

Committee: Overview and Scrutiny Commission

Date: 24 November 2015

Wards: ALL

Subject: Childhood Immunisations – Health and Wellbeing Board Response to the Recommendations of the Immunisation Task Group

Lead officer: Kay Eilbert, Director of Public Health

Lead member: Cllr Caroline Cooper-Marbiah, Cabinet Member for Adult Social Care and Health; Cllr Maxi Martin, Cabinet Member for Children's Services

Contact officer: Hilina Asrress – Senior Public Health Principal, 020 8545 339

Recommendations:

- A That members of Overview and Scrutiny Commission discuss and comment on the Health & Wellbeing Board's response to recommendations of the Immunisation Task Group, the progress that has been made so far on improving childhood immunisations and the action plan to continue making improvements in this area.
-

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

The attached paper sets out the response of the Health and Wellbeing Board to the recommendations of the Overview and Scrutiny Committee Immunisation Task Group.

DETAILS

At its meeting on 29 September 2015 the Health and Wellbeing Board received a report from the Scrutiny Task Group on Improving the Uptake of Childhood Immunisations. The Health and Wellbeing Board also received a copy of a report and draft action plan on Immunisations in the 0-5 age group originally presented to Merton CCG Clinical Reference Group. After discussion by members of the Health and Wellbeing Board it was resolved:

1. That Health and Wellbeing Board considered and endorses the recommendations arising from the Scrutiny review on improving the uptake of immunisations in the 0-5 age group.
2. That the Health and Wellbeing Board agrees to the implementation of the recommendations, as set out in the action plan presented to the Board.

The details below provide the local picture around childhood immunisations. It details current performance, ongoing initiatives and plans for the future to continue to improve childhood immunisations in response to the Immunisations Scrutiny Report.

The key messages:

- Childhood immunisations have historically been low in Merton but improvements have been made recently
- London Borough of Merton Overview and Scrutiny (O&S) committee completed a review and its report sets out recommendations on how the borough's partners can make further improvements in performance
- A local Immunisations Steering group will be established with representation from NHS England, Public Health, Merton CCG, SMCS and other partners. The group will lead the work around improving childhood immunisations locally
- A draft action plan has been developed between NHS England (Commissioners of immunisations) and Merton Public Health in partnership with Merton CCC Clinical Director for Maternity and Children. The plan incorporates the O&S report recommendations (see Appendix 2). This will be taken to the new local immunisations steering group for review and agreement
- Performance will be reported regularly through the GP locality meetings and a quarterly report will go to the Children's Joint Commissioning Group and to the Public Health Board

2. BACKGROUND

After clean water, vaccination is the most effective public health intervention for saving lives and promoting good health. Historically, Merton's childhood immunisations uptake has been lower than London and England averages. The World Health Organisation (WHO) sets a target of 95% coverage for all childhood immunisations but Merton has been far from this target.

Changes in commissioning arrangements for immunisation came into effect on 1st April 2013 as a result of the Health and Social Care Act 2012. The overall roles and responsibilities of the different organisations are as follows:

- **The Department of Health** will continue to have overall responsibility for immunisation policy, securing the necessary funding and supporting implementation of new vaccination programmes;
- **Public Health England** will be responsible for buying, storing and distributing vaccines, holding coverage and surveillance data, communication, and providing expert analysis and advice (including through the Joint Committee for Vaccination and Immunisation) at a national level and, through the PHE Centres, supporting the area teams of the NHS England;
- **NHS England** will be responsible for commissioning all national immunisation programmes from local providers in line with agreed service specifications. This will be done through Screening and Immunisation Teams which have NHS England and PHE staff working together, and are based within the 27 area teams;

Local Authority

Local Government (through the Director of Public Health) will have a duty to ensure plans are in place to protect their population by providing independent scrutiny of the plans of NHS England and other organisations.

- **Providers of immunisation services, such as GPs and school nurses** will continue to deliver immunisation programmes following national schedules.

