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Havering
LONDON BOROUGH

PEOPLE OVERVIEW & SCRUTINY SUB COMMITTEE AGENDA

7.00 pm	Wednesday 20 September 2023	Appointment Centre Room 10 & 11, Town Hall, Romford

Members 12: Quorum 4

COUNCILLORS:

Robert Benham
Patricia Brown
Jason Frost (Chairman)
Laurance Garrard
Judith Holt
Jacqueline McArdle
Christine Smith
Bryan Vincent
Frankie Walker (Vice-Chair)
Julie Wilkes
HRA Vacancy
NHRG Vacancy

CO-OPTED MEMBERS:

Statutory Members representing the Churches

Jack How (Roman Catholic Church)

Statutory Members representing parent governors

Julie Lamb (Special Schools)

NON-VOTING MEMBERS: Ian Rusha (NUT)

For information about the meeting please contact:
Luke Phimister
01708 434619 luke.phimister@onesource.co.uk

Under the Committee Procedure Rules within the Council's Constitution the Chairman of the meeting may exercise the powers conferred upon the Mayor in relation to the conduct of full Council meetings. As such, should any member of the public interrupt proceedings, the Chairman will warn the person concerned. If they continue to interrupt, the Chairman will order their removal from the meeting room and may adjourn the meeting while this takes place.

Excessive noise and talking should also be kept to a minimum whilst the meeting is in progress in order that the scheduled business may proceed as planned.

Protocol for members of the public wishing to report on meetings of the London Borough of Havering

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.

What is Overview & Scrutiny?
Each local authority is required by law to establish an overview and scrutiny function to support and scrutinise the Council's executive arrangements. Each overview and scrutiny sub-committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.

The sub-committees have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers.

2. Driving improvement in public services.

3. Holding key local partners to account.

4. Enabling the voice and concerns to the public.

The sub-committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. They can then develop recommendations that they believe will improve performance, or as a response to public consultations. These are considered by the Overview and Scrutiny Board and if approved, submitted for a response to Council, Cabinet and other relevant bodies.

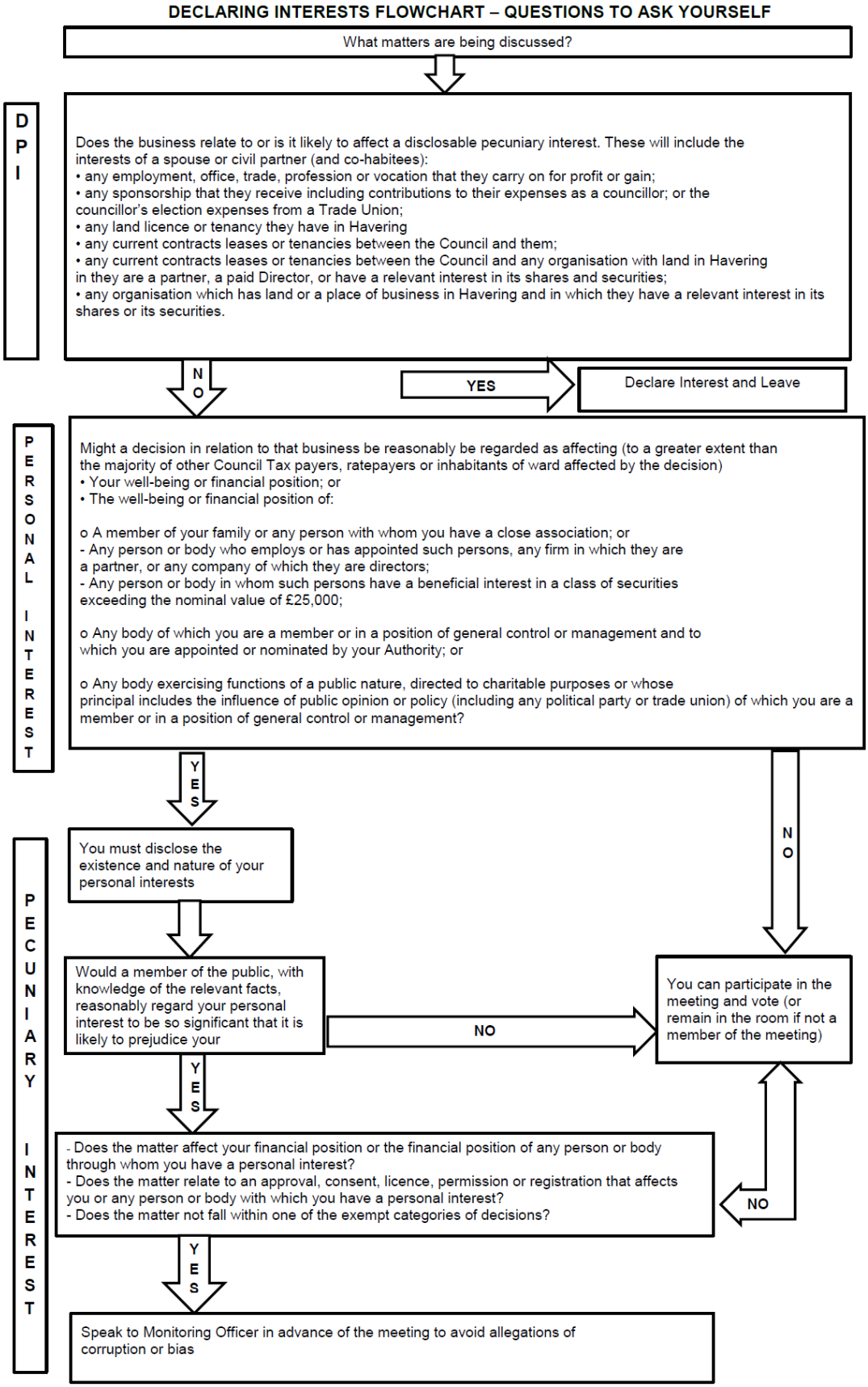
Sub-Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for anything from a few weeks to a year or more to allow the Members to comprehensively examine an issue through interviewing expert witnesses, conducting research or undertaking site visits. Once the topic group has finished its work it will send a report to the Sub-Committee that created it and will often suggest recommendations for the Overview and Scrutiny Board to pass to the Council's Executive.

