

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

DATE: 26 March 2019

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PART I **FOR COMMENT & CONSIDERATION**

FIRST ANNUAL REPORT ON IMMUNISATIONS & SCREENING IN SLOUGH

1. Purpose of Report

- To provide a summary of the current commissioning and provider arrangements for immunisations and screening programmes and the organisations involved
- Provide an update on immunisation and screening programme coverage in Slough
- Highlight recent successes and key opportunities to maximise programme coverage and uptake with a view to reducing health inequalities in this area.
- Provide an update on the emerging 'system, place and locality' responses to the Report.

2. Recommendations

The Wellbeing Board is recommended to:

1. Consider the actions being taken to deliver the national programmes for immunisation and screening and their progress in tackling health inequalities in Slough.
2. Review the proposed Local Action Plan in 3 – 6 months to ensure it has actions tailored to the needs of Slough and relevant partners are addressing the relatively lower uptake and health inequalities in both immunisation and screening.
3. Review an Annual Report on Immunisation and Screening from NHS England every year.

3. The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan

3a. Slough Joint Wellbeing Strategy Priorities

The current programme is aimed at supporting local residents to improve their health and wellbeing through improved prevention and early detection as provided through the national immunisation and screening programmes. In particular, this work supports the Joint Wellbeing Strategy priorities:

- Protecting vulnerable children
- Increasing life expectancy by focusing on inequalities

Data from the immunisation and screening activities contribute to further developing the base of the Joint Strategic Needs Assessment and understanding the needs and health inequalities of our population..

3b. **Five Year Plan Outcomes**

The primary outcomes where delivery will be enhanced by the paper are:

- Outcome 1: Slough children will grow up to be happy, healthy and successful
- Outcome 2: Our people will be healthier and manage their own care needs

4. **Other Implications**

(a) Financial

There are no financial implications directly resulting from the recommendations of this report and outlined activities are within the current budget and resources.

(b) Risk Management - None

There are no identified risks associated with the proposed actions.

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act implications to the content of this report

(d) Equalities Impact Assessment

The content of this report does not require an Equalities Impact Assessment.

5. **Supporting Information**

Context

5.1 NHS England is responsible for commissioning screening and immunisation programmes in England. Locally this is co-ordinated and managed across Thames Valley by the Public Health Commissioning team at NHS England, South East under an agreement known as Section 7a.

5.2 Historically, Slough has had some of the lowest uptake of screening and immunisation programmes in the South East of England, contributing to poor health in both adults and children and our health inequalities. Over the last 5 years, there have also been various changes in the organisation of the commissioning and delivery nationally. This combined annual report, for the first time, therefore outlines the picture of immunisations and screening in Slough, their current provision, the challenges and opportunities and future plans.

- 5.3 Wellbeing Board Members may find it helpful to consider ‘The Ten Questions to Consider If You’re Scrutinising Local Immunisation Services’¹ which have relevance for both Immunisation and Screening. In view of Slough’s focus on health inequalities, Question 10 is particularly relevant. (See Appendix.)

Executive summary of Immunisations and Screening Report

- 5.4 The full report is in the Appendix but summarised below.
- 5.5 NHS England has continued to commission the services set out under the Section 7A agreement to a high standard, offering continued protection to the public. Data and evidence demonstrates that public health protection remains world class and we have achieved real success. Increasing access to screening and immunisation programmes, contributes to the wider prevention agenda and the implementation of the Five Year Forward View.
- 5.6 Some of the recent successes that have benefitted the local population include programmes to increase uptake and improvements to data quality for closer monitoring of progress. Examples include the development of a GP toolkit with tips and advice for primary care colleagues to improve immunisation uptake for their patients. The toolkit is implemented in many practices across Slough. In addition, data on immunisations delivered in primary care are now auto-extracted from the clinical record and entered electronically on the Child Health Information System (CHIS) which is not only more efficient but has also improved the accuracy of the data. The LA, the school immunisation provider and NHS England have worked together to agree how they will address cultural and language barriers to further improve uptake in groups with lower historic vaccination rates.
- 5.7 As part of the Thames Valley Cancer Alliance GP Quality Improvement Scheme, there are initiatives in place to improve cancer screening coverage as well as the safe mobilisation of the Diabetic Eye Screening programme following a contract review.
- 5.8 Successful collaborative working has enabled improvements in some outcomes, however there is still opportunity to improve uptake of cancer screening programmes and childrens immunisations, particularly PCV (pneumococcal) booster, second dose MMR, and the Hib/MenC booster. It is important to have a thorough understanding of opportunities and challenges that need to be considered in Slough to be able to support families take up the offer for vaccination and to work collaboratively with stakeholders to improve vaccine uptake.
- 5.9 There are several new opportunities ahead to implement and embed changes that will further improve screening and immunisation services locally. These include the introduction of a new screening test in the bowel screening programme, incorporating HPV primary screening into the cervical screening programme and a new booster seasonal flu immunisation for people aged 65 and over.
- 5.10 Governance and reporting arrangements are also being tightened. The Shared Public Health Team is scoping an annual Health Protection Report, drawing together

¹ The Ten Questions to Consider If You’re Scrutinising Local Immunisation Services. Centre for Public Scrutiny. 2016. Available at: <https://www.cfps.org.uk/10-questions-ask-youre-scrutinising-local-immunisation-services/>

key metrics and issues. The Terms of Reference of the Berkshire Health Protection Committee is also under review to ensure the committee fulfils its system assurance role, with partners providing assurance to the Strategic DPH and holding each other to account. In addition, NHS England is revising the quarterly Berkshire screening and immunisation dashboard to improve clarity and enable access for Public Health Consultants in each Local Authority.

