

**READING BOROUGH COUNCIL**  
**REPORT BY MANAGING DIRECTOR**

<b>TO:</b>	Health and Wellbeing Board		
<b>DATE:</b>	13 <sup>th</sup> December 2013	<b>AGENDA ITEM:</b>	12
<b>TITLE:</b>	Screening and Immunisation		
<b>LEAD COUNCILLOR:</b>	Councillor Hoskin	<b>PORTFOLIO:</b>	Health
<b>SERVICE:</b>	Public Health	<b>WARDS:</b>	Borough Wide
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## 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

This report aims to provide an update and overview of the work undertaken and the progress made to implement the MMR catch up programme for 10 - 16year olds in Reading. The report will also set out the rationale for the approach being taken. In addition the report will provide information on the on the wider screening and immunisation programme of work.

Phase 1 of NHS England's MMR catch up programme identified approximately 9.3% of 10 - 16 year olds in the N&W Reading CCG who had zero doses of the MMR vaccine and 9.8% who had received Zero doses. In South Reading CCG the numbers identified were significantly higher with 14.2% having received zero doses and 15.4% having received one dose. These higher figures are reflective of the larger number practices in South Reading CCG (20). For this reason the phase 2 plans of the catch up programme will focus initially on South Reading CCG practices to trial the approach to be taken and then if effective could be rolled out to other areas. This work has been led by the Programme Manager in the Public Health team working closely in partnership with South Reading CCG and Berkshire Health Care Trust and is supported and overseen by the Public Health Consultant in Health Protection from the Berkshire Shared Team.

The MMR Catch up Programme of work has been prioritised as an area of work from within the immunisation programme. Officer time has focused on working closely with NHS England and South Reading CCG to develop an approach to be piloted. It is expected that there will be lessons to be learned from the approach being used for the catch up programme including some evidence of the most cost effective approach to increasing uptake with the families who are still resistant to having their children immunised. This learning can inform future work. Appointments have recently been made into the vacant posts in the Public Health Team and it is expected that one of

these new roles will have the capacity to pick up the wider programme of screening and immunisation work once they are in post.

## 2. RECOMMENDED ACTION

- 2.1 The HWB board note the progress update and plans and proposals for the MMR Catch up programme of work for 10 - 16 year olds and wider initiatives such as the flu campaign
- 2.2 The HWB note the challenges currently to be overcome and addressed as a priority to ensure General Practice Immunisation Records are up to date, reliable and robust for 10 - 16 year olds in order for them to be able to be used by school nurses to sustain any MMR catch up required.
- 2.3 The establishment of a screening and immunisation task and finish group is postponed until the new appointment in the Public Health Team with the lead for this area of work is in post

## 3. POLICY CONTEXT

Immunisations and screening programmes are commissioned by NHS England Area Team from a range of providers, with a focus on General Practice. The role of local Public Health is to monitor the delivery of the vaccination programmes and give assurance to the Health and Well-being Board on the effectiveness of these programmes and delivery in the local communities.

Immunisation and screening uptake targets are monitored through the Public Health Outcomes Framework.

The Health and well being strategy identifies immunisation and screening programmes as a priority (Goal 1, objective 3).

The Public Health Outcomes Framework Sets performance targets for immunisation and screening.

## 4. THE PROPOSAL

- 4.1 **Current Position: MMR:** NHS England have already undertaken phase 1 of the MMR catch programme of work, as reported to the Board in September by Lise Llewellyn. This work has found that some of the main causes for the below target immunisation coverage in the 10 - 16 year olds as well as the under 5s is due to data recording issues in General Practice. A pilot project in two practices in South Reading in September found evidence that there are discrepancies between paper /scanned and electronic records for the 10 - 16 year olds and that this would result in an underestimation of the un-immunised population.

In addition, NHS England in their work to date found some of the identified issues and challenges with achieving good immunisation coverage in South Reading are:

- Transient population
- Cultural differences
- Language barriers

All of this learning now needs to be used to inform future planning to improve uptake and the first priority to action is to support the local GP practices to ensure their electronic records are up to date and robust to ensure that there is an accurate picture of which families need targeting to improve uptake.

Currently, the immunisation records for 10 - 16 year olds held by General Practice are not compatible with the child health records held by Berkshire Health Care Trust and the School Nurses. This therefore poses an additional challenge when planning for the remainder of the MMR catch up programme in the 10 - 16 year olds to take place in schools after Christmas. A priority activity therefore during this catch up phase with General Practice needs to be firstly focused on "cleaning" the practice data (as suggested above) and secondly updating the child health records held by Berkshire Health Care Trust so that the school nurses are in a position to effectively and confidently continue with the Catch Up work in schools.

