

Classification: Official

Immunisation Programmes in London Borough of Barnet

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Contents

| | |
|-----------------------------------------------------------------------|----|
| Aim of the report..... | 2 |
| Background..... | 2 |
| Roles and responsibilities..... | 3 |
| Inclusion and Equity | 4 |
| National vaccination coverage | 5 |
| Regional vaccination coverage | 5 |
| Local vaccination coverage | 5 |
| Routine childhood immunisation programme (0-5 years) | 6 |
| Vaccinations for school-age young people | 7 |
| Seasonal vaccinations..... | 8 |
| Vaccinations in pregnancy..... | 11 |
| Other adult (older person) immunisations..... | 11 |
| Data on immunisation uptake..... | 12 |
| Vaccination programme challenges | 15 |
| Actions to improve vaccination uptake | 16 |
| Childhood vaccinations..... | 16 |
| Adult & seasonal vaccinations..... | 19 |
| Community Vaccine Champions Programme..... | 21 |
| Next Steps..... | 23 |
| Response to Outbreaks and other Health Protection Emergencies | 24 |
| Appendix 1: Immunisation schedule..... | 26 |
| Appendix 2: NHSE current responsibilities & performance targets | 29 |
| Appendix 3: CVC programme: Overview of VCS grants | 30 |
| Appendix 4: Abbreviations..... | 36 |
| Appendix 5: Contacts | 38 |

Aim of the report

Members of the Barnet Health Scrutiny Committee are asked to note and support the work that system partners across London, including NHSE London, the Local Authority (LA), and the Integrated Care Board (ICB) are doing to increase vaccination uptake in Barnet.

This paper provides an overview of [Section 7a](#) vaccination programmes in the London Borough of Barnet. It includes vaccine uptake and an account of what NHS England (NHSE) London region and system partners are doing to improve vaccine uptake across the different target groups.

Background

The World Health Organisation (WHO) states that vaccinations are one of the public health interventions that have had the greatest impact on the world's health. Vaccination is also one of the most cost-effective public health interventions. High immunisation rates are key to preventing the spread of infectious disease, protecting from complications and deaths. Childhood immunisation in particular helps to prevent disease and promote child health from infancy, creating opportunities for children to thrive and get the best start in life.

Section 7a vaccination programmes are population-based, publicly funded immunisation programmes that cover the life course and include:

- Routine childhood vaccination programme for 0-5 years
- School-age (young person) vaccinations
- Adult vaccinations (including in pregnancy and older age)
- Seasonal COVID-19/flu vaccination programme

The full immunisation schedule can be found in the [Green Book](#) and as a summary table [here](#). Changes to this schedule are regularly reviewed and recommendations are made at the UK Joint Committee on Vaccination and Immunisation (JCVI).

The European region of the WHO currently recommends at least 95% of children are immunised against diseases preventable by vaccination and targeted for elimination or control, specifically, diphtheria, neonatal tetanus, pertussis, polio, Haemophilus influenzae type b (Hib), hepatitis B, measles, mumps, and congenital rubella.

There is an expectation that UK coverage rates of all routine childhood vaccinations up to 5 years of age achieve 95%.

Roles and responsibilities

The Department of Health and Social Care (DHSC) provides national strategic oversight of vaccination policy in England, with advice from the independent JCVI and the Commission on Human Medicines. They also set performance targets.

NHSE is responsible for commissioning national vaccination programmes in England under the terms of the Section 7a agreement, National Health Service Act 2006. NHSE is accountable for ensuring that local providers of services deliver against the national service specifications and meet agreed population uptake and coverage levels. NHSE is also responsible for monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required. A summary table of NHSE responsibilities can be found at appendix 2.

The UK Health Security Agency (UKHSA) undertakes surveillance of vaccine-preventable diseases and leads the response to outbreaks of vaccine-preventable diseases. They provide expert advice to NHSE immunisation teams in cases of vaccination incidents.

Integrated Care Systems (ICSs) have a duty of quality improvement, and this extends to primary medical care services. ICBs provide opportunities for improved partnership working across NHSE (London), local authorities, voluntary and community sector partners to improve vaccination uptake and reach underserved areas and populations. NHSE (London), alongside ICBs, local authorities and others, are working to progress delegated commissioning for vaccination and screening.

Local Authority Public Health delivers population health initiatives including improving access to health and engagement and promotion of vaccinations overall. Barnet Public Health is chairing the Barnet Health Protection Forum which has the role of overseeing immunisation delivery and monitoring communicable diseases.

[Section 73A\(1\) of the 2006 Act](#) gives the Directors of Public Health, amongst other, responsibility for:

- all of their local authority's duties to take steps to improve the health of the people in its area,
- any of the SoS's health protection or health improvement functions delegated to local authorities, either by arrangement or under regulations. These include services mandated by regulations made under section 6C of the 2006 Act, and functions exercised in pursuance of joint working and delegation arrangements, or other prescribed arrangements, made with another body by virtue of sections 65Z5 or 75 of the 2006 Act,
- exercising their local authority's functions in planning for, and responding to, emergencies that present a risk to the public's health.

Commissioning of vaccination programmes

Pre-school and adult vaccinations are usually delivered by GP surgeries. They are commissioned through the NHS GP contract. Five core GP contractual standards have been introduced to underpin the delivery of vaccination services: a named lead, provision of sufficient convenient appointments, standards for call/recall programmes and opportunistic vaccination offers, participation in nationally agreed catch-up campaigns, and standards for record-keeping and reporting. One of the five Quality and Outcomes Framework (QOF) domains is childhood vaccinations and shingles vaccination, rewarding GP practices for good practice.

School-age vaccinations are commissioned by the seven regional NHSE teams and delivered through school age immunisation services (SAIS).

Vaccinations are also provided by maternity services, some outreach services, and community pharmacies.

Inclusion and Equity

The challenge is not just overall immunisation coverage but the variation in coverage across groups, which can increase the likelihood of preventable outbreaks locally. Groups with lower coverage include migrants, urban communities, more deprived communities, and certain ethnic groups.

People migrating to the UK may originate from countries that have different vaccination schedules or lower vaccination rates overall. Individuals may also have missed vaccinations in the country of origin or missed opportunities for vaccination after arrival to the UK.

National vaccine coverage varies geographically, with lower coverage in urban areas and London, compared to England as a whole.

At a national level, there are inequalities by socioeconomic status, with coverage being slightly lower in lower socio-economic groups.

For routine childhood vaccinations, there is no simple relationship between ethnicity and coverage. The relationship varies by immunisation programme and by area. However, coverage in certain ethnic groups does appear to be lower than in white-British children, for example, black Caribbean, Somali, white Irish, and white Polish populations. Some ethnic groups, notably South Asian ethnicities, have broadly similar and sometimes higher vaccination coverage than white children. For MMR (measles, mumps and rubella) these relationships are less consistent, in that coverage in children of white ethnicity could be lower or the same as other non-white groups, thought to perhaps reflect differences with respect to awareness of the MMR controversy.

National vaccination coverage

Overall, coverage for most vaccines in England is high and comparable with other high-income countries although there has been a small but steady decline in the last few years. Nationally, in 2021-2022, vaccine coverage decreased by 0.2% to 1.1% depending on the vaccine. No vaccines met the 95% target. Coverage for the [6-in1 vaccine](#) amongst children 5 years of age (measured at this age to allow time for 'catch-up' of missed doses earlier in life) decreased from 95.2% in 2020-21 to 94.4% in 2021-22.

Regional vaccination coverage

Historically and currently, London performs lower than the national (England) average across all the immunisation programmes. Uptake in London has also fallen over the past 6 years and has fallen further than elsewhere in the country.

Every borough in London is below the 95% WHO target. For some vaccines such as MMR, all London boroughs have an uptake below 90%. Two-thirds of all measles cases in 2023 in England were in London.

London has a highly mobile population, a large migrant population, and areas of high deprivation. In London, vaccine uptake is lower in areas of higher deprivation compared with areas of low deprivation across all ethnicities.

Local vaccination coverage

This report is focusing on local vaccine uptake. We have included childhood vaccinations (for children 0-5 years old) school-age, prenatal, older adults and seasonal programmes.

Routine childhood immunisation programme (0-5 years)

The routine childhood immunisation programme for 0-5 years can be found at appendix 1. Coverage data for the country, region, ICB and local authorities (LAs) within North Central London (NCL) is presented in table 1.

