

# Immunisations in Southwark: School-aged programmes

*Southwark's Joint Strategic Needs Assessment*

Southwark Public Health Division

April 2019

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## GATEWAY INFORMATION

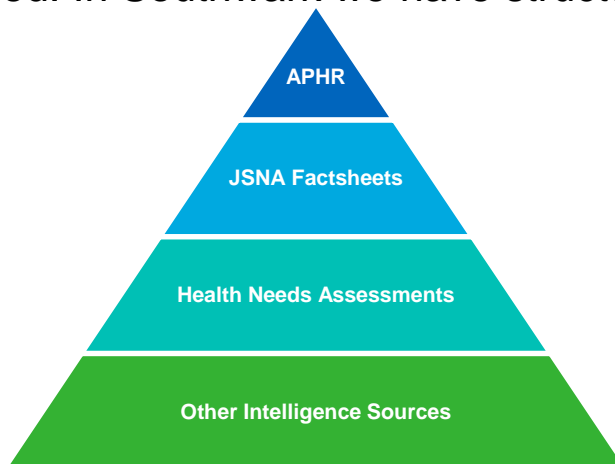
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<b>Prepared by:</b>	T Boshari
<b>Contributors:</b>	S Robinson
<b>Approved by:</b>	Kevin Fenton
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<b>Contact details:</b>	<a href="mailto:publichealth@southwark.gov.uk">publichealth@southwark.gov.uk</a>
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# Health Needs Assessments form part of Southwark's Joint Strategic Needs Assessment process

## BACKGROUND

The Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.

- The purpose of the JSNA is to inform and underpin the Joint Health and Wellbeing Strategy and other local plans that seek to improve the health of our residents.
- The JSNA is built from a range of resources that contribute to our understanding of need. In Southwark we have structured these resources around 4 tiers:



**Tier I:** The Annual Public Health Report provides an overview of health and wellbeing in the borough.

**Tier II:** JSNA Factsheets provide a short overview of health issues in the borough.

**Tier III:** Health Needs Assessments provide an in-depth review of specific issues.

**Tier IV:** Other sources of intelligence include Local Health Profiles and national Outcome Frameworks.

- This document forms part of those resources.
- All our resources are available via: [www.southwark.gov.uk/JSNA](http://www.southwark.gov.uk/JSNA)

# This needs assessment aims to highlight opportunities to improve immunisation uptake in school-aged children

## AIMS & OBJECTIVES

**The aim of this Joint Strategic Needs Assessment (JSNA) is to provide an overview of school-age immunisation programmes to inform development of the Southwark Immunisation Strategy and Action Plan.**

### **The objectives of this report are to:**

- Provide an overview of the status of immunisation uptake among Southwark school children, including seasonal flu
- Benchmark school-aged immunisation uptake in Southwark compared to London and SEL neighbours
- Consolidate stakeholder views with available data to ascertain barriers, challenges, and areas of improvement
- Identify opportunities to improve local immunisation uptake
- Make evidence-based recommendations to inform development of the Southwark Immunisation Strategy and Action Plan

### **Different immunisation programmes in Southwark present different challenges.**

This report is the second part of a series of three JSNAs covering immunisations across the life course. Reports focused on pre-school programmes (part 1) and adult immunisations (part 3) should be read alongside this one.

# This report is part of a series of immunisation needs assessments that cover vaccinations across the life-course

## SCOPE

Needs Assessment	Immunisation programme	Vaccine
<b>Part 1: Pre-school (0-3 years)</b>	Routine	<ul style="list-style-type: none"> <li>▪ DTaP/IPV/Hib/HepB (6-in-1)</li> <li>▪ PCV</li> <li>▪ Rotavirus</li> <li>▪ Men B</li> <li>▪ Hib/Men C</li> <li>▪ MMR</li> <li>▪ DTaP/IPV (4-in-1) booster</li> </ul>
	Selective	<ul style="list-style-type: none"> <li>▪ Hep B</li> <li>▪ BCG</li> </ul>
	Flu	<ul style="list-style-type: none"> <li>▪ All children aged 2-3 years</li> <li>▪ Children at-risk* (6 months – 17 years**)</li> </ul>
<b>Part 2: School-age (4-16 years)</b>	Routine	<ul style="list-style-type: none"> <li>▪ Td/IPV</li> <li>▪ HPV</li> <li>▪ MenACWY</li> </ul>
	Flu	<ul style="list-style-type: none"> <li>▪ School-aged (Reception to Yr5 (4-10 yo) in 2018/19)</li> <li>▪ School aged children at risk (covered in the pre school JSNA)</li> </ul>
<b>Part 3: Adults (17+)</b>	Routine	<ul style="list-style-type: none"> <li>▪ PPV (Pneumococcal Polysaccharide vaccine)</li> <li>▪ Shingles (Herpes Zoster)</li> <li>▪ Maternal pertussis</li> </ul>
	Flu	<ul style="list-style-type: none"> <li>▪ Adults at-risk* (18-64 years old)</li> <li>▪ Older adults (65+ years old)</li> <li>▪ Pregnant women</li> </ul>

\*Children & adults are considered to be clinically 'at-risk' if they have a serious medical conditions. This includes, but is not limited to, chronic respiratory disease, chronic learning disability, splenic dysfunction/asplenia, weakened immune system, morbid obesity<sup>1</sup>

\*\* All children clinically at risk of flu will be covered in the pre-school JSNA from 6 months to 17 years for convenience

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# Immunisation is both a life-saving and cost-effective intervention

## INTRODUCTION

**Vaccination is the safest and most effective way of protecting individuals and communities from vaccine preventable diseases.**

**National immunisation programmes have led to exceptional reductions in the incidence of previously common disease, and related deaths.**

- The chances of acquiring cervical cancer have been reduced by 70% due to the human papillomavirus (HPV) vaccine<sup>1</sup>
- After widespread immunisation in 1942, diphtheria is now rare in the UK. Only five cases were reported in England in 2017<sup>2</sup>

