

**North Yorkshire County Council
Scrutiny of Health Committee
13 December 2019**

Background paper to Immunisation coverage in North Yorkshire

1.0 Purpose of Report

- 1.1 To explain the broader context to the paper focusing on Immunisation Coverage in North Yorkshire; by providing a briefing on NYCC role in health protection.

2.0 Background

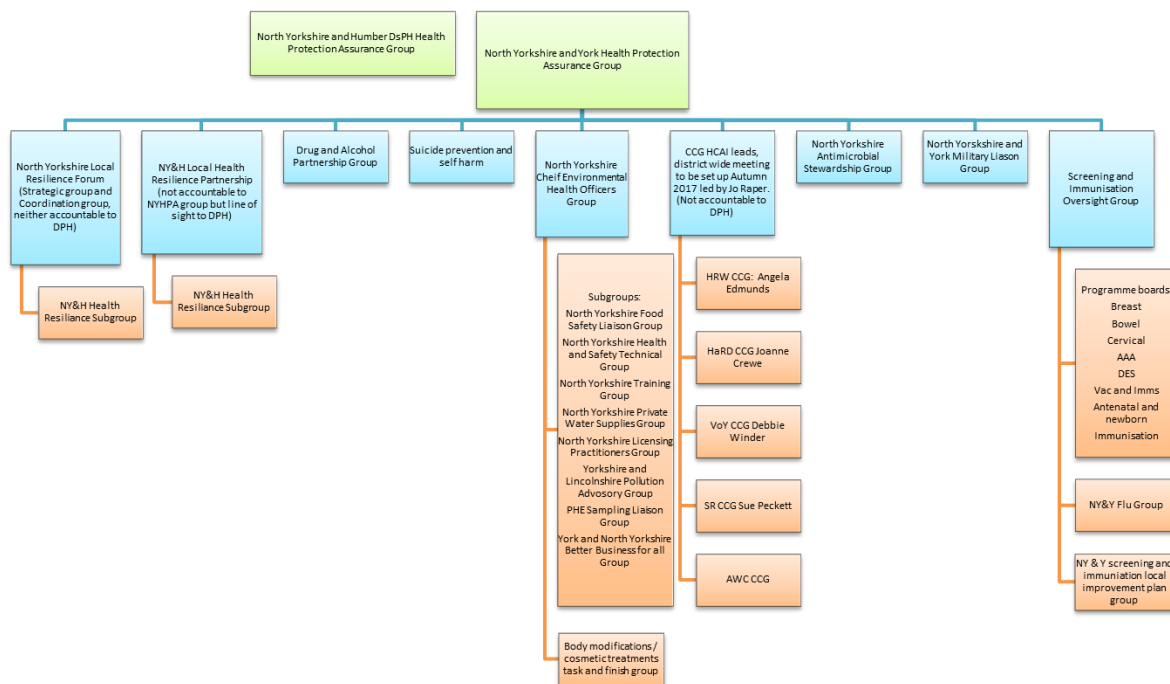
- 2.1 The statutory responsibility to protect the health of the population transferred from the Health Protection Agency (HPA) to the Secretary of State on 1 April 2013. As part of the local authority's responsibilities the Director of Public Health, has a duty to prepare for and lead the local authority's response to incidents that present a threat to the public's health. In North Yorkshire this involves working across the 5 CCGs and in partnership with Public Health England, NHS England and the seven districts / boroughs. This paper describes the breadth of health protection, key officer leads and structures and describes large projects undertaken.

3.0 The breadth of health protection

- 3.1 Health protection covers: infectious diseases, chemicals and poisons, radiation, emergency response and environmental health hazards.

4.0 Key officer leads and structures

- 4.1 The lead for health protection is Dr Lincoln Sargeant. The portfolio is led by Kathryn Ingold until the end of the year and then will be taken over by Dr Victoria Turner. All public health consultants are trained in health protection and can deputise for Lincoln in his absence. Lincoln's main role is assurance as there are a range of partners across the county who lead different areas of health protection work. Lincoln achieves this through the North Yorkshire Health Protection Assurance Group which meets twice a year. Figure 1 below shows the range of partners who deliver health protection and meet together at the assurance group to ensure a coordinated and safe approach to protecting health.