Overview of COVER data for NCL at 2023-24 Q2

| Immunisation | England | London | NCL | Barnet | Camden | Enfield | Haringey | Islington |
|--------------------|---------|---------|---------|---------|---------|---------|----------|-----------|
| 12m_DTaPIPVHibHepB | ↓ 91.3% | ↓ 86.4% | ↓ 85.7% | ↓ 88.0% | ↑ 87.5% | ↓ 82.1% | ↓ 84.3% | ↑ 87.7% |
| 12m_MenB | ↓ 91.0% | ↓ 86.2% | ↓ 85.2% | ↓ 87.3% | ↑ 86.3% | ↓ 81.9% | ↓ 83.6% | ↑ 87.5% |
| 12m_PCV1 | ↓ 93.4% | ↓ 89.3% | ↑ 88.2% | ↑ 90.3% | ↑ 88.6% | ↓ 86.9% | ↓ 85.3% | ↑ 89.8% |
| 12m_Rota | ↓ 88.2% | ↓ 83.7% | ↑ 82.9% | ↑ 85.0% | ↑ 85.4% | ↓ 79.1% | ↓ 81.4% | ↑ 84.6% |
| 24m_DTaPIPVHibHepB | ↓ 92.9% | ↑ 88.8% | ↑ 88.4% | ↑ 89.1% | ↑ 89.2% | ↑ 86.4% | ↑ 88.6% | ↓ 89.2% |
| 24m_HibMenC | ↓ 89.2% | ↑ 82.3% | ↑ 79.7% | ↓ 81.5% | ↑ 79.7% | ↑ 77.8% | ↑ 80.0% | ↑ 78.9% |
| 24m_MenBBooster | ↓ 88.0% | ↓ 80.8% | ↑ 78.2% | ↓ 79.6% | ↑ 79.1% | ↑ 75.7% | ↑ 79.0% | ↑ 77.3% |
| 24m_MMR1 | ↓ 89.4% | ↓ 82.9% | ↑ 79.8% | ↓ 81.7% | ↑ 80.2% | ↑ 78.0% | ↑ 80.1% | ↓ 78.3% |
| 24m_PCVBooster | ↓ 88.8% | ↓ 81.7% | ↑ 79.0% | ↓ 80.5% | ↑ 79.3% | ↓ 76.5% | ↑ 80.1% | ↑ 78.6% |
| 5y_DTaPIPV | ↓ 82.7% | ↓ 72.4% | ↓ 66.3% | ↑ 72.3% | ↓ 63.1% | ↓ 65.0% | ↓ 63.4% | ↓ 63.1% |
| 5y_DTaPIPVHib | ↓ 92.8% | ↓ 87.3% | ↓ 85.6% | ↓ 88.1% | ↑ 85.8% | ↓ 83.3% | ↓ 82.0% | ↑ 89.9% |
| 5y_HibMenC | ↓ 90.2% | ↓ 83.3% | ↓ 80.7% | ↑ 83.5% | ↑ 79.5% | ↓ 77.8% | ↓ 78.0% | ↓ 85.6% |
| 5y_MMR1 | ↓ 92.3% | ↓ 85.6% | ↓ 82.4% | ↓ 85.9% | ↓ 80.9% | ↓ 79.7% | ↓ 80.1% | ↑ 85.6% |
| 5y_MMR2 | ↓ 83.8% | ↓ 72.8% | ↓ 66.8% | ↑ 72.6% | ↓ 64.3% | ↓ 64.6% | ↓ 64.2% | ↓ 64.8% |

Key

- >90% coverage
- 80-90% coverage
- <80% coverage
- ↑ Increase from 2022-23 Q4
- ↓ Decrease from 2022-23 Q4

Table 1: Overview of ‘cover of vaccination evaluated rapidly’ (COVER) data for NCL ICB and LAs. Source: UKHSA COVER quarterly data [Cover of vaccination evaluated rapidly \(COVER\) programme 2022 to 2023: quarterly data - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2022-to-2023-quarterly-data)

For almost all childhood immunisations Barnet coverage exceeds NCL average with immunisation uptake rates ranging from 80% to 90% which is similar to the overall London Region take up of immunisations. The exception to this are following 3 vaccinations:

- 24 months MenC Booster
- DTaPIPVHIB 5-year-olds (6-in1)
- MMR 2 5-year-olds

Barnet is not unique in having lower than London average for its childhood booster and similar to the overall uptake across NCL average.

In the most recent data for Quarter 2 2023/24 (July – September 2023) Barnet shows improving trends in coverage measured at 12 months of age for most vaccinations and including the 2nd dose MMR by the age 5 years old. However, Barnet has a decreasing trend in coverage across all childhood vaccinations as measured at 24 months of age compared to Quarter 4 2022/23.

Vaccinations for school-age young people

Vaccinations in this group include:

- HPV vaccine offered to 12-13 year olds (since September 2019 boys receive the vaccine as well as girls). From September 2023, HPV programme moved from 2 doses to one dose.
- Tetanus, diphtheria, polio booster (teenage booster) at age 14/15
- Meningitis ACWY at age 14/15.
- Annual child ‘flu vaccination programme which in 2023/24 covers:
 - Reception to Year 6 in primary schools.
 - Children aged 2 or 3 years on 31 August 2023 (born between 1 September 2019 and 31 August 2021)
 - Some secondary school aged children (Year 7 to Year 11)
 - Children aged 2 to 17 years with certain long-term health conditions.

Uptake of school aged vaccines is presented in figure 3. The Barnet school aged vaccination programmes have lower uptake rates compared to NCL and London.

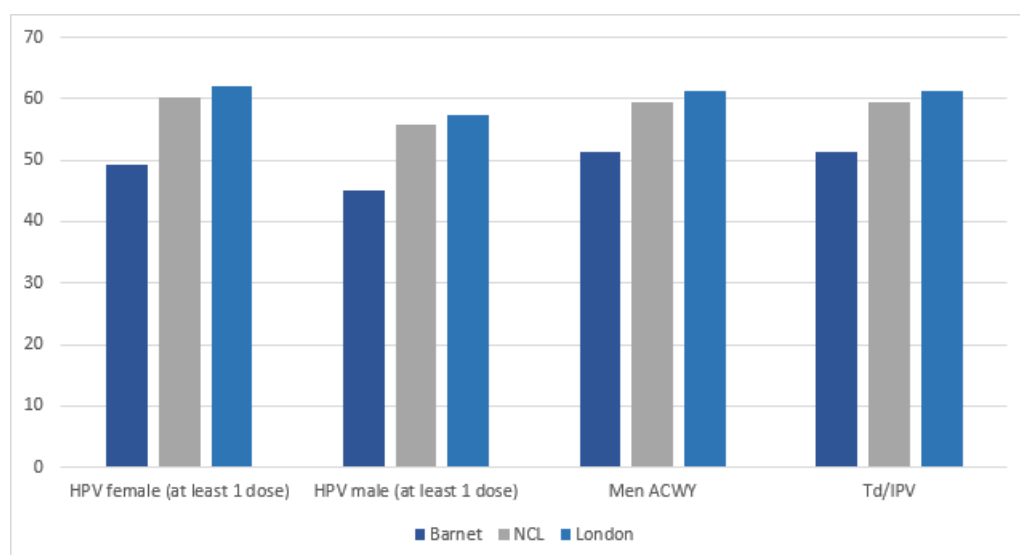


Figure 3: Percentage (%) eligible adolescents vaccinated September 2022 – August 2023 in Barnet, NCL ICB and London. Source: UKHSA ‘ImmForm’¹

¹ ImmForm data is validated and analysed by the UKHSA to check data completeness, identify and query any anomalous data and describe epidemiological trends

Seasonal vaccinations

Influenza (flu)

- The national flu immunisation programme offers protection for those who are most vulnerable from increased risk of illness. It is important in ensuring flu associated morbidity and mortality is reduced to protect those most vulnerable, but it is also a critical part of reducing pressures on inpatient hospital stays during a time when the NHS and social care is under increased demand.
- The London Flu Plan reflects the ambitions of the national programme, in relation to the targeted patient cohorts and desired high vaccine uptake levels. It also refers to the key learning from previous flu immunisation and delivery of the COVID-19 vaccination programme.
- Vaccinations are provided free to those who are at increased risk from the effects of flu. The eligible cohorts are determined based on evidence and published in guidance from the JCVI.
- Considering changes in risk balance from a new COVID-19 variant, flu and COVID-19 vaccination for adults was brought forward for this year to start in September to maximise uptake of both vaccines.
- The latest available UKHSA published uptake data is for the 2022 flu season and performance for an illustrative selection of eligible groups is presented below in Tables 2 and 3.

| Geography | Percentage (%) vaccination uptake | | | | | | |
|-----------|-----------------------------------|-------------------------|--------------------|-------------------------------------------------------|---------------------------------------------------|-----------------|-----------------|
| | 65 and over | Under 65 (at-risk only) | All Pregnant women | 50 to under 65 years and NOT in a clinical risk group | 50 to under 65 years and IN a clinical risk group | All 2 year olds | All 3 year olds |
| NCL ICB | 69.3 | 39.1 | 35.8 | 29.1 | 52.6 | 37.8 | 40 |
| London | 68.3 | 40.9 | 29.9 | 27.0 | 53.1 | 38.2 | 37.7 |
| England | 79.9 | 49.1 | 35.0 | 40.6 | 60.4 | 42.3 | 45.1 |

Table 2: Provisional end of February 2023 cumulative percentage uptake data in GP patients for NCL ICB and England on influenza vaccinations given from 1 September 2022 to 28 February 2023. Source UKHSA [Seasonal influenza vaccine uptake in GP patients: monthly data, 2022 to 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/seasonal-influenza-vaccine-uptake-in-gp-patients-monthly-data-2022-to-2023)

| Summary of Flu Vaccine Uptake % | | | | | |
|------------------------------------------------|-------------|-------------------------|----------|-----------------|-----------------|
| | 65 and over | Under 65 (at-risk only) | Pregnant | All 2 year olds | All 3 year olds |
| LONDON COMMISSIONING REGION | 63.7 | 32.3 | 24.9 | 35 | 35.3 |
| NHS NORTH CENTRAL LONDON INTEGRATED CARE BOARD | 61.4 | 29.5 | 22.3 | 31.3 | 32.2 |

Table 3: Cumulative Weekly data (week 50): Seasonal flu vaccine uptake in GP Patients (week ending 17th December 2023).