**Immunisation is an essential component of the Healthy Child Programme 5-19<sup>3</sup> and vaccines are offered routinely through primary care, school-based programmes, and maternity services.**

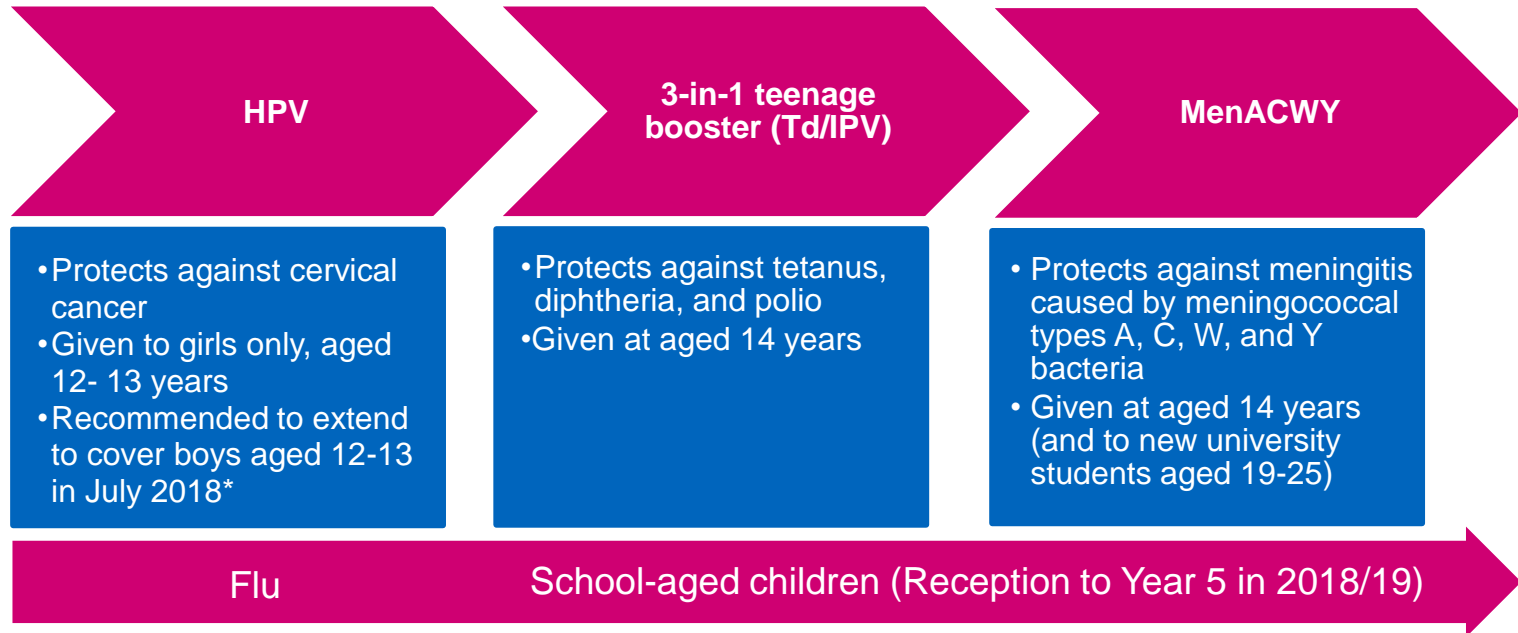
**Nevertheless, inequalities persist in immunisation uptake. A number of groups of children (e.g. those who are disadvantaged, looked-after, minority ethnic, or are from a large family ( $\geq 4$  children)) are less likely to be fully immunised.<sup>4-7</sup>**

1. PHE and NHS (2014) The HPV vaccine. Beating cervical cancer
2. PHE (2018) Diphtheria in England: 2017.
3. Department of Health (DoH) (2009) Healthy Child Programme from 5-19 year old
4. DOH (2005) Vaccination services: reducing inequalities in uptake
5. Samad L, Tate AR, Dezateux C, *et al.* Differences in risk factors for partial and no immunisation in the first year of life: prospective cohort study. *BMJ* 2006;332(7553): 1312-13
6. Hill CM, Mather M, Goddard J (2003) Cross sectional survey of meningococcal C immunisation in children looked after by local authorities and those living at home. *BMJ* 2003;326: 364
7. Peckham C, Bedford H, Seturia Y *et al.* The Peckham report – national immunisation study: factors influencing immunisation uptake in childhood. Action Research for the Crippled Child. London: 1989

# A number of important vaccines are given to school-aged children

## INTRODUCTION

The majority of childhood vaccines occur in under 5 year-olds, however, school-aged children are immunised against a number of important viruses.



\*Recommendation made by the Joint Committee on Vaccination and Immunisation<sup>2</sup>. Awaiting ratification by Parliament (as of September 2018).



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# European and national polices aim to improve coverage and reduce inequalities in vaccination uptake

## NATIONAL POLICY CONTEXT

Vaccination programmes aim to achieve a level of coverage that confers herd immunity; a form of indirect protection that occurs when a large percentage of a population has become immune to an infection, thereby providing some protection for individuals who are not immune. There are a range of national and international policies and strategies that seek to improve the coverage of vaccination programmes:

- WHO Europe's immunisation work is guided by the **European Vaccine Action Plan 2015-2020 (EVAP)**<sup>1</sup>, which was adopted in 2014 and includes commitments to eliminate measles and rubella and control hepatitis B infection, amongst others. Two of the **EVAP objectives** are:
  - to ensure individuals understand the value of immunisation services.
  - that the benefits of vaccination are equitably extended to all people through tailored, innovative strategies to reach the underserved.
- The **Green Book**<sup>2</sup> provides comprehensive and up to date information about all vaccinations and procedures in the UK.
- **NHSE/PHE Immunisation and Screening National Delivery Framework & Local Operating Model**<sup>3</sup> – sets out how, after 1 April 2013, national, regional, and local operational and governance arrangements for national screening and immunisation programmes in England will be coordinated.

