



Health Overview and Scrutiny Committee

08 December 2014

Title	Immunisation Rates in Barnet
Report of	Andrew Howe, Director of Public Health Kenny Gibson, Head of Early Years, Immunisation and Military Health, NHS England (London Region) Amanda Goulden - Population Health Practitioner Manager, NHS England
Wards	All
Status	Public
Enclosures	Appendix 1 NHS England Barnet Immunisation Report
Officer Contact Details	Sarah Crouch Consultant in Public Health T: 020 8736 6834 Sarah.Crouch@harrow.gov.uk

Summary

In November 2013, a report was presented to the Health and Wellbeing Board (HWWB) 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.

In September 2014 the Health and WellBeing Board reviewed the progress in childhood immunisations and noted that there were still concerns about local immunisations reporting mechanisms. As a result the HWWB decided to raise the matter with Health Overview and Scrutiny Committee to enable a referral for remedy to the Department of Health if performance does not improve.

A variety of solutions have been proposed by NHS England to address the problem in Barnet working with community providers to improve their data management systems and

working with primary care to improve the retrieval of records through IT systems.

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.

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.
- 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 In September 2014 NHS England provided an update to the situation and a range of actions were outlined to address the problem. A six month action plan was devised to improve data and reported coverage in Barnet which formed a part of deep dive action plan. Plans were produced by NHSE via the technical sub group to advise trajectories based on interventions. These trajectories, once finalised will be monitored and evaluated at NHSE Quality and Performance Improvement Board. A protocol had been put into place across London for earlier scrutiny of immunisation rates prior to submission to COVER by the patch and central immunisation commissioning teams in NHSE. This is helped by the new minimum child health dataset (implemented 1st September 2013) which enables monthly reports on immunisations to the NHSE immunisation teams.
- 1.4 All practices in Barnet are now signed up to Quality Medical Solutions (QMS) enabling GP's to send their immunisation data safely and easily to the Child Health Department.

- 1.5 A Task and Finish Group within NHS England has been set up to ensure the smooth transfer to the new Immunisation Upload Tool called System One. This system will be fully implemented by July 2015. The Task and Finish Group reports to the Children's Directorate IT User Group. The purpose of the group is to provide a forum to ensure that development work is clinically led and approved at every step and that an IT solution and new processes enable the accurate reporting of immunisation uptake.
- 1.6 Regular meetings are held with Central London Community Healthcare (CLCH) to address data issues. A 'deep dive' examination of all CLCH processes (not just immunisation) has recently taken place.
- 1.7 Previously it was highlighted that there was no established relationship between GPs and Central London Community Healthcare and Child Health Information System (CLCH-CHIS) in Barnet; this has been addressed as part of the working group.

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 childhood immunisation data is inaccurate and significantly underestimates uptake 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 referred to the Health Overview and Scrutiny Committee to highlight these significant concerns, facilitate discussion with partners at a senior level and to ensure that sufficient and timely action will be taken to address the problems identified.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 None

4. POST DECISION IMPLEMENTATION

- 4.1 It is currently not possible to accurately monitor immunisation rates in Barnet and ensure 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.
- 4.2 The Public Health team has, and will continue, monitoring immunisation rates in Barnet as best as it is able. The team has been working with NHS

England to understand the underlying issues and has sought assurance that the problems will be resolved in a timely fashion.

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 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.

5.3.3 The Council's Constitution (Responsibility for Functions) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities:

5.3.4 "To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas."

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 may remain undetected, early warning signs of potential outbreaks of disease could be missed and opportunities for mitigating action 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.

5.5 Equalities and Diversity

5.5.1 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.5.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to:

Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5.5.3 Screening uptake is lower amongst socially deprived and ethnic minorities. Performance in relation to these groups is not presently available, but the

public health team will look for assurance that the programme is reaching diverse communities.

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>