COVID-19

- A dose of the COVID-19 vaccine is being offered this autumn to people aged 65 and over, residents in care homes for older people, anyone aged 6 months and over in a clinical risk group, and health and social care staff.
- The autumn programme is targeted at those at high risk of the complications of COVID-19 infection, who may have not been vaccinated for a few months.
- Where people are eligible for a flu vaccine, there is an aim to enable co-administration where possible.
- Comprehensive data on COVID autumn booster uptake can be found [here](#).
- Barnet has the highest uptake of COVID autumn booster within NCL (Figure 4), with highest rates among care home residents and people aged over 65 years (Figure 5).

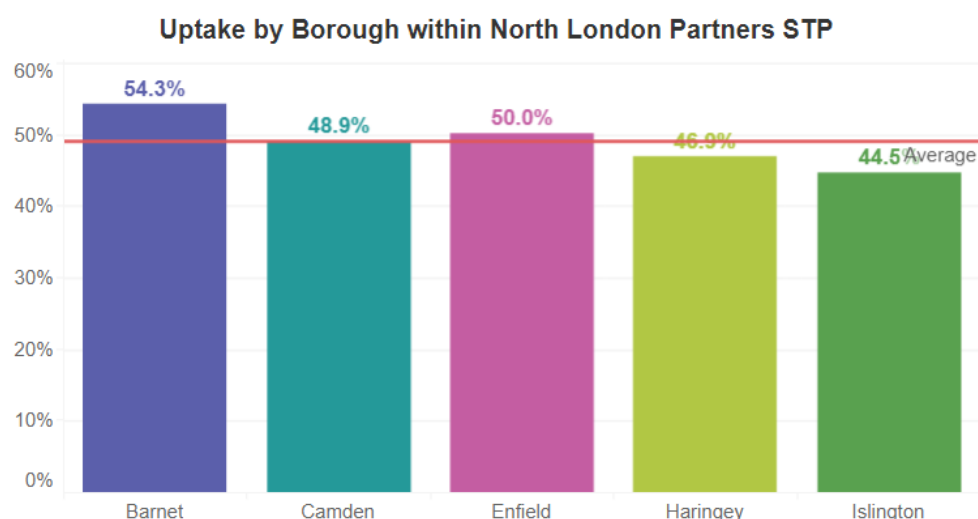


Figure 4: Uptake of COVID autumn booster across North Central London.
Source: NCL ICB.

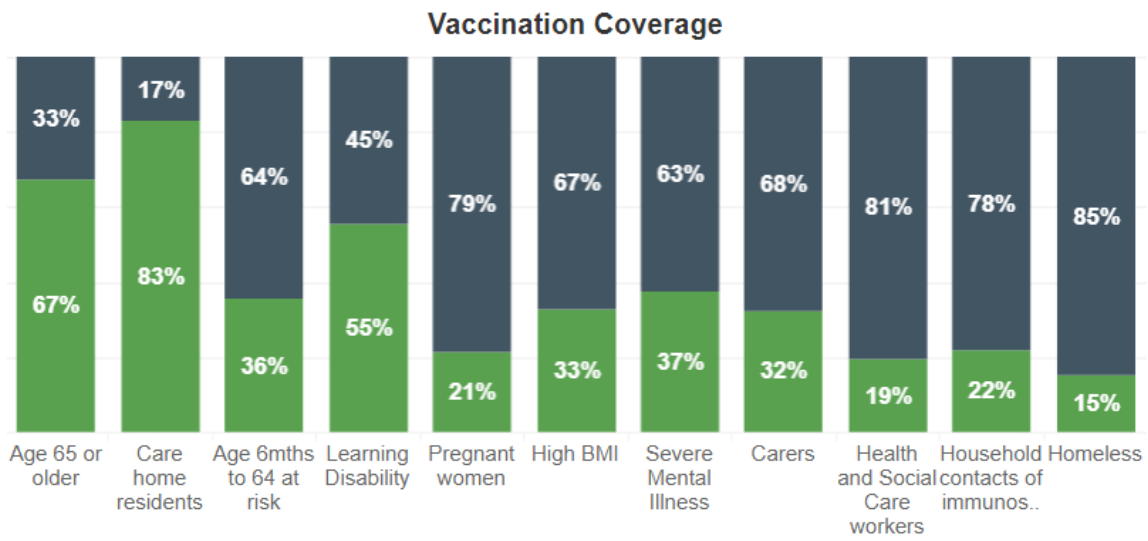


Figure 5: Uptake of COVID autumn booster in season 2023/24 across eligible groups. Source: NCL ICB.

COVID Vaccination Sites – Barnet

- There were 24 COVID vaccinations sites in Barnet during autumn/winter 2023. This is the most sites the Borough has had at any one time during the vaccination programme.
- Three geographic spread of sites were selected based on a national expression of interest process and to ensure that the areas of greatest need (lowest uptake) have sufficient capacity
- As a result of the increased number of sites, we have been able to offer between 20-30k vaccinations per week

Vaccinations in pregnancy

Vaccinations in pregnancy include:

- Seasonal flu and COVID-19 vaccination
- Pertussis – aimed at providing protection for newborns – see Figure 6 for ICB and regional and England performance.

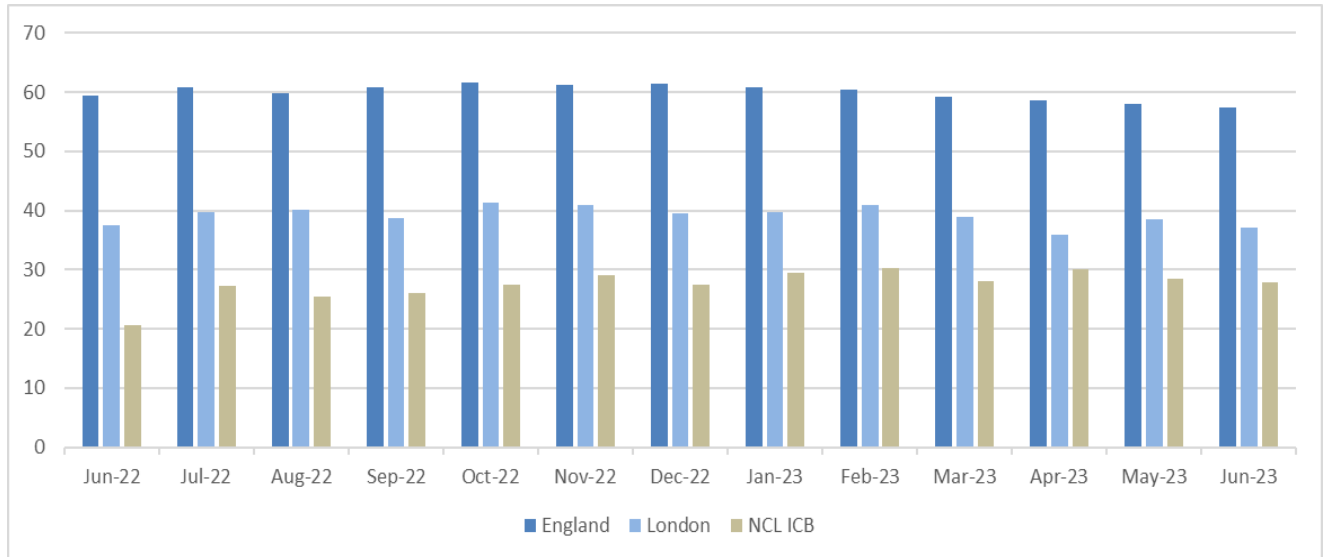


Figure 6: Prenatal Pertussis Vaccine Uptake 2022-23 - Monthly GP Collection.
Data Source: [Pertussis immunisation in pregnancy: vaccine coverage \(England\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/pertussis-immunisation-in-pregnancy-vaccine-coverage-england)

Other adult (older person) immunisations

Other adult immunisations consist of:

- Pneumococcal vaccine (PPV) at 65 years
- Influenza (covered in seasonal vaccinations) for 65 years and over
- Shingles – 65 years from September 2023 – Shingrix
- Shingles - 70-79 years (plus immunosuppressed) – Zostavax. Shingles uptake has traditionally been challenging nationally. The eligibility starts from 70 years old up until 80 years old.
- Uptake in NCL is currently 38.7%.

