



THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

# Westminster Health & Wellbeing Board

# RBKC Health & Wellbeing Board

Date:	March 28 <sup>th</sup> 2019
Classification:	General Release
Title:	Immunisation Programmes in RBKC and Westminster
Report of:	Bi-Borough Public Health – Cover Paper NHS England – Immunisations Paper
Wards Involved:	All wards in RBKC and WCC
Financial Summary:	There are no financial implications currently
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#### 1. Executive Summary

- 1.1 This cover paper from Bi-Borough Public Health accompanies a detailed report from NHS England giving an overview of Immunisation uptake across Westminster and Kensington and Chelsea.
- 1.2 The National Immunisations programme includes a range of vaccines to protect against a number of diseases and covers neonates, pre-school children, primary and secondary school aged children, pregnant women and adults.

- 1.3 Uptake of most vaccines in the Bi-Borough is generally lower than the national and London average and has been in decline over the last decade, giving rise to concerns about the collective immunity of the community (known as 'herd immunity') and the resulting risk to the population and individuals in the event of a disease outbreak.
- 1.4 The NHS England report attached provides an update and overview of current uptake across the immunisations schedule and outlines data issues and possible reasons for variance in uptake, alongside actions that are being taken at a national, London wide and local level.
- 1.5 At the Bi-borough level there is little localised research to explain the low uptake and variance at population level within our communities.
- 1.6 Building on the work covered in the NHS England paper and to fulfil their role in quality assurance, Public Health are proposing to facilitate collaborative workshops on key local issues with partner organisations and specialists. These will draw on the data and evidence to help understand local variance, identify inequalities and explore priorities for local action.
- 1.7 The workshops and dissemination process will result in an Implementation Plan, developed and owned by local partners, proposing a set of actions for moving forward towards a greater understanding of what is driving uptake and variance in immunisation rates in the Bi-Borough, and, ultimately towards improving vaccination cover in our communities.
- *1.8* The Health and Wellbeing Board are invited to consider the reports submitted, provide comment and to review future progress as part of the local assurance process.

#### 2. Key Matters for the Board

- 2.1 The Bi-Borough Health and Wellbeing Board are requested to note and provide comment on:
  - The paper provided by NHS England giving an overview of Immunisation uptake in the Bi-borough
  - Local Authority Public health proposals for next steps in creating a local implementation plan

And to

• Consider and agree to proposals to return to the Health and Wellbeing Board in 6 months (September 2019) with completed partnership Implementation plan and in a further 6 months (March 2020) to review progress.

# 3. Background

# Roles and Responsibilities

- 3.1 The Health and Social Care Act 2012 introduced new sets of responsibilities for the delivery of public health services. For Immunisations the responsibilities outlined are as follows:
  - NHS England To commission and co-ordinate national immunisation programmes according to national service specifications under the section 7a agreement.

" NHS England are accountable for ensuring that local providers of services will deliver against national service specifications and meet agreed population uptake and coverage levels. NHS England are responsible for monitoring providers performance and supporting providers in delivering improvements in quality." (1.2.1 National Delivery Framework)

- Public Health England (PHE) To lead response to outbreaks of vaccine preventable disease and provide expert advice in cases of immunisation incidents.
- Local Authority Is the leader of the local public health system and is responsible for improving the improving and protecting the health of local people and communities. They will provide independent scrutiny and challenge of the arrangements of NHS England, PHE and providers. This function may be carried out through agreed local mechanisms such as the Health and Wellbeing Board.
- CCGs have a role in quality improvement, including the delivery of primary medical care services delivered by GP practices.
- Providers of immunisations services deliver programmes under contractual arrangements.

All the arrangements above are outlined in detail in the Immunisation and Screening National Delivery Framework and Local Operation Model document – included here under 'Background Documents'.

