

	<h2>Health and Wellbeing Board</h2> <h3>12 May 2016</h3>
<b>Title</b>	<b>Update on childhood immunisations 0-5 years</b>
<b>Report of</b>	Dr Andrew Howe, Director of Public Health Kenny Gibson, Head of Early Years, Immunisation and Military Health, NHS England (London Region) Amanda Goulden - Population Health Practitioner Manager, NHS England
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	Appendix 1 - NHS England report on Update on child hood immunisations 0-5 years Appendix 2 – Barnet Immunisation Action Plan 2015/2017 Appendix 3 – Q2 and Q3 Immunisation data
<b>Officer Contact Details</b>	Dr Laura Fabunmi Consultant Public Health Medicine <a href="mailto:Laura.fabunmi@harrow.gov.uk">Laura.fabunmi@harrow.gov.uk</a>

<h2>Summary</h2>
<p>Following two previous reports from NHS England to the Health and Wellbeing Board on the low rates of childhood immunisations, 0-5 years, a third report has been requested due to poor progress.</p> <p>The accompanying report from NHS England, as in the previous reports reiterates that the current low vaccination rates in Barnet are primarily due to data issues and not that children are missing vaccinations. The report identifies this as a national issue which has also affected other areas in London. The provisional data for Q4 is reported to show some improvement as these issues are being addressed.</p> <p>The report explains the reasons for the data problems and outlines an action plan to improve immunisation rates in Barnet.</p>

## **Recommendations**

- |  |
|--|
| <b>1. That the Health and Wellbeing Board notes the assurance given from NHS England that reported childhood immunisation rates in Barnet are not an accurate reflection of immunisation uptake in the borough.</b>  |
| <b>2. That the Health and Wellbeing Board seeks assurance from NHS England that sufficient action is being taken to address this issue and that alternative surveillance measures are in place whilst childhood immunisation (COVER) data is inaccurate.</b> |
| <b>3. That the Board recommends that the Health Overview and Scrutiny Committee consider a referral for remedy to the Department of Health if performance does not improve.</b>  |

### **1. WHY THIS REPORT IS NEEDED**

- 1.1 In September 2014, a report was presented to the Health and Wellbeing Board from NHS England to explain persistent low immunisation rates (COVER) since April 2013. This followed a previous report in November 2013 where a number of actions were identified and assurance was given by NHS England to deal with the significant drop in reported childhood immunisation rates identified at that time.
- 1.2 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 and proposed a number of solutions to tackle the issue.
- 1.3 A report has been requested again because the immunisation rates are still persistently low and are consistently flagged as red in the Joint Health and Well-being board Implementation plan.
- 1.4 The Board is concerned about the lack of progress and have written to NHS England to ask that the following is addressed:
- What the present immunisation coverage in Barnet is
  - A clear explanation on why the immunisation rates are still low
  - A detailed action plan to address this
  - Clear timescale for when the board can expect to have an accurate picture of immunisation coverage in Barnet

The response to these queries is outlined in the report from NHS England in Appendix 1 and Appendix 2.

### **2. REASONS FOR RECOMMENDATIONS**

- 2.1 Barnet council has a responsibility to scrutinise immunisation rates in Barnet to assure that there is sufficient uptake of vaccinations across all age groups. If enough people in a community are vaccinated, it is harder for a disease to pass between people who have not been vaccinated. The London target for childhood immunisation 0-5 years is 95%. Immunisation rates for children in Barnet are below this target.

- 2.2 NHS England has previously stated that the data is inaccurate and is an underestimate of childhood immunisation rates in Barnet. However, this problem has remained unresolved since April 2013 and therefore represents a significant risk in itself. Without accurate data, Barnet council cannot effectively monitor immunisation rates and cannot provide assurance that residents are protected from vaccine-preventable diseases.
- 2.3 This issue has been escalated for a third time to the Barnet Health and Wellbeing Board to highlight these significant concerns, facilitate discussion with partners at a senior level and to assure that sufficient and timely action will be taken to address the problems identified.

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

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

### **4. POST DECISION IMPLEMENTATION**

- 4.1 It is currently not possible to accurately monitor immunisation rates in Barnet and assure that the population of Barnet is protected from threats to their health. It is anticipated that NHSE will be meeting with CLCH in the next quarter to follow up on process and operability.

### **5. IMPLICATIONS OF DECISION**

#### **5.1 Corporate Priorities and Performance**

- 5.1.1 The Council's Corporate Plan 2015-2020 recognises Public Health as a priority theme across all services in the Council.
- 5.1.2 This work supports the Joint Health and Wellbeing Strategy 2015-2020 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 increase uptake of childhood immunisations to be at or above the England average.

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

- 5.2.1 Commissioning of immunisation services is the responsibility of NHS England. There are no financial implications for the council.

### 5.3 Social Value

5.3.1 Not applicable. (The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.)

### 5.4 Legal and Constitutional References

5.4.1 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.

5.4.2 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. In this capacity, NHS England will be accountable for ensuring local providers of services will deliver against the national service specifications and meet agreed population uptake and coverage levels, as specified in the Public Health Outcome Indicators and KPIs. NHS England will be responsible for monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required.

5.4.3 The terms of reference of the Health and Wellbeing Board is set out in the Council's Constitution, Responsibility for Functions Annex A and includes the following responsibilities:

- To consider all relevant commissioning strategies from the CCG and the NHS England and its regional structures to ensure that they are in accordance with the JSNA and the HWBS and refer them back for reconsideration.
- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.
- Receive the Annual Report of the Director of Public Health and

commission and oversee further work that will improve public health outcomes.

- Specific responsibilities for overseeing public health and developing further health and social care integration.

## 5.5 Risk Management

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

## 5.6 Equalities and Diversity

5.6.1 The burden of infectious, including vaccine-preventable diseases falls disproportionately on the disadvantaged. There tends to be lower than average uptake for all vaccines amongst socially deprived and ethnic minorities.

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

5.6.3 The general duty on public bodies is set out in section 149 of the Equality Act 2010. A public authority must, in the exercise of its functions, have due regard to the 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; and
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

## 5.7 Consultation and Engagement

N/A

## 5.8 Insight

N/A

## 6. BACKGROUND PAPERS

6.1 Health and Wellbeing Board, 18 September 2014, Agenda item 13, Report on immunisation coverage in Barnet

<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7782&Ver=4>