Further direction is available in guidance published in May 2013 (click on pdf link below).



Imms and Screening
national delivery -fra

3.0 CURRENT PERFORMANCE

Table 1 provides the latest Annual 2014/15 data compared to Annual 2013/14 performance for a selected number of immunisations indicators. Out of the 6 indicators shown, all have shown improvements from the same period the previous year. A similar trend can be seen when comparing the quarterly 2014/15 performance with quarterly 2013/14 date.

	Diphtheria, Tetanus, Polio Pertussis, Haemophilus influenza type b (DTaP/IPV/Hib) Age 1	Hib/Men C booster Age 2	MMR1 Age 2	Pneumococcal infection (PCV booster) Age 2	Diphtheria, Tetanus, Polio, Pertussis (DTaP/IPV – pre school booster) Age 5	MMR2 Age 5
Merton Annual 14/15	93.3%	87.9%	88.8%	87.7%	71.7%	80.4%
Merton Annual 13/14	82.1%	81%	82.1%	82.8	64.8	72.3
London average 14/15	90.6%	86.8%	87.3%	86.4%	79.5%	81.1%
Annual Merton 14/15 vs Annual Merton 13/14	↑ 11.2%	↑ 6.9%	↑ 6.7%	↑ 4.9%	↑ 6.9%	↑ 8.1%

Source: Health and Social Care Information Centre (HSCIC)

4.0 ACTIONS TAKEN TO DATE

A number of actions have been undertaken to improve childhood immunisations performance in the past year.

4.1 Overview and Scrutiny Report

In response to poor performance on childhood immunisations, London Borough of Merton's Overview and Scrutiny Committee requested a review of childhood immunisations locally with the support of The Centre for Public Scrutiny and partners input.

Partners with an interest and responsibility around immunisations were brought together to discuss the issues which were impacting on the uptake of immunisations. This then formed the basis of a report and recommendations (click on the link below).



Imms Scrutiny report
FINAL.docx

The task group identified a number of important factors that contribute to improving uptake rates. These include;

- An effective local co-ordination group must be in place which has commitment from the key partners who deliver immunisations. The group should identify clear objectives and develop an action plan to improve take-up.
- Immunisation data must be updated in a timely way to ensure that the key agencies have the latest immunisation figures.
- The local co-ordination group should develop projects to identify and provide support to the groups who are least likely to immunise.
- Finding innovative ways to embed key immunisation messages within the community is the best way to improve take-up.
- The immunisations schedule is complex and changes regularly therefore it is important to ensure that parents and guardians are able to access support and reassurance when they need it.

The Overview and Scrutiny task group made a number of recommendations to address these issues and agreed to continue to raise the profile of this important issue locally.

4.2 Draft Immunisations Action Plan

An Immunisations Steering group which was chaired by Public Health had previously been in place to coordinate work to improve immunisations uptake. A new local immunisations group will be established to ensure there is a coordinated approach to improving immunisations uptake with key partners. This is also in line with the recommendations of the Overview and Scrutiny report. The objectives of the steering group are to bring partners together to coordinate initiatives to improve local rates. The group will be led by NHS England as Commissioner of childhood immunisations locally and will bring partners such as Merton CCG, Public Health, Children, Schools and Families (CSF) and Public Health England colleagues together. The first meeting will be scheduled for October/Early November.

A draft action plan has been developed between NHS England (Commissioners of immunisations) and Merton Public Health in partnership with the CCG Clinical Director for Maternity and Children. The plan incorporates the O&S report recommendations (see Appendix 2). This will be reviewed by the wider local immunisations steering group.