Data on immunisation uptake

Data sources for local authority stakeholders

Data on immunisation uptake are available from following sources:

- The vaccinations and screening Future NHS page provides a range of vaccination dashboards for local use and can be accessed here: <https://future.nhs.uk/vaccsandscreening/view?objectID=42174992>
- Interactive dashboards on the NHS Digital website on childhood vaccinations here: [Childhood Vaccination Coverage Statistics, England, 2022-23 – NHS Digital](#)
- HealthIntent: NCL ICB digital platform which allows health and care professionals in north central London to provide more proactive care to residents and communities. Reports include, Childhood Immunisation Tool, COVID and Flu Dashboard, Population Health Needs and Inequalities, Elective Waiting List dashboard, NDPP, NHS Diabetes Prevention Programme Dashboard, and Long Term Conditions Case finding dashboard.

Processing and accessing immunisation data

Data is uploaded into Child Health Information Service (CHIS) from GP practice records via a data linkage system. The CHIS provides quarterly and annual submissions to the UKHSA for their publication of statistics on 0-5s childhood immunisation programmes. This is known as Cohort of Vaccination Evaluated Rapidly (COVER) and these are the official statistics. Annual data is more complete and should be used to look at longer-term trends.

COVER monitors immunisation coverage data for children in the UK who reach their first, second, or fifth birthday during each quarter. Children having their first birthday in the quarter should have been vaccinated at 2, 3, and 4 months, those turning 2 should have been vaccinated at 12/13 months and those who are having their 5th birthday should have been vaccinated before 5 years, ideally 3 years 3 months to 4 years.

There are known complexities in collecting data on childhood vaccinations. Indeed, since 2013, London's COVER data is usually published with caveats, and drops in reported rates may be due to data collection or collation issues for that quarter.

Production of COVER statistics in London involves a range of individuals and organisations with different roles and responsibilities. London has four CHIS Hubs – North East London (provider is North East London Foundation Trust, NELFT), South East London (provider is Health Intelligence), South West London (provider is Your Healthcare CIC), and North-West London (provider is Health Intelligence). These hubs are commissioned by NHSE to compile and report London’s quarterly and annual submissions to UKHSA for COVER.

A ‘script’ or algorithm is utilised to electronically extract anonymous data from the relevant data fields to compile the reports for COVER within the caveats specified. For example, for the first dose of MMR, any child who had their MMR vaccination before their first birthday is not included and so appears unvaccinated.

CHIS hubs are commissioned to check the reports run and are expected to refresh the reports before final submission to UKHSA. CHIS Hubs are also commissioned to ‘clean’ the denominator by routinely undertaking ‘movers in and movers out’ reports. This is to ensure the denominator is up to date with the children currently resident in London. They are also expected to account for the vaccinations of unregistered children in London. There are ongoing issues with CHIS hubs keeping up to date with movers in and out which is picked up in contract performance meetings with the NHSE (London) commissioners.

Vaccination data is extracted from London’s GP IT systems and uploaded onto the CHIS systems. This isn’t done directly by the CHIS Hubs. Instead, data linkage systems provided by three different providers provide the interface between general practices and CHIS. Two of these providers – QMS and Health Intelligence – are commissioned by NHSE whilst 4 boroughs in outer North-East London commission a separate system.

NHS (London) Immunisation Commissioning Team receives data linkage reports from QMS and Health Intelligence. This provides a breakdown by general practice of the uptake of vaccinations in accordance with the COVER cohorts and cohorts for Exeter (for payments). This information is utilized by the team as part of the ‘COVER SOP’, to check against the COVER submissions by CHIS to question variations or discrepancies.

While data linkage systems provide an automated solution to manual contact between CHIS and General Practices, data linkage does not extract raw data. General practices must prepare the data for extraction every month. This will vary between practices how automated the process is, but it can be dependent upon one person to compile the data in time for the extraction by the data linkage system providers and should this person be on annual or sick leave, there will be missing data.

General practices have to prepare data for four immunisation data systems – COVER, ImmForm (although this is largely done by their IT provider of Vision, EMIS or TPP SystemOne, all of whom are commissioned by their ICS), CQRS (the payments system run by NHS England for the payment of administration of the vaccine) and Exeter (payments system, whereby practices receive targeted payments for achieving 70% or 90% uptake of their cohorts – these cohorts are different to the COVER cohorts of children). Preparation of data for the systems again will vary between practices but this can be time and resource intensive.

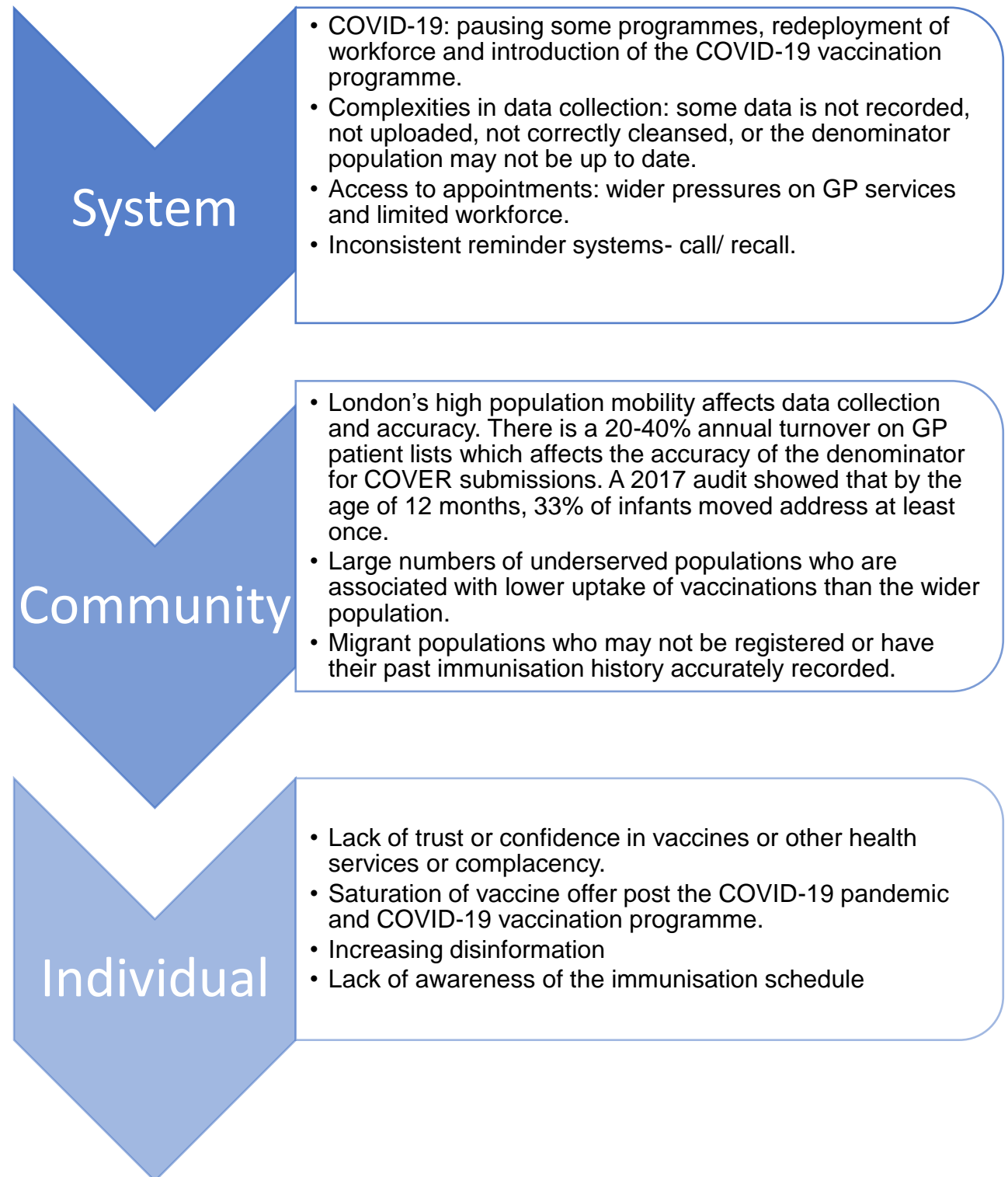
There is also an array of codes that can be used to code the vaccination (if a code different to what the data linkage system recognises is utilised, it results in the child looking unvaccinated) and there are difficulties with coding children who received their vaccinations abroad or delays in information on vaccinations given elsewhere in UK being uploaded onto the system in time for the data extraction.

Whilst NHSE (London) commissioning team verify and pay administration of vaccines that are part of the Section 7a immunisation programmes, they do not commission GPs directly. Vaccination services, including call/recall (patient invite and reminder systems) are contracted under the General Medical Services (GMS) contract. This contract is held by primary care commissioning directorates of NHSE.

