

Operational Decision Record

Publication Date 29 August 2023	Decision Reference Number 5014
Decision Title	
Receive and spend Public Health and ICB Health Inequalities grant funding for routine childhood and adolescent vaccinations in the City of Nottingham	
Decision Value	
£240,000	
Revenue or Capital Spend?	
Revenue	
Department	
Public Health	
Contact Officer (Name, job title, and contact details)	
Marie Cann-Livingstone, Senior Public Health Manager (Health Protection), marie.cann-livingstone@nottinghamcity.gov.uk	
Decision Taken	
<p>To approve the spend of £240,000 (£180k from the Public Health Grant and £60k from the ICB Health Inequalities Fund) to deliver a programme of activity to increase vaccination uptake amongst children and young people in Nottingham including;</p> <ol style="list-style-type: none">1. £220,000 (£110k per annum for two years) for an outreach and catch-up vaccinations service to be delivered via a contract amendment to the 0-19 Best Start in Life contract.2. £7,000 to part-fund (in partnership with the ICB) a nursery flu vaccinations pilot within three Nottingham wards.3. £13,000, across two years, to develop and run regular vaccination communications campaigns, designed in partnership with the Nottingham City Council Communications Team. <p>Appendix A provides a detailed breakdown of the spend approval for each of the above strands activity, by funding source and financial year.</p>	
Reasons for Decision and Background Information	
1. Background and context	
<p>All children are invited for their primary vaccinations at 8,12 and 16 weeks with subsequent vaccines being given at one year and then again at three years four months old. If the vaccines are missed at the prescribed time, for whatever reason, they can be administered at any age, therefore catch-up is important. Data indicates that uptake of some vaccinations has decreased over the last ten years, with Covid-19 having a further impact on uptake. It is important to note that even a slight decrease in</p>	

vaccination uptake is concerning, as these preventable diseases pose a serious threat to children and the wider community.

Nottingham City has a significantly lower uptake than average for England, the East Midlands and Statistical Neighbours, for both MMR and Dtap as measured at different age milestones - one years, two years and five years. Data for Nottingham City shows that uptake of two doses of the MMR vaccination, measured at age five, for the year 2021/22 was 76.7% and for Dtap, IPV and Hib it was 74.6%. Both uptake figures are well below the 95% World Health Organisation target required to sustain elimination of diseases such as measles and rubella.

2. Aim of the programme

The overall aims of the vaccinations and immunisations programme are to achieve incremental progress toward:

1. Achieving and sustaining over 95% coverage of Dtap and MMR in under 5s in Nottingham City.
2. Achieving and sustaining over 95% coverage of Dtap and MMR in older age cohorts through opportunistic and targeted catch-up

The above aims are in-line with the *UK Measles and Rubella elimination strategy* (Public Health England, January 2019) and the *NICE Guideline NG218: Vaccine uptake in the General population*.

3. Scope

The programme will be delivered through the following workstreams:

- a) A PCN level focus targeting the areas with the highest inequalities (coordinated and funded through the ICB City Locality team, spend approval not required)

The four PCNs identified with the lowest uptake in Nottingham City are:

- Bulwell & Top Valley
- BACHs
- Radford Mary Potter
- Nottingham City East

- b) Catch up and Outreach clinics (£220,000 in total – see Appendix A for breakdown)

Outreach

An outreach model will provide support to families where they are unwilling or unable to engage with primary care. An outreach model based on the Salford Community Immunisation and Vaccination Service will be developed. As part of this, patients will be offered vaccinations in places they trust in their community including in their own home. The model will be offered across all wards.

Catch-up clinics

Catch up clinics, and outreach, are nationally recommended through the MMR Elimination Strategy and NICE guidance. MMR stock can be used to catch up people of any age. There is no upper age limit to offering MMR vaccine, therefore, GP practices and school immunisation services should maximise opportunities to ensure that patients are fully vaccinated. MMR is particularly important for women of child-bearing age due to Congenital Rubella Syndrome. We will work to understand the total number of people requiring their catch-up vaccinations from 1998 births onwards.

- c) Improving Call and recall (coordinated and funded through the ICB City Locality team, spend approval not required)

'Call and recall' (also known as invite and reminder) is currently undertaken by practices. Unlike other areas there is no single approach to call and recall in Nottingham and as a result there is likely to be high levels of variability across practices. This variability is likely to have been compounded recently by the QOF Childhood vaccination target which required practices to hit a 95% uptake. This target was seen to disproportionately affect practices in areas of higher vaccine hesitancy and those with higher numbers of migrant families.

There is good evidence to show centralised call and recall systems are effective. One Cochrane review and two systematic reviews looking at over 40 randomised control trials have estimated that invite-reminder systems can increase immunisation uptake from 5 to 20% 2-4 (NICE Public health guideline PH21).

Non recurrent funding, from the ICB Health Inequalities Grant funding, will be used to work with practices and NHS England to trial the use of the Child Health Information System across some practices in Nottingham City for a period of 14 months. This trial is planned for year 2 on advice from NHS England. This will allow for a comparison against practice-based systems. Work will then be undertaken with NHS England as the commissioner of the Child Health Information System to identify on-going resources. It should be noted that automated emails, texts and letters will not be suitable for everyone, and this will not replace the need for engagement work also outlined in this proposal.

