

AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

REPORT OF NHSE IMMUNISATION AND SCREENING and DIRECTOR OF PUBLIC HEALTH

IMMUNISATION AND SCREENING UPDATE

SUMMARY

The presentation updates on key outcomes and issues in relation to immunisation and screening programmes delivered in Stockton-on-Tees. This report serves as a covering note to the detail in the presentation slides.

RECOMMENDATIONS

1. The Stockton-On-Tees Health and Wellbeing Board are asked to note the update and to consider any implications on the health and wellbeing of the population and health inequalities.
2. It is recommended that the update is circulated to the Adults' Health and Wellbeing Partnership and Children and Young People's Partnership for consideration.

DETAIL

Context

- 3 Immunisation programmes seeks to prevent or reduce the harm caused by infectious diseases. Screening programmes aim to identify a range of chronic and harmful diseases such as cancer early to improve treatment outcomes.
- 4 The role of the Health and Wellbeing Board is to exercise assurance, scrutiny and support in ensuring robust plans are in place for screening and immunisation of the local population and in ensuring inequalities are addressed. This assurance duty is discharged through the Director of Public Health, working with partners.

Immunisation and Screening arrangements

- 5 The UK Health Security Agency (UKHSA) publishes a routine immunisation schedule annually, which details universal and targeted (selective) vaccination programmes for children, young people and adults.

- 6 NHS England commissions a range of services to deliver routine and selective immunisation programmes. General practice offers vaccinations for babies, young children, at risk patients, and older adults. School vaccination teams deliver vaccinations for school aged children. Primary care, maternity services, sexual health services and others deliver selective vaccination programmes.
- 7 Local authorities have an important role in protecting the health of their population; working in partnership to support addressing inequity in uptake of screening and immunisations; and in monitoring and challenging the delivery of vaccination programmes. Local authority public health works with vaccination and screening programme commissioners and providers to reduce inequalities.
- 8 The health protection collaborative receives bi-annual reports from the immunisation and screening team of NHS England.

Immunisations

- 9 Stockton has generally high rates of routine childhood vaccination in comparison to most areas regionally and nationally. However, it does not consistently achieve the 95% target for the primary vaccinations. Within the overall Stockton achievement, there is local variation by GP practice and sub-populations. It is important that every effort is made that the target is consistently achieved in all parts of the population, otherwise there is risk from diseases which are preventable through vaccination. This is a combined effort nationally and locally between NHS England, the ICB, GP Practices and Child Health Information Services. The local authority plays a role through its public health team, 0-19 service and any education and children's services by promotion of vaccines and engagement with local populations to reduce vaccine hesitancy.
- 10 "Pre-school booster" vaccination rates (which include MMR for measles), have been declining. These should take place when children are three years and four months, before most enter nursery and school. The NHS is supported by the local authority through the public health team, 0-19 service and education and children's services by promotion of vaccines and engagement with local populations to reduce vaccine hesitancy.
- 11 Measles is the current example of a disease which can be prevented by vaccination, but where there are now outbreaks of this disease because historic rates have not been high enough in all populations. Measles is highly contagious and can lead to severe illness requiring hospitalisation and even lead to deaths. The Measles Mumps and Rubella (MMR) vaccine is safe and highly effective and recommended by the UKHSA and NHS. There is a national and local MMR catchup campaign to vaccinate children who have previously missed the vaccination, which is showing a positive increase in the numbers vaccinated. However, it is expected that there will be a need to continue this catchup work as long as there are gaps in population coverage.
- 12 Teenagers are recommended to have vaccines to prevent Human Papilloma Virus (HPV), Meningitis (Men ACW&Y) and boosters for tetanus, diphtheria, and polio. All these are highly effective vaccines. The HPV vaccine is currently of special note as the evidence has shown that, due to this vaccine, combined with the cervical screening programme, the NHS is predicted to eliminate cervical cancer in England

by 2040. HPV is also effective at preventing some other cancers. The school age immunisation service undertakes this. The role of the local authority in these programmes is to actively and positively promote vaccination, and to ensure that schools are able to fully support the School Age Immunisation Service through access to the teenagers and schools and to promote to children and parents. It is also to work with the School Age Immunisation Service to identify and work with communities in which there may be vaccine hesitancy.

Screening

- 13 The adult screening programmes have continued to recover after the pandemic. All the programmes, including diabetic eye screening, abdominal aortic aneurysm screening, breast screening, bowel screening and cervical screening have recovered in terms of capacity and programme delivery. However, each of these programmes needs to recover further in terms of uptake, which is generally lower than before the pandemic. The NHS continues works to improve access to these services. The role of the local authority is valued. This role is to promote health and well-being among local populations, a part of which is participating in screening programmes when offered.
- 14 A current development of note in the bowel screening is successfully extending the age range of people invited from 60-74 yrs to 50-74 yrs. This is bringing the benefit of early diagnosis and greater chance of successful treatment to more people.

Vaccination and screening inequalities

- 15 Inequalities in uptake of vaccination and screening are well recognised and often linked to specific groups and areas of deprivation.
- 16 Vaccination inequalities have been demonstrated in much detail for Covid vaccinations with significantly higher uptake in older people and more affluent areas. Walk-in vaccination clinics in underserved or accessed areas continue to be successfully provided. For example, for the current Spring COVID-19 booster vaccinations, the GP Federation (Hartlepool & Stockton Health) worked with public health to deliver a pop-up vaccination clinic in Billingham Library (29th April 2024). The clinic helped 670 people access and take up the COVID-19 vaccination.
- 17 Using ICB inequalities funding, public health commissioned local vaccination behavioural insights research with young people, their families and staff, which was completed in 2023. This research has been used to inform the development of two interventions to reduce vaccination inequalities in Stockton-on-Tees using the remaining ICB inequalities funding.
- 18 The first intervention is commissioning of a VCSE provider to provide a part-time, youth vaccine champion coordinator, which will commence in July 2024. The role will be for 2 days per week for 12 months. The aim of the role will be to: Develop educational resources for use in a range of settings and for a range of audiences (e.g. lesson plans for schools, educational resources); Deliver vaccination

education sessions in secondary schools and local community organisations working with young people and their families; Liaise with the School Age Immunisation Service provider (IntraHealth) to support with vaccination education and school vaccinations, where appropriate; Establish and coordinate a Youth Vaccine Champions Programme.

- 19 The second intervention is for the design of easy-read vaccine leaflets for school age vaccinations (HPV, Td/IPV and MenACWY vaccines). Design work will begin from May 2024. The design of these resources has been commissioned due to the local behavioural insights research highlighting that young people and their families lack knowledge regarding adolescent vaccinations including: what diseases they protect against, what to expect on the day of vaccination, and common side effects. The current information and resources available are often complex and contain jargon. However the average reading age in the North East is estimated to be between 9 and 11 years old, making complex reading resources inaccessible. The aim of the new easy-read vaccine leaflets is to be accessible, appealing and able to be used widely by young people and their families.
- 20 NHS England has recently undertaken in depth health equity audits for the breast, bowel and cervical screening programmes. The main themes of inequality are common between the programmes and these show gradients for deprivation, ethnicity and age. These recent health equity audits have each generate detailed action plans based on the recommendations and these are being taken forward by partners across the system within the NHS and the local authorities.

Next steps

Contacts:

Fergus Neilson
Screening and Immunisation Lead
NHS England (North East and Yorkshire)
fergus.neilson@nhs.net

Sarah Bowman- Abouna
Director of Public Health
Stockton Borough Council
sarah.bowman-abouna@stockton.gov.uk