

**REPORT FOR: HEALTH AND  
WELLBEING BOARD**

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**Date of Meeting:** 11 September 2014

**Subject:** **INFORMATION REPORT –  
Update on immunisation  
assurance**

**Responsible Officer:** Sarah Crouch, Consultant in Public  
Health, Harrow council

**Exempt:** No

**Wards affected:** All

**Enclosures:** NHS England report on childhood  
immunisations in Harrow

**Section 1 – Summary**

The attached report from NHS England gives an update on childhood immunisation coverage in Harrow and details the local challenges, actions and NHS England governance arrangements to quality assure immunisation performance.

**FOR INFORMATION**

## Section 2 – Report

1. NHS England is responsible for commissioning immunisation programmes, monitoring providers' performance and for supporting providers in delivering programme changes and improvements in quality when required.
2. Harrow Council has a duty, under regulation 8 of the Local Authorities Regulations 2013 (Health and Social Care Act 2012), to scrutinise immunisation rates in Harrow to assure that there is sufficient uptake of vaccinations across all age groups. Local authorities also provide independent scrutiny and challenge of the arrangements of commissioners to ensure all parties discharge their roles effectively for the protection of the local population.
3. Second only to clean water, vaccination is the most successful public health intervention in terms of preventing morbidity and mortality. If enough people in a community are vaccinated, it is harder for a disease to pass between people who have not been vaccinated. NHS England has set a London target of 95% immunisation rates for children.
4. In England, vaccine uptake for the childhood immunisation programme is measured nationally every 3 months. This is called the COVER (Coverage of vaccination evaluated rapidly) programme. Information is collected for children who completed scheduled vaccine courses when they were 1, 2 and 5 years of age.
5. The accompanying report from NHS England outlines how performance in Harrow compares with the 95% London target, local challenges, actions being taken and plans to improve reported rates of childhood immunisations across London. It also details governance arrangements to quality assure immunisation performance.
6. The NHS England report states that:
  - 6.1. Immunisation rates in Harrow for children aged 1 who have been immunised for polio, diphtheria, tetanus, pertussis and Hib (a 5-in-1 vaccine known as primaries) have consistently been above the London average and equal/slightly above the England average.
  - 6.2. There are considerable fluctuations in the booster immunisation rates for pneumococcal infection (PCV), Meningitis C (Men C) and haemophilus influenzae type b (hib) and first dose of Measles/Mumps/Rubella (MMR) vaccine. NHS England believes such variations are suggestive of problems with the quality of the immunisation data.
  - 6.3. There is a general pattern across London that immunisation coverage rates decrease as age increases.

- 6.4. Coverage for the second booster dose of MMR at 5 years is 86% which is above the London (80%) average but this is an area for action to improve immunisation rates.
- 6.5. There is a need to improve pre-school booster immunisation rates (booster is for Diphtheria, Tetanus, Polio and Pertussis) in Harrow through actions such as improved call/recall and reminder systems in GP practices and checking vaccination status at every contact point with a child. Population mobility in London in under-5s presents difficulties in ensuring children are adequately followed up to complete immunisations.
- 6.6. Harrow immunisation rates are similar to those of other boroughs in outer North West London.
- 6.7. There are challenges across London in assuring data quality. NHS England is managing a Pan-London project to improve flow and quality of information from GP practices to the child health information system which is the source of the childhood immunisation (COVER) data.
- 6.8. It is a commissioning objective of NHS England to increase alternative vaccination services in Harrow that complement the existing GP practice and community health service delivered immunisations. This would widen access and improve immunisation coverage in Harrow's population especially for the age 5 cohort.
- 6.9. NHS England immunisation plan across London is to improve uptake and coverage, to reduce inequalities and to improve patient choice and access.
7. NHS England report that governance arrangements are in place for oversight, monitoring and co-ordination of immunisation programmes. A performance board with CCG and local authority public health team representation meets quarterly and this work is overseen by the London Immunisation Board. NHS England's London team is subject to scrutiny and assurance by the NHS England national team on all aspects of their public health functions carried out under Section 7a of the Health and Social Care Act 2012. Going forward, local reports will be sent on an annual basis to all Health and Wellbeing Boards. Where there are unresolved issues these may be presented, on request, to 'Health and Social Oversight Committees'. Developments are underway to provide regular reports regarding immunisation performance to local authority public health teams. Failsafe procedures are in place to ensure that new entrants are offered the full schedule of appropriate vaccinations and vaccination uptake in specific vulnerable groups is monitored by way of a technical subgroup which reports to the Immunisation Board. There are specific working groups concerned with immunisations for children and young people and another responsible for older people which feeds into the London winter planning group and Immunisation Board.
8. NHS England would like to be included in the future planning for Joint Strategic Needs Assessment and Health and Wellbeing Board Strategies.

### **Section 3 – Further Information**

The Director of Public Health and his team will continue to monitor childhood immunisation rates in Harrow and ensure plans are in place to protect the population through immunisations. The Public Health team will continue to provide independent scrutiny and challenge of the plans of NHS England, Public Health England and providers to enable the local authority to fulfil the immunisation assurance duty as outlined in the Health and Social Care Act 2012. The Health and Wellbeing Board will be informed if there are any areas for concern in the future.

### **Section 4 – Financial Implications**

There are no cost implications related to this report for Harrow council as NHS England commissions childhood immunisations in Harrow.

### **Section 5 - Equalities implications**

An EqlA has not been carried out as part of this report.

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. It is essential that NHS England monitors overall immunisation rates in Harrow but also examines coverage by different age groups and in disadvantaged groups to address inequalities.

### **Section 6 – Council Priorities**

Second only to clean water, vaccination is the most successful public health intervention in terms of preventing morbidity and mortality. By assuring that children are immunised in line with the recommended vaccination schedule, the local authority is protecting the health and wellbeing of the vulnerable who may be disproportionately affected by disease, protecting communities and families by preventing outbreaks of infectious disease and local businesses by reducing absence from work as a result of the need to care for an unwell child.

## **STATUTORY OFFICER CLEARANCE (Council and Joint Reports)**

Name: Simon George

Chief Financial Officer

Date: 20 August 2014

**Ward Councillors notified:**

**NO**

### **Section 7 - Contact Details and Background Papers**

**Contact:** Sarah Crouch, Consultant in Public Health, 020 8736 6834.

**Background Papers:**