Scrutiny Report

Childhood Vaccination and Immunisation

Report of the People Scrutiny Panel
North Lincolnshire Council
April 2016

NORTH LINCOLNSHIRE COUNCIL

www.northlincs.gov.uk

CONTENTS

FOREWORD FROM THE CHAIRMAN

Councillor Elaine Marper, Chairman, People Scrutiny Panel

A recent UNICEF report on global immunisation begins with the words "With the exception of safe water, no other modality, not even antibiotics, has had such a major effect on mortality reduction." Immunisation is one of the greatest public health successes in history, and an effective, comprehensive immunisation programme can, and does, prevent millions of children and young people across the planet from contracting debilitating, and often fatal, conditions every year.

The UK is indeed fortunate to have one of the best immunisation programmes in the world. However, for immunisations to be effective, especially for particularly infectious diseases or amongst vulnerable groups, there needs to be enough people who have built up immunity to reduce the risk of the disease spreading to those who have not been vaccinated. This is known as community immunity. It is therefore important that coverage rates are as high as possible, to prevent people who may not be able to receive the vaccine from becoming ill.

The panel found that the situation within North Lincolnshire was good, with services increasingly joined-up and measures in place to offer vaccinations to those who, for any reason, may not be present when they are administered. Whilst the situation is complex, the panel is confident that sufficient priority is being given to secure community immunity, ensuring our children and young people are protected.

As Chairman, I would like to thank the witnesses that gave evidence to the panel, some on more than one occasion. I would also like to thank the Vice-Chair and all of the members of the scrutiny panel. This is clearly a vitally important issue, and the panel conducted their work thoroughly and with great attention to detail.

I look forward to receiving a detailed action plan in due course.

BACKGROUND

The People Scrutiny Panel agreed to conduct a review into childhood vaccination and immunisation in early 2016, following initial discussions with leads from NHS England/Public Health England in November 2015, and decided to include this issue on their future work programme for 2015-16. The aims were to ensure that services were sufficiently 'joined-up' and that there were robust mechanisms in place to ensure that targets for immunisation rates were being met. This is important to ensure 'community immunity', an indirect form of public protection resulting from a large percentage of the population having immunity to disease, therefore reducing the risk of disease outbreaks.

The panel found that, generally, services were working well with appropriate oversight by commissioners. There are variations between GP practices, but members are encouraged that commissioners are working to address these. As an area, for most childhood vaccinations, North Lincolnshire is above target and above the national mean performance.

Despite this, all sides, including providers and commissioners, recognise that there is further work to do. Local Human Papilloma Virus (HPV) rates in particular require improvement, although the panel is assured that a robust action plan is in place to address this.

The panel found that there is a genuine willingness and drive from all partners to provide a joined-up, effective service to all our children and young people, and are confident of further improvements. The panel will monitor this progress with the expectation of improvements.

FINDINGS

Definitions
The terms vaccination and immunisation are occasionally used interchangeably, although there is a clear difference in the meaning. Vaccination refers to the physical act of administering a vaccine, whereas immunisation is the internal, physical process within the body where an individual's immune system builds resistance, or becomes fortified, therefore reducing the risk of contracting a disease.

In general terms, vaccinations lead to immunisation through the introduction of an engineered, weakened or harmless version of a pathogen. However, this process may require the use of booster vaccinations or the use of different strains over a certain time period, due to a mutation of the pathogen. For example, the virus that causes influenza requires a different strain of anti-viral vaccine to be administered to at-risk groups (including most younger children) every year, due to mutations in the internal makeup of the virus.

Coverage and Local Performance
Vaccination provides protection, not just for the individual child, but also for wider society via 'community immunity'. This phenomenon is characterised by a large proportion of a group being immunised, therefore reducing the risk of outbreaks in those who aren't. Where a large majority of people have immunity, diseases cannot easily 'spread'.

Despite this, there are a number of valid reasons for some children not receiving certain vaccinations. These include where a child is undergoing chemotherapy, has a compromised immune system, has specific allergies, or is on a number of different medications.

The NHS provides a free vaccination programme to all babies and children within the UK. Younger children are contained within three cohort age groups; 12 months, 24 months and five years, with primary responsibility for immunisation falling to GPs. The primary responsibility for administering and co-ordinating vaccination for those over the age of five falls to the school nursing team. Naturally, there is also a responsibility that falls to the parent or guardian to ensure that the child receives their required vaccinations.