Terms of Reference

The areas scrutinised by the Committee are:

- Drug, Alcohol & sexual Services
- Health & Wellbeing
- Health O & Scrutiny
- Adult Care
- Learning and Physical Disabilities
- Employment & Skills
- Education
- Child Protection
- Youth Services

- Fostering & Adoption Services
- Education Traded Services
- Early Years Services
- Looked after Children
- Media
- Communications
- Advertising
- Corporate Events
- Bereavement & Registration Services
- Crime & Disorder


DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF
What matters are being discussed?
DPI
Does the business relate to or is it likely to affect a disclosable pecuniary interest. These will include the interests of a spouse or civil partner (and co-habitees):
• any employment, office, trade, profession or vocation that they carry on for profit or gain;
• any sponsorship that they receive including contributions to their expenses as a councillor; or the councillor's election expenses from a Trade Union;
• any land licence or tenancy they have in Havering
• any current contracts leases or tenancies between the Council and them;
• any current contracts leases or tenancies between the Council and any organisation with land in Havering in they are a partner, a paid Director, or have a relevant interest in its shares and securities;
• any organisation which has land or a place of business in Havering and in which they have a relevant interest in its shares or its securities.
NO
YES
Declare Interest and Leave
PERSONAL INTEREST
Might a decision in relation to that business be reasonably be regarded as affecting (to a greater extent than the majority of other Council Tax payers, ratepayers or inhabitants of ward affected by the decision)
• Your well-being or financial position; or
• The well-being or financial position of:
o A member of your family or any person with whom you have a close association; or
- Any person or body who employs or has appointed such persons, any firm in which they are a partner, or any company of which they are directors;
- Any person or body in whom such persons have a beneficial interest in a class of securities exceeding the nominal value of £25,000;
o Any body of which you are a member or in a position of general control or management and to which you are appointed or nominated by your Authority; or
o Any body exercising functions of a public nature, directed to charitable purposes or whose principal includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management?
YES
NO
PECUNIARY INTEREST
You must disclose the existence and nature of your personal interests
Would a member of the public, with knowledge of the relevant facts, reasonably regard your personal interest to be so significant that it is likely to prejudice your
NO
You can participate in the meeting and vote (or remain in the room if not a member of the meeting)
YES
- Does the matter affect your financial position or the financial position of any person or body through whom you have a personal interest?
- Does the matter relate to an approval, consent, licence, permission or registration that affects you or any person or body with which you have a personal interest?
- Does the matter not fall within one of the exempt categories of decisions?
NO
YES
Speak to Monitoring Officer in advance of the meeting to avoid allegations of corruption or bias

AGENDA ITEMS

1 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

To receive (if any)

2 DISCLOSURE OF INTERESTS

Members are invited to disclose any interests in any of the items on the agenda at this point of the meeting. Members may still declare an interest in an item at any time prior to the consideration of the matter.

3 CHAIRMAN'S ANNOUNCEMENTS

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

4 MINUTES (Pages 1 - 2)

To approve as a correct record the Minutes of the meetings of the Committee held on 26th July 2023 and authorise the Chairman to sign them

5 GP ENGAGEMENT (Pages 3 - 20)

Report and appendix attached

6 MMR VACCINATION (Pages 21 - 26)

Report attached

Zena Smith
Head of Committee and Election Services

MINUTES OF A MEETING OF THE
PEOPLE OVERVIEW & SCRUTINY SUB COMMITTEE
Appointment Centre Room 10 & 11, Town Hall, Romford
26 July 2023 (7.10 - 7.40 pm)

Present:

COUNCILLORS

Conservative Group	Jason Frost (Chairman), Christine Smith and Judith Holt
Havering Residents' Group	Laurance Garrard, Julie Wilkes, Bryan Vincent and Jacqueline McArdle
Labour Group	Frankie Walker (Vice-Chair)

48 **APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

Apologies were received for the absence of Councillor Pat Brown. (Councillor Many Anderson substituted).

49 **DISCLOSURE OF INTERESTS**

There were no declarations of interest.

50 **MINUTES**

The minutes of the sub-committee meeting held on 15 March 2023 were agreed as a correct record and signed by the Chairman.

51 **HEALTHWATCH HAVERING ANNUAL REPORT 2022-23**

The annual report of Healthwatch Havering was deferred to the next meeting.

52 **ENGAGEMENT OF YOUNG PEOPLE AND HARD TO REACH GROUPS WITH GPS**

The presentation on Engagement of Young People and Hard to reach Group with GPS was deferred to the next meeting.

Chairman

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Havering
LONDON BOROUGH

PEOPLE OVERVIEW AND SCRUTINY SUB-COMMITTEE, 20 SEPTEMBER 2023

Subject Heading:	Engagement of young people and hard to reach groups with GPs
Report Author and contact details:	**Luke Phimister, Committee Services Officer, London Borough of Havering**
Policy context:	**NHS officers will give presentation**
Financial summary:	**No impact of presenting information itself.**

SUMMARY

National Health Service (NHS) officers will present to Members an update how the place based partnerships are engaging with hard to reach groups

RECOMMENDATIONS

That the Sub-Committee scrutinises the information presented and considers what, if any, actions it wishes to take in response.

