



Haringey Council

Report for:	Health and Wellbeing Board	Item Number:	
Title:	NHS Screening and Immunisation Programmes		
Report Authorised by:	Jeanelle de Gruchy, Director of Public Health		
Lead Officer:	Tamara Djuretic, Assistant Director of Public Health		
Ward(s) affected: All	Report for Information		

1. Describe the issue under consideration

- 1.1 Commissioning responsibility for immunisation and screening programmes transferred from NHS North Central London to NHS England on 1st April 2013. Public Health England expert committees are setting related national strategy and developing recommendations for the delivery of immunisation and screening programmes. These are mainly the Joint Committee on Vaccination and Immunisation and the National Screening Committee. Both are part of Public Health England.
- 1.2 Local authorities also have a role to play after the changes made to the system under the terms of the Health and Social Care Act 2012. The Director of Public Health has a role to ensure that the plans are in place to deliver immunisation and screening services responsive to local needs. More information can be found in the following briefing:
http://www.local.gov.uk/publications/-/journal_content/56/10180/4068839/PUBLICATION
- 1.3 This report provides an initial overview of immunisation and screening programmes locally and proposes an assurance process for the Health and Wellbeing Board.

2. Cabinet Member introduction

- 2.1 Both immunisation and screening programmes are effective and cost-efficient programmes and, when delivered according to local needs, provide good protection against infectious diseases and promote early diagnosis of a number of serious conditions. It is therefore important for the Health and Wellbeing Board to seek regular assurance on the performance and safe delivery of these national programmes from NHS England and Public Health England.



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2.2 It is reassuring to note that the NHS transition has not impacted on the local performance and that immunisation coverage in Haringey is continuing to improve, in particular MMR first dose at 5 years reaching 90%.

3. Recommendations

3.1 To note recent performance of immunisation and screening services in Haringey.

3.2 To agree the proposed assurance process.

4. Alternative options considered

None

5. Background information

5.1 NHS Screening Programmes

Eleven NHS screening programmes identify important diseases early enough to achieve better outcomes. These are three cancer programmes (breast, cervical and bowel); two adult programmes (abdominal aortic aneurysm and diabetic eye disease) and six antenatal and newborn programmes (for example, the newborn bloodspot test for genetic diseases amenable to treatment). Success in screening demands a systematic approach, strict adherence to quality markers, and co-ordinated multidisciplinary working. Information on performance is now collected by NHS England from different providers. At present, we access the information via publicly available websites.

NHS Immunisation Programmes

Immunisation is one of the most effective public health measures to protect individuals and the community from serious infectious diseases. National programmes are targeted to specific groups such as newborn, all children, pregnant women for seasonal flu, frontline health and social care workers and adult risk groups. The detailed immunisation schedule is available at: http://www.local.gov.uk/publications/-/journal_content/56/10180/4068839/PUBLICATION Success in immunisation demands the same systematic, multi agency approach, together with a link to surveillance of vaccine preventable disease. The effectiveness of our national childhood routine immunisation programme is carefully monitored by the Department of Health (DH) through COVER (Cover of Vaccination Evaluated Rapidly). From 1st April 2013, it is NHS England's responsibility to submit the COVER returns to Department of Health.

5.2 Responsibility and roles for immunisation and screening from April 2013

NHS England commission and performance manage delivery of all immunisation and screening programmes. In London, the majority of immunisation programmes and some screening programmes such as cervical screening are commissioned through primary care – i.e. GPs. In relation to school-based vaccination programmes such as HPV and the school-leavers' booster, NHS England commission the activity whilst Public Health England provide the logistics and in many areas, local authority commission the workforce (i.e. the school nursing teams).

Screening services such as adult screening, bowel and breast screening and antenatal and newborn screening services are delivered through hospitals (acute care settings).



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Public Health England provides surveillance and clinical advice and works with NHS England at national and regional levels in developing strategic direction for improving coverage and uptake of immunisation and screening programmes.