### References

1. [www.euro.who.int/en/health-topics/disease-prevention/vaccines-and-immunization/policy](http://www.euro.who.int/en/health-topics/disease-prevention/vaccines-and-immunization/policy)
2. [www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book](http://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book)
3. [www.england.nhs.uk/wp-content/uploads/2013/05/del-frame-local-op-model-130524.pdf](http://www.england.nhs.uk/wp-content/uploads/2013/05/del-frame-local-op-model-130524.pdf)

# A number of national, regional, and local organisations are involved in immunisation governance and delivery

## NATIONAL POLICY CONTEXT

There are a range of organisations across the country involved in school-age immunisation programmes, with different roles and responsibilities:

- **Joint Committee on Vaccines and Immunisation (JCVI); Public Health England; NICE:** Programme-level clinical policy-making, including the vaccination schedule.
- **Department of Health & Social Care:** National strategic oversight, policy and finance of national programmes.
- **Public Health England:** Working with NHS England to improve and sustain the successful delivery of existing programmes. Communicating clinical policy updates.
- **NHS England:** Routine commissioning of national immunisation programmes.
- **Screening and Immunisation Team (SIT):** Ensuring that immunisation services commissioned by NHS London area team meet national service specifications.
- **Local Authority Public Health:** Independent scrutiny and challenge of immunisation arrangements of NHS(E), PHE and providers. Responsibility for the health of the local population and for reducing health inequalities.
- **CCGs:** a duty of quality improvements regarding immunisation programmes delivered by primary care providers.
- **School immunisation providers:** contractual obligation for service delivery for school aged immunisations.

### References

1. NICE Immunisations: reducing difference in uptake in the under 19s, Public health guideline [PH21] Updated 2017  
<https://www.england.nhs.uk/wp-content/uploads/2013/05/del-frame-local-op-model-130524.pdf>

# NHSE set targets for vaccine uptake but parents and providers can influence whether or not these are met

## REGIONAL POLICY CONTEXT

**NHS England refreshed their London Immunisation 2 year Plan (2017/18-2018/19) in May 2018.<sup>1</sup>**

Their vision remains to ‘empower and protect Londoners from vaccine preventable diseases’

- Among their objectives for childhood vaccines are the following uptake targets:
  - 50% uptake of child flu (Reception – Y4)
  - 90% uptake of HPV (Y9)
  - 80% uptake for MenACWY and Td/IPV booster (routine cohorts)

**They recognised challenges to delivering school-aged vaccinations, including non-returned consent forms and the increasing number of schools and school-aged children.**

**They also highlighted four main factors that influence school-aged vaccinations:**

- 1** Parent awareness & acceptability
- 2** Data management
- 3** Provider performance and service quality
- 4** School environment

**In Southwark, the strategic direction of school-age vaccinations is set by NHSE London, as commissioners of the school-age immunisation programme.**

- The service is delivered by Hounslow and Richmond Community Healthcare Trust (HRCH)

# A local steering group monitors immunisation programmes and makes recommendations for action

## LOCAL POLICY CONTEXT

**Local oversight, scrutiny, and challenge of arrangements between NHSE and providers is the responsibility of the Lambeth & Southwark Immunisation Steering Group.**

### Functions:

- Monitor local coverage data and make recommendations for action.
- To provide scrutiny and challenge of the arrangements of NHSE, PHE and providers.
- To address inequalities and improve access to under-served groups.
- To review and update the Lambeth and Southwark Immunisation Risk Log.
- To provide assurance to the Director of Public Health of immunisation programme quality.

### Membership:

- Public Health Southwark & Lambeth
- South London Health Protection (PHE).
- Southwark and Lambeth CCGs; NHSE London region commissioning.
- Clinical and / or service management colleagues: primary care development; practice nursing; immunisation clinical coordinators; community paediatric and immunisation consultant.

### Accountability:

- The Steering Group is accountable to the Southwark CCG Quality and Safety sub-Committee (QSC), which in turn is accountable to the CCG Governing Body.

#### References

1. Immunisation programmes in Southwark Annual Report 2016/17, Sarah Robinson, Sabrina Kwaa

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# Southwark has large school-age population some of which may be at higher risk for missed vaccinations

## THE LOCAL PICTURE: DEMOGRAPHICS

**Children and young people (CYP) under the age of 20 make up 22.5% of the population of Southwark.**

- Approximately 25,800 children aged 0-5
- Approximately 17,900 children aged 6-10
- Approximately 26,700 children aged 11-19

**Southwark's population of CYP is more deprived than the London average, with around 15,000 children aged under 16 living in low income families.**

- Southwark is ranked in the 2<sup>nd</sup> highest quintile in England for deprivation, both for primary & secondary aged children<sup>2</sup>
- 36% of primary school students in Southwark meet the threshold to receive free school meals (2016 data)<sup>3</sup>

**In Southwark, 17% (n=8145) of school children have been identified as having special education needs and disabilities.**

- This is the 2<sup>nd</sup> highest prevalence of SEND among SE London boroughs and is above the levels in London and England