REPORT DETAIL

The Sub-Committee requested information on the work being taken to engage GPs with hard to reach groups

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

Environmental and Climate Change implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

North East London Health & Care Partnership

NHS North East London

How we are engaging with local people in Havering to shape our priorities and improve outcomes

Luke Burton, Borough Director, Havering Place based Partnership

A partnership focus

- The Havering Place based Partnership, comprised of health, care and the community and voluntary sector across the borough, provides us with an excellent platform to hear from, and provide support to seldom heard groups so that their voice shapes local services
- Primary care is part of the Borough Partnership and therefore should not be looked at in isolation
- The Partnership is committed to involving and listening to local people, carers, and community and voluntary sector groups, as well as front line staff, in all the work that we undertake
- The communications and engagement teams within all partner organisations are working together to form a communication and engagement strategy for Havering
- We want local people's views, ideas and experiences to genuinely shape our priorities and programmes of work, and ensure that we are working collectively towards outcomes that are meaningful to them.
- Lots of great work already happening with more to come.

The Big Conversation

On Wednesday 19 July, local people and partners from across Havering, including community and voluntary sector, health, care and local business will be coming together to:

- Find out what matters most to local people and about their current experiences
- Talk to local people about any changes in health and care
- Articulate what is most important about our planned priorities, both at a North East London Level and locally – and how we'll know we've made a difference
- Help local people link in to health and care services and wider wellbeing services and get involved in reshaping and improving them
- Ask questions

This will be part of an ongoing series of discussions and co-production work with local people, with partners planning to run events across the Borough to speak to as broad a range of local people as possible

The #BeeWell survey

- The Havering Youth Wellbeing Census is part of Havering Council's commitment to amplifying the voice of young people in the borough.
- Havering Council is working with UCLPartners to locally adapt and use the #BeeWell survey for this.
- Designed by young people, the #BeeWell survey measures the wellbeing of young people and the results are used to deliver positive change.
- 13 schools in total have registered and should be undertaking the survey as part of PSHE lesson for Year 8s and Year 10s in June/July.

Our Carers' Strategy

- The Havering strategy for those who provide informal and unpaid care has been designed around feedback and engagement with local carers
- One to one discussions, focus groups and a borough wide survey of local carers provided rich feedback which we have directly used to shape the strategy, setting out how we will improve things for local carers in a series of 'I' statements so that it's really clear the benefits they will see over the coming years.
- Lynn, a local resident, has also kindly shared her recent experience caring with her mother, to highlight the improvements that need to be made for Carers and those they care for in the Borough. This forms the foundation of the strategy.

What matters to local carers – feedback from engagement

One to one discussions

"I live alone with my mum who is ill, it's just us but it's always been that way"

Imago Young Carer (aged 9-12)

"Sometimes I don't know where to get help, I care for my husband on my own and struggle using technology to access information"

Adult Carer

"I take care of my twin sisters with mental health problems and my great grandmother. I used to have a group of young carers to meet up with, but now with my college schedule and caring I don't have time"

Young adult carer (aged 19)

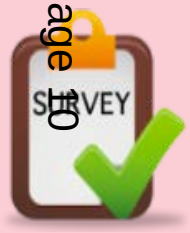
"I just want carers to be acknowledged as workers, entitled to breaks. We work so hard and employers often don't recognise this strain"

Adult Carer

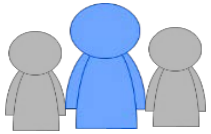
"I have cared for my grandad for as long as I can remember, but since he became bed-bound 2 years ago, it has taken more time. I had to take 8 weeks off college because it's just me and my mum who care for him"

Young adult carer (aged 23)

Borough wide Survey



1 in 3



Of 125 respondents said that access to timely GP appointments was their top priority

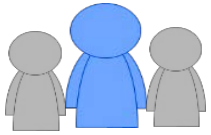
64%

Of respondents felt that training to help them fulfil their informal/unpaid caring role would be useful

1 in 2

50% of respondents felt that better access to get through to services on the phone in a timely way is their top priority for improvement

1 in 2



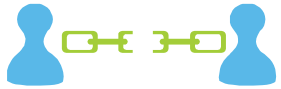
Of the 125 respondents felt that their relationship with their GP worked well in terms of the care and support they currently receive

The general additional comments provided focussed on the need to coordinate care around people, ensuring that it is more seamless, ensure access to information and advice so that people can navigate the system, and ensure access to timely appointments.

Focus Groups

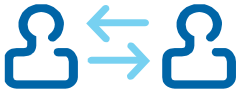
It is often difficult to understand what services are out there to support Carers and the people that they care for. Carers will often have to go to the GP to be referred on for support. This should be more simple. A single directory would be helpful, if everyone could access it.

Access to respite should be easier, and it should be more flexible. It's really important that Carers have access to respite when they need it, that doesn't disrupt the routines of the person they're caring for



Access to Primary Care appointments should be easier and more quick. A flexible model would be helpful, that means you are seen by the right person for your query, in a timely way.

Services should be more streamlined around the needs of the person. It can be difficult to navigate a range of appointments, and it takes time to take the person that you care for to different appointments at different places.



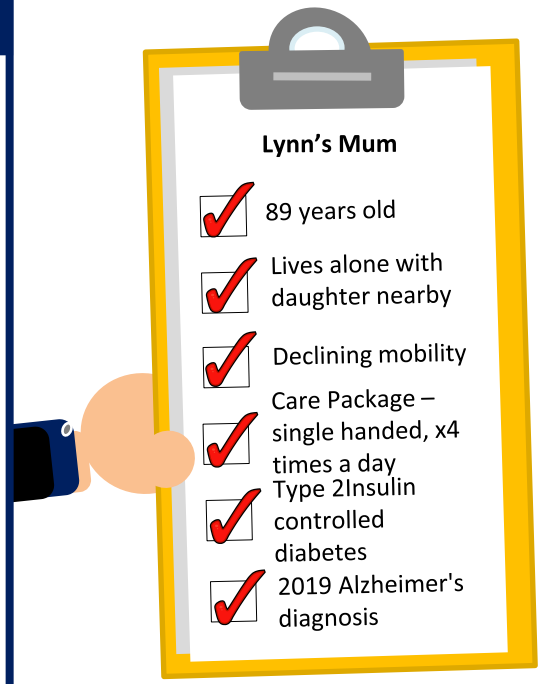
Carers should be identified and recognised for the key role that they play. Sometimes it's difficult to get the GP to call the Carer rather than the cared for person to discuss their care, even if the cared for person has dementia

