Brent / NHS North West London Clinical Commissioning Group	**Brent Health and Wellbeing Board** 16 March 2022
	Report from Director of Public Health

Vaccinations

Wards Affected:	all
Key or Non-Key Decision:	Non key
Open or Part/Fully Exempt:	open
No. of Appendices:	Appendix 1 - vaccinations
Background Papers	None
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1.0 Purpose of the Report

1.1 The paper briefly describes roles and responsibilities in the UK immunisation programmes, the experience of COVID vaccination, the light this has shone on inequalities in vaccination and recommends that a similar focus on vaccine equity is applied to childhood and maternal immunisations

2.0 Recommendations

2.1 Health and Wellbeing Board Partners are asked to commit to a continued and consistent “evergreen” offer of COVID vaccinations which is delivered in community settings in partnership with community and faith groups

2.2 The Board is asked to make childhood and maternal immunisation a priority for the ICP, and to invite NHSE&I (as commissioners of immunisations) to join the ICP in developing plans to:

- Coproduce interventions with families and pregnant women
- Make Every Contact Count: ensuring that all professionals identify and take opportunities to promote immunisation and, if clinically appropriate, provide immunisations
- Review the delivery of childhood and maternal immunisations to ensure choosing vaccination is easy and convenient
- Develop new KPIs for childhood immunisations which measure both the speed of “catch up” of immunisations missed during the pandemic and the achievement of the routine childhood and school aged immunisation schedule
- Measure and publish uptake of childhood and maternal immunisations broken down by ethnicity, deprivation and disability

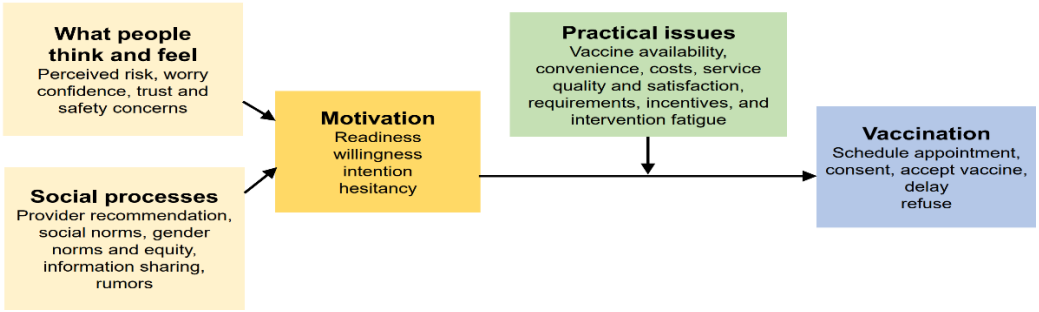
3.0 Detail

3.1 The COVID vaccination programme has been a remarkable success, nationally and locally. Health and Wellbeing Board partners have collaborated and worked with local residents, community groups, the voluntary sector and faith organisations to deliver both at scale and to tailor information, engagement and delivery to meet local need and address health inequalities. However, while the national vaccination programme has protected the NHS and allowed the ending of COVID restrictions, there are still relatively large numbers of Brent residents who are not protected against COVID by vaccination and inequalities in vaccination persist.

3.2 The UK national routine vaccination schedule (detailed in appendix 1) specifies vaccination at particular ages, notably in the early years, for teenagers and older adults, during pregnancy and seasonally for flu. (Travel and occupational vaccination is not in scope for this paper). The independent Joint Committee on Vaccination and Immunisation (JCVI) advises on immunisations and immunisation schedules. The UK Health Security Agency (UKHSA) publishes the Green Book, which provides operational guidance to health professionals involved in vaccination. The UKHSA also sources and supplies vaccines. NHSE&I commission immunisation services. There are various delivery routes: general practice is responsible for most childhood immunisations and much of the older people and seasonal flu programme, although in recent years community pharmacies have been commissioned by NHSE&I to play an increasing role in the latter. School aged vaccinations are commissioned by NHSE&I from a dedicated workforce, separate from school nursing which is commissioned by local authority public health. This separation of responsibilities is consequent to the 2012 Health and Social Care Act and has resulted in school aged immunisations and school nursing being delivered in Brent by two different NHS providers, CNWL and CLCH respectively. Antenatal immunisations are delivered within maternity services.

3.3 The World Health Organisation model of how to increase vaccination highlights the need to address both knowledge and beliefs at an individual and societal level, and the need to address practical barriers to vaccination.

World Health Organisation model to increase vaccination



Source: The BeSD expert working group. Based on: Brewer NT, Chapman GB, Rothman AJ, Leask J, and Kempe A (2017). Increasing vaccination: Putting psychological science into action. *Psychological Science for the Public Interest*. 18(3): 149-207

3.4 COVID has seen a new approach to vaccination. Alongside the immense logistic efforts and diversion of clinical capacity needed to deliver 100s of 1000s of COVID jabs in Brent, has been a new focus on addressing health inequalities. Marmot's Proportionate Universalism in action[1]. The focus on health inequalities has entailed:

- Asking local residents about vaccination and their reasons for not taking up vaccination invites from the NHS and tailoring plans to address these

[1] From Fair Society, Healthy Lives (Marmot Review 2010) in order to address health inequalities, "actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage"

- Personal calls to residents who had not taken up vaccination with offers of practical support and help with booking as well as 1:1 conversations with clinicians
- The local authority and the NHS working together to deliver vaccinations in community settings
- Active engagement of local faith organisations, community and voluntary sector groups
- Extensive engagement with local communities, using trusted messengers including faith leaders and health professionals with culturally competent information and extensive use of new channels including webinars, Instagram and YouTube – as well as more traditional street advertising
- A measurement of the success of the programme not only in overall numbers but by how vaccination rates vary by ethnicity, deprivation and disability

3.5 Measuring, and holding ourselves to account for, the extent to which our vaccination efforts have addressed health inequalities shows we have some way to go. There is still a difference in vaccination rates by ethnicity and deprivation: Brent Caribbean residents have a vaccination rate of 50%, Brent Indian residents of 79%; residents of the most deprived areas of Brent have a vaccination rate 12% less than the least deprived areas.

3.6 However, we continue to see residents coming forward for first doses: at the Civic Centre vaccination clinic approximately 17% of vaccines given in February were first doses.

3.7 Historically uptake of vaccinations in Brent has been below target, below the national average and, for those diseases where herd immunity is possible through vaccination, for example measles, below the levels needed to achieve this. Validated data on current performance is not available but it appears that the NHS response to COVID and lockdowns have further reduced levels of childhood and school aged immunisations and the low levels of COVID vaccination in pregnant women suggest that services are not protecting pregnant women and their babies from vaccine preventable disease.

4.0 Financial Implications

4.1 The ICP and NHSE&I will need to consider the financial implications of plans developed.

5.0 Legal Implications

5.1 There are no legal implications arising from this paper.

6.0 Equality Implications

6.1 These will be explicitly considered in the development of plans.

Report sign off:

Melanie Smith
Director of Public Health