



HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:

MMR Vaccination Uptake Rates and System-Wide Actions to Improve Uptake

SLT Lead:

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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 Scrutiny 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 diseases¹.

Alongside the other vaccinations given routinely in the primary immunisation schedule for babies and children², 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 regions³. 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 measles⁴.

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 controversy⁵.

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.

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/>

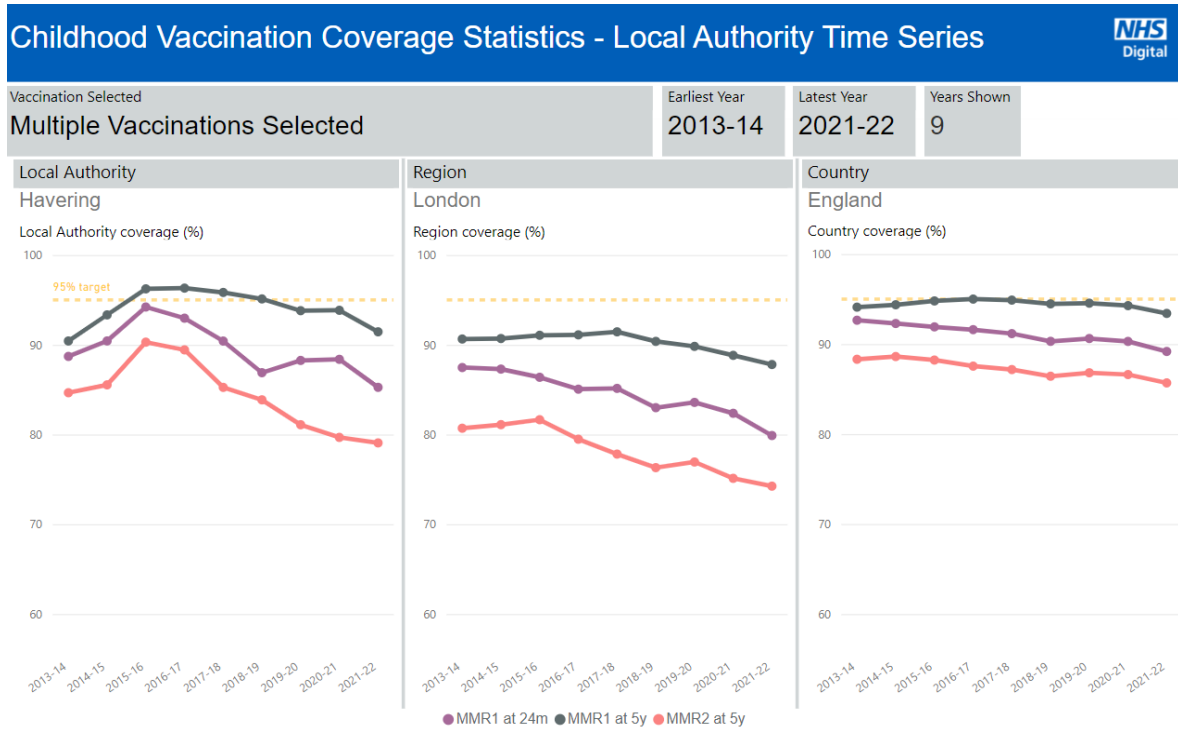
³ [HPR volume 17 issue 7: news \(14 July 2023\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/hpr-volume-17-issue-7-news-14-july-2023)

⁴ [Notifiable diseases: weekly reports for 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/notifiable-diseases-weekly-reports-for-2023)

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

⁶ <https://app.powerbi.com/view?r=eyJrIjoiaZTI3NWZhNzltMTlyZS00OWM2LTg0MzMtOGY5YTJlMGY0MjI1IiwidCI6IjUwZiYwNzFmLWJiZmUtNDxYS04ODAzLTY3Mzc0OGU2MjllMmIiIiwiaWQiOiJh9>