South Reading CCG have prioritised improving their <5s childhood immunisation coverage to reach the 95% targets and have employed a designated nurse to work with the local practices to help them to "clean" up the local practice data and electronic records and follow up all families who have not taken up the invitation to have their children vaccinated. The nurse works on an outreach basis and carries out phone calls and face to face meetings to educate, motivate and encourage these families to have their children immunised. The CCG report that this initiative is proving effective and are optimistic it will help them to reach their 95% targets.

The model currently being used by South Reading CCG has been built into a proposal /business case by the Public Health team and submitted to NHS England for some funding to help increase the capacity of the CCG and the local practices to enable the achievement of the MMR Catch up programme targets. If the proposal is successful the plan is to pilot this approach in South Reading and then roll it out to other areas. The strength of this model in South Reading is that it should set a good foundation for continuing with any remaining MMR catch up work after Christmas in the schools when it is planned that the school nursing service will be commissioned to deliver the MMR catch up programme along side other immunisation programmes in secondary schools.

Work already underway in South Reading, led by the CCG, would indicate that an effective approach to increasing uptake of vaccinations in children under 5 years to hit the 95% target will be effective. The approach is very targeted and intensive and is specifically designed to effectively reach and educate the relatively small (approximately 100 children in South Reading) "hard to reach" /"hard to persuade" parts of the communities.

A Berkshire immunisation and screening Working Group has been established by NHS England Consultant lead (Dr Nisha Jayatileke) this group aims to provide strategic and operational coordination of the programmes of work across the six Unitary Authorities. Public Health is represented on the group by Ravi Balakrishnan the Consultant lead for Berkshire Shared team on Health protection. Public Health England Centre for the Thames Valley also report into this group and in the last meeting (24<sup>th</sup> Oct) reported that the evidence indicates that number of families who choose not to have their children vaccinated is extremely small and it was therefore possible to conclude that if significant numbers were remaining unimmunised it was due to other factors such as language barriers, high levels of immigration from

countries where routine immunisation programmes are not common and cultural issues, along with the already identified gaps in data recording systems.

Bridget England the Public Health Programme Manager leading on the MMR catch up programme has met with Emily Hodges to ensure that the work and plans of the Joint Children and Families Working Group is aware of the current proposals for the MMR catch up pilot project and also to provide her with a wider briefing and understanding of the under 5s immunisation programme. Currently there is no duplication of efforts but it was agreed that if proposals to start offering immunisations through children's centre were thought to be a useful approach to helping Reading hit its coverage targets then it would be important to make sure that the CCGs, Public Health and NHS England were part of those discussions.

#### 4.2 Current Position: Flu

**The Flu Jab:** Flu vaccination by injection, commonly known as the 'flu jab' is available every year on the NHS to protect adults (and some children) at risk of flu and its complications.

The flu jab is given free on the NHS as an annual injection to:

- adults over the age of 18 at risk of flu (including everyone over 65)
- children aged six months to two years at risk of flu

**Flu nasal spray vaccination:** The flu vaccine is also given as an annual nasal spray to:

- children aged two to 18 years at risk of flu
- healthy children aged two and three years

The vaccine is given as a single dose of nasal spray squirted up each nostril. Not only is it needle-free (a big advantage for children), the nasal spray works even better than the injected flu vaccine with fewer side effects.

It's quick and painless and children are less likely to become ill if they come into contact with the flu virus. Its brand name is [Fluenz](#).

The following activities have been undertaken/are underway to promote flu vaccination uptake across Reading:

- Flu posters, leaflets and postcards have been distributed to pharmacies across the Thames Valley and have been and/or are in the process of being distributed via partners to libraries, children's centres, health visitors, community and acute hospitals
- A press release focusing on the new vaccine for 2-3 year olds has been issued by the Area Team
- The Area Team have further proactive press releases planned during November to promote the opportunity for pregnant women to have their flu vaccination and for those in at risk groups to have their free flu vaccination across 18 pharmacies in Berkshire West.
- A local press release has been issued by Reading Borough Council urging women, carers and people with long term health conditions to get their free flu vaccination.

- Reading Borough Council is providing free flu jab vouchers for key front line staff who are working with vulnerable children and adults or are in regular contact with members of the public
- This year, for the first time, children aged two and three years on 1 September are also being offered the flu vaccination, often as a spray in each nostril. Surgeries across Reading will be contacting parents to make an appointment for children to be vaccinated.
- Practices have been sent best practice guidance
- Practices and CCGs will get monthly feed back on uptake in different groups
- Arrangements have been put in place to provide a seasonal flu immunisation service for children attending special schools located within the Berkshire West CCG Federation.
- A student on placement with the Reading Public Health will be liaising further with partners to identify where Public Health can offer further support to the local campaign during November.