Figure 1: Ethnic breakdown of the population of Southwark, by age group

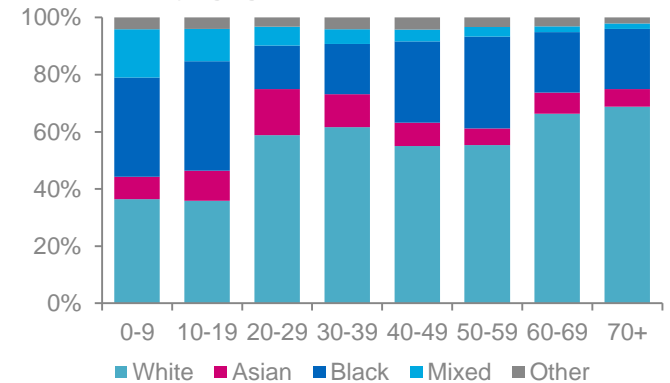
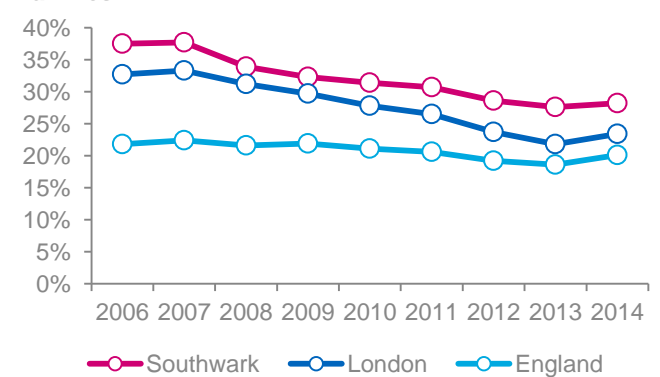


Figure 2: Children under 16 living in low income families<sup>4</sup>



1. Annual Public Health Report 2018: Statistical appendix. Southwark's JSNA. Southwark Council: London. 2018  
 2. Department for Communities and Local Government. English indices of deprivation 2015  
 3. Briefing: Universal Free School Meals. Default Enrolment.. Southwark Council: London. 2016  
 4. Annual Public Health Report of the Director of Health and Wellbeing 2017, London Borough of Southwark

# Southwark has a high number of children in primary, secondary and special schools

## THE LOCAL PICTURE: DEMOGRAPHICS

There are **73 primary schools, 19 secondary schools in the borough, and 9 special schools.**

- The majority of primary schools are community schools (local authority-managed), but most secondary schools are Academies (Figure 1)
- There are 23,219 primary students in Southwark and 14,814 secondary school students (Table 1)
- Some students may fall into the high-risk cohort but most will be eligible for routine school-age vaccinations
- The cohorts for different school-age vaccinations are large and tend to overlap

Figure 3: Number of schools in Southwark by school type, in Spring 2018<sup>1</sup>

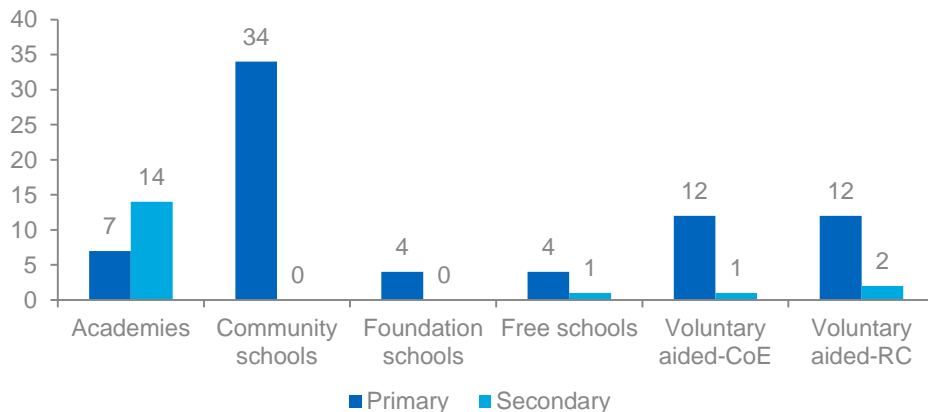


Table 1: Number of pupils attending Southwark schools by gender and school year, in Spring 2018<sup>1</sup>. Data are rounded to the nearest hundred.

	Females	Males	Total
Reception	1600	1600	3300
Year 1	1700	1800	3400
Year 2	1700	1700	3400
Year 3	1700	1600	3300
Year 4	1500	1700	3200
Year 5	1700	1600	3300
Year 6	1600	1500	3200
Year 7	1500	1400	3000
Year 8	1500	1500	3000
Year 9	1400	1300	2700
Year 10	1300	1200	2600
Year 11	1200	1200	2400
Year 12	700	600	1300
Year 13	500	500	1000
Year 14	<100	<100	<100

Annotations on Table 1:

- Influenza**: Points to the Total column.
- HPV**: Points to the Year 8 row.
- Td/PV**: Points to the Year 9 row.
- MenACWY**: Points to the Year 12 row.



# HPV vaccine coverage in Southwark is above the lower threshold but does not meet the target of 90%

## THE LOCAL PICTURE: HPV

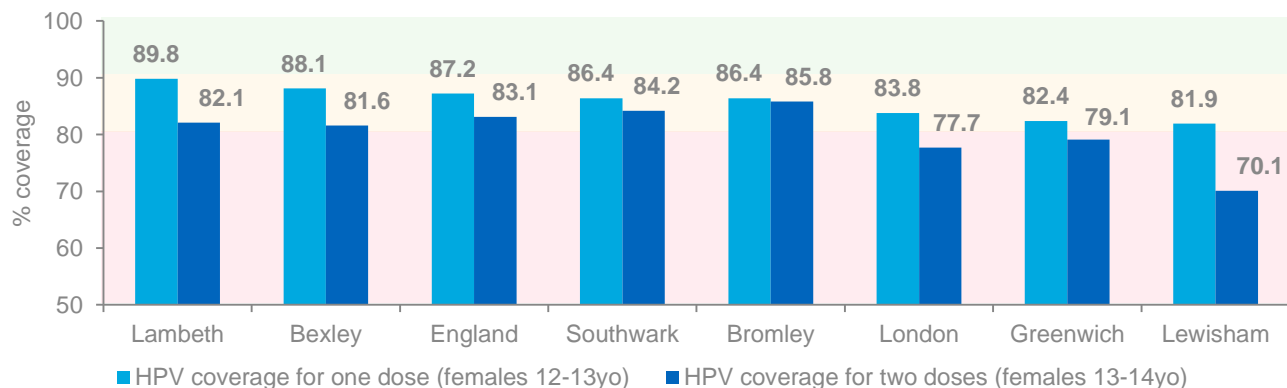
**HPV immunisation is offered routinely to girls aged 12-13 years at school. In Southwark, two doses are given: one in the summer term of Year 8 and a second in the summer term of Year 9.**

- The programme aims for HPV vaccine to be offered to 100% of eligible girls.<sup>1</sup> The target for uptake is 90% for dose 1 and dose 2, and must not fall below the lower threshold of 80%.