# Immunisations

- 3.2 The current National Immunisations programme offers protection against the following diseases:
- Diptheria, Tetanus, Pertussis (Whooping cough) (DTaP)
- Polio (IPV)
- Haemophilus influenzae type b (Hib)
- Hepatitis B (Hep B)
- Pneumococcal (PCV and PPV)
- Meningococcal groups B and C (Men B and Men C)
- Rotavirus gastroenteritis
- Cervical cancer caused by human papillomavirus (HPV)
- Meningococcal groups A,C, W &Y (Men ACWY)
- Shingles
- Seasonal influenza

In addition, BCG vaccine to protect against Tuberculosis is offered to neonates under a London wide programme.

Full details, including eligibility and age groups are covered in the Complete routine immunisation schedule included here under 'Background Documents'.

#### Immunisations in the Bi-borough

3.3 Immunisation rates in the Bi-Borough have historically been lower than national and London averages for most vaccinations and have declined considerably since 2010. These continuing low rates have raised concern within the Bi-Borough Local Authorities and Public Health and therefore NHS England have been asked to provide a paper to the Health and Wellbeing Board to examine to current position.

#### 3.4 The resulting paper presented here and included as Appendix 1 covers

- I. Immunisation coverage data
- II. Headlines for London
- III. Routine Childhood immunisation programme (0-5 yrs)
- IV. School age vaccinations (5-18 yrs)
- V. Challenges and What is being done to increase uptake?
- VI. Outbreaks of Vaccine preventable diseases
- VII. Next steps

- 3.5 To further understand the local issues Public Health are proposing a series of collaborative workshops to examine the issues raised in the NHS England paper in more detail with key partners. These workshops will be an opportunity to work with NHS England and delivery partners to investigate ways to improve the data issues identified, identify where there may be inequalities in vaccine uptake and engage all local stakeholders in a systems approach to further understanding the local issues with the ultimate aim of improving vaccine uptake.
- 3.6 The workshops will result in a partnership implementation plan, co-ordinated by Public Health, in which priorities for action will be identified and owned by participants.
- *3.7* The workshops are currently being scoped and are likely to include sessions on Data, General Practice, Children's Services and Communications.
- 3.8 A draft version of the NHS England paper has been shared for comment with colleagues in Primary Care and Quality and Performance in both Central and West London CCGs. Proposals for the development workshops have been well received by CCG colleagues who have provided initial comment and suggested participants.
- 3.9 Wider dissemination of the implementation plan is envisaged with proposed presentations to the Primary Care and Quality and Performance Committees at both CCGs for further discussion and comment and also via Primary Care Networks.

#### 4. Options / Considerations

- 4.1 The Health and Wellbeing Board are asked to:
  - Note that the available data shows that immunisations rates in the Bi-Borough are lower than national and London averages for most immunisations and have been for many years.
  - Consider the reasons given for current performance variation and populations that are likely to be most affected within the Bi-Borough community.
  - Consider and comment upon proposed actions to further understand immunisation uptake rates, investigate reasons for variance and interventions to ultimately improve immunisation uptake rates in the Bi-Borough.

#### 5. Legal Implications

5.1 The roles and responsibilities of organisations in the delivery of National Immunisation programmes is set out in the Health and Social Care Act 2012 and is detailed further in the Immunisation and Screening National Delivery Framework and Local Operating Model. <u>http://www.legislation.gov.uk/ukpga/2012/7/part/1/enacted</u> <u>https://www.england.nhs.uk/wp-content/uploads/2013/05/del-frame-local-op-</u>

### 6. Financial Implications

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6.1 There are no financial implications arising from this paper. However, should future proposals arise from the implementation workshops for projects with an associated cost implication, finance from an appropriate funding stream will need to be sought. This is likely and will be built in to the implementation plan.

If you have any queries about this Report or wish to inspect any of the Background Papers, please contact:
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#### **APPENDICES:**

 Report to Health and Well-Being Board on Section 7a Immunisation Programmes in the Royal Borough of Kensington and Chelsea and Westminster 2017/18 – NHS England

#### **BACKGROUND PAPERS:**

- 1. Immunisations and Screening National Delivery Framework and Local Operating Model (NHS England / Public Health England 2013)
- 2. Complete routine immunisation schedule from Autumn 2018 (NHS)