

NORTH LINCOLNSHIRE COUNCIL

CABINET

**CHILDHOOD VACCINATION AND IMMUNISATION – PEOPLE SCRUTINY
PANEL REPORT**

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To consider a draft action plan arising from a report of Cabinet in relation to childhood vaccination and immunisation.

2. BACKGROUND INFORMATION

- 2.1 At its meeting on 26 April 2016, the People Scrutiny Panel approved its draft report on childhood vaccination and immunisation. Increasing the rate of childhood vaccination is a key public health concern to ensure that local children and young people are kept safe and healthy.
- 2.2 The report was referred to Cabinet for consideration of the recommendations on 12 July 2016, who resolved that ‘the report of the People Scrutiny Panel and its recommendations be approved and adopted and that appropriate officers and members prepare an action plan for submission to a future meeting of cabinet’.
- 2.3 A draft action plan has now been completed, and was presented to Peoples Scrutiny Panel on 21st November 2017 as required by the council’s constitution.

3. OPTIONS FOR CONSIDERATION

- 3.1 To note the progress made to date against each of the recommendations contained within the Cabinet report ‘Childhood Vaccination and Immunisation’.
- 3.2 To note the draft action plan, which was approved by from People’s Scrutiny Panel.

4. **RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)**

4.1 There are no resource implications for the council associated with the recommendations when they are implemented.

5. **OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

5.1 Not applicable in relation to this current report.

6. **OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

6.1 In accordance with the provisions within the council's constitution, the draft action plan was considered by the People Scrutiny Panel on 21 November 2017. The panel was fully supportive of the draft plan, and intend to monitor progress.

7. **RECOMMENDATIONS**

7.1 That Cabinet receive and consider the attached draft action plan.

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Ref: DG/PS
Date: 24 November 2017

Background Papers used in the preparation of this report:

Childhood Vaccination and Immunisation: Report of the People Scrutiny Panel, April 2016.

Recommendation	Progress as at November 2017	Future actions	Lead(s) & partners	Timescale
<p>RECOMMENDATION 1: The panel recommends that NHS England/Public Health England seek CCG consent across the Humber subregion 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.</p>	<p>Quarterly reports on uptake data are provided at the Humber Immunisation Programme Board, using the most recent data available, including data that are still provisional and consequently not yet in the public domain. In addition, following nationally agreed changes on access to immunisation data, the CCG and Local Authority representatives on this group are now able to access the national ImmForm database to monitor local practice-level uptake.</p>	<p>Ongoing joint review of immunisation uptake at practice and CCG level, via the quarterly Humber Immunisation Programme Board, which includes CCG and LA representation.</p> <p>Key partnership actions to be included in the Screening & Immunisation Local Improvement Plan for North Lincolnshire.</p>	<p><u>NHSE / PHE</u></p> <p>North Lincs LA North Lincs CCG</p>	<p>Ongoing</p>
<p>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 (<i>Rotherham, Doncaster and South Humber NHS Foundation Trust</i>), in cooperation with North Lincolnshire CCG and other agencies, consider whether a similar approach could be</p>	<p>Discussions have been held with the primary care department within North Lincolnshire CCG, regarding the establishment of a Clinical Immunisation Meeting or an equivalent arrangement building on, or as part of, an existing CCG-led group or regular meeting with suitable membership and authority. We understand that CCG staff have agreed to discuss this proposal with Practice Managers at a forthcoming meeting.</p>	<ol style="list-style-type: none"> 1. Secure commitment for a Clinical Immunisation Meeting or equivalent arrangements. 2. Agree format and detail of arrangements. 3. Commence these Meetings or equivalent arrangements 	<p><u>NHSE/PHE and North Lincs CCG</u></p> <p>GP practices North Lincs LA RDaSH</p>	<ol style="list-style-type: none"> 1. January 2018 2. February 2018 3. April 2018

<p>adopted in North Lincolnshire, building upon the work of the local co-ordinating group.</p>				
<p>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.</p>	<p>As recommended, an Action Plan was produced by RDaSH Foundation Trust, and has since been implemented. The Action Plan was submitted to Local Authority colleagues and to the NHS England / PHE team. Please see "RDaSH Action Plan: To Increase the Uptake of Vaccinations in North Lincolnshire".</p> <p>Very good progress has since been made by RDaSH and partners in improving the uptake of vaccinations delivered to school-age children in North Lincolnshire. For HPV (Human Papilloma Virus vaccine) uptake, the latest (provisional) 2016/17 data show that coverage for the second dose of HPV was 84.8%, compared to 73.3% for the equivalent cohort in 2015/16. Provisional data for 2016/17 also show that MenACWY coverage for Year 9 has improved from 75.7% in 2015/16 to 85.9% in 2016/17, and coverage for Year 11 has improved from 70.0% in 2015/16 to 84.8% in 2016/17. Similarly there has been an increase in Td/IPV uptake for Year 9 from 75.3% in 2015/16 to 85.4% in 2016/17. The service is now delivered by a dedicated vaccination team instead of</p>	<p>Ongoing review and improvement of performance within RDaSH.</p> <p>Ongoing external oversight and assurance of performance. This is undertaken by the Humber Immunisation Programme Board, the NHSE Screening and Immunisation Oversight Group for North Yorkshire and Humber, and also via NHSE contract monitoring mechanisms in respect of RDaSH.</p>	<p><u>RDaSH</u> <u>NHSE/PHE</u></p> <p>North Lincs LA</p>	<p>Ongoing</p>

	<p>being part of the role of the school nurses. This has meant that the team have had more capacity to work with schools to increase uptake and have been able to follow up children who missed vaccinations and those that did not return consents, which has had a positive impact on uptake.</p>			
<p>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.</p>	<p>The local NHS England / PHE team, RDaSH Foundation Trust and North Lincolnshire Council have collaborated to ensure consistent, evidence-based and well publicised public health messages around immunisation are delivered. However, due to capacity constraints, including temporary vacancies or sickness absence amongst relevant posts in partner organisations, including the NHS England / PHE team, the CCG, and the Local Authority public health team, this joint working has not been progressed as rapidly as we would like, in particular joint work with the CCG. However, those capacity issues have now largely been addressed and work is currently underway to increase the CCG’s involvement, and to incorporate relevant actions within the local Screening and Immunisation Improvement Plan (SILIP) for North Lincolnshire.</p> <p>Examples of current ongoing promotion of immunisation uptake include use of RDaSH Foundation Trust’s “Health Bus”,</p>	<ol style="list-style-type: none"> 1. Secure sign-off of the current Screening and Immunisation Improvement Plan (SILIP) for North Lincolnshire. 2. Produce a refreshed SILIP for 2018-19. 	<p><u>NHSE / PHE</u> <u>North Lincs LA</u> <u>North Lincs CCG</u></p> <p>RDaSH Other partners (eg: Healthwatch)</p>	<ol style="list-style-type: none"> 1. December 2017 2. April 2018

	the involvement of a Patient Participation Group in North Lincolnshire, and the regular distribution of promotional posters that GP surgeries are requested to display.			
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.	Under current nationally-determined immunisation policy and the related service specifications, there is no provision (or funding) for external incentives for immunisation uptake to be established. However, via the Humber Immunisation Programme Board, good practice to promote uptake is regularly shared between PHE/NHSE and providers and partners, including CCGs and Local Authorities across the area.	Ongoing promotion of good uptake via current single organisation and joint working arrangements.	<u>NHSE/PHE</u> North Lincs CCG North Lincs LA RDaSH Other partners and wider networks	Ongoing