Havering Carers experience: Lynn's story

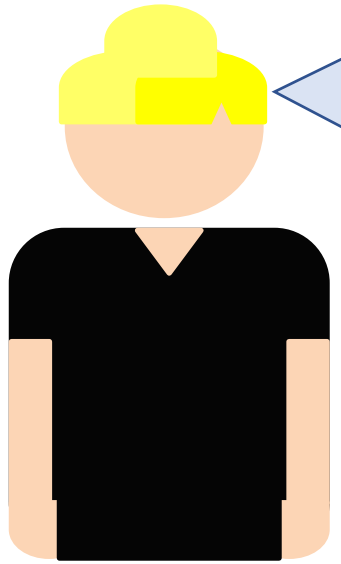
Lynn and her mother Joan share a really close bond, and are more like best friends. They're always there for each other, and see each other frequently.
Lynn's mother had started to slowly decline in the past couple of years, being less able to manage. Lynn noticed this and, as well as supporting her mother herself; acting as her advocate, booking appointments, arranging food shopping and other support, Lynn requested a Social Care assessment following which a care package was put in place (single handed, 4 times per day). A lot of the monitoring of her mother's diabetes and blood sugar levels falls to Lynn, including the decision of when to escalate; Lynn also notices that the diabetes medication is given by nurses on several occasions despite her mother's blood sugar levels at the time suggesting that it should not have been administered.

In 2022, Lynn's mother, who was at this point defined as 'housebound' developed a rash across her body, which left her in extreme discomfort. From then on, Lynn's mother's condition began to decline, despite Lynn's struggles to get her seen by the right people to support her. The following page maps their journey from this point.

Lynn's Mum - Joan



Lynn



As well as supporting her mother and her family, Lynn works in Havering in the Community and Voluntary Sector and has a strong understanding of the health, care and community system in Havering.

Havering Carers experience: Lynn's story

There are many instances within Joan and Lynn's journey where care could have been improved, particularly:

- There was a lack of care coordination /person centred care around Joan's journey, with Lynn trying to fill this function; there were many occasions where Lynn was not listened to, and she really had to push to have her mother seen
- There were many cases where, to get the referral or support she knew that her mother needed, Lynn had to go back to the GP for an appointment, to get the onward referral
- Joan's rash was never properly investigated / addressed, and she was in significant discomfort because of this throughout the last few months of her life
- Lynn was never identified as a carer / no one who saw Lynn ever checked that she was receiving the support to which she was entitled
- Joan's journey was convoluted, and without Lynn acting on her behalf and taking her to appointments, could have been significantly worse
- Lynn is now left with not only the impact of losing one of the people whom she loved most in the world, but also the impact of the experiences that she and her mother had to go through during the last months of her mother's life

Community Core Connectors

- Project based in Harold Hill to reduce health and care inequalities and improve outcomes for local people.
- Recruits local volunteers as Core Connectors who are based in the community to share key health messages and information, and link people to other wellbeing support.
- The work is led by a former housing officer whose background and knowledge of the local population has been invaluable to the success of this programme.
- Nearly 500 people have already benefitted from this project.
- Feedback suggests that becoming a Core Connector volunteer is also in itself a rewarding experience.

Warm hubs and cost of living

Partners in Havering have formed a task group to support local people with the cost of living, this has included:

- Targeted texts and financial support for those on life saving equipment
- Targeted online support for those searching for cost of living advice in the Havering area
- ‘Warm Hubs’, strategically placed across the borough (which will evolve into cool hubs during the summer) which provide a safe place for local people to access information, advice, and a cool/warm place during the day. There are a number of activities and support delivered through these hubs, and local people are directed on for further support as needed. Over 1,000 people have already benefited from these hubs.
- Financial support and advice for those who are struggling as a result the cost of living increases

Learning Disabilities and Autism

- Havering Place based Partners are engaging directly with the Autism Hub and its members to understand their experiences of health and care services, and feed these into a programme of improvement
- Havering Healthwatch has also undertaken a piece of engagement work with those who have a learning disability or autism to understand their experiences in more detail
- This will feed this in to the partnership to ensure that this can shape priorities and service improvement going forward
- Havering currently does not have a Learning Disability strategy and it is the intention of the partnership to work with local VCSE groups and people with Learning Disabilities and their carers to codesign this.

Engagement with the VCSE

- Since the inception of the Havering Place based Partnership a concerted effort has been made to engage with community and voluntary sector groups across the borough to raise awareness of the work between health, care and the VCSE, and to ensure that all groups feel they are able to be involved in and shape the priorities and work of the partnership
- A community chest fund was launched last year which saw an additional circa £100,000 invested in local community and voluntary sector services targeted at reducing inequalities
- The partnership has also been undertaking a series of ‘showcase events’ for all health, care and VCSE staff across the Borough to raise awareness of the work underway and encourage more of our partners to get involved.

Understanding the experience of health and care for those who are deaf

- Havering Healthwatch has been commissioned to ensure that health and care services are meeting the needs of those who are deaf.
- It aims to raise this community's profile, build confidence in terms of accessing services, and ensure that outcomes for those who are deaf are improved
- It is a key foundation block to ensure that no community is disadvantaged in terms of accessing health and care services.