FINDINGS

Table 1 — Percentage of Children Immunised by their First Birthday 2014/15

Vaccination	North Lincolnshire mean performance	Yorkshire & Humber mean performance	England mean performance
Diphtheria, tetanus, polio, pertussis, hib (DTaP/IPV/Hib — the 5-in-1 vaccine) Q3 data October — Dec 2015	97.4%	94.60%	93.80%
Completed two Doses Pneumococcal Conjugate Vaccine (PCV) Q3 data October —Dec 2015	94.3%	95.9%	93.9%

Table 2 — Percentage of Children Immunised by their Second Birthday 2014/15

Vaccination	North Lincolnshire mean performance	Yorkshire & Humber mean performance	England mean performance
24 month - Hib MenC % Q3 data October —Dec 2015	92.90%	94.40%	91.70%
Measles, Mumps, Rubella (MMR — 1st dose) Q3 data October —Dec 2015	93.1%	94.1%	91.4%
Pneumococcal Conjugate vaccine (PCV - booster) Q3 data October —Dec 2015	93.3%	95.1%	91.7%

FINDINGS

Table 3 — Percentage of Children Immunised by their Fifth Birthday 2014/15

Vaccination	North Lincolnshire mean performance	Yorkshire & Humber mean performance	England mean performance
Diphtheria, tetanus, polio, pertussis (booster) Q3 data October — Dec 2015	92.9%	90.8%	87.4%
Measles, Mumps, Rubella (1st dose) Q3 data October — Dec 2015	96.6%	95.4%	94.5%
Measles, Mumps, Rubella (1st and 2nd dose) Q3 data October —Dec 2015	92.4%	90.5%	87.6%
Hib/MenC (booster) Q3 data October —Dec 2015	96.4%	94.4%	93.3%

FINDINGS

Commissioning and Provision
The primary responsibility for planning and commissioning the national vaccination programme falls to NHS England. Locally, the wider screening and immunisation programme is led by a small area team, employed by Public Health England but embedded into NHS England's Yorkshire & Humber region. This enables closer co-operation on public health messages, immunisation programmes, and health protection.

NHS England commission both GP practices and school nursing teams to provide vaccination in line with national policy. Increasingly, NHS England is working with Clinical Commissioning Groups to jointly commission services, which does not currently include screening and immunisation, but may in the future. The local authority maintains an assurance role for the local area. A Humber Immunisation Board made up of commissioners and front line specialists has been established. The Board has the following duties::

- Maintain a strategic oversight of the Immunisation pathway;
- Maintain public health oversight to ensure equitable access to the Programme which meets the needs of the whole population;
- Assess continual quality of the Programme using agreed quality standards and Key Performance Indicators;
- Ensure that local governance, risk management, including management of incidents, and reporting arrangements are in place for the Programme;
- Ensure that issues are appropriately escalated through governance and/or contracting functions;
- Develop strategies for the implementation of new developments in the Programme;
- Ensure Programme performance and outcomes are reported to an appropriate governance level in both commissioner and provider organisations.

After age 5, primary responsibility for the delivery of vaccinations passes from the GP to the school nursing service. Like the GP-delivered vaccination programme, this element of school nursing is commissioned and monitored by NHS England/Public Health England, although the wider school nursing service is jointly planned with North Lincolnshire Council, and delivered locally by Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH). This helps to provide a joined-up service, with continuity of staff.

RDaSH provides a holistic Healthy Child programme, including vaccination and immunisation. A key vaccination provided by the school nursing team is HPV (human papilloma virus) vaccine, which is offered to all girls aged 12 to 13. HPV is a family of viruses, which can lead to a number of conditions, including cervical and other cancers.

FINDINGS

Table 4 — Uptake of HPV Vaccination in North Lincolnshire

Cohort of girls (n)	Uptake in 2014/15 (first dose)	Coverage	England mean	North Yorkshire and Humber Mean[1]
816	680	83.3%	89.4%	90.4%

It should be noted that the coverage figure of 83.3% is only for the first of the commissioned two doses of the vaccine. Due to a required 6 month gap between doses, the figure for overall coverage requires validation. There are also a small number of other 'school age' vaccinations provided primarily by RDaSH.

RDaSH have agreed a local action plan with NHS England/Public Health England to improve local take-up of vaccinations, including HPV. This comprehensive plan, which was shared with the scrutiny panel, includes a number of actions under five general headings: liaising with schools, providing correct information, partnership working, collating accurate data, and ensuring all children and young people are offered vaccination.

Quarterly data reports are prepared by Public Health England under the title of Cover of Vaccination Evaluated Rapidly (COVER) programme. Relatively new vaccinations such as the two dose rotavirus or Men B are increasing within England. Most other results for those aged up to 5 years remained stable. Locally, the NHS England area team and the Child Health Record Department continue to submit quarterly data.

