



**Executive
12 April 2010**

**Report from the Director of
Policy and Regeneration**

Wards Affected:
ALL

Childhood Immunisation Task Group – Final Report

1.0 Summary

- 1.1 The Childhood Immunisation Task Group report has been considered and agreed by the Health Select Committee. This report presents the task group's work to the Executive for approval.
- 1.2 When the task group started its work it quickly became clear to members that immunisation rates in Brent were poor and that there needed to be a significant change in approach to improve immunisation levels in the borough. This was acknowledged in the first version of NHS Brent's Commissioning Strategy Plan 2008-13, which contained specific targets relating to childhood immunisations, such as achieving 95% coverage of the MMR vaccine by April 2011. Although the target isn't included in the latest version of the commissioning strategy plan, it is still NHS Brent's intention to achieve these immunisation rates.
- 1.3 In order to do this, there needs to be a significant step change in the way that immunisations are provided and the data recorded and reported in Brent. The task group has found that there is a great deal of willingness from within the PCT and the local authority to work together to improve immunisation levels, but the systems and process are not yet in place to make this happen consistently across the borough.
- 1.4 The task group has made a number of recommendations, which can be grouped into four broad themes:
- Immunisation data management
 - Accountability for the delivery of vaccinations
 - Educating NHS and local authority staff on the benefits of vaccination

- Working in partnership with the council to improve immunisation rates

1.5 The majority of the recommendations are addressed to NHS Brent, but a number of them relate to the use of schools and children's centres to promote and enhance vaccine services. The Health Select Committee hopes that the Executive is able to endorse and agree these recommendations.

2.0 Recommendations

2.1 To agree the recommendations set out in the report.

2.2 To thank the members of the task group for their work.

3.0 Details

3.1 Childhood immunisation against illnesses such as measles, mumps, polio and diphtheria are crucial to protect the long term health of young people in our borough. Immunisation has the most robust evidence in terms of safety, efficacy and cost effectiveness of all healthcare activities, but there have been long standing problems in achieving good levels of coverage in London. Brent has been no exception to the London-wide trend of low immunisation rates.

3.2 Brent Council's Health Select Committee established the Childhood Immunisation Task Group because councillors were concerned about the low immunisation rates in the borough. Childhood immunisation rates in Brent for 2008/09 were reported to be below target for all of the immunisations in the national immunisation programme except human papilloma virus vaccine and tetanus, diphtheria and polio booster.

3.3 The task group was keen to investigate how NHS Brent and partners, including the council, were addressing immunisation performance to ensure young people received the correct vaccinations to prevent the unnecessary spread of disease. It should be added that as well as looking at childhood immunisation, the task group felt it could not ignore the swine flu vaccination programme even though this would be aimed at a much wider population group than children. Swine flu was a significant issue at the time that the task group was agreeing terms of reference and so it was included in the remit of the work.

3.4 The task group has made the following recommendations:

Recommendation 1 - The task group recommends that NHS Brent ensures resources are available so that an accurate CIS database can be maintained beyond the life of the current data clean-up project.

Recommendation 2 – The task group recommends that NHS Brent reports back to the Health Select Committee in December 2010 on the information held on the CIS database and the Exeter database to ensure that there is at least a 95% match between the two.

Recommendation 3 - The task group recommends that immunisation results for each GP practice in Brent are published quarterly on the NHS Brent website to help improve accountability.

Recommendation 4 – The task group recommends that NHS Brent starts to use the accurate CIS database to consider where there is underperformance in the immunisation service. For example, are there geographical or ethnicity trends that can be used as the basis for an effective immunisation promotional campaign.

Recommendation 5 – The task group recommends that all staff employed by NHS Brent are given an overview of the benefits of vaccination as part of their induction programme. This should include information on childhood vaccinations and the flu vaccination for both vulnerable adults and children. Training should be given to medical and non-medical staff working in frontline positions, and should be extended to GP receptionists.

Recommendation 6 – The task group recommends that as part of the induction training on immunisations, it is made clear to NHS Brent staff and employees at GP surgeries that there is no link between the MMR vaccine and autism so that they are able to communicate this message to members of the public, should they be asked about this subject.

Recommendation 7 – The task group recommends that NHS Brent carries out a childhood immunisation promotion campaign once an analysis of the CIS database has been completed and more is known about the children who have not had the vaccines they need. A campaign could be tied into vaccination clinics at children's centres (see recommendation 8 below).

Recommendation 8 – The task group recommends that vaccination clinics are trialled at five children's centres in Brent (one in each locality) to assess demand and popularity. One of the trials should be carried out at the weekend to see if there is demand for services outside core hours. As well as providing immunisations, health visitors should be available at the clinics to speak to parents about vaccinations and answer any questions that they have. The clinics could be timed to take place during a vaccination campaign (see recommendation 7 above).

Recommendation 9 – The task group recommends that children's centres collect information on the immunisation status of each child that it registers. This information should be passed to a health visitor for follow up with the parents if the child has not received the vaccinations in the childhood immunisation programme.

Recommendation 10 – The task group recommends that each school in Brent has a member of staff (such as a school nurse) who is able to advise parents and teachers on the benefits of immunisation. This member of staff should be invited to attend NHS Brent immunisation training to ensure their knowledge is kept up to date.

Recommendation 11 – The task group recommends that teachers in Brent are given an opportunity to attend immunisation training by NHS Brent so that they are better placed to advise parents on immunisation and the diseases that vaccines work to prevent.

Recommendation 12 – The task group recommends that parents are asked to provide information on their children’s immunisation status when they fill out their school admission form. This information would be disclosed on a voluntary basis and passed to the school nurse for follow up with the parent if necessary.

Recommendation 13 – The task group recommends that NHS Brent and the council’s Children and Families Department work with secondary schools in Brent to promote the benefits of the HPV vaccine to pupils and their parents in order to increase the vaccination rate. Work needs to include information on the vaccines safety, accessing the vaccine and organising the way the vaccine is delivered so that opportunities to complete the course of vaccine aren’t missed. Young people have an important role in this and groups such as the Youth Parliament should be approached to engage young people directly on this issue.

3.5 Although the task group has made a number of recommendations that it thinks can help to improve immunisation services in Brent, members were encouraged by the efforts that NHS Brent have made to improve the immunisation service during the course of the review. There is a genuine commitment from the organisation to improve immunisation rates in the borough and stop the spread of diseases that are clearly preventable. A significant data clean-up project has been taking place which is crucial if Brent is to increase immunisation rates. Maintaining accurate data now becomes of paramount importance so that progress can be maintained.

3.6 NHS Brent is responsible for delivering the childhood immunisation programme in Brent, but the task group believes that a partnership approach with children’s centres and schools will be beneficial and ensure greater coverage. For this reason the task group has made a number of recommendations relating to children’s centres and schools to help facilitate the immunisation programme.

4.0 Financial Implications

4.1 NHS Brent has provided a response to the task group’s recommendations, which is included as an appendix to this report.

5.0 Legal Implications

5.1 There are no legal implications for the council arising from the report.

6.0 Diversity Implications

6.1 None

7.0 Staffing/Accommodation Implications (if appropriate)

7.1 None

Background Papers

Contact Officers

Andrew Davies, Policy and Performance Officer, Tel – 020 8937 1609
Email – andrew.davies@brent.gov.uk

PHIL NEWBY
Director of Policy and Regeneration