Homeless and rough sleepers

- We are working with partners to understand the healthcare issues and barriers for people who are homeless or sleeping rough
- In addition to this, a survey has been launched to ask local people who are homeless/rough sleeping what they think
- Part of the health inequalities funding is being used to offer to create a homeless outreach service.

Events in the community

- As part of the work to support practices with their Patient Participation Groups, we are exploring using community events as an engagement mechanism for practices and primary care networks
- We are supporting a Health Fair with Crest PCN on 22 July to help them use this as a meaningful engagement exercise to reach people we would not usually hear from and to recruit people to their PCN PPG.

What’s next

- Work will continue to support PCNs and practices to develop mechanisms that work for them and that feed back into the work of the Borough Partnership.
- The Partner communications and engagement teams are now focused on developing tangible pieces of work to work together on.
- As a Havering partnership, we want to embed engagement with local people at the start of every programme of work that we do, with local people feeling part of, and able to influence how their services shape up.
- We will use the NEL Community Insights System to collect feedback that local people share in online forums so that we can also understand the key themes of this, and ensure that these are responded to, alongside other methods of communication including surveys, focus groups, face to face engagement sessions, and other ways of engaging with local people.
- This will all be part of a larger programme of communications and engagement, to ensure that local people are continually part of the conversation to improve and shape their health, care and community and voluntary sector services going forward.
- We will ensure that the tools are in place to support local people to have more control over their care, including development of a single data base of services for Havering (via the Joy App) and greater use of technology to enable local people and their carers to have access and control over their data.
- The Local Authority and NHS Integrated Care Board are currently undergoing restructures that will see a more integrated team at place with more capacity to drive forward our projects. This will build on the foundation of work that we have in place, and really help to drive further engagement and positive change for local people.

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LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:	MMR Vaccination Uptake Rates and System-Wide Actions to Improve Uptake
SLT Lead:	Mark Ansell, Director of Public Health
Report Author and contact details:	**Louise Dibsdall** **01708 431811** **Louise.Dibsdall@havering.gov.uk**
Policy context:	Under the Health and Social Care Act 2012 and 2022, the DPH has responsibility for oversight of health protection, specifically to scrutinise and challenge commissioning arrangements to ensure they meet the health protection needs of the local population.

SUMMARY

This report outlines the MMR vaccination uptake rates in Havering and the collective local actions being undertaken to improve uptake. It has been written collaboratively between the local authority, UKHSA, NHSE and NEL ICS.

Uptake of MMR vaccination in Havering, London and England remain below the target 95% uptake level to achieve herd immunity. This low uptake rate leaves us vulnerable to potential and ongoing measles outbreaks, which has seen a recent rise in incidence.

Working in partnership with NHSE, NHS ICS colleagues, Havering LA, schools, parents and communities, the following actions are taking place:

- 2023 London MMR/polio campaign has protected thousands of unvaccinated children against measles; an additional 14% of eligible children were immunised.
- Schools-based providers called almost 10,000 families who have unvaccinated children, with around 11% of calls answered and 1,000 children vaccinated; additional clinics were put on by Vaccination UK in Havering at MyPlace and Fairkytes Arts Centre.
- The NHS in London launched a digital marketing campaign targeting those most at risk in London.
- A monitoring exercise by Children's Social Care has confirmed that all children in care under the local Authority's responsibility are fully up to date with necessary vaccinations.
- Health Champions provide direct support to vulnerable communities to identify reasons for vaccine hesitancy and barriers to accessing vaccination clinics

RECOMMENDATIONS

The Health Overview and Scruitiny Committee is asked to note the contents of this report and to support local actions to improve uptake in MMR vaccination, with a particular focus on addressing inequalities in access amongst vulnerable communities.

REPORT DETAIL

1. Background

1.1 Policy Context for MMR Vaccination

The Health and Social Care Act 2012, and subsequently Health and Care Act 2022, in which Integrated Care Boards (ICBs) were established, gave oversight responsibility to the Director of Public Health for health protection. The DPH should provide assurance that all organisations involved in health protection co-operate and work together, including for reducing vaccine-preventable diseases[1].

Alongside the other vaccinations given routinely in the primary immunisation schedule for babies and children[2], vaccination against Measles, Mumps and Rubella (MMR) is effective and safe. Getting vaccinated is important, as these conditions can also lead to serious problems, including meningitis, hearing loss and problems during pregnancy. Two doses of MMR vaccine provide the best protection against these diseases; around 99% of people will be protected against measles and rubella and 88% protected against mumps.

The UK Health Security Agency (UKHSA) is responsible for surveillance and management of outbreaks, including Measles, Mumps and Rubella. The number of confirmed and probable cases is also likely to be an underestimate of the true figure as not all cases will be reported back to UKHSA. Reports from UKHSA show there has been a steady rise in measles cases this year. Between 1 January and 30 June 2023 there have been 128 cases of measles, compared to 54 cases in the whole of 2022, with 66% of the cases detected in London although cases have been seen in all regions[3]. A total 65% of the cases were in children under the age of 10 years and 20% of the cases were in teenagers and young people aged 15 to 34 years. Less than 1 in 5 (24 out of 128, or 19%) of the cases were imported or import-related, while the rest reflect community transmission in England. In Havering, from 1st January 2023, there have been 7 mumps cases reported, but no confirmed or probable cases of measles[4].

1.2 Dosing Schedule for MMR

- *MMR 1 at 1 year:* The first dose is given at 1 year, with the first dose to be given by the time the child is 24 months old.
- *MMR 2 at 3 years 4 months*: The second dose is given at the same time as the pre-school booster to ensure they are protected before they start school in the September after their 4th birthday. Acceptable standards for reporting of MMR vaccine coverage is that a child should have received 2 doses of the vaccine by the time they are 5 years old.