For most newer vaccine programmes and for those targeting people older than 5 years vaccination and population data is extracted directly from general practice systems using ImmForm, an online platform.

Vaccination programme challenges

There are several challenges in delivering vaccination programmes, on system, community and individual level:



Actions to improve vaccination uptake

Increasing vaccination uptake is complex and requires a suite of interventions. Work is ongoing at a national, regional, systems, and place level to increase uptake in Barnet.

The London Immunisation Board, Mayors Health Board, and ICBs have all agreed on the 10 principles for London vaccination (Figure 7). Action will now focus on developing this into a comprehensive delivery approach tailored to community needs and building on Borough-led health initiatives.

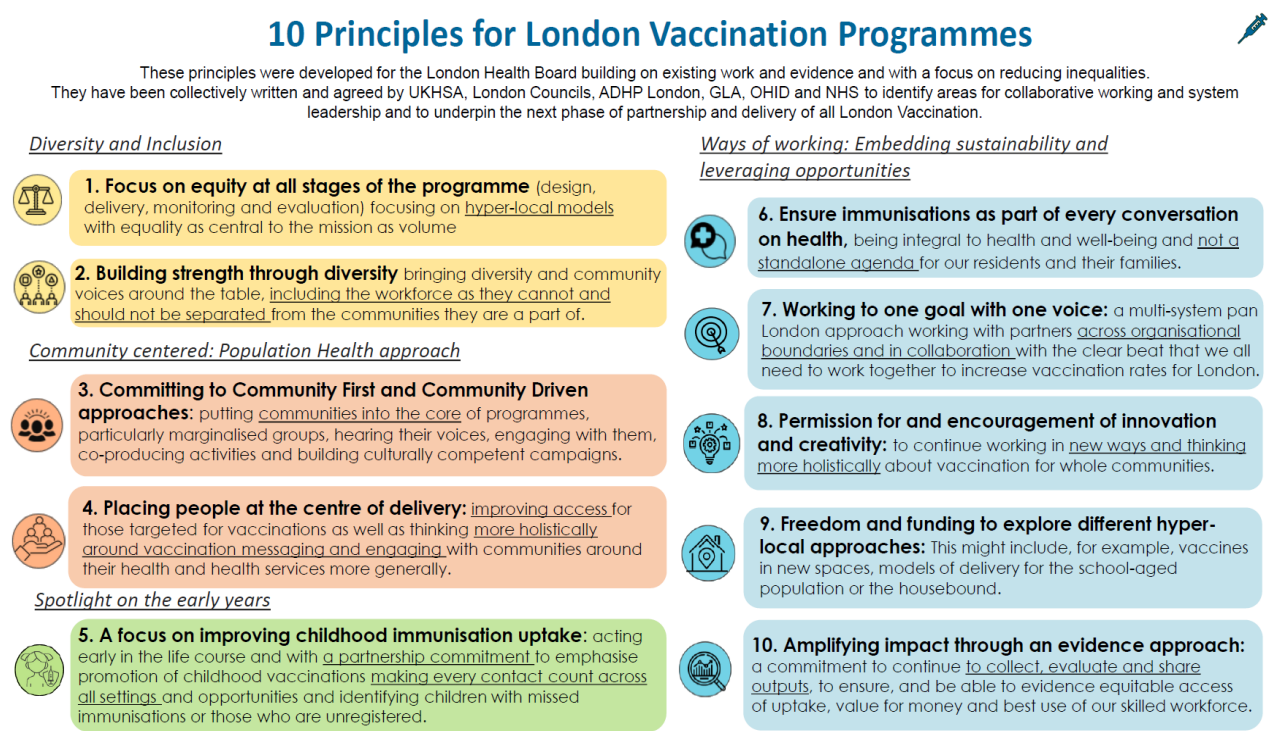


Figure 7: 10 principles for London vaccination programmes.

A range of cross vaccination programme actions are in place to maximise uptake in line with these principles including:

- An ICB level operational working group regularly discusses delivery of all vaccination and immunisation programmes.
- NHSE London fund immunisation coordinators to support GP practices with a focus on those with the lowest uptake and community outreach work within their relevant boroughs as highlighted by performance dashboard.

Childhood vaccinations

A strong focus for Barnet, NCL and London is to increase childhood vaccination coverage overall to pre-pandemic levels and to identify the communities which are persistently missed from vaccination and other health services.

A particular risk in 2023 is the sub-optimal childhood MMR1 and 2 coverage (below 95%) which increases the risk of preventable measles outbreaks. To reduce the risk of poliovirus transmission, focus also remains on identifying and supporting underserved communities of Barnet and London. Actions to improve uptake by stakeholder include:

NHSE

- A national NHSE MMR vaccination call and recall service was implemented between September and December 2022. This promoted the take-up of the MMR vaccine amongst individuals between the ages of 1 to 25 years through letters and texts.
- 23/24 Annual GP Immunisation Campaign. This supports the national drive for MMR catchup and specifically the London Phase 2 MMR/polio catchup campaign. From November 2023 to March 2024 – practices will be required to undertake local call and recall for MMR eligible individuals aged 12 months up to and including 5 years.
- A new national call/recall service will start in January 2024 working through each vulnerable cohort, primary school aged, secondary school age and then 21-25 year olds.
- A regional communications campaign took place across London in March 2023 to encourage the uptake of missed MMR doses. This included media, social media, health ambassadors, translated materials and a MMR Toolkit to GP practices and attendance at local events and community groups
- NHSE London commissioned UKHSA to deliver immunisation training to all vaccinators in London. Vaccinators were trained to build and maintain trust, address parent concerns and queries and deliver a high-quality service.
- Vaccinations have been added to the MECC London [resource hub](#) to facilitate using every available opportunity to engage with the public to increase vaccination.
- A funded regional catch-up programme through the SAIS (for children aged 4-11) led by NHSE and GP practices (for children aged 0-4) led by ICBs is underway to provide DTaP, MMR, and full-schedule catch-up. This programme is focused on targeting under and un-vaccinated children. We anticipate that the first quarter findings and uptake rates for London will be available by January 2024.

ICB

The NCL System Plan for CYP Imms & Vaccination is focused on 4 key improvements:

- Achieving and sustaining uptake for under 5s
- Catch up vaccinations for age 6-25
- Improving data quality within clinical systems (accurate update of the child's health record)
- Ongoing engagement with communities most at-risk of vaccine preventable disease

The 6 key areas of work are shown in Figure 8.

Partners have worked on a refreshed delivery plan with 6 key areas of work across system and place:

| Communication | Engagement | Capacity | Outreach | Transformation | Workforce / Training |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Resources to support engagement with un/part vaccinated population e.g. clinical flip-book, resources within family hubs / childrens centres and translated materials | Working with the VCSE and wider networks to lead engagement efforts and gather feedback from communities | Commissioning further capacity to deliver childhood immunisations, including via evening and weekend appointments. | Broadening outreach services delivered by UCLH and PCNs, focussed on communities most at-risk of vaccine preventable disease and delivered in non-NHS settings (e.g. children's centres) | Work in each Borough to establish long term model of delivery to improve uptake beyond the initial 12 month drive. Involves wider system partners including Health Visitors and Maternity services | Training additional clinical and non-clinical workforce. |
| NCL system communication approach, inc. social media campaign | Tailor operational response to need of the population | Safeguarding against outbreaks with family vaccinations. | Outbreak management plan and policies put in place | Community Pharmacy Vaccination Champion programme | Development of Motivational Interviewing training to be adopted across the system |
| | Repetition of parent surveys to measure impact / effectiveness | Clinically led call/recall pathways | | | Commissioning of pan NCL clinical and non-clinical training programme |

Figure 8: 6 key areas of working in NCL System Plan for CYP Imms & Vaccination

Local Authority

- Development of a parent/carer survey to assess the barriers and opportunities for vaccinations among parents/carers. The results of the survey alongside the GP engagement survey led to the development of a targeted delivery plan. The survey was subsequently used as a template across NCL.
- Community Vaccine Champions (CVC) programme has been running since Jan 2022, Health Ambassadors and VCS organisations who have received funding through this programme have been engaging with communities with lowest uptake, helping identify barriers to accessing health services, signposting and, promoting wider health services
- Extension of funding for three organisations: BeLifted (Women and young girls), Centre of Excellence (Somali community) and Romanian and Eastern European Hub to support the MMR campaign.

- Supported the London Jewish Health Partnership childhood immunisation campaign for Barnet across, primary, school and communities (Dec 2023)
- Public Health Measles letters were sent to parents before schools broke up for summer holidays and when they returned to schools, the letter had been translated into 7 different languages. There was positive coverage of letters in media highlighting the importance of vaccination.
- Communication activities:
 - Prescription pack advertising: targeting communities by placing vaccine uptake messages on prescriptions packs in 25 pharmacies (near practices with the lowest uptake of MMR)
 - Programmatic digital advertising – multi-step, repetition of various types of vaccination messages aimed at parents in wards with low uptake.
 - CVC co-produced videos highlighting projects developed by grantees.
 - Barnet First magazine, Clearchannel, infographics, social media
 - Translation of various assets in top 6 languages
 - Distribution and dissemination of infographics by Health Champions.

