


<b>Health and Wellbeing Board</b> 11 March 2019	
<b>Report of:</b> Somen Banerjee, Director of Public Health	<b>Classification:</b> Unrestricted
<b>Update report on screening and immunisation programmes</b>	

<b>Originating Officer(s)</b>	Chris Lovitt, Associate Director of Public Health, Healthy Adults Team Katie Cole, Associate Director of Public Health, Children and Families Team
<b>Wards affected</b>	All wards

### Executive Summary

Immunisation and screening programmes both have a significant role in reducing morbidity, mortality and health inequalities. Immunisations help prevent the spread and subsequent contraction of serious infectious diseases in children and adults. Screening programmes assist with the early identification and effective treatment of a range of diseases.

All immunisation and screening programmes, except chlamydia<sup>1</sup>, are commissioned and performance managed by NHS England. However, primary care and local NHS providers together with community organisations are central to immunisation and screening programmes.

The Department of Health identified the role of the Director of Public Health in relation to screening and immunisation is to consider whether these programmes in their area are meeting the needs of the population and if there is equitable access. The health and wellbeing board's role is to consider how local factors could be addressed that would lead to a raise in the uptake of immunisations and screening<sup>2</sup>.

This report details the current performance of screening and immunisation programmes in Tower Hamlets. There continues to be significant challenges both nationally and locally which are affecting the performance of the programme. These include:-

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<sup>1</sup> The chlamydia screening programme is part of the local authority's responsibilities to provide for the testing and treatment of sexually transmitted infections.

<sup>2</sup>

- Recruitment and retention of staff
- Accurate and timely data flows
- Implementation of call and recall
- Concerns in some specific communities about safety and/or effectiveness

## **Recommendations:**

The Health and Wellbeing Board is recommended to:

1. Note progress being made to address under performance on programme.
2. Consider what local arrangements can be implemented to improve performance.
3. Comment on any areas which are felt to need additional actions or a different approach

## **1. REASONS FOR THE DECISIONS**

- 1.1 Although the commissioning responsibility for immunisation and screening programme, except chlamydia, rests with NHS England the delivery of the programme is dependent upon local arrangements with primary care, NHS acute providers and Vaccination UK.
- 1.2 The Health and Wellbeing Boards' role to build strong and effective partnerships, which improve the commissioning and delivery of services across NHS and local government, leading in turn to improved health and wellbeing for local people is central to ensuring local arrangements are effective for immunisation and screening programmes.

## **2. ALTERNATIVE OPTIONS**

- 2.1 Not accept the progress update.
- 2.2 Request amendments to the report.
- 2.3 Require corrections or amendments to the report.

### 3. DETAILS OF THE REPORT

#### Immunisation Programmes

- 3.1 Immunisation programmes have a significant role in reducing mortality and health inequalities by preventing the spread and subsequent contraction of serious infectious diseases in children and adults. All immunisation programmes are commissioned and performance managed by NHS England. However, primary care and local NHS providers together with community organisations are central to an effective local immunisation programme.
- 3.2 Table 1 provides a scorecard summary of performance for Tower Hamlets immunisation. Whilst performance in most programmes is above the London average local performance has been decreasing in many programmes alongside difficulties in data collection and there remains significant challenges in reaching the national standard.
- 3.3 To improve performance the following actions have been taken: continuation of the enhanced local service with primary care; regular feedback is provided on local performance; and local reinforcement of the immunisation offer building on communications between NHS England and local stakeholders.

Table 1: Immunisation Programmes

No	S7a indicator	Current period	Tower Hamlets	London	National	Standard
1	Prenatal Pertussis vaccine coverage for pregnant women	Feb-19	71.8%	56.3%	68.1%	50%
2	Rotavirus coverage (2 doses by 12 months)	Q2 18-19	85.8%	84.1%	89.1%	95%
3	Dtap/IPV/Hib (12 months)	Q2 18-19	90.9%	85.5%	91.6%	95%
4	Men B coverage (24 months)	Q2 18-19	85.2%	78.4%	87.7%	95%
5	PCV coverage (24 months)	Q2 18-19	87.6%	81.3%	90%	95%
6	Hib/Men C booster (24 months)	Q2 18-19	87.7%	81.8%	90.2%	95%
7	MMR 1 (12 months)	Q2 18-19	86.1%	81.2%	89.9%	95%
8	MMR coverage (2 doses at 5 years)	Q2 18-19	82.8%	74.8%	86.4%	95%
9	Preschool booster (5 years)	Q2 18-19	81.4%	71.8%	85%	95%
10	HPV coverage (2 doses)	2017/18	87.6%	78.4%	83.8%	90%
11	Men ACWY coverage (13-14 year olds)	2017/18	77.2%	82.4%	86.2%	70%
12	Teenage Booster	2017/18	82.2%	81.8%	85.5%	70%