**HPV coverage measures the population vaccination coverage of (1) one dose of HPV vaccine in females aged 12-13 years and (2) two doses of HPV vaccine in females aged 13-14 years.<sup>3</sup>**

- Vaccination coverage in Southwark is acceptable as above the lower threshold of 80%, however, it could be improved further to reach the London target of 90%
- In 2016/18, among girls who received their first dose of HPV vaccine, the proportion receiving a second dose is higher in Southwark compared to London, England, and our South East London (SEL) neighbours, with the exception of Bromley

Figure 4: PHOF 3.03 Population vaccination coverage - HPV dose one and two, 2016/17.<sup>3</sup>  
Vaccine coverage targets are indicated in red (below target), yellow (target), and green (above target)



# In Southwark, the proportion of girls receiving the full dose of HPV vaccine has improved since 2011

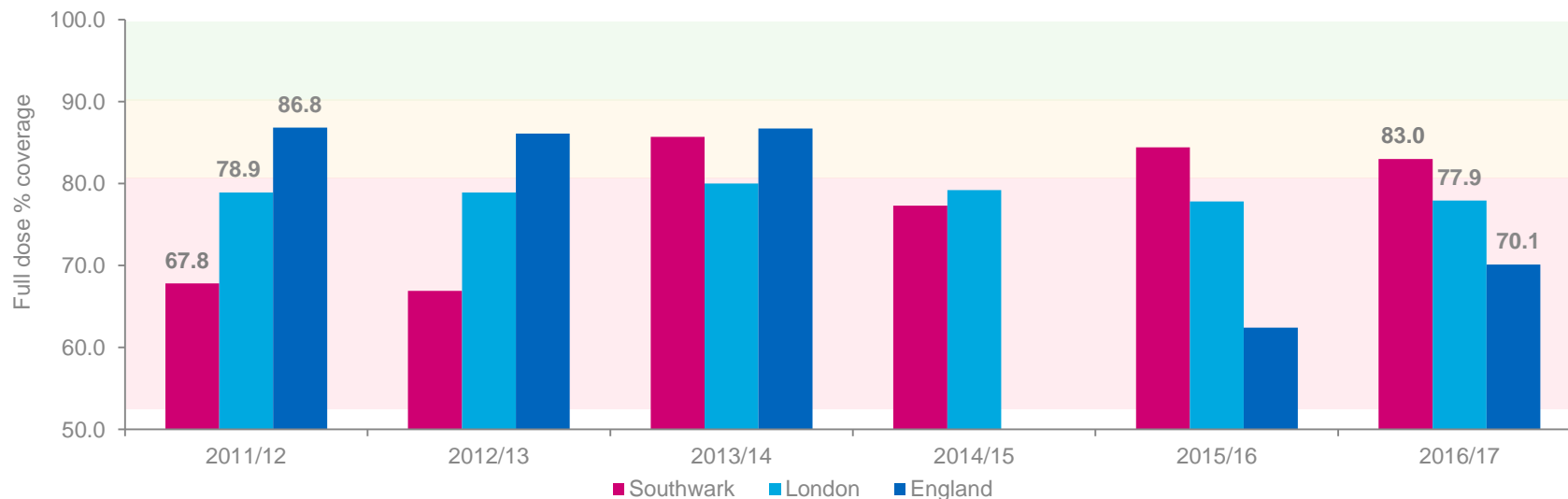
## THE LOCAL PICTURE: HPV

**Rates of HPV immunisation coverage in Southwark have increased considerably since 2011, with 83% of all girls (ages 12-15 years) completing the full dose in 2016/17.<sup>1</sup>**

- In 2016/17, local coverage was well above regional (77.9%) and national (70.1%)

**Conversely, the proportion of girls completing the full dose of HPV vaccine across England has declined over the past five years: from 86.8% in 2011/12 to 70.1% in 2016/17.<sup>1</sup>**

Figure 5: Percentage of girls aged 12-15 years receiving the full dose of HPV vaccine, 2011/12-2016/17<sup>1</sup>



Note: from 2011/12-2013/14, the full dose comprised of three vaccines. From 2014/15-2016/17, females were only given two doses

1. PHE. Official Statistics: Annual HPV vaccine coverage  
2. NHSE (2018). NHSE London Immunisation 2 year Plan, 2017/18 – 2018/19. Revised May 2018