The Department of Health provides assurance that the proposed national framework is fit for purpose and will lead communications with ministers.

Directors of Public Health (DsPH) provide local leadership and liaise with local councillors, support community and schools engagement with the programme, provide advice to the CCGs and encourage primary care participation.

5.3 Recent performance information on screening and immunisation (Appendix I and II) suggests that, in general, the transition of public health to local government has not impacted negatively on the overall performance of immunisation and screening programmes locally. In fact, performance on the immunisation programmes has improved significantly over the last few quarters and MMR coverage in Haringey is significantly higher than the London average.

Next steps

5.4 It is recommended that Haringey Health and Wellbeing Board seeks quarterly assurance from NHS England and Public Health England on performance of all screening and immunisation programmes for Haringey residents. The assurance report should regularly include the following:

- information on uptake and coverage, highlighting particular issues of local relevance
- a summary of any serious incidents and their impact on the local population
- a programme of activities aimed at improving uptake and coverage locally.

The first report – requested for April 2014 – should also include a brief description of the established governance at NHS England (London region) that is overseeing commissioning and delivery of these services.

6. Policy Implication

6.1 Commissioning of screening and immunisation services transferred to NHS England on 1st April 2013. Haringey Council remains responsible for ensuring that plans are in place to protect their local population, improve health and reduce health inequalities.

6.2 Haringey Health and Wellbeing Strategy Outcome 1 and Outcome 2 delivery plans include a set of actions aimed at improving immunisation and screening uptake and coverage.

7. Legal Implications

N/A

8. Use of Appendices

Appendix I: Coverage of immunisation programmes in Haringey at 12 months, 24 months and 5 years

Appendix II: Coverage and uptake of screening programmes in Haringey



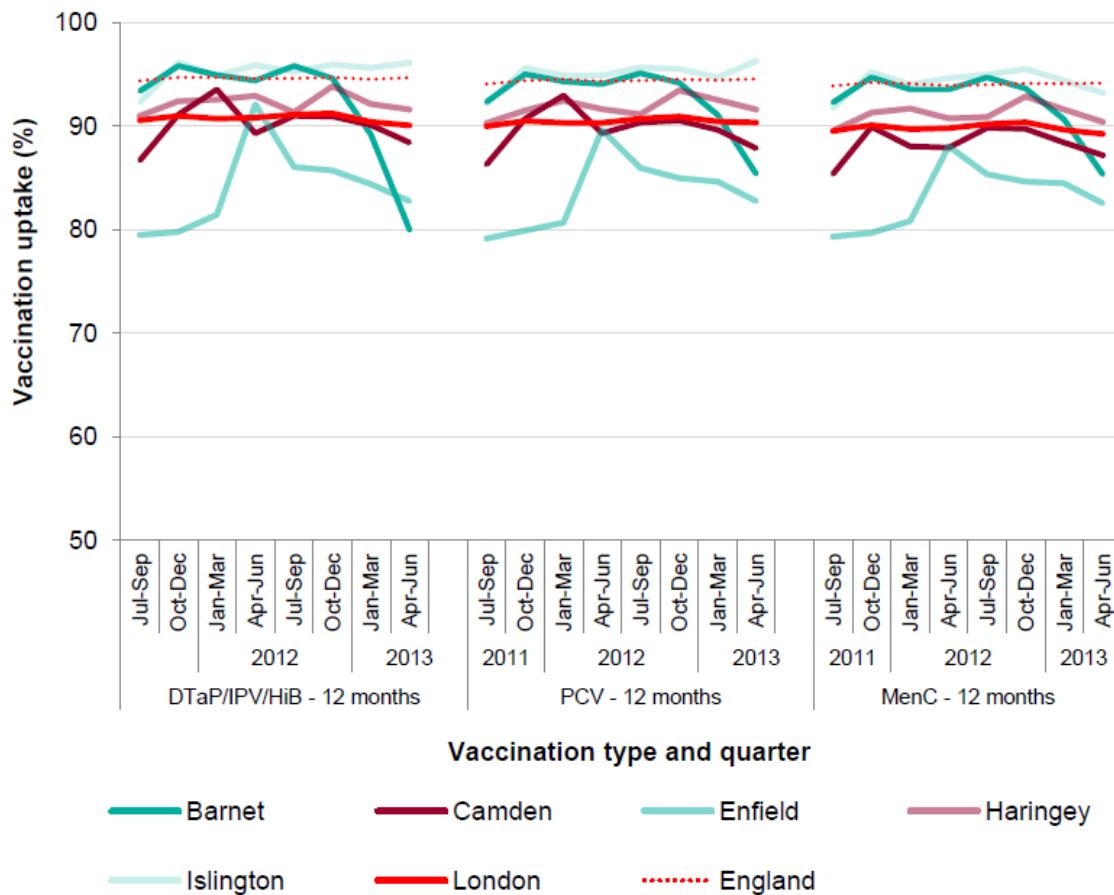
Appendix 1: Coverage of immunisation, Haringey July 2011 – June 2013