	(13-14 year olds)					
13	PPV (65 and older)	2017/18	71.5%	64.4%	69.5%	75%
14	Shingles (70 years)	2017/18	33.6%	41%	44.4%	60%
15	Flu (2-3 year olds)	2017/18	30.7%	34%	44%	40-48%
16	Flu Years 1-3	2017/18	30.7%	47.8%	59.4%	50-65%
17	Flu clinically at risk	2017/18	52.6%	45.4%	48.9%	55%
18	Flu age 65 and older	2017/18	72.9%	66.9%	72.6%	75%

## Screening programmes

- 3.4 Screening is the process of identifying healthy people who may have an increased chance of a disease or condition and then offering information, further tests and treatment.
- 3.5 Screening can save lives or improve quality of life through early identification of a condition and reduce the chance of developing a serious condition or its complications.
- 3.6 In order to be successful eligible individuals (or their parents) must make an informed choice to participate in screening programmes and a high proportion of the target population needs to participate (population coverage). There are inequalities in programme coverage rates between different populations, which may result in an increased burden of disease in unscreened populations. These inequalities may relate to system and/or population factors.
- 3.7 All national screening programmes, except chlamydia screening, are commissioned and performance managed by NHS England. Local Authority Directors' of Public Health have a role in assurance of programmes and directly commission testing and treatment of chlamydia.
- 3.8 Table 2 summarises the performance across the six population level antenatal and newborn screening programmes and five adult and cancer programmes. Performance is below national standards for most programmes.

Table 2 Screening Programme

No	S7a indicator	Current period	Tower Hamlets	London	National	Standard
1	Prenatal Pertussis vaccine coverage for pregnant women	Feb-19	71.8%	56.3%	68.1%	50%
2	Rotavirus coverage (2 doses by 12 months)	Q2 18-19	85.8%	84.1%	89.1%	95%
3	Dtap/IPV/Hib (12 months)	Q2 18-19	90.9%	85.5%	91.6%	95%
4	Men B coverage (24 months)	Q2 18-19	85.2%	78.4%	87.7%	95%
5	PCV coverage (24 months)	Q2 18-19	87.6%	81.3%	90%	95%
6	Hib/Men C booster (24 months)	Q2 18-19	87.7%	81.8%	90.2%	95%

7	MMR 1 (12 months)	Q2 18-19	86.1%	81.2%	89.9%	95%
8	MMR coverage (2 doses at 5 years)	Q2 18-19	82.8%	74.8%	86.4%	95%
9	Preschool booster (5 years)	Q2 18-19	81.4%	71.8%	85%	95%
10	HPV coverage (2 doses)	2017/18	87.6%	78.4%	83.8%	90%
11	Men ACWY coverage (13-14 year olds)	2017/18	77.2%	82.4%	86.2%	70%
12	Teenage Booster (13-14 year olds)	2017/18	82.2%	81.8%	85.5%	70%
13	PPV (65 and older)	2017/18	71.5%	64.4%	69.5%	75%
14	Shingles (70 years)	2017/18	33.6%	41%	44.4%	60%
15	Flu (2-3 year olds)	2017/18	30.7%	34%	44%	40-48%
16	Flu Years 1-3	2017/18	30.7%	47.8%	59.4%	50-65%
17	Flu clinically at risk	2017/18	52.6%	45.4%	48.9%	55%
18	Flu age 65 and older	2017/18	72.9%	66.9%	72.6%	75%
19	Breast Screening (50-70), 3Y Coverage	2017/18	57.3%	65.9%	72.1%	70-80%
20	Breast Screening (50-70), 6 month invitation Uptake	2017/18	57.6%	65.0%	71.7%	70-80%
21	Cervical Screening (25-49), 3.5Y Coverage	2017/18	58.8%	62.1%	69.4%	80%
22	Cervical Screening (50-64), 5.5Y Coverage	2017/18	75.1%	74.3%	76.4%	80%
23	Bowel cancer (60-74), 2.5Y Coverage	2017/18	42.2%	50.3%	59.6%	To be set
24	Bowel cancer (60-74), 6 month invitation, Uptake	2017/18	38.6%	47.5%	57.7%	52-60%