4. Expected Outcomes

Outputs	Outcomes
<ul style="list-style-type: none">• Increase in vaccination health literacy across targeted populations• Greater understanding of reasons for vaccine hesitancy or barriers to vaccination• Increase in targeted messaging• Increased accessibility of vaccinations	<ul style="list-style-type: none">• Communities feel more empowered to make informed decisions about vaccination and challenge vaccine hesitancy• Increase number of 0-5 children protected by childhood vaccination and immunisation• Increase the number of older children and young adults protected by vaccination and immunisation via a catch-up clinic

<ul style="list-style-type: none"> • Reduction in variation between call and recall across the city • Increase in opportunities to receive a catch-up vaccine 	<ul style="list-style-type: none"> • Reduction in preventable diseases and reduction in associated costs to health and care system • Increased Primary Care capacity as a result of a reduction in missed appointments, centralised call and recall, reduction in ill health
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5. Community engagement and participation

The rollout of Covid-19 vaccinations has highlighted that combating inequalities in vaccination uptake requires long term, sustained effort. Working in partnership with marginalised communities to build trust, understand the barriers and co-design localised solutions to those barriers requires time. A continual cycle of engagement and outreach is required that engages families as they have children or move into our city. A community and engagement and participation strategy with aligned plans will be developed at city-wide level with specific focus on geographical communities and communities with protected characteristics in order to increase uptake. This will include carrying out a local population needs assessment to identify and understand the needs, concerns and assets of our under-vaccinated citizens and communities.

There will be a public health engagement lead who will support this programme of work, and as part of the governance and assurance process, the overall engagement plan will report into the Nottingham Nottinghamshire Childhood, Adolescent, Maternity Immunisation and Vaccinations (CAMIV) Group.

6. Governance & Reporting requirements

Primary Care colleagues, the ICB Locality team, NHS England and the Public Health Team will plan and deliver this programme of work as a collaborative, via an established working group.

The group will report into the Nottingham and Nottinghamshire Childhood, Adolescent, Maternity Immunisation and Vaccinations (CAMIV) Group. The CAMIV and PBP Oversight Group will be fully engaged and participate in the programme. This whole system approach will ensure that the pilot becomes embedded in organisations and stakeholders across the whole system.

A six-monthly report regarding all spend, activity and outcomes will be presented to the Nottingham City Council Public Health Programme Board.

7. Evaluation ((coordinated and funded through the ICB City Locality team, spend approval not required)

Funding has been secured for a robust evaluation to be carried out before, during and after each element of programme implementation. This will enable us to understand what works, what doesn't and the best ways to roll-out elements across the city going forward.

The learning and examples of best practice will be built upon and shared with partners through local, regional and national networks and will be written up for publication.

8. Wider system engagement

This engagement work will be innovative, help bolster existing plans, and enable partnership working with organisations including current and new providers, community-based groups, local authorities, voluntary and community sector. The programme will also provide joined up working with Nottinghamshire County colleagues, aligning plans to deliver and achieve a common purpose. Sharing and learning of good practice will be delivered across the ICB through PLTs, training sessions, and providing centralised guidance and support via TeamNet. Wider system engagement across the ICB will also be supported via the Childhood, Adolescent, Maternity Immunisation and Vaccinations (CAMIV) Group. This will also provide the added value to share learning and alignment across the wider system, and where similar initiatives are being delivered through Integrated Neighbourhood Teams.

9. Duration of Service Change

Sustained improvement in vaccination rates will not be achieved in the short-term. This model is based on engaging with the City's most marginalised communities to build trust and co-design solutions that work for the population.

There will be continual review of both actions and uptake data to assess the impact of the change and to ensure the areas of focus are where the greatest inequalities are seen. It is proposed the programme will report to CAMIV monthly with PCNs reporting in quarterly. There will be a two-year review points to determine funding required to sustain the improvements made.

Other Options Considered

The option of tendering for a provider of the outreach and catch-up service was discounted on two points. Firstly, the priority to commence this service is paramount, to protect our citizens from a potential outbreak of measles which has been identified above and it has also been identified that this contract will best be provided within the existing 0-19 service. The provider of the 0-19 contract has previous experience of delivering a similar service and there is existing vaccinator capacity within the service as well as existing infrastructure and established inroads to the targeted populations. For this reason this service is the best place for this intervention to be provided. Procurement advice has been sought and the addition to the existing 0-19 is considered permissible as a small value modification, in accordance with Public Contracts Regulation 72 (1)(e) and in accordance with Article 18.110 of the Council's Contract Procedure Rules.

Reasons why this decision is classified as operational

The decision is classed as operational as the funding falls within the threshold for an Operational Decision. The funding requested is from the Public Health Grant and the ICB Health Inequalities Grant with the primary aim of increasing uptake of childhood and adolescent vaccinations across all Nottingham City wards.

Additional Information
Informal discussions were held with Procurement Team colleagues to ensure that we were pursuing the correct route to progress the funding. Senior Public Health and ICB colleagues, as well as all members of the CAMIV group, are supporting delivery of the programme.
Decision Maker (Name and Job Title)
Lucy Hubber, Director of Public Health
Scheme of Delegation Reference Number
1
Date Decision Taken
25 July 2023