# Coverage of Td/IPV booster is generally high but decreased from 2015/16

## THE LOCAL PICTURE: Td/IPV BOOSTER

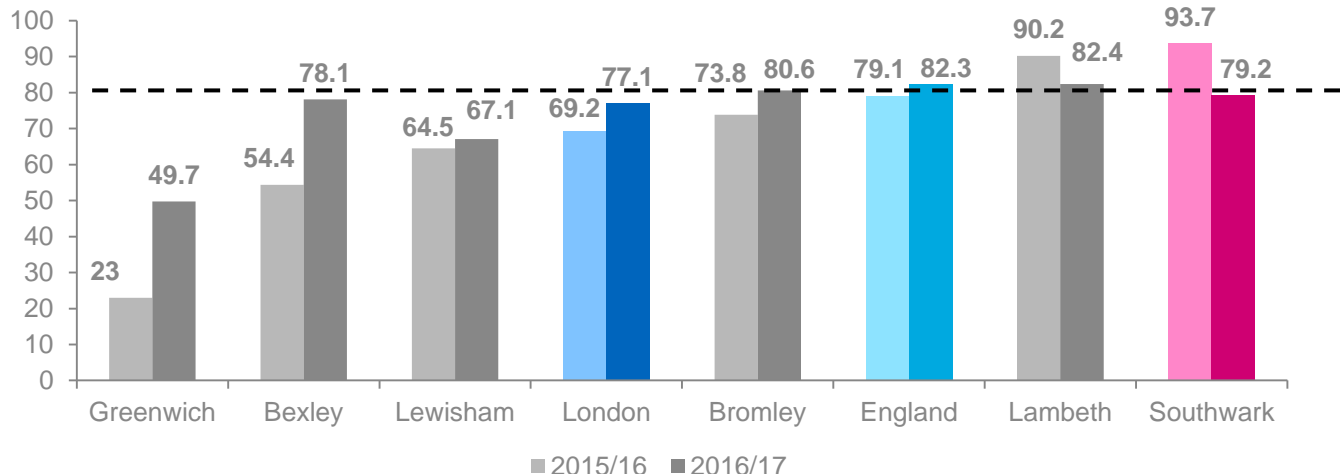
The Td/IPV booster in adolescents is the fifth dose of the tetanus, diphtheria, and polio vaccine, part of the routine immunisation schedule.<sup>1</sup>

- The vaccine is offered to children in Year 9 and the London target is 80% uptake
- Despite the programme existing for decades, national vaccine coverage data were not collected until 2015/16

**Td/IPV coverage is generally high in Southwark compared to London & England, and SE London.**

- However, in contrast to all three comparators, Southwark and Lambeth were the only two boroughs to see a decrease in vaccination coverage from 2015/16 – 2016/17. In both boroughs, this reduction was due to decreased uptake in the Year 9 cohort; the reason for this currently unknown

Figure 6: Percentage of 13-15 year olds vaccinated with Td/IPV, from 2015/16-2016/17



Note: in 2015/16 only 13-14 year olds were vaccinated in Lewisham and only 14-15 year olds in Greenwich, Bexley, and Bromley

1. PHE (2018) Vaccine coverage estimates for the school based tetanus, diphtheria and polio (Td/IPV, 'school leaver booster') adolescent vaccination programme in England, to 31 August 2017
2. PHE (2018) Research and analysis: School leaver booster (Td/IPV): vaccine coverage estimates

# MenACWY coverage in Southwark is below the 80% national target

## THE LOCAL PICTURE: MenACWY

The adolescent MenACWY vaccination programme began in 2015, in response to annual increases in Meningococcal strain W cases in England.<sup>1</sup>

- While this was predominantly a school-based vaccination programme, catch-up campaigns are run at general practice
- Where possible, the data presented here include both school- and GP-based vaccinations

**MenACWY coverage in Southwark is below the 80% target set by NHSE and largely below the London average.**

Figure 7: Mean MenACWY % coverage in Years 9-12 vaccinated in school-based programmes across South East London, from 2015/16 to 2016/17<sup>1</sup>

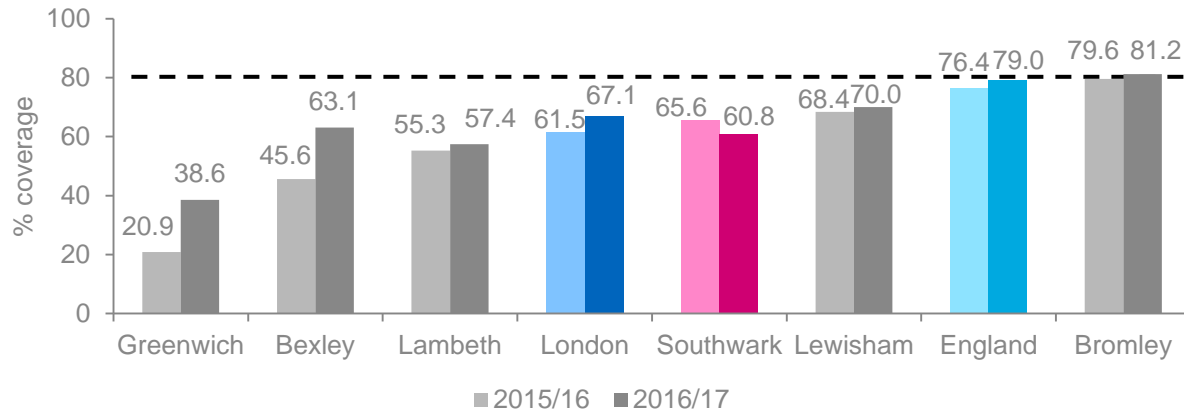


Table 2: MenACWY % coverage in Years 9-12 vaccinated in school-based programmes, from 2015/16 to 2016/17<sup>2</sup>

	Year 9	Year 10	Year 11	Year 12
	% coverage in 2015/16			
<b>Southwark</b>	68.6	n/a	62.7	Not collected
<b>London</b>	76.0	63.1	55.5	Not collected
<b>England</b>	84.1	77.2	71.8	Not collected
	% coverage in 2016/17			
<b>Southwark</b>	69.1	68.6	41.1	62.7
<b>London</b>	79.2	74.8	62.2	55.5
<b>England</b>	83.6	82.5	79.0	71.4

1. PHE (2016) Meningococcal ACWY Immunisation Programme for Adolescents. Information for healthcare professionals  
 2. PHE (2018) Research and analysis: Meningococcal ACWY immunisation programme: vaccine coverage estimates

