

MEETING

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

MONDAY 28TH OCTOBER, 2019

AT 7.00 PM

VENUE

HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BQ

Dear Councillors,

Please find enclosed additional papers relating to the following items for the above mentioned meeting which were not available at the time of collation of the agenda.

Item No	Title of Report	Pages
1.	MEASLES AND CHILDHOOD INOCULATIONS Dr Tamara Djuretic Director of Public Health, LBB	3 - 12

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Health Overview and Scrutiny Committee

AGENDA ITEM 12

28 October 2019

Title

**HOSC - Childhood Vaccination Rates
in Barnet October 2019**

Report of

[Emma Waters, Public Health Consultant](#)

Wards

All

Status

Public

Urgent

No

Key

No

Enclosures

Summary of actions from the Barnet Flu and Immunisation Forum's Multiagency Action Plan to address uptake of routine childhood vaccinations in Barnet

Officer Contact Details

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Summary

Barnet has comparable uptake of childhood immunisations compared to neighbouring boroughs but a low uptake of childhood immunisations compared to the national average. This low uptake of immunisations in Barnet is increasing the risk that Barnet's population will be exposed to vaccine preventable diseases, with potentially serious health implications.

A multiagency forum has been formed to consider flu and immunisations in Barnet. This group consists of representatives from Public Health England, Barnet Council (Public Health and Family Services), NHS England, Barnet CCG, and CLCH (Health Child

Programme provider and school immunisation provider). At the end of July this group agreed an evidence based action plan to address the low immunisation rates in Barnet, the actions cover three main aims:

1. Work towards increasing vaccination rates for the routine childhood vaccination programme in Barnet and undertake opportunistic catch up programmes to increase routine childhood vaccination coverage in older cohorts.
2. Increase awareness of the importance of immunisation amongst Barnet's population
3. Work with specific communities and demographic groups to increase vaccination rates amongst groups at risk of low vaccination rates.

Officers Recommendations

- 1. Implement the multiagency flu and immunisation forum's agreed actions to address low immunisation rates in Barnet**

1. WHY THIS REPORT IS NEEDED

- 1.1.1 Childhood immunisation protects against disease and ultimately saves lives. The World Health Organisation states that "Immunization is not only one of the most successful health interventions ever, protecting children and families from suffering and death. It is a human right and a key element in ensuring health, education and equity; and it represents important social and economic returns that go far beyond the individual person or family (WHO 2015).
- 1.1.2 For the majority diseases routinely vaccinated against in the UK herd immunity can be maintained in the population if immunisation uptake is high enough, thus preventing the spread of the disease and protecting vulnerable unvaccinated people. However, in Barnet vaccination uptake in children is low; for instance in Barnet only 84% of children have had one dose of MMR by the age of two, whereas 95% coverage is necessary to maintain herd immunity. A recent rise in Measles cases in Barnet earlier this year emphasises the need to ensure the uptake of childhood vaccinations in Barnet is increased.

2. REASONS FOR RECOMMENDATIONS

- 2.1.1 The population of children and young people (CYP) in Barnet in 2017 is estimated to be 100,200, representing 25% of Barnet's total population. The most recent year that childhood vaccination data is publicly available for is 2017/18. Although for service development we are given some access to some more recent data., we cannot share this data. Therefore, for the purposes of this report we will discuss the data available for 2017/18. As presented in table 1 only 83.8% of children in Barnet have received their first dose of the MMR by the age of 2, well below the recommended 95% uptake

needed to maintain herd immunity. By the age of 5 only 76% of children have received their second dose of the MMR. MMR vaccination rates at 2 years in Barnet have been consistently below 95% for the past 8 years. Table 1 presents the vaccination rates for the other routine childhood vaccinations in Barnet, which are also all below the average vaccination rates for England. The proportion of children in care in Barnet in 2018 with up to date vaccinations was 92.8% which is significantly above the national average.

1.1 Table 1: Childhood Vaccination Uptake in Barnet

Indicator	Period	Barnet			Region England			England	
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Population vaccination coverage - Hepatitis B (1 year old)	2017/18	-	-	*	*	*	-	-	-
Completed Diphtheria, Tetanus, Polio, Pertussis, Hib (by age 1 year)	2017/18	↑	4,467	88.6%	-	93.1%	75.6%		98.2%
Population vaccination coverage - MenC	2015/16	-	4,473	83.2%	-	*	-	-	-
Completed pneumococcal conjugate vaccine (by age 1 year)	2017/18	↑	4,494	89.1%	-	93.3%	77.4%		98.2%
Population vaccination coverage - Hepatitis B (2 years old)	2017/18	-	-	*	*	*	-	-	-
Population vaccination coverage - Dtap / IPV / Hib (2 years old)	2017/18	↓	2,054	88.4%	91.7%	95.1%	83.7%		98.5%
Population vaccination coverage - Hib / MenC booster (2 years old)	2017/18	↑	1,943	83.6%	-	91.2%	72.9%		96.9%
Population vaccination coverage - PCV booster	2017/18	↑	1,966	84.6%	-	91.0%	74.6%		97.5%
Population vaccination coverage - MMR for one dose (2 years old)	2017/18	↑	1,947	83.8%	85.1%	91.2%	75.0%		96.9%
Population vaccination coverage - Hib / Men C booster (5 years)	2017/18	→	2,360	85.0%	-	92.4%	79.5%		97.6%
Population vaccination coverage - MMR for one dose (5 years old)	2017/18	↓	2,520	90.8%	-	94.9%	84.5%		98.6%
Population vaccination coverage - MMR for two doses (5 years old)	2017/18	↑	2,110	76.0%	-	87.2%	66.7%		95.8%
HPV vaccination coverage for one dose (females 12-13 years old)	2017/18	-	1,580	76.5%	81.0%	86.9%	67.8%		95.3%