1.3 Trends in Vaccination Uptake Rates 2013/14 to 2021/22

In order for herd immunity to be reached, at least 95% of the eligible population needs to be vaccinated. However, uptake has been influenced by a number of factors, including: inequalities in access to vaccination for those in disadvantaged communities; beliefs and attitudes towards vaccination and disproportionate vaccination uptake amongst communities with negative cultural beliefs; mistrust in vaccines and in healthcare providers; and there remains a great deal of scepticism around vaccination following the Wakefield research controversy[5].

Trend data shows that uptake for the first dose of MMR by 24 months, at least 1 dose by 5 years and two doses by 5 years has steadily declined in the last 10 years (Fig.1)[6]. Havering has remained consistently higher than London for uptake of MMR vaccinations, but similar to, or lower than the average for England.

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[1] https://www.gov.uk/government/publications/role-of-the-director-of-public-health-in-local-authorities/directors-of-public-health-in-local-government-roles-responsibilities-and-context

[2] https://www.nhs.uk/conditions/vaccinations/nhs-vaccinations-and-when-to-have-them/

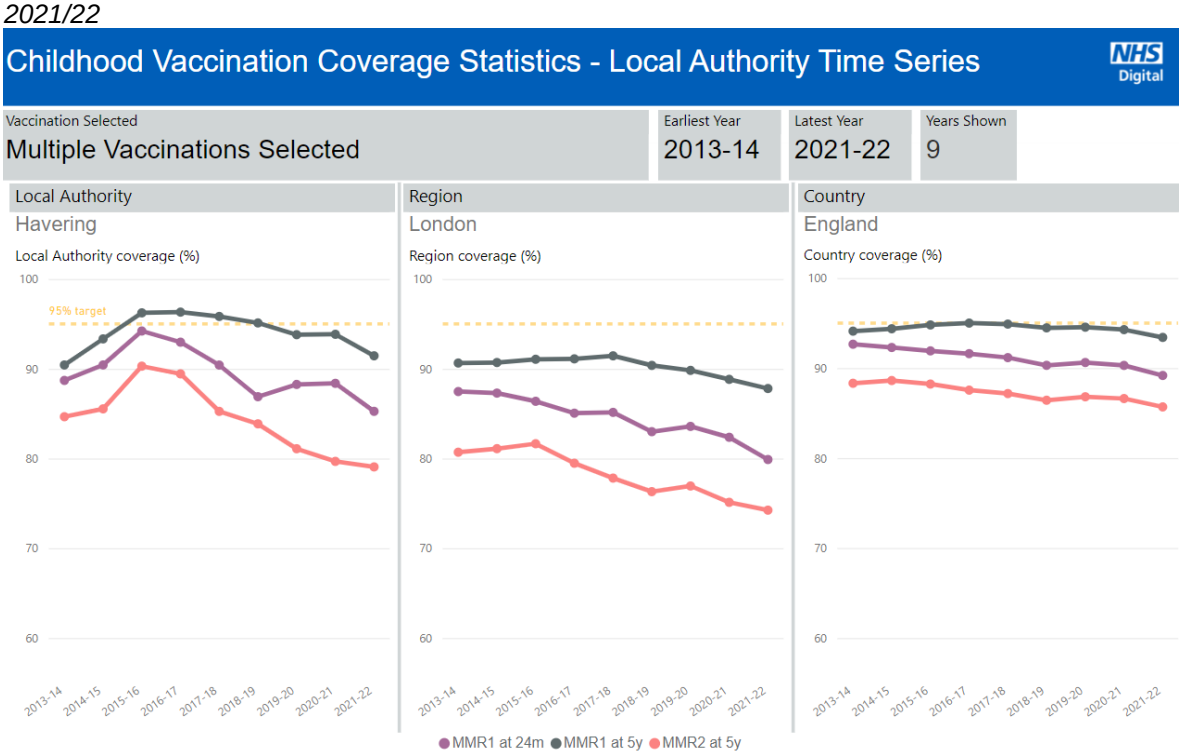
[3] HPR volume 17 issue 7: news (14 July 2023) - GOV.UK (www.gov.uk)

[4] Notifiable diseases: weekly reports for 2023 - GOV.UK (www.gov.uk)

[5] Torracinta, L., Tanner, R. & Vanderslott, S. (2021). MMR Vaccine Attitude and Uptake Research in the United Kingdon: A Critical Review. *Vaccines 9 (4) 402.* **https://doi.org/10.3390/vaccines9040402**

[6] https://app.powerbi.com/view?r=eyJrIjoiZTI3NWZhNzItMTIyZS00OWM2LTg0MzMtOGY5YTJjMGY0MjI1IiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMiIsImMiOjh9

Figure 1. Trend in Uptake of MMR Vaccination in Havering, London and England 2013/14 to 2021/22