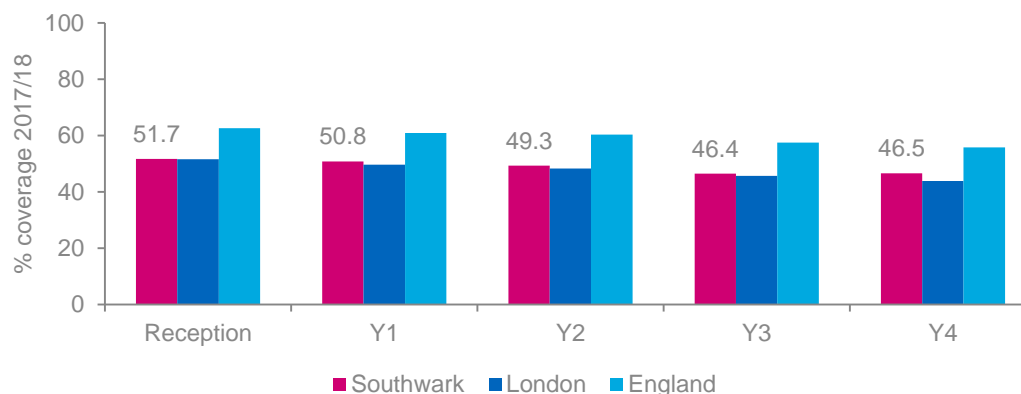
# Influenza coverage surpasses the national target but uptake is lower among older children

## THE LOCAL PICTURE: INFLUENZA

The Joint Committee on Vaccines and Immunisation has recommended a universal paediatric influenza vaccination programme (all children aged 2-17 years), which England is in the process of achieving.<sup>1</sup>

- This is being rolled out progressively in each flu season
- For the winter season 2017/18, the local programme included children aged 2-3 years (immunised in general practice) and those in Reception – Year 4 (immunised in school-based programmes)
- Data on children aged 2-3 years is included in the Pre-school JSNA
- Vaccination coverage in Southwark is consistently higher than the national target of 40% and comparable to the London average
- However, the % vaccine coverage generally decreases with increasing age group

Figure 8: Influenza vaccine percentage uptake in children of primary school age in the winter season of 2017/18. National uptake target is 40%<sup>1</sup>



1. Joint Committee on Vaccination and Immunisation. Meeting minute.5 Oct 2011. London. Available from: [http://webarchive.nationalarchives.gov.uk/20120907090205/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@ab/documents/digitalasset/dh\\_133598.pdf](http://webarchive.nationalarchives.gov.uk/20120907090205/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@ab/documents/digitalasset/dh_133598.pdf)

2. PHE Fingertips – Public Health Outcomes Framework. Accessed 7 August 2018

3. PHE. Official Statistics: Seasonal flu vaccine uptake in children of primary school age

# There are particular groups identified as having lower rates of vaccination than the population as whole

## THE LOCAL PICTURE: INEQUALITIES

**The NICE guideline ‘Immunisations: reducing difference in uptake in under 19s’ highlights the following groups as being higher risk of incomplete vaccination:<sup>1,2</sup>**

- looked-after children
- those with physical or learning disabilities
- children of teenage or lone parents
- those not registered with a GP
- those who have missed previous vaccinations (parental choice or otherwise)
- younger children from large families
- children who are hospitalised/chronic illness
- those from some minority ethnic groups
- those from non-English speaking families
- vulnerable children, e.g. those whose families are travellers, asylum seekers or are homeless

**Southwark has a large population of children at higher-risk of incomplete vaccination, e.g.:**

- 17% of school children (8,145 children) have been identified as having a special educational needs and disabilities<sup>3</sup>
- As of March 2017, there were 500 looked-after children in Southwark<sup>4</sup>
- 11% of households have no members who speak English as a first language<sup>5</sup>

**A more in depth evidence review of the factors affecting uptake appear in the first of this series of JSNAs: Part 1 Pre-school programmes.**

1. NICE Immunisations: reducing difference in uptake in the under 19s, Public health guideline [PH21] Updated 2017  
2. DH 2005; Hill et al. 2003; Peckham et al. 1989; Samad et al. 2006  
3. Children & Young People with Special Educational Needs and Disabilities in Southwark. Southwark’s JSNA. Southwark Council: London. 2018  
4. DfE (2017) National Statistics: Children looked after in England including adoption: 2016 to 2017  
5. Overview of Southwark’s Population. Southwark’s JSNA. Southwark Council: London, 2018

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# All school-based vaccinations in Southwark are delivered by a single provider

## THE SOUTHWARK RESPONSE

**Since 2016 in Southwark, the school-based immunisation programme has been delivered by Hounslow and Richmond Community Healthcare NHS Trust (HRCH).**

- The service is commissioned by NHSE London
- HRCH deliver school-age vaccinations across South London (Bromley, Bexley, Lambeth, Southwark, Kingston, and Merton), Richmond, and Sutton
- Eight nurses work in Southwark, but on a flexible schedule

**HRCH visit all schools in the borough, including special schools.**

**Data collected by HRCH is stored in their internal system. This is then sent to both the South East London Child Health information System and general practice.**

- However, there is sometimes a delay in data reaching the GP and thus, there are opportunities for children to be vaccinated twice
- Where children miss their school immunisation, HRCH run catch-up clinics in local communities. Data flow is the same as their school-based programmes

**There is a general issue in reporting such that some children who have already received a vaccination are recorded as unvaccinated.<sup>1,2</sup>**

1. Engagement with Hounslow and Richmond Community Healthcare school immunisations team

2. NHSE (2018) London Immunisation Partnership Quarterly Report



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# Numerous population factors are affecting the uptake of vaccinations in London and Southwark

## STAKEHOLDER VIEWS: FACTORS AFFECTING UPTAKE

**Local Stakeholders involved in immunisation commissioning and delivery were also interviewed to identify factors affecting uptake:**

<b>Population movement</b>	In and out of London; between boroughs; from abroad; within Southwark. High number of temporarily housed families and individuals not registered with a GP.
<b>Movement of staff</b>	Higher turnover of staff in GP practices and community roles.
<b>Parents' knowledge and understanding</b>	Lack of awareness of changing immunisation pathways and availability.
<b>Accessibility of GPs</b>	Large families face a logistical challenge of attending GP, shortage of trained immunisation workforce.
<b>Trust in the information they receive</b>	Inconsistent messages and information patients suspect may not be accurate, being denied detail may create vaccine hesitancy.
<b>Incomplete data</b>	Accuracy of coding and data entry is difficult to assess and assure at both practice level and in settings other than GPs where immunisations are given.
<b>Financial Incentivisation</b>	Current contracts may not adequately incentivise practices to prioritise immunisation uptake other than for flu.