- 3.9 There are variations in delivery by our local providers of some aspects of antenatal and newborn screening compared to other areas. There is also variation in performance within the Barts Trust with the RLH site performing less well than Whipps Cross and Newham sites.
- 3.10 Antenatal screening performance for timely assessment of women with Hepatitis and timeliness of sickle cell and thalassaemia test remain below acceptable standard thresholds in 2017/18.
- 3.11 There was a welcome increase in timely assessments of newborn hearing. Newborn blood spot screening coverage improved but avoidable repeat tests increased and all three KPIs remain below acceptable standards thresholds. Newborn and infant physical examinations KPIs decreased and remain below acceptable standards thresholds.
- 3.12 The number of chlamydia tests conducted in 15-24 fell in 2017 but the % of tests that were positive increased.

- 3.13 Both breast screening coverage and cervical screening coverage has continued to fall.
- 3.14 The nine year increase in uptake on bowel screening ceased in 2017/8 where there was a small decrease, overall uptake remains low.
- 3.15 A range of local initiatives have been implemented as part of the NE London Cancer Transformation programme to address the reduction in screening and these include:-
- Recruitment of a full time facilitator to work with local practices and other venues to improve cancer screening
  - Reintroduction of a calling service for bowel screening non responders in partnership with Newham
  - Grant of £33k per CCG/LA area for local targeted interventions linked to population awareness and education
  - Film competition in partnership with Immunisations UK for schools and colleges to produce videos for YouTube on HPV vaccinations for boys and girls across NEL
  - Pharmacy development programme to include raising awareness of screening and symptoms in pharmacies across NEL
  - Increase self-awareness for self-referral to screening services for the older age groups

#### **4. EQUALITIES IMPLICATIONS**

- 4.1 Evidence shows that the following groups of children and young people are at risk of not being fully immunised: children and young people who have missed previous vaccinations (whether as a result of parental intent or otherwise); looked after children; children with physical or learning difficulties; children of teenage or lone parents; children not registered with a general practitioner; younger children from large families; children who are hospitalised; minority ethnic groups; vulnerable children, such as those whose families are travellers, asylum seekers or homeless. As these groups are over represented in deprived areas, such as Tower Hamlets, then the health benefits of immunisation will not be shared equally amongst our local communities.
- 4.2 Deprived areas generally have higher rates of diseases covered by the screening programmes with higher rates of late presentation and poorer outcomes. As a result health inequalities will continue to widen amongst deprived and disadvantaged communities within Tower Hamlets if the performance of screening programmes is not improved.
- 4.3 Improving the performance of screening and immunisation programmes in Tower Hamlets will help to reduce local health inequalities.

## **5. OTHER STATUTORY IMPLICATIONS**

5.1 None identified.

## **6. COMMENTS OF THE CHIEF FINANCE OFFICER**

6.1 This is an update on screening and immunisation programmes which are both commissioned by NHS England. There are no direct financial implications in the delivery of these programmes. However the wider societal costs of lower than recommended screening and immunisation programmes impact widely in terms of costs to the local NHS, social care, families and individual residents.

6.2 Improving the performance and equity of provision of screening and immunisation programmes is highly cost effective in terms of reducing mortality, morbidity and health inequalities.

## **7. COMMENTS OF LEGAL SERVICES**

7.1 The Director of Public Health and the Health and Wellbeing Board have an assurance role in the provision of services commissioned by NHS England under the Health and Social Care Act 2012.

7.2 Although a wide range of local providers are commissioned by NHS England to provide these services to local residents it should be noted that they are accountable to NHS England for performance. There are no other legal implications associated with this report.

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## **Linked Reports, Appendices and Background Documents**

### **Linked Report**

- NONE

### **Appendices**

- NONE

### **Local Government Act, 1972 Section 100D (As amended)**

#### **List of “Background Papers” used in the preparation of this report**

- January 2019 Immunisation and Screening report to the Tower Hamlets Joint Commissioning Executive

#### **Officer contact details for documents:**

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