Source: London i: Vaccine Uptake in London, Public Health England, November 2013)

**NECL HPT (North Central): July 2011-June 2013
Routine vaccinations at 12 months**

Figure 1b: NECL HPT (North Central) by PCT

Source: Immunisations Department, Colindale





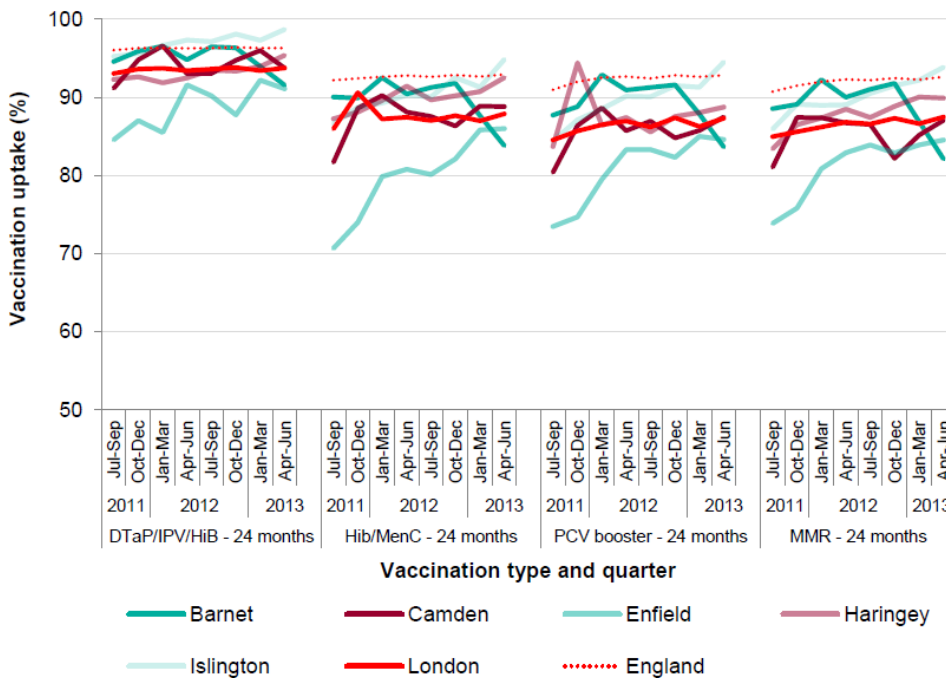
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Coverage figures for Haringey at 12 months generally remained below the England average but consistently above the London average between July 2011 and June 2013.

Uptake mostly remained at just above 90% for all these vaccinations (Figure 1b).