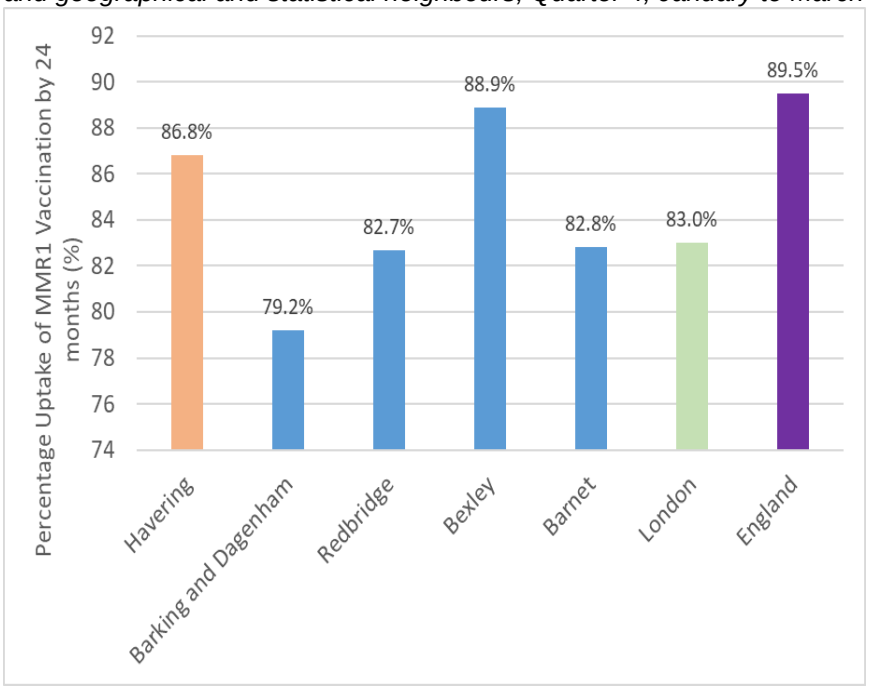


Source: NHS Digital

1.4 Current Vaccination Uptake Rate in Havering

Annual data for 2022-23 is not yet published, but uptake during Quarter 4, January to March 2023 from NHSE COVER[7] data showed that Havering's uptake is better than London, but worse than England (Fig 2).

Figure 2. Uptake of MMR1 vaccination by 24 months in Havering compared to London, England and geographical and statistical neighbours, Quarter 4, January to March 2023.



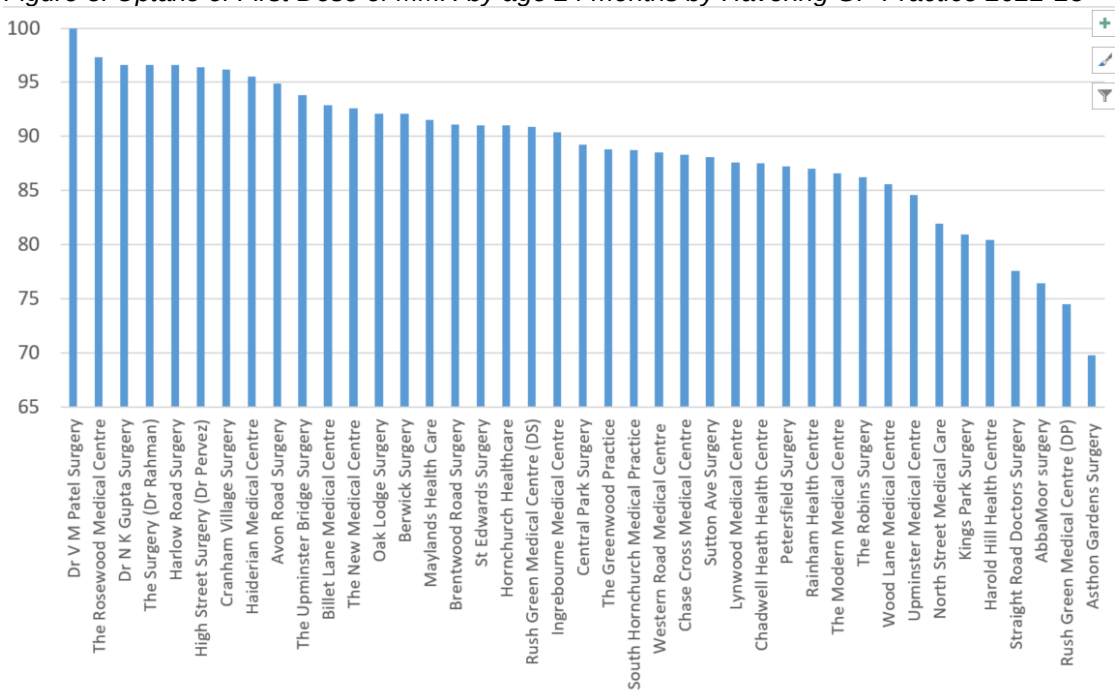
[7] COVER = Cover Of Vaccination Evaluated Rapidly

1.5 Variation in Uptake by GP Practice

There is a wide, but understandable, variation in uptake of MMR vaccination among GP practices across the borough (Fig.3). Taken at face value, it appears that some practices are performing very well, and should indeed be applauded for their achievements. However, given the variation of demographics and deprivation across the borough, in particular where there are practices with much higher or lower numbers of children, the challenges of individual practices in achieving high levels of uptake should not be under-estimated.

For example, the Upminster Bridge Surgery had only 30 children becoming 24 months in the period April 2022-March 2023 and achieved an uptake of 93.8%; the surgery only required one more child to be vaccinated to achieve the 95% target. However, the parents of that one child may have had a number of reasons for their child not to be vaccinated. At the other end of the scale, another surgery had 177 children eligible to be vaccinated in that period and achieved 81.9% uptake. The factors influencing access to vaccination and vaccine hesitancy are therefore important to consider when developing actions to support increasing uptake rates.

Figure 3. Uptake of First Dose of MMR by age 24 months by Havering GP Practice 2022-23



2. Actions to Improve Uptake

2.1 NHS England

NHS England (NHSE) are responsible for the commissioning of vaccination programmes in GP surgeries and schools. GPs provide the primary course of vaccination to all children (see The complete routine immunisation schedule from February 2022 - GOV.UK (www.gov.uk)) and offer catch-up MMR vaccinations if anyone has missed a dose, at any age. Our school-based providers in Havering are Vaccination UK.

To reduce the threat of outbreaks and to increase and sustain high vaccination coverage, NHSE and partners deliver a range of actions, both routine, and in response to local outbreaks/needs. Recent actions have included

- delivering the MMR/polio catch up campaign which identified over 320,000 children either missing or only partially vaccinated for MMR across London. The London MMR/polio campaign has protected thousands of unvaccinated children against measles. In the last quarter alone an additional 14% of eligible children were immunised.
- NHSE set up a number of call centres and additional clinics across London focusing on nursery (1-4 years) and schools (5 to 12 years). Schools-based providers called almost 10,000 families who have unvaccinated children, with around 11% of calls answered and 1,000 children vaccinated.