Adult & seasonal vaccinations

NHSE

- A GP toolkit (available [here](#)) has been produced in the NHSE London region to support improvements in uptake for the shingles vaccines, along with a range of other resources.
- NHSE commissioners are working to understand a more accurate picture of maternal pertussis coverage in London including areas of low uptake or whether data has not been correctly uploaded onto the GP clinical record.
- A Maternity Flu Action Plan has been completed by each unit in NCL.
- preparation for this season's delivery and a maternity immunisation webinar was held on 20th September 2023 for all clinicians delivering vaccinations to pregnant women, whether in primary care or trusts.

ICB

- There is clarity on system, borough and provider leadership for the programme and representation from NHS and key partners at regional, system (NCL Immunisations and Screening Steering Group) and borough level meetings (Islington, Camden, Haringey, Barnet and Enfield Immunisation and screening groups).
- NCL is planning for system and borough plans to be aligned with the requirements of the national Flu letter 23/24 and Covid-19 System letter 23/24.

- There were 106 sites in NCL delivering COVID & Flu vaccinations with many more delivering Flu vaccinations
- There will be a capacity of approx. 70-110k COVID vaccinations per week (subject to demand and vaccination supply)
- UCLH will continue to delivery outreach vaccinations through the NCL Roving Team and through UCLH Find & Treat
- The NCL outreach 'roving' team, hosted by UCLH, targets our communities which have the lowest uptake of vaccinations.
- It delivers Covid-19 and Flu vaccinations both separately & through co-administration, based on patient choice. The team work closely with 'Place' (ICB borough teams, local authorities and public health) to agree areas of focus, in line with population health approaches to support under-reached communities.

Local Authority

- COVID-19 booster and fly autumn programme promotion (social media, newsletters, Barnet First, Health Champions)
- Pregnant women seasonal vaccination campaign promotion.
- Winter Preparedness event for Adult Social Care managers, advising on vaccination promotion for staff and health protection advice.
- Health fair for people experiencing homelessness, COVID-19 and flu vaccination offered alongside NHS checks, Blood Borne Virus testing, and Smoking cessation services.
- Community Vaccine Champions (CVC) programme: engagement from Health Ambassadors and VCS organisations on COVID-19 booster and flu programme. Health Ambassadors have attended range of events including ESoL classes, conversational cafes, Women's Groups, cooking classes, conferences, Health Beginning Roadshows, and Barnet Talking Therapies.
- Development of Local Health Protection Guidance for Prevention and Managent of Outbreaks in Asylum and Migrant settings. The document outlines the roles and responsibilities of relevant teams within local authorities and partner organisations in the Outbreak/Local Acute Response Prevention and Management process.

Community Vaccine Champions Programme

In January 2022, Barnet Public Health were awarded funding by the Department of Levelling Up, Housing and Communities, to promote vaccine uptake amongst disproportionately impacted communities affected by the pandemic.

Working with local partners (Young Barnet Foundation, Groundworks), we designed a local approach to develop practical solutions, communication and engagement activities tailored to meet the needs of our local communities. The programme aims to overcome the barriers and myths that prevent people from getting vaccinated by empowering community champions as an approach to build healthier and more resilient communities.

A programme has been developed to offer practical solutions to engage our community on vaccinations focusing on communities with the lowest vaccination uptake in Barnet, focusing on young people, wards with high deprivation, ethnic minorities (Eastern European, Black Caribbean/African and other black communities), faith groups (Ultra-Orthodox Jewish, Muslim, Evangelical), marginalised groups (people experiencing homelessness and asylum seekers and refugees), pregnant women, and people with serious mental health issues or learning disabilities.

We developed five workstreams to achieve our aims:

- **Communications and Insight:** Conducted research on residents' attitudes towards COVID-19 vaccination and developed engagement interventions. Recruited communication and engagement officers to support our health ambassadors and VCS organisations with communication and engagement activities.
- **Voluntary and Community Sector Grants:** Utilised a grant fund to enhance community outreach, encourage a two-way dialogue between local authorities and communities about hesitancies and barriers to vaccination uptake, and build connectively through Health Ambassadors.
- **Extension of Health Champions:** Expanded the initial Health Champion programme by providing additional training and support to address vaccine hesitancy.
- **Asylum Seeker and Refugee Outreach:** Employed a Health Ambassador to work with contingency hotels hosting asylum seekers to identify vaccination barriers and improve uptake.
- **Training:** Equipped champions and ambassadors with the knowledge and communication tools to address vaccine hesitancy.

Eleven VCS organisations were funded, including 6 Health Ambassadors - please see Appendix 4 for a full list of award summary and project outlines.

- Three small grants awarded (£500 – £2000) to hold events and work with pool of Health Ambassadors to undertake awareness/community events.

- Eight larger grants (up to £20,000) to employ a Health Ambassador to support Barnet Council and local NHS to understand local barriers and needs raise awareness of local support and to promote vaccination uptake OR create a project to address one of the target groups and run events across a period of up to 12 months to aid vaccine uptake.

Embedding the CVC programme in a neighbourhood model to tackle health inequalities: The CVC programme has shown how we can use Community Champions as a form of two-way engagement to reach vulnerable communities to address systemic health inequalities. The lessons learned below have informed and shaped our work in engaging our communities and will continue to embed these learnings to guide our communications and engagement to reduce inequalities in vaccination uptake. These lessons also reflect the principles of the London Vaccination Programmes (i.e. Building strength through diversity, Committing to Community First and Community Driven approaches, Placing people at the centre of delivery, Ensure immunisations as part of every conversation on health)

Trust: The pandemic taught us to work together in new ways, to trust and listen. The programme is inherently based on sharing information for subsequent behaviour change and this can only be achieved from a position of trust, particularly with communities that are marginalised. The programme has shown that building trust is a long-term process, not a quick fix. It needs constant engagement, action, and follow-through and cannot be achieved in short piecemeal projects.

Using local trusted voices: Partnering with local VCS organisations, who possess a deep understanding of their communities and have established trusted relationships, is crucial to reaching the most vulnerable. This approach provides an excellent means of gathering feedback from our communities, feeding it into the system, and ensuring that our champions and communities feel heard.

Broader remit: By broadening our scope beyond vaccinations, we showed the wide variety of health topics (e.g., cardiovascular disease prevention, healthy eating, cancer screening, mental health etc.) that our champions/ambassadors can cover in public health. This provided the Health Ambassadors the flexibility of reaching their communities as they know their communities best. It serves as a model that can be applied to many public health programmes seeking to achieve behaviour change, particularly to address health inequalities.

Training/building new capabilities: The programme helped champions and community groups learn new skills and abilities. The training offered has helped participants to move forward with new skills, funding opportunities, and employment.

Next Steps

- Phase 2 polio/MMR programme is on track and we anticipate completion of the campaign by Quarter 2 2024. The future focus will include how to embed learning from this catch-up programme into business-as-usual vaccination services.
- As part of Polio Phase 2, funding has been allocated to NCL ICB for additional activities that contribute to:
 - Comms/ engagement activities that raise awareness of the childhood vaccination schedule and the importance, individual and community benefits of vaccination
 - Outreach activities for children aged 1-4 or geographical that make contact with those families whose children are un- or under-vaccinated for their age and offer a vaccination appointment/event
- This must be outside of existing functions, funding routes or mechanisms. NWL ICB are currently drafting the plans for the utilisation of this funding in conjunction with local stakeholders.
- Delivery of a childhood immunisation clinic alongside health promotion event at Stay Club (largest contingency hotel in the borough) in February 2024. Once piloted, the plan is to use the model to deliver clinics to other contingency hotels.
- Delivery of the end of CVC programme report including how we sustain the programme, how do community champions fit within the wider infrastructure (i.e. social prescribing wellbeing champions etc.) and current ICS priorities.
- Working closely with Somali community in the borough to deliver a health event for the community and establishing links with other boroughs to create a London Somali network.
- School Aged Immunisations: A working group has been established with SAIS, LA and NHSE to address improve uptake of school aged immunisations in the borough. The priorities for the year include completing analysis of HPV, MenACWY and Td/IPV data by schools and developing a project to increase HPV vaccination rates for the North Central London Cancer Alliance funding.

Response to Outbreaks and other Health Protection Emergencies

Roles and responsibilities

UKHSA

UKHSA has published guidance for outbreak management and control in which roles and responsibilities of key partners are clearly outlined - <https://www.gov.uk/government/publications/communicable-disease-outbreak-management-operational-guidance>

As an executive agency of the Department of Health and Social Care (DHSC), UKHSA:

- provides strong national leadership on public health security and health protection
- ensures a cohesive response across England and the UK's public health functions
- embeds effective clinical, scientific and operational functions in the public health system

UKHSA also has a duty as a Category 1 responder under the Civil Contingencies Act 2004 (CCA) in respect of emergency preparedness and the response and resilience functions for public health.