2.2 However, it should be considered that although Barnet's uptake of one dose of MMR by the age of 2 is lower than both the English and London average, and well below the uptake that is considered necessary for herd immunity, the uptake is comparable or better than that for its neighbours in the North Central London Region; compared to the uptake of 83.8% (95% CI 82.3-85.3) in Barnet Islington and Haringey have comparable rates of MMR update at 2 years (84.3% and 82.1% respectively) and Camden and Enfield have significantly lower rates of uptake than Barnet (80.6% and 80.2% respectively). This uniformly low uptake of vaccination across North Central London may indicate a specific issue with the local population could be contributing to the low vaccination uptake.

1.3.1. The 2009 NICE guidance “Immunisations: reducing differences in uptake in under 19s” reported that there was evidence that the following groups and children and young people were at risk of not being fully immunised:

- those who have missed previous vaccinations (whether as a result of parental choice or otherwise)
- looked after children
- those with physical or learning disabilities
- children of teenage or lone parents
- those not registered with a GP
- younger children from large families
- children who are hospitalised or have a chronic illnessⁱ

The 2009 NICE guidance also stated that there was some evidence that MMR vaccination rates had declined the most in affluent areas, and among children with more highly educated parents.

Barnet is an increasingly ethnically diverse borough, in the 2011 census 45.4% of its population identified as White British, compared to 58.6% of the population in 2001. In the 2011 census 14.4% of households in Barnet reported that no one in them spoke English as their first language, this figure is slightly higher than the proportion for London as a whole. Barnet also has a great religious diversity; for the 2011 census 41.2% of the population identified as Christian, 15.2% as Jewish, 10.3% as Islamic, 6.2% of Hindu, and 16.2% as having no religion. Barnet has the largest Jewish population in the country.ⁱⁱ

Barnet is a relatively affluent borough, the Index of Multiple Deprivation (2015) score for Barnet is 17.8, which makes it one of the least deprived boroughs in London and less deprived than England overall (21.8).ⁱⁱⁱ However, there are significant numbers of children living in poverty in Barnet.^{iv} In 2016, 8,637 students in Barnet were identified as having SEND, this represents 13.6% of pupils in Barnet, which is slightly lower than the London and England averages. Also in 2016 1.8% of Barnet’s resident population had a statement of Special Educational Needs (SEN) or an Education, Health and Care Plan (EHC).^v Barnet has a lower than average teenage conception rate and low number of teenage mothers.

Compared with the rest of the England, London persistently has low vaccination rates. Reasons for these low vaccination rates may include highly mobile and diverse population, with higher numbers born. Data capture and quality may also contribute to the low reported vaccination rates in London. Additionally, with reference to MMR vaccination rates, the “Wakefield cohorts” born between 1998 and 2004 have the highest proportion of unvaccinated individuals and this cohort effect is more pronounced in London. Thus Barnet may also have high numbers of unvaccinated young people aged 14-21. ¹¹

The UK Measles and Rubella elimination strategy (2019) states that in communities whose religious or cultural beliefs result in low or delayed vaccine uptake *“immunity extends the benefits of the national immunisation programme to unvaccinated individuals thus intrinsically reducing inequalities, however the extent of this effect will depend on overall vaccine coverage and population mixing patterns. When large numbers of unvaccinated individuals live in close proximity their communities become vulnerable to outbreaks.”*^{vi}

Barnet is an ethnically diverse borough, but it is unclear if any specific ethnic or religious groups in Barnet are particularly vulnerable to low vaccination coverage. NHS England has not been able to provide information on uptake of vaccination among different demographics. They have however, been able to confidentially provide vaccination uptake by general practice, which we have examined to consider uptake throughout the borough, and also to identify GP surgeries to meet with to discuss both good practice and barriers to improving immunisation uptake among general practices in the borough.

2.1.1 A multiagency forum has been formed to consider flu and immunisations in Barnet. This group consists of representatives from Public Health England, Barnet Council (Public Health and Family Services), NHS England, Barnet CCG, and CLCH (Health Child Programme provider and school immunisation provider). At the end of July this group agreed an evidence based action plan to address the low immunisation rates in Barnet, the actions agreed are outlined in the attached document and cover three main aims:

1. Work towards increasing vaccination rates for the routine childhood vaccination programme in Barnet and undertake opportunistic catch up programmes to increase routine childhood vaccination coverage in older cohorts.
2. Increase awareness of the importance of immunisation amongst Barnet’s population
3. Work with specific communities and demographic groups to increase vaccination rates amongst groups at risk of low vaccination rates.