- Catch-up clinics for MMR vaccination were delivered by Vaccination UK at MyPlace, Harold Hill and at Fairkytes arts centre during after school clinics and at weekends to ensure accessibility was maximised.
- Schools in measles hotspot areas where there have been outbreaks or high rates of under vaccination have been called and vaccinated first; note – none of these were in Havering as we have not had any measles outbreaks.
- The NHS in London launched a digital marketing campaign targeting those most at risk in London.

2.2 Integrated Care System (ICS)

The top priority in the ICSs Childhood Immunisations Plan is to address the needs of under-vaccinated populations and to reduce inequality, particularly for disadvantaged children. The plan, which is to be jointly delivered as a partnership, is to work closely with community and voluntary sectors to engage with and promote the importance of childhood vaccinations, especially in vaccine hesitant clusters in Havering and includes the following elements:

- communication strategy will be transparent, concise, and easily understandable.
- NHSE vaccination campaigns will be promoted locally; in the event of outbreaks, additional local support will be provided to enhance local delivery of remedial or booster vaccinations
- accurate and up-to-date information will be disseminated through pharmacies, libraries, and local community venues, providing links to trusted websites (such as NHS Choices), throughout primary care, community, and voluntary settings to ensure consistency.
- clinical systems will be used to identify eligible groups and manage vaccine supply while working on quality improvement.
- Systematic, multicomponent call/recall will be utilised and includes extending clinic times and offering evening and weekend services in primary care and pharmacy to improve access to immunisation services. Invitations for immunisation will be tailored and reminders will be sent to those who do not attend appointments.
- targeted efforts and strategic work with schools and practices with lower coverage will also be made to increase vaccination rates, including support from Community Connectors
- the ICS has identified the three primary care practices with lowest uptake rates and will be offering support visits by a Primary Care Facilitator to improve call/recall systems and ensure accurate data reporting

In addition, it is our local goal to ensure all staff involved in immunisation services are appropriately trained and have annual updates, particularly in the areas of knowledge and communication skills necessary to handle challenging questions. Guidance and development will also be provided.

2.3 Local Authority Teams

Locally, our comms teams and schools have supported the NHSE vaccination campaigns, ensuring local residents were aware of catch up clinics and opportunities for vaccination. Prior to the school holidays, reminders were sent out to schools to distribute via ParentMail to check their child's vaccinations before going away on holiday abroad. Particular attention is paid to where they may be inequalities in health outcomes, including targeted support for communities who experience greater deprivation or inequality.

Health Champions, commissioned through the Public Health grant have worked extensively on vaccine hesitancy with local residents. The HCs received training in how to start a conversation on taking up the offer of a vaccine and exploring their reasons for choosing not to take it. The teams used a ComB approach to understanding the barriers to vaccine hesitancy and seeking ways to support them in accessing vaccination.

For children in care, looked after by the Local Authority, the Children's Social Care team use a range of monitoring exercises to ensure they are fully up to date with all necessary vaccinations and health checks. Independent Reviewing Officers (IRO) are allocated to individual children and are responsible for monitoring the care the child is receiving to meet their holistic needs. This role gives the IRO authority to challenge and escalate when this does not happen this approach would be utilised to challenge outstanding health needs. The monthly Zoning meeting gives health and social care the opportunity to collaborate and finesse our approach to services for children in care as well as scrutinise and challenge current practice and emerging themes.

IMPLICATIONS AND RISKS

Financial implications and risks: Budgets have been set to locally support and enhance national campaigns relating to increasing uptake of immunisation. Continued financial support for the commissioning of the Health Champions program would help address inequalities in access to vaccination clinics, currently paid for out of the Public Health ring-fenced grant. There is a risk that reduced investment in community support programs may lead to lower vaccination rates and risk of measles outbreaks.

Legal implications and risks: The DPH has a duty to ensure that arrangements for health protection are in place and working effectively, as outlined in the responsibilities below. By following these responsibilities the Local Authority is better able to meet its statutory functions in protecting the health and wellbeing of residents.

- contribute to and influence the work of NHS commissioners, providers and other ICS partners, helping to lead a whole systems approach to public health across the public and private sector to improve health and care outcomes and experiences across the whole population. This includes providing appropriate challenge to arrangements for screening and immunisation programmes, advocating for an emphasis on reducing health inequalities and improving access for underserved groups. It will be important to work collaboratively with local, regional and national public health colleagues, including those working in the NHS and UKHSA, to promote effective, efficient and equitable healthcare
- work through local resilience forums and local health resilience partnerships to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to its health. The DPH should be assured that planning and arrangements to protect the health of the communities they serve are robust and are implemented appropriately to local health needs, capturing major communicable disease risks, major incidents involving a health sector response and that there is adequate capacity from relevant partner agencies to plan for and respond to health-related emergencies. The DPH should be able to escalate any concerns as necessary with the appropriate partner organisations, including the NHS and UKHSA.
  The DPH should provide assurance that all organisations involved in health protection co-operate and work together, including agreeing funding, roles and responsibilities and operational elements of response to incidents and outbreaks.
- work with UKHSA and the NHS through the ICP to include health protection in their integrated care strategy, to deliver improved outcomes and to reduce health inequalities. Arrangements should include …. reducing vaccine-preventable diseases

Human Resources implications and risks: There are no direct HR implications and risks by supporting actions to improve uptake of MMR vaccination.

Equalities implications and risks: This report will help focus attention on addressing the inequalities experienced by vulnerable groups in accessing MMR vaccination

Environmental and Climate Change Implications and Risks: None identified.

BACKGROUND PAPERS

All papers except data directly from Clinical Effectiveness Group (CEG) are in the public domain and are referenced throughout this report.