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

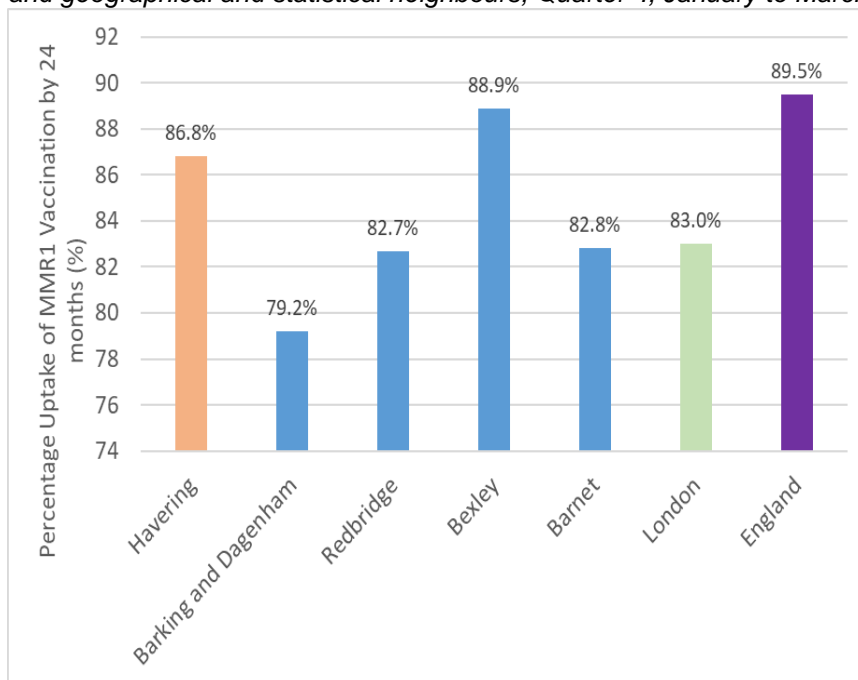


Source: NHS Digital

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 COVER⁷ 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.



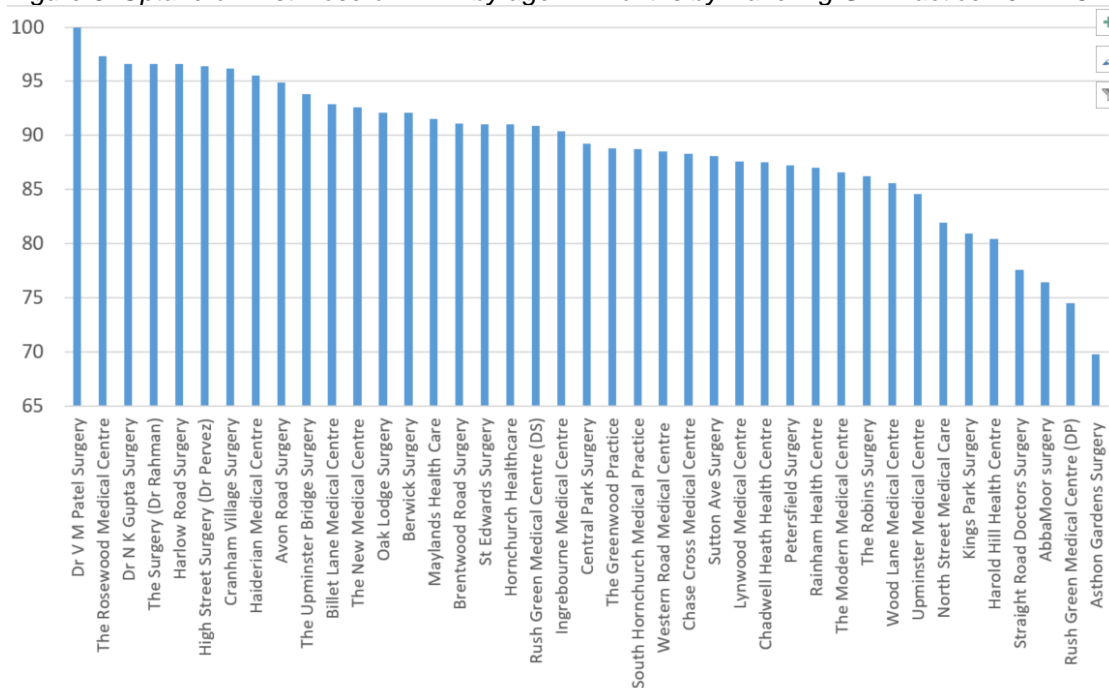
⁷ COVER = Cover Of Vaccination Evaluated Rapidly

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 \(www.gov.uk\)](https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule-from-february-2022)) 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 refine 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.