- 5.11 The Report focuses on the commissioning and delivery of the screening and immunisation programmes but we also need to consider the wider determinants of health (including for example, income levels, education and skills, employment, housing and environmental factors). These affect both overall health and wellbeing and decision-making about health.

System / Place / Locality - Emerging responses to the Annual Report

- 5.12 The Annual Report is already proving to be a useful catalyst for bringing together key organisations and stakeholders who recognise the significant need identified within the Annual Report and to consider the most effective approach to action. The Report has provoked challenge at a System, Place and Locality level.
- 5.13 *System - Frimley ICS:* With its clear articulation of the challenges on this topic in Slough, there has been some interest within the Frimley ICS to consider this as part of the 'Reducing Variation' clinical workstream. In addition, the low cancer screening uptake undermines the work of the Cancer Workstream.
- 5.14 Although not specifically raised with the Frimley ICS Board, at a more fundamental level, the particular 'hotspot' of poor immunisation and screening outcomes in Slough challenges the ICS to consider how it is addressing its health inequalities across the footprint and whether it applies 'proportionate universalism' to address the very particular needs of an area (in this case, Slough) even if other areas are not badly affected. ie Providing more resource to improve outcomes where there is greater need.
- 5.15 *Place – Slough:* An initial meeting for Slough's action plan is being planned to scope the work and agree SMART actions for the coming year. It'll be important to try to map / coordinate the variety of activity that is currently being driven via NHS England and Public Health England, Thames Valley Screening and Immunisation Network, CCG-level, Slough Public Health level and our various front-line providers. A task and finish group will be led by the Slough Public Health Service Lead.
- 5.16 In addition, Slough Public Health has commissioned a significant piece of research to understand the health beliefs, understanding and 'health ambitions' of Slough residents including their thoughts around immunisations and screening. This will be key information to support planning – the final report is due in early July 2019.
- 5.17 *Locality – Ward:* It is likely that as we drill down into the detail and examine the very particular challenges at a Ward and neighbourhood level, specific action targeted around certain areas (and facilitated around specific GP practices). We are already in conversation with East Berkshire CCG and GP leaders in Slough around how best

we can start to work together more systematically on this and build on the existing good practice that already exists.

6. **Comments of Other Committees**

6.1 The Report was considered by the Health Scrutiny Committee on 17 Jan 2019 and by the Health and Care Partnership Board on 29 Jan 2019. In both meetings, the findings were considered and while the recent activities over the last year or so were praised, the overall findings of generally poor uptake of both immunisations and screening were noted to be a concern for Slough. A local action plan was welcomed by both groups.

7. **Conclusion**

7.1 The national Screening and Immunisation programmes provide important opportunities for protecting health and wellbeing and preventing avoidable disease with cost-effective and evidence-based interventions. However, their uptake also acts as marker of health inequality in certain groups which we must be vigilant to.

7.2 Historically, Slough has had lower than average uptake of both screening and immunisations, reflecting a variety of issues including accessibility, acceptability and availability of interventions delivered by the system as well as individuals' beliefs and understanding of the programmes. Poor uptake of these programmes (and other health improvement activities) is also more likely in individuals and key groups in Slough who already experience the worst health outcomes with associated worsening impact on health inequalities. Social and environmental factors – the wider determinants of health – also affect our population's health and shape their individual health and wellbeing decisions on matters such as taking up invitations for screening and immunisation.

7.3 Through concerted local partnership working, there has been some encouraging progress in recent years however considerable challenges remain across the various immunisation and screening programmes in Slough. These challenges will benefit from the proposed national and local plans being developed and/or currently delivered. The programmes will also benefit from ongoing monitoring of their impact on Slough's health.

7.4 The emerging responses at a Frimley ICS system, place and locality level are being captured and developed in order to create a Slough Local Action Plan under the guidance of a time-limited task and finish group led by the Slough Public Health Service Lead. In particular, these poor immunisation and screening outcomes challenge the Frimley ICS Board on how health inequalities are being tackled across the footprint.

8. **Appendices**

1. Immunisation and Screening Programmes - an update for Slough. Dec 2018.

2. The Ten Questions to Consider If You're Scrutinising Local Immunisation Services. Centre for Public Scrutiny. 2016

9. **Background Papers**

None