Under the amended Public Health (Control of Disease) Act 1984 and associated regulations, the majority of statutory responsibilities, duties and powers significant in the handling of an outbreak lie with the local authority, including appointment of a proper officer whose powers include the receipt of notifications. In the majority of local authorities this responsibility is delegated to UKHSA.

NHSE

All partners have a duty under the Civil Contingencies Act 2004 (CCA) to co-operate with responding to outbreaks/incidents and related activity. Health outbreaks/incidents occur regularly and UKHSA may need assistance from partners for the rapid deployment of significant resources to deliver investigations and interventions to control them.

NHSE-L Mobilise (within existing SAIS contracts) school aged immunisation services in appropriate settings and commission any extra capacity as required, in discussion with other commissioners.

In regional incidents or outbreaks NHSE-London will provide:

- Development of service specifications and guidance
- Participate in Incident Management Meetings (IMTs)
- Provide oversight and support to ensure alerts from UKHSA are actioned

- NHSE EPRR role: If a more complex response is required, coordination and management of information sharing between government/GLA and local health system.

ICB

- Development of a Community Communicable Disease Outbreak Incident Management Policy across the ICS
- This policy will apply when UKHSA notifies NHS Commissioners of a community outbreak or an exposure risk of a communicable disease or health protection hazard requiring local NHS organisations to coordinate a response.
- Management of several small scale outbreaks within local communities. To date, these have included:
 - Diphtheria
 - Hep A
 - MPox

Local Authority

Under section 6 of the Health and Social Care Act 2012, directors of public health (DsPH) in upper tier and unitary local authorities have a duty to prepare for and lead the local authority public health response to incidents that present a threat to the health of the population. In practice, this means that the director of public health (DPH) will provide information, advice, challenge and advocacy on behalf of their local authority, to promote preparation of health protection arrangements by relevant organisations, operating in their local authority area.

In regional/local outbreaks, local authorities provide:

- Appropriate coordination of roles and responsibilities between any responsible or relevant bodies
- Bringing together partners across the system in their patch and signposting to the voluntary and community sector
- Support the dissemination of communication messages to residents
- Participate in Incident Management Meetings (IMTs)
- Local Authorities are responsible for enforcing food hygiene laws and can inspect business at any point in the food production and distribution process
- Environmental Health to support with necessary checks and sampling

Appendix 1: Immunisation schedule

| □ Routine childhood immunisations | | | | |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------|--------------------------|-----------------|
| Age Due | Diseases protected against | Vaccine given | Trade name | Usual Site |
| 8 weeks | Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B | DTaP/IPV/Hib/HepB | Infanrix hexa or Vaxelis | Thigh |
| | Meningococcal group B (MenB) | MenB | Bexsero | Left thigh |
| | Rotavirus gastroenteritis | Rotavirus | Rotarix | By mouth |
| 12 weeks | Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B | DTaP/IPV/Hib/HepB | Infanrix hexa or Vaxelis | Thigh |
| | Pneumococcal (13 serotypes) | PCV | Prevenar 13 | Thigh |
| | Rotavirus | Rotavirus | Rotarix | By mouth |
| 16 weeks | Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B | DTaP/IPV/Hib/HepB | Infanrix hexa or Vaxelis | Thigh |
| | MenB | MenB | Bexsero | Left thigh |
| 1 year | Hib and Meningococcal group C (MenC) | Hib/MenC | Menitorix | Upper arm/thigh |
| | Pneumococcal | PCV booster | Prevenar 13 | Upper arm/thigh |
| | Measles, mumps and rubella (German measles) | MMR | MMRvaxPro or Priorix | Upper arm/thigh |

| | | | | |
|--------------------------------|-------------------------------------------------------------------------------|----------------------------------------|----------------------|---------------|
| | MenB | MenB booster | Bexsero | Left thigh |
| Eligible paediatric age groups | Influenza (each year from September) | Live attenuated influenza vaccine LAIV | Fluenz Tetra | Both nostrils |
| Three years four months | Diphtheria, tetanus, pertussis and polio | dTaP/IPV | Boostrix-IPV | Upper arm |
| | Measles, mumps and rubella | MMR (check first dose given) | MMRvaxPro or Priorix | Upper arm |
| 12-13 years | Cancers and genital warts caused by specific human papillomavirus (HPV) types | HPV (2 doses 6 to 24 months apart) | Gardasil | Upper arm |
| 14 years Year 9 | Tetanus, diphtheria and polio | Td/IPV (check MMR status) | Revaxis | Upper arm |
| | Meningococcal groups A, C, W and Y | MenACWY | Nimenrix | Upper arm |
| | | | | |

Selective childhood immunisation programmes

| Target group | Age and schedule | Disease | Vaccines required |
|------------------------------------------------------------------------------------|-------------------------------------|--------------|------------------------------------------------------------------------------------|
| Babies born to hepatitis B infected mothers | At birth, 4 weeks and 12 months old | Hepatitis B | Hepatitis B (Engerix B/HBvaxPRO) |
| Infants in areas of the country with tuberculosis (TB) incidence \geq 40/100,000 | Around 28 days old | Tuberculosis | BCG |
| Infants with a parent or grandparent born in a high incidence country | Around 28 days old | Tuberculosis | BCG |
| Children in a clinical risk group | From 6 months to 17 years of age | Influenza | LAIV or inactivated flu vaccine if contraindicated to LAIV or under 2 years of age |

Adult Immunisation Programme

| | | | |
|---------------------------|---------------------------------------------|-------------------------------------------|-----------------------------------------------------|
| 65 years old | Pneumococcal (23 serotypes) | Pneumococcal Polysaccharide Vaccine (PPV) | Pneumovax 23 |
| 65 years of age and older | Influenza (each year from September) | Inactivated influenza vaccine | Multiple |
| 70 to 79 years of age | Shingles | Shingles | Zostavax3 (or Shingrix if Zostavax contraindicated) |
| Pregnant women | At any stage of pregnancy during flu season | Influenza | Inactivated flu vaccine |
| | From 16 weeks gestation | Pertussis | dTaP/IPV (Boostrix-IPV) |

The complete routine immunisation schedule from February 2022 (publishing.service.gov.uk)

Appendix 2: NHSE current responsibilities & performance targets

| Cohort | Immunisation Programme | Who we commission | National Target |
|----------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Routine 0-5 <u>imms</u> | Diphtheria, Tetanus, Poliomyelitis, Pertussis, Hib and Hepatitis B (DTaP/IPV/Hib/HepB) | General Practice, Essential Service in GP Contract | 95% |
| | Meningitis B (Men B) | General Practice, Essential Service in GP Contract | 95% |
| | Rotavirus | General Practice, Essential Service in GP Contract | 95% |
| | Pneumococcal | General Practice, Essential Service in GP Contract | 95% |
| | Hib/Men C | General Practice, Essential Service in GP Contract | 95% |
| | Diphtheria, tetanus, pertussis and polio <u>dTap/IPV</u> (pre-school booster) | General Practice, Essential Service in GP Contract | 95% |
| | Measles, Mumps and Rubella (MMR) | General Practice, Essential Service in GP Contract & opportunistic catch up via School Aged Immunisation Providers | 95% |
| Routine | Seasonal Influenza Immunisation for children - Eligible age or risk group | School Aged Immunisation Providers – 8 in London | 70% |
| Routine School- aged | Human Papillomavirus (HPV) | School Aged Immunisation Providers | 95% |
| | Td/IPV (Teenage Booster) | School Aged Immunisation Providers | 90% |
| | Meningitis ACWY (Men ACWY) | School Aged Immunisation Providers | 95% |
| Routine | Seasonal Influenza Immunisation for adults | General Practice (Enhanced Service), Maternity Units, Acute & Community Trusts, Community Pharmacy | Adults under 65 years - 75% Over 65 years & HCW - 85% |
| Routine Older adults | Pneumococcal | General Practice, Essential Service in GP Contract Pharmacy | 75% |
| | Shingles | General Practice, Essential Service in GP Contract | 65% |
| Selective | Hepatitis B for babies born to hepatitis B infected mothers | General Practice, Essential Service in GP Contract | 100% |
| | BCG for at risk <u>newborns</u> | Community Providers – 11 in London | 80% |
| | HPV for Men who have sex with men | Acute Trusts | No Target |
| | Pertussis for pregnant women | Maternity Units and General Practice, Essential Service in GP contract | London ambition is 70% |
| TBC | COVID-19 Immunisation Programme in Development | GPs, Community Pharmacies, Acute Trusts, | 100% universal offer |

Appendix 3: CVC programme: Overview of VCS grants

Barnet Community Fund Vaccine Confidence Grant



Department for Levelling Up,
Housing & Communities

Award Summary

The purpose of this VCFSE Grants programme, which forms the first round of Barnet Community Fund funding, is to increase available outreach and engagement to help Barnet

Council and the local NHS understand local barriers and needs, raise awareness of local support and to promote COVID-19 vaccine uptake, public health guidance and programmes for residents disproportionately impacted by barriers to COVID-19 vaccine uptake as well as other preventative health programmes.