#### 4.3 Options Proposed (MMR)

- a) Lessons can be learned from the work currently commissioned by South Reading CCG to increase up take in under 5s immunisations. A targeted, intensive outreach health promotion /education service delivering face to face information and encouragement to known families is proving to be effective in motivating parents to vaccinate their children. In addition this role has the additional capacity to ensure the practice electronic records are up to date and accurate to minimise the potential for under reporting. As this approach is already proving to be effective it is suggested that a similar model is piloted for the MMR Catch Up Campaign as proposed in the business case recently submitted to NHS England. Following evaluation of the impact and effectiveness of the South Reading model it could then be rolled out to N&W Reading CCG.
- b) Establish a local task and finish group to focus on the uptake of immunisation and screening programmes as proposed in the last meeting as soon as the vacant post in the Public Health team is filled. This group could be supported and advised by the PH Consultant in the Shared team and report to the Berkshire wide working group.

#### 4.4 Further points for information and consideration

One of the biggest challenges for the MMR catch up programme of work is firstly ensuring that the data held by General Practice on their registered 10 - 16 population is up to date and recorded on to their electronic records system. This is one of the primary objectives of this phase of the work planned. However, even with this work completed there will remain an in-compatibility in the data records held on 10 - 16 year olds by General Practice and those records held by the School Nurses on the BHFT child health system (RIO). The reason for this is that the practice electronic data systems don't "talk to" the RIO system. Therefore some time limited investment to increase administrative capacity to update the child health records on the RIO system, once the practice data has been cleaned, would significantly facilitate the effectiveness and efficiency of continuing with the catch up campaign in schools after Christmas.

A memorandum of understanding could be developed to clarify the roles and responsibilities of the different partner organisations with a responsibility to deliver the immunisation and screening outcomes.

## 5. CONTRIBUTION TO STRATEGIC AIMS

This programme of work will contribute to the Council's strategic aim to:

- *To promote equality, social inclusion and a safe and healthy environment for all*

Goal 1 of the HWB strategy: promote and protect the health of all communities particularly those disadvantaged.

## 6. COMMUNITY ENGAGEMENT AND INFORMATION

Berkshire Health Care Foundation Trust set up a parents forum in October 2013 for Universal services for children under 5 years. Approximately 40 people attended the first meeting and the plan is that the forum will meet twice a year. Parents on the forum will also be kept updated in between meetings with email updates and alerts along with invitations to participate in engagement and consultation activities as and when they emerge on areas of service provision.

Public Health has been invited to be part of this forum and to use it to consult and engage with parents as and when required.

## 7. EQUALITY IMPACT ASSESSMENT

The implementation of the childhood immunisation programme for both under 5 year olds and for the 10 - 16 year olds as part of the MMR catch up programme takes a whole population approach. The target to be achieved is 95% coverage and in an ideal situation 100% of the target age groups would be aimed for. Therefore it is necessary for an equality impact assessment to be carried out.

Flu can be more severe in certain people such as:

- anyone over the age of 65
- pregnant women
- children and adults with an underlying health condition (particularly long-term heart or respiratory disease)
- children and adults with weakened immune systems

The flu campaign aims to reach these groups as anyone in these risk groups is more likely to develop potentially serious complications of flu such as pneumonia (a lung infection)

## 8. LEGAL IMPLICATIONS

- 8.1 Under the Health and Social Care Act 2012 outlining the plans for the transition of Public Health into Local Authorities the Local Authority Directors of Public Health have a duty to ensure plans are in place to protect their population including through screening and immunisation. Their role is to

provide independent scrutiny and challenge of the plans of NHS England (the commissioners of screening and immunisation programmes), Public Health England and the Providers.

Public Health England have a role to support the Directors of Public Health to hold NHS England to account through the provision of data, and information on performance against standards.

The agreement made under Section 7A of the National Health Service Act 2006 between the Secretary of State for Health and the NHS Commissioning Board tasks NHS England with the responsibility for commissioning population based immunisation and screening programmes.

It is Public Health England's responsibility to provide Health protection services, expertise and advice and to provide advice on the specification for immunisations programmes

## **9. FINANCIAL IMPLICATIONS**

Business case submitted to NHS England for the MMR Catch up Programme in South Reading to trial the planned approach.

## **10. BACKGROUND PAPERS**

10.1 Health and Wellbeing Strategy.

10.2 Measles Mumps and Rubella (MMR) Immunisation Update for Berkshire - Lise Llewellyn paper to the Health and Well being Board September 2013

10.3 MMR Catch up Campaign Area Teams's report on progress Thames Valley Area Team - Report authors Dr Nisha Jayatilleke and Rosemary DeWilde 12<sup>th</sup> September 2013 (updated 27<sup>th</sup> September 2013)