**NECL HPT (North Central)
Routine vaccinations at 24 months - July 2011-June 2013**

Figure 2b: NECL HPT (North Central) by PCT
Source: Immunisations Department, Colindale

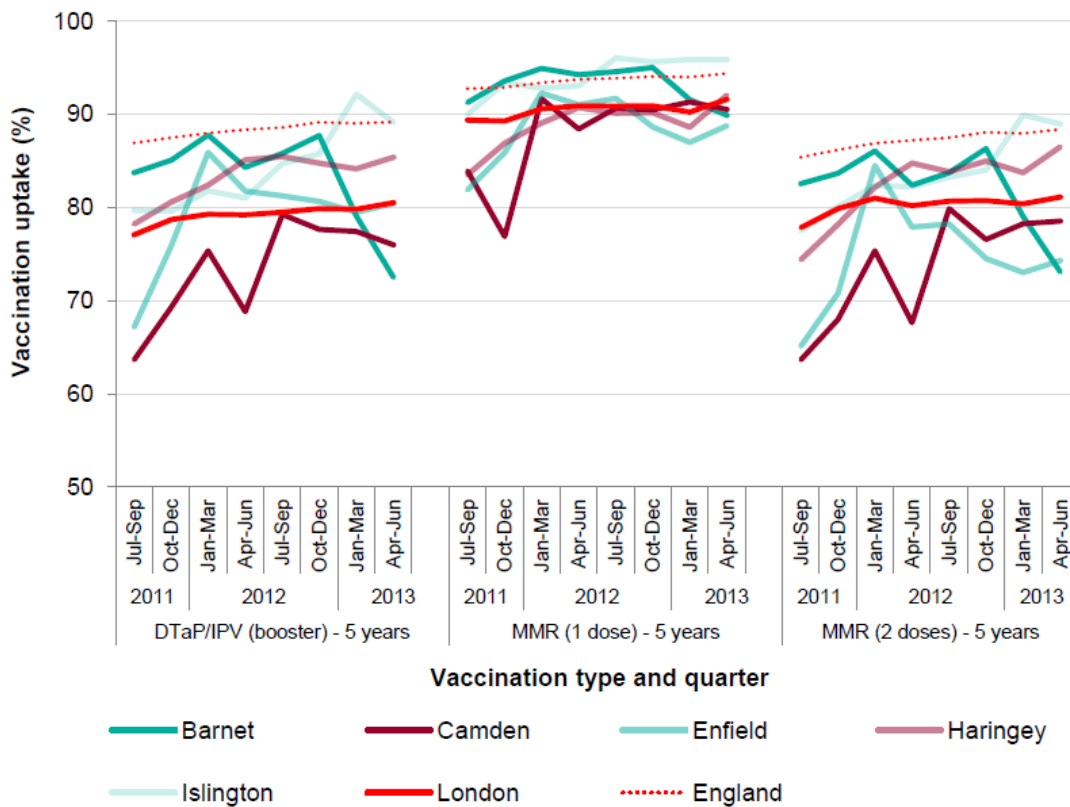


Coverage figures mainly remained below the England average but above the London average throughout first quarter of 2013/14 except for DTaP/IPV/Hib, though in recent quarters these have started to exceed the London average.

Coverage increased in April-June 2013 for all these vaccinations compared to the same quarter last year (Figure 2b).

**NECL HPT (North Central)
Routine vaccinations at 5 years - July 2011-June 2013**

Figure 3b: NECL HPT (North Central) by PCT
Source: Immunisations Department, Colindale



Coverage consistently stayed below the England average in Haringey for all these vaccinations at 5 years between July 2011 and June 2013. Coverage mainly remained above the London average for the DTaP/IPV booster and the second dose of MMR but not for the first dose.