5.0 Large projects undertaken

5.1 In addition to assurance, the public health team have led the development of proactive plans. NYCC co-commissions a county wide Infection Prevention and Control Service. Public Health worked in partnership with the Resilience and Emergencies Team to develop and exercise a NYCC Pandemic Flu plan. The public health team has also led the development of a multi-agency Mass Treatment and Vaccination Plan which describes clear and agreed responsibilities in a range of scenarios which would require a mass treatment and vaccination response. The team leads work to improve seasonal flu vaccine uptake of workers in Health and Adult Services, improving the rate from 25% in 2017 to 42% in 2018. The team has also delivered time limited projects e.g. an offer of vaccination protecting against Hepatitis B for body piercers and tattooists registered in the county.

6.0 Recommendation

6.1 For members to note the content of this briefing as background for the paper from Dr Lincoln Sargeant on immunisation coverage across North Yorkshire.

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 Date: 28th October 2019

North Yorkshire County Council
Scrutiny of Health Committee
13 December 2019
Immunisation Coverage in North Yorkshire

1.0 Purpose of Report

- 1.1 To brief the scrutiny of health committee about immunisation programmes in North Yorkshire, levels of coverage and partnership activity to improve uptake rates.

2.0 Background

NHS immunisation programmes reduce illness and death from vaccine preventable and conditions. NHS England and NHS Improvement North East and Yorkshire – North Yorkshire & Humber is responsible for commissioning all the NHS Screening and Immunisation programmes under a Section 7a agreement between Public Health England and NHS England and are delivered in a variety of settings, acute, community settings and Primary Care. The Committee has asked for an overview of the immunisation programmes. The report will highlight programmes of interest. For interest all the Section 7a vaccination and immunisation programmes are given below:

Immunisation programmes

- Neonatal Hepatitis B immunisation programme
- Neonatal BCG immunisation programme
- Maternal Pertussis
- Immunisation against diphtheria, tetanus, poliomyelitis, pertussis and Haemophilus Influenza B (Hib)
- Rotavirus immunisation programme
- Meningitis C (MenC) immunisation programme
- Haemophilus Influenza B and Meningitis C (Hib/MenC) immunisation programme
- Pneumococcal immunisation programme
- DTaP/IPV and dTaP/IPV (Diphtheria, tetanus and polio) immunisation programme
- Measles, mumps and rubella (MMR) immunisation programme
- Human papillomavirus (HPV) immunisation programme
- Tetanus, diphtheria and polio (Td/IPV) teenage booster immunisation programme
- Seasonal influenza immunisation programme
- Seasonal influenza immunisation programme for children
- Shingles immunisation programme

3.0 Governance and System Partnerships

- 3.1 NHS England and NHS Improvement and Public Health England work together as a public health team working to deliver the Section 7a agenda. The North Yorkshire & Humber Screening and Immunisation Team (SIT) is a team of Public Health professionals employed by Public Health England and embedded in NHS England and NHS Improvement who work alongside the commissioners within NHS England and NHS Improvement North East and Yorkshire. The SIT work closely with all the system partners including North Yorkshire County Council Public Health regarding the uptake and coverage of the screening and immunisation programmes in the locality.

- 3.2 The North Yorkshire & Humber Screening and Immunisation team have adopted a place based approach to their work and Screening and Immunisation Co-ordinators (SICs) lead on all aspects of improving access, uptake and coverage of the programmes in their appointed locality with a view to tackling local health inequalities
- 3.3 The SICs have had a key role in leading local health improvement for the section 7a programmes for North Yorkshire. They have developed this approach in partnership with Council colleagues, the CCG, programme providers and third sector. The SICs have worked hard to build strengthened relationships with and between all stakeholders involved in the care pathways. This approach has resulted in the development of initiatives and demonstrated some actions in progressing tackling inequalities.
- 3.4 Governance of the screening and immunisation programmes is the responsibility of NHS England and NHS Improvement and is managed through programme specific boards. Membership includes providers, commissioners, SIT representatives, Quality Assurance. The programme boards provide a forum to provide quality assurance, programme management and facilitate discussions to address inequalities and improve the access, uptake, and coverage to programmes. All programmes and local place based working initiatives are shared with Directors of Public Health including the North Yorkshire DPH via the North Yorkshire & Humber Screening and Immunisation Oversight Group (NY&HSIOG). The purpose of the oversight group is to provide an assurance to the Directors of Public Health and agree priorities for the area. This is where scrutiny takes place and in most cases the performance of the programmes is not unusual compared to the rest of the country. Any issues are addressed through contracting mechanisms with the providers.
- 3.5 Whilst members of the Scrutiny of Health Committee are particularly interested in the immunisation programmes, it is important to acknowledge that NHS England and NHS Improvement is constantly monitoring all programmes within the Section 7a agenda and has agreed priorities within the local areas that are specific to NY & H, for example the annual flu campaign.