1. Stakeholder interviews – Principal Advisor of Commissioning Immunisations and Vaccination Services
2. Stakeholder Interview – Immunisations Clinical Coordinator, Guy's and St Thomas' NHS Foundation Trust
3. Stakeholder interviews – NHS England

# There are particular groups identified as having lower rates of vaccination than the population as whole

## STAKEHOLDER INTERVIEWS - FINDINGS

Interviews were held with a range of stakeholders to hear their views about which groups might be underserved. Their observations mirrored those expressed by NICE guidelines.

### Underserved population groups in Southwark

Gypsy and traveller population – mobility  
Somali population – vaccine hesitancy  
Orthodox Jewish population – practicalities of mobilising large families

### Children with additional health needs

Immunisations may not be prioritised

### Later-born children

In larger families, younger children may be less likely to receive vaccinations than their older siblings

### Looked after children

More mobile  
Immunisations may not be prioritised

### Children with safeguarding needs

More mobile  
Immunisations may not be prioritised

### New arrivals to Southwark

Either international or domestic

### Older children

Take-up of vaccines reduces as children get older

1. Stakeholder interviews – Community Paediatrician, Immunisations Clinical Coordinator
2. Stakeholder interviews – NHS England

# Schools are generally happy with their vaccination programme but communication could be improved

## STAKEHOLDER INTERVIEWS - FINDINGS

Primary (n=4) and secondary schools (n=4) were surveyed on their experience with the school-age immunisation programme.<sup>1</sup>

### What works well?

- Immunisations are quick
- Good rapport with children
- Easier for parents to have their children immunised at school and takes the pressure off having to visit a GP

### What could be improved?

- Communication and delivery in special needs schools is complicated due to the number of staff involved. For all schools, a single point of contact within the nursing team is preferred
- Considerable follow-up is required by teachers to chase consent forms and input data into a spreadsheet
- Timing is not always convenient but, due to the volume of schools visited, it is challenging to accommodate individual preferences

**Consent remains a key challenge for any immunisation programme.** HRCH are piloting e-consent forms for flu vaccination to improve the timing of communications and reduce the burden on schools.

The ability to self-consent, which is customary with MenACWY and Td/IPV, has now been extended to HPV vaccination. This is not always simple in practice but the ambition is to open the door for wider conversations with parents about consent and the importance of the HPV vaccine.

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# Consent remains the principal challenge in meeting vaccine coverage targets

## KEY FINDINGS

**While the majority of vaccines are given in under 5 year-olds, school-age children are immunised against a number of important diseases.**

- School-age vaccination coverage in Southwark generally meets the targets set by NHS England, however, there is room for improvement.
  - Td/IPV booster coverage in Year 9 decreased from 2015/16 – 2016/17
  - MenACWY coverage is below the 80% target
  - Influenza uptake in school aged children decreases with increasing age
- Southwark has a large population of children at higher risk for incomplete vaccination, including children with special educational needs and disabilities, looked-after children, and children from families where no members speak English as a first language.
- The school-age immunisation programme in Southwark – delivered by Hounslow and Richmond Community Trust – is well-received. However, more work could be done to facilitate a single-point of contact within the service.
- Consent remains a key challenge with regards to follow-up consent forms, as well as ensuring parents understand the importance and safety of vaccines.

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# Opportunities to improve the uptake of school-age vaccinations have been identified

## RECOMMENDATIONS

Recommendation	Details	Suggested Owner
Immunisation strategy	<ul style="list-style-type: none"> <li>▪ Set up a steering group to drive forward the recommendations</li> <li>▪ Develop a robust action plan to address areas for improvement and with the aim to increase uptake over two years</li> </ul>	Public Health, CCG, SL Health Protection Team, NHSE
Improve data flows	<ul style="list-style-type: none"> <li>▪ Delineate data flows from school-based vaccinations, to general practice, and to ImmForm with the purposes of improving information sharing between partners</li> </ul>	Public Health, CHIS
Streamline communication and introduce champions	<ul style="list-style-type: none"> <li>▪ Establish a single point of contact within each school</li> <li>▪ Establish parent champions</li> <li>▪ Work with PACT</li> </ul>	HRCH, Public Health
Raise awareness among teachers and staff	<ul style="list-style-type: none"> <li>▪ Explore opportunities to raise awareness of vaccinations and their importance among schools, including attending Heads meetings</li> <li>▪ Work with governors and attend training days and staff meetings</li> </ul>	HRCH, Public Health



# A Southwark strategy should target data quality, parental information, call/recall systems and those at risk

## RECOMMENDATIONS

Recommendation	Details	Suggested Owner
Consent process	<ul style="list-style-type: none"><li>▪ Develop e-consent process among schools to facilitate vaccination programme and reduce the burden on school staff</li><li>▪ Support initiatives to introduce self consent</li></ul>	HRCH
Target schools with low uptake	<ul style="list-style-type: none"><li>▪ Facilitate flu programmes in those schools refusing to participate</li><li>▪ Facilitate HPV in schools with low uptake</li></ul>	HRCH, Public Health
Reminders and information to parents	<ul style="list-style-type: none"><li>▪ Explore opportunities to raise awareness of vaccinations and their importance among parents and carers, including disseminating information in reception packs and to parents prior to their child starting schools</li></ul>	Public Health, Education Dept

**Find out more at**  
[southwark.gov.uk/JSNA](https://southwark.gov.uk/JSNA)

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