

**5 March 2014****Agenda Item: 8****REPORT OF NHS ENGLAND SCREENING & IMMUNISATION TEAM WITH  
DIRECTOR OF PUBLIC HEALTH****ARRANGEMENTS FOR NATIONAL IMMUNISATION PROGRAMMES IN  
NOTTINGHAMSHIRE COUNTY & UPDATE ON THE MEASLES, MUMPS AND  
RUBELLA CATCHUP PROGRAMME****Purpose of the Report**

1. To notify the Health & Wellbeing Board of arrangements for protecting the population from the impact of vaccine preventable disease and recent progress on Measles, Mumps and Rubella (MMR).

**Information and Advice****Background**

2. After the provision of clean drinking water, immunisation programmes are one of the most cost effective health protection interventions and a cornerstone of public health (PH) practice. High immunisation rates are key to preventing the spread of infectious disease, complications and possible early death among individuals.
3. Immunisation programmes aim to protect population health through both individual and herd immunity (also known as community immunity). Herd immunity is achieved when a sufficient proportion of the target population is immunised to suppress the spread of disease to non-immune or unimmunised individuals. For most infectious diseases in the national programmes, official estimates are that an uptake of 95% of the population is required to ensure herd immunity. This constitutes a target level for the population<sup>1</sup>.
4. High immunisation uptake rates support good school attendance and educational attainment, reduced inequalities, and healthy independent living in later years.

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<sup>1</sup> When there is sufficient immunity to slow down the spread of a disease in a population, this is referred to as community immunity (sometimes called 'herd immunity'). It is critical to note that although this results in slowing down the spread of the disease within the overall group, it does not provide protection to the small number of unimmunised individuals who may still come into contact with someone who is infected. These individuals still need to be immunised to be protected; without this, they remain at risk.

### **Commissioning arrangements and responsibilities**

5. Under Section 7a of the National Health Service Act 2006 and the Health and Social Care Act 2012, NHS England are responsible for the commissioning of national immunisation programmes. This responsibility is transacted locally through NHS England Area Teams. Each Area Team has an 'embedded' Public Health England (PHE) Screening and Immunisation Team to provide PH expertise and support to the commissioning process. Programmes for people in Bassetlaw are commissioned by NHS England's South Yorkshire and Bassetlaw Area Team. For the remainder of Nottinghamshire County they are commissioned by the Derbyshire and Nottinghamshire Area Team.
6. Immunisation programmes in all areas are commissioned against sixteen nationally determined service specifications <https://www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-2014-to-2015> to ensure consistency of service provision across England.
7. The Area Team commission immunisation services from a range of providers including primary care, school nursing and health visiting services as well as acute hospital providers.
8. The quality and performance of these programmes are monitored through the Nottinghamshire County and Nottingham City Immunisation Programme Board. Similar arrangements exist for Bassetlaw. Assurance is provided to the Director of Public Health (DPH) through the Nottinghamshire County & Nottingham City Health Protection Strategy Group.
9. Appendix A is a detailed report of the commissioned immunisation programmes and associated uptake in Nottingham City and Nottinghamshire County for key immunisation programmes.
10. On an annual basis, local rates of uptake for many of these programmes are included in the health protection section of the Public Health Outcomes Framework.

### **MMR catch-up programme: uptake in Nottinghamshire County**

11. In April 2013, PHE, NHS England and the Department of Health announced a national catch-up programme to increase MMR vaccination uptake in children and teenagers. The aim of the programme was to prevent measles outbreaks by vaccinating as many unvaccinated and partially vaccinated 10 - 16 year-olds as possible. The target associated with this was that 95% of 10 – 16 year olds should have received at least one dose of MMR vaccination.
12. The best available data at that time shows that in Nottinghamshire County (excluding Bassetlaw) 96.7% of 10-16 year olds had received at least one MMR dose. The equivalent data for Bassetlaw shows that 94.7% of 5-18 year olds had received at least one dose. Notwithstanding these relatively high levels of uptake compared to other areas, letters were sent with the assistance of Head Teachers to parents, encouraging them to ensure that their children take up the offer of vaccination.

### *Ongoing national MMR programme*

13. The catch-up programme is now finished, but work continues to maintain and improve uptake rates of the ongoing national MMR programme. At the end of quarter 2 in 2013-14, 94.7% of 2 year olds in Nottinghamshire County (excluding Bassetlaw) had received a first dose of MMR. Uptake of the second dose of MMR vaccine among children aged 5 years was 91.8%. These represent record levels for Nottinghamshire County and are the result of sustained effort by general practice supported by an extensive visiting programme undertaken by the former Nottinghamshire County Primary Care Trust. This support is now led by the Area Team with the active collaboration of Clinical Commissioning Groups (CCGs). For example, Mansfield & Ashfield CCG has received particular support on data cleansing. The CCG has identified a Locality Development Manager to champion and support practices.
14. The Area Team is also working to ensure that future service specifications clarify the critical role of health visitors in promoting immunisation and, in particular, of follow up of unimmunised vulnerable children.
15. In Bassetlaw, by the end of quarter 2 in 2013-14, 93.7% of 2 year olds had received a first dose of MMR. Uptake of the second dose amongst 5 year old children was 84.6%. The South Yorkshire & Bassetlaw Area Team is commissioning a one-off exercise with general practices in Bassetlaw to identify and follow up parents of children who miss appointments for their pre-school MMR booster.

#### **Further developments and challenges**

16. Communities and populations are ever changing and the challenge to commissioners and service providers is to adapt and improve the way we deliver services to maintain and improve immunisation uptake rates. The Nottinghamshire Immunisation Programme Board has an annual work plan to deliver planned developments for 2014/15 which includes:
  - Audit of vaccine preventable hospital admissions
  - Review of commissioning models for teenage vaccination programmes
  - Expansion of the seasonal flu programme to all children aged four years and, dependent on national guidance, up to age 17 yearsRegarding the children's seasonal flu expansion, at the time of writing, the details of how this programme extension will be rolled out are yet to be determined nationally. However, there is an expectation that immunisation should be offered through school-based programmes.
17. The Nottinghamshire Screening and Immunisation Team have started initial discussions regarding this with Local Authority PH School Nursing commissioners and primary care (including the Local Medical Committee and School Nursing providers) to discuss potential future delivery models. The views of Local Authority education leads and Head Teachers including Academy Head Teachers will be an essential part of this, as will be their support in implementing any new arrangements.

#### **Other Options Considered**

18. N/A

## **Reason/s for Recommendation/s**

19. N/A

## **Statutory and Policy Implications**

20. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **RECOMMENDATION/S**

### **The Health & Wellbeing Board is requested to:-**

1. Note the arrangements for commissioning national immunisation programmes for Nottinghamshire County
2. Note for assurance the uptake of MMR vaccination in Nottinghamshire County.

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### **Constitutional Comments (SG 24/2/14)**

21. Because this report is for noting only no Constitutional Comments are required.

### **Financial Comments ([initials and date xx/xx/xx])**

22. To follow

## **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- 'None'

## **Electoral Division(s) and Member(s) Affected**

- 'All'