childhood

immunisation data (COVER) for Q3 was not published for Barnet due to the inadequacy of the data. There was a further drop in reported immunisation rates in Barnet for Q4. Data for the year 2013/14 has yet to be published but provisional data shared gives the impression that childhood immunisation coverage in Barnet is very poor and significantly under the London target of 95% immunisation rates across COVER cohorts.

- 1.5 Under regulation 8 of the Local Authorities Regulations 2013 (Health and Social Care Act 2012), local authorities have a duty to provide information and advice to relevant organisations to protect the population's health; this can be reasonably assumed to include screening and immunisation. Local authorities also provide independent scrutiny and challenge of the arrangements of NHS England, PHE and providers to ensure all parties discharge their roles effectively for the protection of the local population.
- 1.6 The accompanying report from NHS England provides an overview of immunisation rates in Barnet in the last two years along with evidence to demonstrate that the drop in immunisation rates is due to a data management issue. It also provides an explanation for why the anticipated results have not been achieved and what measures have been put in place to resolve this going forward. Finally, the governance arrangements which enable the local authority to effectively fulfil the immunisation element of its health protection role are detailed.

2. REASONS FOR RECOMMENDATIONS

- 2.1 Barnet council has a responsibility to scrutinise immunisation rates in Barnet to assure that there is sufficient uptake of vaccinations across all age groups. If enough people in a community are vaccinated, it is harder for a disease to pass between people who have not been vaccinated. The London target is for 95% immunisation rates for children. Immunisation rates for children in Barnet appear to have fallen far below this target.
- 2.2 NHS England has stated that the data is inaccurate and a significant underestimate of childhood immunisation rates in Barnet. However, this problem has remained unresolved for a year and therefore represents a significant risk in itself. Without accurate data, Barnet council cannot effectively monitor immunisation rates and cannot provide assurance that residents are protected from vaccine-preventable diseases.
- 2.3 The issue has been escalated for a second time to the Barnet Health and Wellbeing Board to highlight these significant concerns, facilitate discussion with partners at a senior level and to assure that sufficient and timely action will be taken to address the problems identified.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Without adequate immunity in the community, outbreaks of disease can occur – as demonstrated with measles in the last decade. Effective immunisation is central to preventing disease and death.
- 3.2 The Public Health team has been and will continue to monitor immunisation rates in Barnet. They have been working with NHS England to understand the underlying issues and have sought assurance that the problems would be resolved in a timely fashion. However, given the importance of this element of public health activity and the length of time the issue has remained unresolved, it is now appropriate to escalate discussions to the Health and Wellbeing Board who can provide strategic support to partners.

4. POST DECISION IMPLEMENTATION

- 4.1 It is currently not possible to accurately monitor immunisation rates in Barnet and assure that the population of Barnet is protected from threats to their health. It is anticipated that the Health and Wellbeing Board will set expectations for resolution of the problems and support partners to deliver against this expectation.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 This work supports Barnet council corporate priorities to create better life chances for children and young people across the borough and to sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health.
- 5.1.2 Barnet council has committed, in the Children and Young People plan 2013-16, to an increase in the numbers of resident children immunised by their second birthday (MMR) as a measure of success of action in the Early Years.
- 5.1.3 This work also supports the Health and Wellbeing Strategy aim to give every child in Barnet the best possible start to live a healthy life. Specifically, the Health and Wellbeing Board have committed to a performance measure to maintain immunisation rates at above national and regional target rates with preschool immunisations covering at least 90% of all children of Barnet.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 Second only to clean water, vaccination is the most successful public health intervention in terms of preventing morbidity and mortality.
- 5.2.2 Commissioning for immunisation screening and take up is the responsibility of NHS England. There are no financial implications of the findings of this report

for Barnet and Harrow's public health team.

5.3 Legal and Constitutional References

5.3.1 Under regulation 8 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, made under section 6C of the National Health Service Act 2006, local authorities have a duty to provide information and advice to relevant organisations to protect the population's health; this can be reasonably assumed to include screening and immunisation. Local authorities also provide independent scrutiny and challenge of the arrangements of NHS England, PHE and providers to ensure all parties discharge their roles effectively for the protection of the local population.

5.3.2 It is NHS England's responsibility to commission immunisation programmes as specified in the Section 7A of The NHS Act 2006 agreement: public health functions to be exercised by NHS England¹. In this capacity, NHS England will be accountable for ensuring local providers of services will deliver against the national service specifications and meet agreed population uptake and coverage levels, as specified in the Public Health Outcome Indicators and KPIs. NHS England will be responsible for monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required.

5.4 Risk Management

5.4.1 Absence of accurate data about immunisation rates in Barnet presents a significant risk to the health of the population. The implication is that real changes in vaccination uptake remain undetected, early warning signs of potential outbreaks of disease are missed and opportunities for mitigating action are delayed. Further, it is not possible at present to accurately monitor the impact of media stories or vaccination campaigns or analyse and improve pockets of poor coverage in vulnerable populations.

5.4.2 The Public Health team have worked with NHS England for the last year to bring about improvements in childhood immunisation rates and to establish a system of good governance. Assurance was given that the data management issues would be resolved, resulting in a stabilisation of rates for the next quarterly release of childhood immunisation data (Q3 2013/14 COVER data) followed by an increase for Q4 2013/14 onwards. In addition, it was proposed that data for Q1 and Q2 would be resubmitted resulting in a more accurate representation of childhood immunisation rates in the annual statistics. These expectations have not been met. It is therefore appropriate to escalate the matter to the Health and Wellbeing Board so the issue and related risks can be highlighted at a strategic level.

5.5 Equalities and Diversity

5.5.1 The burden of infectious, including vaccine-preventable diseases falls

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256502/nhs_public_health_functions_agreement_2014-15.pdf

disproportionately on the disadvantaged. There tends to be lower than average uptake for all vaccines amongst socially deprived and ethnic minorities.

- 5.5.2 Availability of data is vital to examine coverage by different age groups and inequalities, such as coverage in disadvantaged groups.

5.6 Consultation and Engagement

- 5.6.1 N/A

6. BACKGROUND PAPERS

- 6.1 Health and Wellbeing Strategy (2012-15) – first annual performance report (November 2013):

<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7559&Ver=4>