This forum will meet quarterly and review progress with these aims at each meeting.

3 BACKGROUND PAPERS

3.1 Summary of actions from the Barnet Flu and Immunisation Forum’s Multiagency Action Plan to address uptake of routine childhood vaccinations in Barnet

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- ⁱ NICE Guidance PH 21. Immunisations: reducing differences in uptake in under 19s (2009)
- ⁱⁱ Barnet census information briefing note 2.2, available at: www.barnet.gov.uk
- ⁱⁱⁱ <https://jsna.barnet.gov.uk/1-demography>
- ^{iv} <https://jsna.barnet.gov.uk/7-children-young-people>
- ^v SEND Joint Strategic Needs Assessment, London Borough of Barnet
- ^{vi} UK Measles and Rubella elimination strategy (2019)

Summary of actions from the Barnet Flu and Immunisation Forum’s Multiagency Action Plan to address uptake of routine childhood vaccinations in Barnet

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Actions:

Increasing vaccinations: Pre-natal and 0-5 years
Review GP practice level immunisation data quarterly in the Immunisation Forum and share this practice level data with practices to inform them of the number of children they need to immunise to reach 95% uptake.
Review data on maternal pertussis uptake
Work with maternity services and primary care to achieve: <ul style="list-style-type: none"> - 95% MMR check as routine part of antenatal care - achieve 80% uptake of post-natal MMR for women without documentary evidence of two previous MMR doses
Ensure all GP practices in each CCG area use robust call/recall systems in place to identify those eligible and invite/schedule appointments proactively.
Identify GP practices that have not provided assurance that they have robust call/recall systems are in place and work collectively with CCG (quality and contracting colleagues) to establish.
Ensure GP practices are using national READ code for MMR vaccination

Ensure all GPs are maintaining accurate, up to date patient lists with a view to removing “ghost” patients. Ensure regular review of lists and review contractual obligations with regards to data submission and removing de-registered patients from lists.
Ensure all GP data sharing agreements are completed and that GP practices are sharing information with CHIS
Ensure all GPs have a designated immunisation lead in the practice and for the lead to proactively identify all those with uncertain or incomplete MMR status. This should include a look back of those aged <5 years who have missed MMR vaccination.
Designated immunisation Leads to ensure Measles Posters, Leaflets and information are accessible in the practice.
Ensure importance of immunisation is routinely discussed with HV and information sharing with GP practice and included in commissioning of HV services (new contract from May 2020)
Ensure that Health Visitors receive adequate training and updates: -to promote vaccination in line with the Best Start in Life programme -check immunisation records as outlined in NICE guidance PH 21
Ensure immunisation status is checked routinely as part of the school nurse health check at reception/year 1 (aged 4 to 5 years) and offer/ refer (new contract May 2020)

Increasing vaccinations: 5-18 years

Ensure all GPs have a designated immunisation lead in the GP practice and for the lead to proactively identify all those with uncertain or incomplete MMR status. This should include a routine catch up of those aged 5 years and older who have missed MMR vaccination.
Ensure all GPs check the immunisation status of all new GP registrants and offer MMR vaccine to complete the course.
Ensure all School Aged Immunisation providers routinely check the MMR status of all adolescents (School Year 8, 9 and 10). Providers to administer MMR vaccines to complete immunisation course.
School nursing teams (in collaboration with GP practices and schools) to check immunisation records of children when they move to a new school or college. Where immunisations are not up to date the importance of immunisations should be explained to parents and referral to an immunisation services offered.
Check immunisation status of young offenders and offering outstanding vaccinations

Increasing vaccinations: 18-25 years

Ensure all GPs have a designated immunisation lead in the practice and for the lead to proactively identify all those with uncertain or incomplete immunisation status. This should include a routine catch up of those aged 18

years and older who have missed MMR vaccination, those of childbearing age and new registrants
Increasing awareness of the importance of immunisation amongst Barnet's population
NHS England and DPH to send joint letter to University Health and Well-being Lead on an annual basis establishing recommended actions for improved uptake rates of MMR and Men ACWY vaccine
DPH letters to schools to promote checking of immunisation status and information to parents.
Support and disseminate national vaccination resources and campaigns
Arrange two childhood immunisations trainings for children centre staff
Share information and campaign resources with children centres through quarterly news letters
Communications campaign in the community, schools, children's' centres and GP practices.
Social media campaign
-Procedures and attitudes in primary care
Ensure annual Practice Nurse immunisation training
Working with specific communities and demographic groups to increase vaccination rates amongst groups at risk of low vaccination rates.
Obtain practice level data on vaccination uptake and assess uptake in specific communities.
Consider using the WHO TIP tool and NICE guidance PH 21 to understand and address the specific needs of their under-vaccinated populations. www.euro.who.int/_data/assets/pdf_file/0003/187347/The-Guide-to-Tailoring-Immunization-Programmes-TIP.pdf https://www.nice.org.uk/guidance/ph21/resources/immunisations-reducing-differences-in-uptake-in-under-19s-pdf-1996231968709

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