Health Inequalities

There can be health inequalities in uptake for vaccination. Various groups are at risk of not being fully immunised, including:

- Those who have missed previous vaccinations (whether as a result of parental choice or otherwise),
- Looked after children,
- Those with physical or learning disabilities,
- Children of teenage or lone parents,
- Those not registered with a GP,
- Younger children from large families,
- Children who are hospitalised or have a chronic illness,
- Those from some minority ethnic groups,
- Those from non-English speaking families,
- Vulnerable children, such as those whose families are travellers, asylum seekers or are homeless.

[1] It should be noted that regional means do not always refer to the same area. Younger children are grouped at the wider Yorkshire and Humber area, whilst HPV is grouped at the smaller North Yorkshire and Humber area.

FINDINGS

Evidence was submitted to the panel regarding some of the ongoing work to address the above level of need. Whilst the majority of children will be vaccinated by their GP (aged 12 months to 5 years) or the school nursing team (over 5 years) there will be circumstances where this does not routinely happen. It is important that systems are in place to identify and signpost these children for vaccinations to ensure their health and wellbeing, and that of others.

The local providers are increasingly working with colleagues in the local authority, specialist health providers, A&E, Looked After Children, pastoral support, and other agencies to reduce the likelihood of any child being missed due to their circumstances. Similarly, RDaSH is ensuring steps are taken to reduce any language barrier and are actively reaching out to communities via a Health Bus, and through community leaders.

The panel is content that appropriate safeguards are in place to address any child simply missing a vaccination, perhaps through sickness, relocation, or any other absence from school. There are also robust safeguarding measures in place, based on the long-standing Fraser Guidelines on informed consent and competency to consent to vaccination.

CONCLUSIONS AND RECOMMENDATIONS

The panel is encouraged that local performance is good, mostly exceeding national performance and the government's targets. Where there is work to do, for example on HPV, we note the determination of the commissioner and provider to improve. As RDaSH is relatively new in post, we share the belief that this can provide a new impetus to improve. The panel is particularly encouraged to see that school nursing locally is joined up, with the vaccination/immunisation element sitting alongside the North Lincolnshire Council commissioned services to our children and young people.

Further to this, we also believe that the recent and ongoing integration of health and care services will also reduce any risk of a child 'being missed' by services. As this progresses, we have confidence that there will be greater opportunities for joint working and co-ordination.

In this spirit, the panel would wish to thank all partners and witnesses who submitted information. A limited number of recommendations are contained below.

Recommendation 1: The panel recommends that NHS England/Public Health England seek CCG consent across the Humber sub-region to share quarterly (monthly where available) reports on sub-regional, GP-level performance to North Lincolnshire Council's Public Health Intelligence Team and North Lincolnshire Clinical Commissioning Group (CCG). This will facilitate action to ensure coverage and public protection and enable meaningful comparison. There should be consideration and agreement on the use of non-validated, unpublished or 'working' data.

Recommendation 2: The panel heard evidence of an innovative multi-agency working group approach within North East Lincolnshire, comprising of a network for practices set up by NHS England and North East Lincolnshire CCG, which has resulted in improvements in their local performance. The panel recommends that RDaSH, in co-operation with North Lincolnshire CCG and other agencies, consider whether a similar approach could be adopted in North Lincolnshire, building upon the work of the local co-ordinating group.

Recommendation 3: The panel recommends that NHS England/Public Health England and RDaSH submit a report to the People Scrutiny Panel six months from publication of this report, updating members on progress on the HPV Action Plan. The panel further recommends that this be copied to North Lincolnshire Council's Public Health Intelligence Team.

CONCLUSIONS AND RECOMMENDATIONS

Recommendation 4: The panel recommends that NHS England/Public Health England, North Lincolnshire CCG, North Lincolnshire Council and providers collaborate to ensure consistent, evidence-based and well-publicised public health messages around immunisation. This should also include access to vaccination, via clinics, health and wellbeing hubs, children's centres etc. to parents and younger children to provide an opportunity to promote immunisation. The panel further recommends that consideration be given to include Healthwatch, Patient Participation Groups and others within these discussions.

Recommendation 5: The panel recommends that NHS England/Public Health England, in co-operation with service providers, explore the use of external incentives to increase the uptake of vaccinations.

APPENDIX 1 - GLOSSARY

CCG	Clinical Commissioning Group
COVER	Cover of Vaccination Evaluated Rapidly
DTaP/IPV/Hib	Diphtheria, tetanus, polio, pertussis (whooping cough), hib
GP	General Practitioner
Hib	Haemophilus influenzae type b
HPV	Human Papilloma Virus
MenB	Meningitis B
MenC	Meningitis C
MMR	Measles, Mumps & Rubella
PCV	Pneumococcal Conjugate Vaccine
RDaSH	Rotherham, Doncaster and South Humber NHS Foundation Trust

Designed by Publications, North Lincolnshire Council