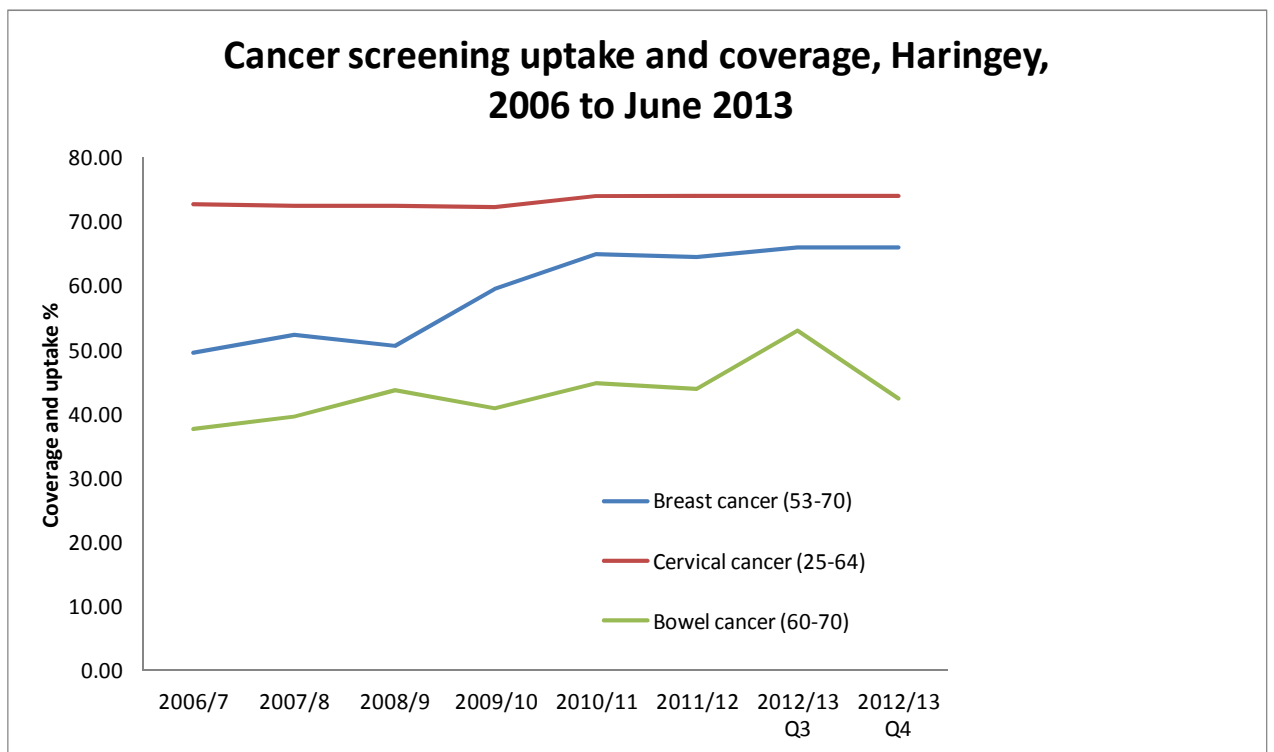
Uptake of the DTaP/IPV booster and the second dose of MMR at age 5 generally ranged between 80% and 84.9%, with uptake of the first dose ranging between 85% and 90%.

Coverage increased for all these vaccinations in April-June 2013 compared to the same quarter last year.

Appendix II: Coverage and uptake of screening programmes in Haringey

Coverage of breast screening services improved significantly over recent years in Haringey and for the last quarter of available data it was 66% against a minimum national standard of 70%. Coverage of cervical screening has remained stable over the last year while uptake of bowel screening reached its peak in 2012/13 Quarter 3. This is associated with a pilot project that was commissioned by Haringey Public Health aimed at following up people in general practice who did not return their testing kits. This initiative is planned to be re-commissioned in early 2014.

Figure 4b: Coverage and uptake of cancer screening programmes, Haringey 2006/07 to 2013/14 Quarter 1 (April to June 2013)



Detailed information on the performance of antenatal screening services and adult screening services will be sought from NHS England in due course. Preliminary information



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suggests steady performance across these programmes with no significant issues of concern.