4.3 Additional actions taken

- Improving childhood immunisations has been identified as one of the outcomes in the refreshed Health and Well-being Strategy (2015-2018) under Theme 1 (Best Start in Life), with MMR 2 as the chosen indicator which will be monitored to track progress
- NHS England have reviewed recent data to identify the 10 GP Practices with the highest proportion of unimmunised children. NHS England will be visiting all 10 GP Practices by March 2016 offering support and advice on how rates can be improved and sharing best practice.
- Public Health England and NHS England have provided information and advice to GP Practices on changes in the immunisations schedule and provided online training for professionals and also 2 day training for new GP Practice immunisers.
- Public Health provides quarterly immunisations data by GP Practice to locality meetings and has provided a Top Tips list of advice for GPs to improve immunisation rates.
- Public Health uses local media such as My Merton (magazine which goes out to households in the borough) to remind families of the need to keep children up to date with immunisation schedules.
- The Community Service Procurement service specifications for Health Visiting and School Nursing include and reinforce the need to promote immunisations and check immunisations status of children at appropriate times and signpost families. They include specific Key Performance Indicators to measure this. For example, School Nursing undertake health assessments for reception year

children, including immunisation status. Where early years immunisations are not complete, a letter is sent to parents.

- A GP Practice leads Flu update organised by the Clinical Director for Children was delivered in September 2015 with input from Public Health England, LBM Public Health and other key partners. For children this includes the requirements in the new flu season to immunise all 2, 3 and 4 year olds in the borough) by GP Practices.

5.0 CONCLUSION

Together with the actions that have been taken to date and the actions planned within the coming year, it is anticipated that improvements in performance shall be made and children and the community will be better protected from infectious diseases.

6.0 TIMETABLE

N/A

7.0 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None relating to this covering report

8.0 LEGAL AND STATUTORY IMPLICATIONS

None relating to this covering report. Scrutiny work involves consideration of the legal and statutory implications of the topic being scrutinised.

9.0 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engaging with local partners in scrutiny reviews. Furthermore, the outcomes of reviews are intended to benefit all sections of the local community.

10.0 CRIME AND DISORDER IMPLICATIONS

None relating to this covering report. Scrutiny work involves consideration of the crime and disorder implications of the topic being scrutinised.

11.0 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None relating to this covering report

APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Appendix 1 Childhood Immunisations Action Plan

Appendix 1:


Merton Childhood Immunisation Action Plan 2015/16

Background:

- Achieving high levels of immunisation coverage in London remains challenging. In Merton, immunisation uptake rates are similar to rest of London boroughs.
- This action plan has been developed as part of NHS England's ongoing work to improve immunisation coverage in London working with Merton Public Health and local partners. It consists of 2 sections and each section outlines ways in which partner organisations could contribute to the work to ensure high levels of immunisation coverage are achieved and sustained in Merton. This is in recognition of the key elements and partnerships that are essential to the delivery of an effective, equitable and quality assured immunisation service.
- The 2015/16 Merton Immunisation Action Plan is underpinned by NHS England's immunisation strategic objectives which are:
 1. To achieve improved immunisation coverage across London (including Merton).
 2. To reduce inequalities in immunisation uptake between GP Practices, wards and population groups
 3. To improve patient choice and access to immunisations across London (including Merton)
- Merton's Health and Well-being Strategy 2015 – 2018 also identifies Childhood Immunisations as one of its key priority areas under the 'Best Start in Life' theme with MMR2 chosen as the indicator which will be monitored to track progress.
- This action plan includes recommendations from a London Borough of Merton Overview and Scrutiny report which was recently undertaken focussing on childhood immunisations

- This action plan outlines ways in which partner organisations can contribute to the work to ensure high levels of immunisation coverage are achieved and sustained in Merton. This is in recognition that working in partnerships is essential to the delivery of an effective, equitable and quality assured immunisation service.