4.0 The trend in immunisation coverage nationally, regionally and locally

- 4.1 Data is shared with the SITs from National sources and takes time to be processed, cleansed and validated nationally. This is of interest as the SIT does not receive some of this data until this has happened and may in the case of annual data be almost a year later. The SIT shares the data with local authorities, CCGs and uses this data to target the work being carried out.
- 4.2 Yorkshire and the Humber, and North Yorkshire and Humber areas have higher than England vaccination and immunisation rates. However, declining vaccination coverage is a UK wide concern. National, regional and local data demonstrates that we do not meet the World Health Organisation recommendation for greater than 95% coverage for any of the routine childhood vaccinations at present. This means that there is a real and significant risk of infectious disease outbreaks in the population, particularly for highly infectious conditions such as measles, in the future.

Completed primary courses and boosters: Percentage of children vaccinated by their fifth birthday 2016-17 to 2018-19																				
	Diphtheria, Tetanus, Polio 1 st Dose				Diphtheria, Tetanus, Polio, Pertussis Booster				Haemophilus Influenzae b/Meningitis C Booster				Measles, Mumps and Rubella 1 st Dose				Measles, Mumps and Rubella 1 st and 2 nd Dose			
	Year																			
	16/17	17/18	18/19	Direction of Travel	16/17	17/18	18/19	Direction of Travel	16/17	17/18	18/19	Direction of Travel	16/17	17/18	18/19	Direction of Travel	16/17	17/18	18/19	Direction of Travel
England	95.6	95.6	95	↓	86.2	85.6	84.8	↓	92.6	92.4	92.2	↓	95	94.9	94.5		87.6	87.2	86.4	↓
Yorkshire and The Humber	97.1	96.6	96.2	↓	90.1	89.9	88.9	↓	94.4	93.8	93.4	↓	96.6	95.9	95.8		90.5	90.5	89.9	↓
North Yorkshire	97.5	96.5	96.8	↑	87.1	87	87	→	94	93.3	93.9	↑	96.5	95.8	96.2		89.4	88.1	89	↑

Data source: **COVER, Public Health England**

Flu 2018/19 Uptake	All 2 year olds	All 3 Year Olds	65 & over	6 months- 65 years at risk	Pregnant women
England Total	43.8	45.9	72.0	48.0	45.2
Yorkshire & The Humber	40.0	43.1	73.3	49.2	48.1
North Yorkshire	54.1	54.9	73.6	50.9	54.7

(Data source: Immform)

4.3 MMR in North Yorkshire

In 2018/19 there were 5,895 children aged 5 years in North Yorkshire. 89% (5,246) of children received 2 doses of MMR vaccine. We therefore need to vaccinate 355 more children across the county to reach the WHO target of >95% children vaccinated with 2 doses by their 5th birthday. This is an achievable target however the challenge is identifying which children are outstanding their vaccinations and where to target efforts.

5.0 Factors that impact upon immunisation uptake

5.1 No single factor is responsible for the decline in vaccine uptake rates. Potential causes that operate together to affect uptake include:

- Access to GP services
- Incompleteness of recorded data on vaccinations administered meaning the uptake rates could be higher than reported
- Barriers to accessing vaccination appointments/clinics (e.g. appointment times/availability)
- Inconsistencies in call/re-call systems to encourage parents to arrange vaccination for their child
- Limited contact with health professionals to opportunistically discuss and prompt families to access vaccination at the correct time (e.g. Last contact with health visiting service for universal families is around 27 months, 13 months before the MMR 2 is due)

5.2 Evidence from PHE's attitudinal surveys suggests that parental confidence in the national immunisation programme is at an all-time high. There is currently no evidence that anti-vaccine activity has had a major impact on vaccine coverage in England.

