

	Health and Wellbeing Board 14 September 2017
Title	Update on childhood immunisations 0-5 years
Report of	Dr Andrew Howe - Director of Public Health Catherine Heffernan - Principal Advisor, NHS England (London) Amanda Goulden - Population Health Practitioner Manager, NHS England (London)
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1 – Barnet Update for Health and Wellbeing Board 0-5 immunisations. Appendix 2 – Barnet Public health Immunisation Action Plan 2017/18 Appendix 3 - London two year Immunisation Plan for 2017/19
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Summary

In July 2016, a report was presented to the Health and Wellbeing Board by representatives from NHS England (London) public health commissioning team which explained the reasons why the routine childhood immunisation rates in Barnet were lower than WHO recommended levels of 95% and lower than national averages.

It was noted that the decline in rates was not representative of the proportion of children in Barnet receiving the recommended vaccinations but was reflecting a data reporting issue.

The Health and Wellbeing Board asked for further assurance that sufficient action is being taken to address this issue through an audit of immunisations at all GP practices across Barnet. NHSE representatives were asked to report back at a following meeting.

This report provides an update to work that has been done by the NHS England (London) screening and immunisation team and their partners since the Health and Wellbeing Board meeting on 10 November 2016.

Appendix 1 is the Barnet Childhood Immunisations Report for 2017/18.

Appendix 2 is the NHS E London Immunisation 2 year plan. This has superseded the Barnet action plan, as following an audit it was found that the majority of issues were London wide.

Appendix 3 is a summary of local Public Health activity to support increased immunisation coverage.

Recommendations

- 1. That the Health and Wellbeing Board notes the update on the work done by NHS England and Barnet Public Health, since the HWBB's request in November 2016**
- 2. That the Board notes that Child Health Information Systems (CHIS hubs) have now been mobilised and the next update will provide more accurate data.**
- 3. That the Board notes that a further update will be presented in early 2018.**

1. WHY THIS REPORT IS NEEDED

- 1.1 In November 2016, a report was presented to the Health and the Wellbeing Board by representatives from NHS England (London) public health commissioning team which explained the reasons why the routine childhood immunisation rates (as measured by COVER) in Barnet were lower than WHO recommended levels of 95% and lower than national averages.
- 1.2 The Health and Wellbeing Board asked for further assurance that sufficient action is being taken to address this issue through an audit of immunisations at all GP practices across Barnet. NHSE representatives were asked to report back at the next meeting.
- 1.3 The NHSE report in (appendix 1), provides an update to work that has been done by the NHS England (London) screening and immunisation team and their partners since the Health and Wellbeing Board meeting on 10 November 2016.
- 1.4 The London two year Immunisation Plan for 2017/19 (appendix 2) outlines the sub-sets of plans such as improving parental reminders across London, which the evidence repeatedly states as the main contributor to improving uptake of 0-5s vaccinations and the implementation of a 0-5s best practice pathway (currently out for consultation). The London Immunisation Board will be monitoring the impact of these pathways over the next year.

- 1.5 The Barnet Childhood Immunisation action plan (appendix 3) provides an update to work that has been done by local authority Public Health and CCG), NHS England screening and immunisation team and Public Health England.

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.
- 2.2 In response to previous NHS England reports about the inaccuracy of some childhood immunisation data, NHS England reports London has in recent years delivered significantly poorer uptake than the remainder of the country. Reasons provided for the low coverage include the increasing birth rate in London which results in a growing 0-5 population and puts pressure on existing resources such as GP practices, London's high population mobility, difficulties in data collection particularly as there is no real incentive for GPs to submit data for COVER statistics and large numbers of deprived or vulnerable groups. In addition, there is a 20-40% annual turnover on GP patient lists which affects the accuracy of the denominator for COVER submissions, which in Barnet's case inflates the denominator (i.e. number of children requiring immunisation) resulting in a lower uptake percentage. Like many other London boroughs, Barnet has not achieved the required 95% herd immunity (i.e. the proportion of people that need to be vaccinated in order to stop a disease spreading in the population). Additionally, under the London Immunisation Board, PHE and NHSE (London) have been working together to improve quality of vaccination services including better data linkages between Child Health Information Systems (CHIS) and GP systems (Appendix 1).

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 continue to meet with CLCH to follow up on process and operability. Also, the ongoing issues with TTP System One will be raised nationally.

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.

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, 10 November 2016, Agenda item 8, Update on childhood immunisations 0-5 years

<https://barnet.moderngov.co.uk/documents/g8715/Public%20reports%20pack%2010th-Nov-2016%2009.00%20Health%20Wellbeing%20Board.pdf?T=10>

- 6.2 Health and Wellbeing Board, 21 July 2016, Agenda item 6, Update on childhood immunisations 0-5 years

<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8713&Ver=4>

- 6.3 Health and Wellbeing Board, 12 May 2016, Agenda item 8, Update on childhood immunisations 0 – 5 years

<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8712&Ver=4>

- 6.4 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>

- 6.2 Health and Wellbeing Board, 21 November 2013, Agenda Item 4, Health and Wellbeing Strategy (2012-2015)

<http://barnet.moderngov.co.uk/documents/g7559/Public%20reports%20pack%2021st-Nov-2013%2009.00%20Health%20Wellbeing%20Board.pdf?T=10>