DRAFT

Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion and mitigation of risk	RAG
Commissioning Performance Management	Improvement in the recording of immunisation data. All practices are instructed to use QMS Practice Focus was operational with all clinical systems.	COVER submissions reflect an increase in recorded immunisation coverage rates.	<ol style="list-style-type: none"> 1. Ensure Merton GP Practices enter data for every patient immunised in a timely manner 2. Continue to encourage all practices to use agreed Read 	End of Q1 2015/16	CHIS – for childhood immunisations NHSE in discussion with GP practices for other immunisations	May not be possible to put an electronic solution in place for practices whose clinical system is not compatible with QMS Practice Focus, may need to revert to a manual system. Practices experience problems submitting data automatically	
		100% of children who persistently miss GP immunisation appointments actively followed up to ensure they are up to date with immunisations	<ol style="list-style-type: none"> 1. Encourage GP practices to directly contact children missing immunisations on Timely manner (call and recall) 	End of Q3 2015/16	NHSE strategic lead CHIS operational lead in discussion with GPs (provider) CHIS operational lead in discussion with school nursing (provider)	GP practices/CCG may not see the benefit of the call and recall system. GPs may not prioritise immunisation	

Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion and mitigation of risk	RAG
Page 306	Reduce the variation in immunisation performance between best performing and worst performing GPs.	Improved immunisation data quality resulting in accurate reporting of immunisation coverage and improved GP understanding of current coverage issues and value of immunisation; leading to improvement in immunisation coverage in line with Merton trajectories	<ol style="list-style-type: none"> 1. Identify practices with the highest number of unimmunised children. 2. Work with these practices to improve, either by cleansing lists or call/recall. 3. Identify what works in the best performing practices and share; work with poor performing practices in troubleshooting the barriers to increasing uptake. 4. CCG to support NHSE attending one Council of members meeting to cover actions 1-3. 5. Share Unify 	End of Q4 2015/16	NHSE	<p>GP practices may not record the data accurately.</p> <p>GP may not buy in to strategy of identifying practices where efficient intervention can take place.</p> <p>CCG will encourage GP practices to agree on the plan and monitor the data on monthly basis.</p>	

Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion and mitigation of risk	RAG
			immunisation performance directly with practices (YHC)				
	<p>Performance data by GP practices provided directly to GPs, LBM and to CCG locality meetings on a regular basis</p> <p>Children moving in/out of Merton are managed effectively to ensure they do not miss out on public health interventions</p>	Accurate reporting of immunisation coverage for Merton	<ol style="list-style-type: none"> 6 weeks prior to the final COVER submission, CHIS will be requested to send provisional aggregated data to NHSE Commissioner. Movers in/movers out Standard Operating Procedure devised and operated. Merton Immunisation Group will discuss every six months. More regular discussion will be initiated by NHSE if required. 	End of Q2 2015/16	CHIS/NHSE	<ul style="list-style-type: none"> Practices not receiving their own data Send practices their performance prior to final cover data submission and after 	
			1.				
	To facilitate measurable improvements in quality	Improved immunisations uptake in Merton	1. Continue with Immunisation network	Ongoing	NHSE	<ul style="list-style-type: none"> NHSE plan to present papers and feed back to group in 	

Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion and mitigation of risk	RAG
	and performance for Merton immunisation services through bringing people together		meetings. 2. NHS England to liaise with CCGs, LA, Primary care commissioners and PHE. 3. Facilitate NHSE attendance at Practice Manager's and Practice Nurse's forums to encourage sharing of good practice between practices.			timely manner.	
	Continue to provide targeted BCG from provider until new commissioning arrangements for universal BCG programme are in place	100% of babies offered BCG immunisation at birth	1. Monitor BCG data	Sept 2015	NHSE \ CCG	<ul style="list-style-type: none"> • Vaccine supply. • The provider not delivering the service. • New commissioning arrangements not being explored and finalised • NHSE regularly monitor the uptake and keep informed of PHE vaccine supply issues. 	

Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion and mitigation of risk	RAG
	NHSE commissioned Flu and Pertussis vaccinations delivered and promoted throughout primary care providers	Increase in reported rates of flu and pertussis vaccination coverage amongst pregnant women, and flu vaccination across named at risk and universal groups	<ol style="list-style-type: none"> 1. Work with GP practices to improve flu vaccine uptake. 2. Commission the flu pharmacy scheme to improve access (subject to findings from the economic evaluation of the flu pharmacy initiative). 3. Commission maternity services to offer the flu and pertussis vaccinations to pregnant women 	End of Q1 2015/16	NHSE	<ul style="list-style-type: none"> • NHSE doesn't communicate winter strategy in timely manner • NHSE will inform all stakeholders of any delays • Providers feel ill-equipped to respond to queries regarding vaccine efficacy • NHSE to ensure that PHE communication material is distributed in a timely manner. 	
	Messages around childhood immunisations are delivered through Health Champions working in the community and targeted at groups who are not being immunised	Information on the importance of childhood immunisations is disseminated throughout the community and more families seek to ensure their children's immunisations are up to date	<ol style="list-style-type: none"> 1. Ensure Health Champions deliver immunisations messages within their communities 2. Public health team seek to develop health champion roles in communities where immunisation rates are the lowest where 	April 2016	LBM	<ul style="list-style-type: none"> • Insufficient funding to recruit more health champions in areas where immunisations rates are lower • Use existing Health champions to cover some areas where immunisation rates are low 	

Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion and mitigation of risk	RAG
			possible.				
	School entry packs include information promoting childhood immunisations and importance of being up to date on the schedule	Those who may have missed certain immunisations will be reminded to attend their GP and get children immunised, increasing uptake	Public health team to ensure that information on immunisations will be part of school entry packs and asked within the school entry health review, using the review as an opportunity to identify those unimmunised, promote immunisations uptake and signpost to child's GP.	January 2016	LBM	<ul style="list-style-type: none"> • Not enough leaflets available for all school entry packs. Need to work with NHSE to ensure there is enough 	
	All immunisers have had their annual refresher training and all new immunisers have completed the mandatory 2 day course	Merton population will receive high quality and safe immunisation services as delivered by a competent and knowledgeable workforce.	<ol style="list-style-type: none"> 1. NHSE to work with PHE and LETB to secure and commission immunisation training modules. 2. CCG to encourage practices and other providers to ensure all staff undertaking immunising have current training 	End of Q2 2015/16	NHSEVCCG\ PHE	<ul style="list-style-type: none"> • Immunisation training not being delivered. • Work with Merton CCG and LA to locally deliver in house immunisations training tailored to the needs of Merton nurses. 	

Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion and mitigation of risk	RAG
Communication with health care professionals and the public), and stakeholder engagement	Information relating to immunisation programmes is disseminated to all key stakeholders (e.g. changes to the schedule and introduction of new programmes).	Improved communications with all stake holders.	1. NHSE, LA, CCG and PHE will liaise to develop communication and cascade plan	Ongoing First audit to be completed by end October 2015	NHSE LA and CCG will advise NHSE on key local stakeholders	<ul style="list-style-type: none"> • Delay in NHSE communicating winter strategy in timely manner. This may be dependent on strategic partners on a National level publishing policy and recommendations. 	
	Performance data shared with Merton CCG and LA quarterly	All key players are up-to-date on performance information within the borough and able to use this information to inform their own delivery practices.	1. Work with CCG to identify immunisation leads in practices 2. Supply performance data to partners (including CCG and LA) in timely manner Offer support to providers should they wish to audit data flow.	Ongoing	NHSE	<ul style="list-style-type: none"> • Delay in data sharing. • Queries regarding quality of data. • Sharing the data in timely manner may be difficult 	
	Flu, shingles and pneumococcal vaccinations (for targeted cohorts) are promoted in all care	Contributes to increased uptake of winter vaccination within these populations (workers	1. Leaflets promoting immunisations are included in flu information packs.	Sep 2015	NHSE lead – including provision of leaflets, policy etc.	<ul style="list-style-type: none"> • Information is not provided in a timely manner. • NHSE communicate winter strategy to all stake holders by 	

Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion and mitigation of risk	RAG
	homes and included as a requirement in LA contracts with providers of social care services.	and clients).	2. Immunisations are promoted to care homes.		PHE to advise on content LA to design cascade of information to nursing homes (including local IMPACT team), and revise contracts	end of Q1 2015/16.	
	All registered child care providers, nurseries and preschools promote and check immunisation status of the children enrolled.	Increased numbers of children who have completed the childhood immunisation programme by age 5.	1. LA and NHSE to work with childcare providers to reinforce the message to parents of the importance of complete immunisation by age 5 (before starting school).	March 2016	LA/ CHIS	<ul style="list-style-type: none"> • Lack of understanding and buy in from childcare managers and providers • Regular information sessions through existing communication mechanisms used by LA. 	

Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion and mitigation of risk	RAG
Page 313	Children's Centres engaged in promoting immunisations and vaccinations for families.	Greater awareness about the immunisation life course.	<ol style="list-style-type: none"> 1. Information sessions on immunisation; staff trained to provide information with parent/baby groups and other users. 2. Inclusion of immunisation information in child checks/baby weighing clinics. 3. Measured by survey of children centre staff at end of the year. 4. Continue contract between Royal Marsden and Children's Centres on vaccine promotion, including the distribution of leaflets to centres 	March 2016	NHSE Royal Marsden hospital and 'Achieving for Children' (LA-Merton) operational leaf	<ul style="list-style-type: none"> • Immunisation not a priority for children's centres. • Availability of training the benefits of immunisation. 	

Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion and mitigation of risk	RAG
	Identify relevant recommendations from the NHS Southwest London <i>Childhood Immunisations and Vaccinations 2013</i> report on Immunisations and implement locally to improve immunisations rates	Increased immunisations uptake	Review the recommendations in the NHS Southwest London report and decide what would be appropriate to take forward	Identify areas by December 2015	Immunisations Group	<ul style="list-style-type: none"> • Time constraints to be able to review recommendations and implement <p>Ensure time is dedicated to discussing this on the agenda</p>	
	Ensure Health Visitors are checking and promoting immunisations with families during contacts including health reviews and baby clinics	Families reminded to immunise their children at different opportunities by Health Visitors and increase in uptake	Public Health Team to ensure that role of health visitors in delivering information on immunisations is specified and strengthened in the commissioning arrangements.	April 2016	LA	<ul style="list-style-type: none"> • Contact with families may not be used to promote immunisations <p>Monitor performance indicators around checking immunisations status at reviews</p>	
	Using technology to ensure families are reminded about getting children immunised	Increased immunisations uptake	Conduct a audit of GP's who use a text messaging service and ask them to include information on immunisations. Explore future options for expanding the text messaging service	March 2016	Merton CCG, LA & NHSE		

Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion and mitigation of risk	RAG
	Information regarding vaccination available at housing offices and local newsletter to communities through the Merton Equalities and Engagement Team	Greater awareness about the immunisation life course, and where to access immunisations.	1. Liaise with Local Authority Housing and communications departments to include immunisation leaflet/advert in housing pack	March 2016	LA	<ul style="list-style-type: none"> Do new residents receive "welcome pack"? Need to get buy-in from housing and communications department. 	
Insurance	Timely and comprehensive reporting of current immunisation issues in Merton	Merton locality assured about immunisation coverage and uptake and of plans to increase coverage, commissioning arrangements, and on responses to quality issues.	<p>NHSE to provide comprehensive report on immunisation to the Merton Health and Wellbeing Board (annually)</p> <p>NHSE to coordinate local Immunisation Group meetings)</p> <p>Coverage and uptake</p>	Ongoing	NHSE	<ul style="list-style-type: none"> NHSE unable to provide reports 	G

Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion and mitigation of risk	RAG
			data supplied to LA and CCG quarterly				
	Quality: Incident and serious incident reporting and support	All serious incidents and near misses investigated and lessons learned and shared. Minimise serious incidents	Support providers in dealing with incidents Seek assurance from providers about implementation of lessons learnt from incidents	Ongoing	NHSE		