6.0 Encouraging higher levels of uptake

6.1 There is ongoing work with local practices and providers to improve the rates of all immunisations to reach successful herd immunity (*this is when a high percentage of the population is vaccinated, it is difficult for infectious diseases to spread, because there are not many people who can be infected. For example, if someone with measles is surrounded by people who are vaccinated against measles, the disease cannot easily be passed on to anyone, and it will quickly disappear again. This is called 'herd immunity', 'community immunity' or 'herd protection', and it gives protection to vulnerable people such as newborn babies, elderly people and those who are too sick to be vaccinated*). An operational group in the local area is organised by the local SIC where key stakeholders come together to look at improving immunisation rates. This operational work is to increase uptake of all recommended vaccinations across all communities and areas, to include the aim of reaching over 95% uptake for childhood vaccinations and continuing to increase uptake of the seasonal influenza vaccine. Action is taken based on local information including what the data has highlighted locally and National priorities

6.2 A Measles and Rubella Elimination UK Strategy (**UK measles and rubella elimination strategy**) was published on 9th January 2019 in response to the loss of our measles elimination status and the fact that current UK performance in terms of the aim for 95% uptake with two doses of MMR by 5 years of age is sub-optimal at 88%. The document therefore maps out how the UK can achieve a future that is free from measles, rubella and congenital rubella syndrome (CRS).

6.3 The national strategy is currently being localised and a Yorkshire and Humber MR Strategy with a supporting collaborative delivery plan is launching soon. This document outlines the system leadership and coordination role of the Screening and Immunisation Team, in terms of working with partners to identify actions that can be taken locally and monitor progress against the overarching aims of the strategy.

6.4 Further examples of initiatives:

- Value of vaccination campaign
<https://campaignresources.phe.gov.uk/resources/campaigns/94-value-of-vaccines/overview>
- Nationally and locally, teams are working with those who deliver immunisations to continue to improve access and accessibility.
- To support opportunistic vaccination, ensure missing immunisations records are flagged to health professionals at all relevant opportunities. Within recent procurements, the ability for school age immunisation providers to deliver missing MMR doses opportunistically alongside scheduled secondary school sessions have been included.
- Review opportunities to encourage immunisation in appropriate Local Authority commissioned services, including health visiting and school nursing.

- Encourage opportunities to deliver immunisations alongside existing services, for example flu and pertussis in pregnancy delivered within Trust maternity services

6.5 The SICs use the national advice to help implement approaches, initiatives and work with partners to achieve this, including contracting developments with the commissioning side of the team.

6.6 The priorities are reviewed as to whether this is the best approach and supportive work with communication teams in both local authority and CCGs, particularly in relation to promoting flu, are often key pieces of work in all areas across Yorkshire and the Humber.

7.0 How can the North Yorkshire County Council contribute to increasing vaccine uptake?

7.1 Local Authorities are in a unique position to help and support the wider system in terms of increasing MMR vaccine uptake in their area. Examples of ways Local Authorities can assist include:

- Work with the Screening and Immunisation Team locally to support the MMR Strategy and supporting collaborative delivery plan;
- Share their knowledge of the health needs of their population with key partners in order to identify where under vaccinated populations might be found;
- Use Local Authority funded services, e.g. Housing, 0-19 Healthy Child Programme, Early Help Services, social care (LAC), education, to access under vaccinated individuals and communities, and share information or offer support to access primary care services for MMR vaccination as appropriate;
- Use every opportunity to raise awareness of the risk of under vaccination and how individuals can access services that provide vaccination in their area e.g. supporting national communication campaigns on local mediums or devising a local campaign to share messages, display vaccination messages in Local Authority buildings, venues where the public visit – e.g. councillor's weekly surgery venues, libraries, children's centres.

8.0 Recommendation

8.1 The Committee notes this report and the ongoing joint work to support and promote the NHS England commissioned immunisation programmes within the North Yorkshire area. North Yorkshire County Council continues to engage, and assurances are given to the DPH in relation to commissioned screening and immunisation programmes which are sought through local operational groups, programme boards and North Yorkshire & Humber Screening & Immunisation Oversight Group.

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Date: 3rd December 2019