

	<b>Health Overview and Scrutiny Committee</b>  <b>30 March 2015</b>
<b>Title</b>	Update Report from NHS England: Immunisations Task and Finish Group
<b>Report of</b>	NHS England (London Region)
<b>Wards</b>	All
<b>Status</b>	Public
<b>Enclosures</b>	Appendix A - Update Report for Immunisations in Barnet Appendix B - CLCH Interoperability Project Appendix C - Cover Statistics Report Appendix D - Action Plan for CLCH Barnet February 2015
<b>Officer Contact Details</b>	Anita Vukomanovic Governance Team Leader – London Borough of Barnet <a href="mailto:anita.vukomanovic@barnet.gov.uk">anita.vukomanovic@barnet.gov.uk</a>

## Summary

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 HWBB 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.

The Barnet Health Overview and Scrutiny Reviewed a report on immunisation in Barnet at their meeting in December 2014. Following consideration of the report, the Committee resolved to seek assurance that appropriate governance arrangements are in place within NHS England in relation to immunisations to protect the health of people in Barnet and requested that an update report be presented to the Committee at their meeting in March 2015 to inform on the progress of the Task and Finish Group. The Task and Finish group

was established to consider the implementation of an IT system, called “System One”

The report attached at Appendix A seeks to provide assurance that appropriate governance arrangements are in place within NHS England in relation to immunisations for 0-5 year olds. The report also provides information about the Task and Finish Group, which was established to enable the successful implementation of the IT system, System One.

A representative from NHS England will be in attendance on the evening to present the report and respond to questions from Members.

## Recommendations

1. That the Committee notes the report provided by NHS England and asks appropriate questions.

### 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 At their meeting in December 2014, the Committee noted that a Task and Finish Group within NHS England has been established 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 The Barnet Health Overview and Scrutiny Committee have requested to be provided with an update on the work of the Task and Finish Group.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 The recommendation as set out in section one will provide the Committee with the opportunity to scrutinise the smooth transfer to the new Immunisation Upload Tool called System One

## **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 None

## **4. POST DECISION IMPLEMENTATION**

- 4.1 Upon the consideration of the report, the Committee is able to determine if they wish to conduct further scrutiny on this matter.

## **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 direct financial implications of the findings of this report on the council.

### **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 England<sup>1</sup>. 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. There is a risk that if the Committee did not receive this report, then they would miss out on the opportunity to scrutinise matters which affect the people of Barnet.

## **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 Immunisation Rates in Barnet: This report was considered by the Barnet Health Overview and Scrutiny Committee at their meeting on 8 December 2015.

<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CIId=179&MIId=7941&Ver=4>