The fund is designed to build connectivity and trust in those groups who need it most, including those from inclusion health groups, young people, and ethnic minority communities; empowering individuals to protect both themselves and those around them.

The Barnet Together Partnership, working with Barnet Council, is happy to announce the award of grants totalling £151,500 to 11 Organisations to undertake this work. Details of the individual projects are below:

| Organisation | Amount Funded | Location of Project | Description |
|---------------------------------------|---------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The Romanian and Eastern European Hub | £20,000 | Burnt Oak / Colindale | <ul style="list-style-type: none"> <li data-bbox="734 313 1372 526">- A digital media campaign: comms materials developed in local community languages to illustrate the importance of vaccinations, dispel myths and share information on upcoming vaccination centres. <li data-bbox="734 526 1372 750">- Zoom event and face to face attendance with health care professionals and leaders of the EE community in local community languages to dispel myths and encourage residents to take up the vaccine <li data-bbox="734 750 1372 1064">- Recruitment of a health ambassador who will deliver key messages around Covid vaccination, signpost people to Covid vaccination centres, support people from EE communities with GP registrations, medical appointments and deliver other key health messages such as those on oral health, diabetes or childhood vaccination. |
| SAFA CIC | £20,000 | Burnt Oak / Colindale | Using the existing Burnt Oak Community Food Bank as platform to deliver community information events at North Road Community Centre, in partnership with Oak Lodge Medical Centre, as well as to the refugee centre in Colindale. The project will be delivered by a Health Ambassador working in close partnership with existing social prescribing teams. |

| | | | |
|-------------------------------|---------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BeLifted | £20,000 | Colindale / Edgware / East Finchley | Using the existing workshops which the organisation runs (debt management, book club, mother and children empowerment group, fitness group), they project will use these existing opportunities to provide information and advice sessions within / at the end of these over 12 months. In addition, 4 vaccine specific events will be undertaken, lasting 2 hours each. The aim is to target younger people, as well as ethnic minorities and those of the Muslim faith. |
| Exposure Organisation | £5,000 | Barnet Wide | The aim of the project is through, a range of activities, including undertaking surveys with young people, running workshops with young people in person, on line and in local schools and colleges in order to collate the young people's personal testimonies, thoughts and visual media into compelling assets, to engage and convince their friends, peers, family members and wider community to get vaccinated. There will be shared through our website, social media and via other key partners in Barnet. |
| Barnet Somali Community Group | £2,500 | Hendon / Colindale / Burnt Oak | The project aims to take the following steps to help educate people regarding the Covid Vaccine: Distributing leaflets in the Hendon, Colindale and Burnt Oak areas Arranging 1-2-1 sessions as well as group sessions to educate the health benefit of taking up the vaccine, as well as giving attendees the opportunity to express their concerns. Discussing the health implications of not having the vaccine. |
| Barnet TV | £2,000 | Barnet Wide | Creating a video in the Romanian language to be posted to Romania UK You Tube channel, along with clips for social media to create awareness of the importance of being vaccinated within the Romanian community in Barnet. |

| | | | |
|--------------------------|---------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Community Network Group | £20,000 | Finchley | <p>Through the employment of a bilingual (English & Farsi) 2 days per week for 8 months we aim to:</p> <ul style="list-style-type: none"> - Coordinate the health engagement programmes for those suffering from illnesses such as high blood pressure, heart disease, mental health alongside providing Covid awareness workshops. - Offer trustworthy information for our migrant community members who avoid Covid vaccines due to cultural and religious attitudes. - Increase awareness by guiding the service users to do the vaccines and give them the information and advice on the importance of immunisation. <p>We will do this through a range of methods including awareness raising sessions, workshops, 1-2-1 discussions and other approaches appropriate to disadvantaged Farsi speaking community members</p> |
| Center of Excellence CIC | £20,000 | Grahame Park | <p>We will mainly be targeting Somali community residents in Grahame Park and neighbouring areas, specifically women as they carry the voice within the household and the community at large. Using our existing our existing community projects (Big brother and Big sister's club and Sheeko Iyo Shaah [tea and talk in Somali]) we aim to create a safe space for the Somali Community. We will invite local and regional services providers and experts to discuss the importance of looking after their mental and overall wellness -including the Covid Vaccine.</p> |
| The Langdon Foundation | £20,000 | Edgware | <ul style="list-style-type: none"> - HEALTHY HEART, MIND AND BODY - a series of expert-led workshops at our Edgware, Maccabi House premises addressing health and wellbeing priorities for people with learning disabilities and autism and mitigating their higher risks: <ul style="list-style-type: none"> - of loneliness and isolation (due to exclusion) - lack of physical exercise - Poor diet <p>Change can be challenging and reliance on benefits, being less likely to be in paid work due to their disabilities.</p> |

| | | | |
|--------------------|---------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | <p>Higher risks of obesity, diabetes, cardiovascular disease and poor mental health. Group activities incorporating healthier living choices (including sessions led by a chef, nutritionist, physical fitness expert for example) will encourage participants to address key risk factors such as learning about the risks of smoking, improving nutrition and increasing exercise - how to shop for and cook heart-healthy food on a budget, introduce exercise, weight management and lower stress. Activities will include cooking and nutritional advice, yoga and meditation, singing, exercise etc. There will be a "Covid- Vaccine info table" open at the end of each session where attendees can access information and ask any questions about improving their health - including the Covid vaccine at each session.</p> |
| The 4Front Project | £20,000 | Grahame Park | <p>Our project proposes to build on the sustained and meaningful relationships with marginalised young people. We have developed these relationships after a decade of work on Grahame Park Estate. This programme will support 4Front members to increase their understanding and ability to prevent ill health and manage wider health conditions. The group workshops will serve as engagement events, providing important information, skills, resources and support to young people, ensuring they are able to make better informed decisions about their health and wellbeing. The Youth Health Leader training and the workshops they go on to lead with support of staff will raise awareness of local health support available and promote COVID-19 vaccine uptake. Through youth-led research delivered by our Youth Health Leaders, we will be able to better understand local barriers and needs and provide insight to local partners about the existing barriers to health improving interventions as well as COVID-19 vaccine uptake for young Black and minoritised communities.</p> |

| | | | |
|------------------------------|--------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| African Cultural Association | £2,000 | Hendon | <p>Ethnic Minority with Low Vaccine Intake: Key areas of concern are:</p> <p>Vaccine hesitancy and refusal to take Covid19 vaccines. This is mostly due to vaccine misinformation on social media platforms especially WhatsApp. Residents in the targeted areas will be informed about the efficacy of vaccines and give them accurate information from Public Health England for them to make informed decisions on the vaccine uptake.</p> <p>Some with Covid19 symptoms refuse to isolate for fear of losing their income. Most are on low income cleaning jobs. Their jobs are typically unsecure, and they tend to use traditional medicines or medications from WhatsApp. They are also not aware of Government assistance for those out of work. They refuse to accept they have symptoms, and some seek medical help when's too late.</p> <p>Others have immigration issues and are always scared of deportation and so will always ride any sickness out without seeking medical help. This has caused the death of some in our Community. Our project aims to address these issues through a range of interventions including workshops, targeted phone calls, social media adverts and zoom presentations.</p> |
|------------------------------|--------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Appendix 4: Abbreviations

| Abbreviation | Definition |
|--------------|--------------------------------------------------------------------|
| CHIS | Child health information Service |
| COVER | Cover of vaccination evaluated rapidly |
| DHSC | Department of Health & Social Care |
| dTaP/IPV | Diphtheria, tetanus, pertussis, inactivated polio combined vaccine |
| GP | General practitioner |
| Hib | Haemophilus influenzae B |
| HepB | Hepatitis B |
| HPV | Human papillomavirus |
| ICB | Integrated care board |
| ICS | Integrated care system |
| JCVI | Joint committee on vaccination and immunisation |
| LA | Local authority |
| MECC | Making every contact count |
| Men B | Meningococcal group B |
| Men C | Meningococcal group C |
| MMR | Measles, mumps and rubella combined vaccine |
| NHSE | National Health Service England |

| | |
|-------|---------------------------------------|
| NCL | North Central London |
| PCV | Pneumococcal conjugate vaccine |
| PPV | Pneumococcal polysaccharide vaccine |
| PSB | Pre-school booster |
| Rota | Rotavirus |
| QOF | Quality and outcomes framework |
| SAIS | School age immunisation services |
| UKHSA | United Kingdom Health Security Agency |
| WHO | World Health Organisation |

Appendix 5: Contacts

| Name, Role | Email |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <p>Dawn Hollis Head of ANNB Screening, Immunisations, CHIS, CARS & Digital Transformation</p> <p>NHS England - London Region</p> | <p>dawn.hollis@nhs.net</p> |
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