

Health and Wellbeing Board

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Vaccinations and NHS Immunisations Programmes

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Summary

The NHS Immunisation programmes provide protection against diseases for the whole life course. Uptake across the NHS Immunisation Programmes in Medway is lower or similar to Kent as a whole. It is also lower than the required uptake for individual protection, and for herd immunity for those who are too young to be vaccinated or have a compromised immune system and cannot be vaccinated.

The NHS England (NHSE) Vaccination Strategy sets out the need to make the NHS Immunisation programmes more accessible and local by working more closely as a system.

Public Health is working with the Kent & Medway Screening & Immunisation Team (SIT), and other partners to conduct targeted work to increase uptake.

1. Recommendation

1.1. The Board is asked to note the progress and further planning across the partnership to improve uptake across the following NHS immunisations programmes:

- NHS Influenza (flu) immunisation programme – with the priority being the 2 and 3 year olds, pregnant women and health and care workers
- NHS Measles, Mumps and Rubella (MMR) immunisation programme
- NHS Shingles immunisation programme

2. Budget and policy framework

2.1 The NHS Immunisation programmes are included in section 7a of the National Health Service Act 2006, and what is known as the S7a agreement sets out the arrangements under which the Secretary of State for Health and Social Care

delegates to NHS England (NHSE) responsibility for certain elements of the Secretary of State's public health functions.

- 2.2 The provision of S7a services are steps that the Secretary of State considers appropriate for the purpose of protecting the public in England from disease or other dangers to health. This agreement focuses on achieving positive health outcomes for the population and reducing inequalities in health through continuous development and provision of NHS Immunisation programmes, as well as other services.
- 2.4 NHS England is accountable to the Secretary of State for delivering its responsibilities under this agreement and how well it drives improvement in S7a services. NHSE is currently planning to delegate the commissioning responsibility of NHS Immunisation programmes to ICBs from April 2026. To do this NHSE has to obtain the consent of the Secretary of State before proceeding. Under any such agreed delegation arrangements, NHSE will remain accountable to the Secretary of State for the delivery and performance of S7a.
- 2.5 NHS England (NHSE) has been given responsibility by the Secretary of State for commissioning the NHS Immunisation programmes in England. The NHSE Kent, Surrey and Sussex Regional Public Health Commissioning Team (KSSPHCT) is responsible for commissioning these services for the Medway population. The Kent & Medway Screening & Immunisation Team (KM SIT) sits within KSSPHCT and provides the public health subject matter expertise to the commissioning process.
- 2.6 The UK Health Security Agency (UKHSA), along with NHS England is responsible for surveillance and monitoring of the NHS Immunisation programmes in England. GP Practices are commissioned by NHSE to deliver NHS Immunisations programmes for children and adults.
- 2.7 NHSE commissions Kent Community Heath Foundation Trust to deliver NHS Immunisation programmes to school age children; maternity providers to deliver NHS Immunisation programmes to pregnant women and community pharmacies to deliver the NHS Influenza (flu) programme to eligible adults. NHSE and UKHSA, supported by Local Authority Public Health Teams and ICBs manage outbreaks of vaccine preventable diseases (VPD). The NHSE Vaccination Strategy (December 2023) states that there is a plan for the delegation of the commissioning of NHS Immunisation Programmes to ICBs in April 2026. NHSE will remain accountable to the Department of Health and Social Care (DHSC) for the safe and effective delivery of the NHS Immunisation programmes.

3. Background

- 3.1 Health protection can be defined as "the protection of individuals, groups and populations through expert advice and effective collaboration to identify, prevent and mitigate the impacts of infectious diseases and environmental, chemical and radiological threats". Local Authorities receive assurance from the Screening and Immunisation Lead Consultant (SIL), K&M SIT, through the Director of Public Health that the arrangements to protect the health of the communities they serve are robust and implemented appropriately to meet local health needs.

3.2 Immunisation is one of the most effective public health interventions, the World Health Organisation states that “Only clean water (a human right) ranks as highly as vaccination in terms of the greatest impact on health globally”. The UK has well-established and successful NHS [Immunisations programme](#). These offer protection across the whole of the life course, from unborn babies, via vaccinating pregnant women, to older adults.

3.3 In the UK, the Joint Committee on Vaccinations and Immunisations (JCVI) is an independent expert advisory committee that advises the 4 UK health departments on immunisation, making recommendations concerning vaccination schedules and vaccine safety. Upon ministerial agreement of JCVI recommendations, the DHSC directs NHSE to commission or make changes to the commissioning of the NHS Immunisation programmes.

3.4 Vaccinating against these diseases offers both protection from the disease itself, as well as protecting unvaccinated persons from contracting it. The latter is also known as ‘herd immunity’. Herd immunity describes how a population is protected from a disease after vaccination by stopping the disease being transmitted between people. This enables even people who cannot be vaccinated, such as very young infants or those with a compromised immune system, to be protected. However, herd immunity can only occur if enough of the population are vaccinated against the disease. For measles this is 95% of the population, whilst polio needs 80% of the population to be vaccinated. Outbreaks of the disease, such as measles, occur where not enough people, less than 95%, in the local population are vaccinated and the germ which causes the disease is able to be transmitted from one unvaccinated person to another.

3.5 Herd immunity also protects people who are vaccinated but do not make an initial immunological response to the vaccine and those who do make an immunological response but protection wanes over time. Individuals who acquire infection despite vaccination may have a modified, milder form of disease and are less likely to suffer serious complications than those who have never been vaccinated.

3.6 The NHS Immunisation programmes are designed to offer the best protection throughout the life course. Vaccinating pregnant women against pertussis (Whooping Cough) protects both the woman and her unborn child. The mother’s antibodies also protect her newborn baby until they are old enough to be vaccinated at 8 weeks. Young children are more likely to become seriously ill from contracting flu, with those under the age of 5 being more likely to be hospitalised due to flu than any other age group. Vaccinating children against flu helps protect them in the first instance, so that they can stay in school and parents don’t have to take time off work to look after them. It also stops them from passing on flu to older relatives and other vulnerable groups, who can suffer from the complications of flu.

3.7 Vaccinating 12- to 3.7 13-year-olds against HPV not only protects them against the virus, but it also reduces the transmission of the virus and greatly reduces the risk of developing certain cancers including cervical, anal and head and neck cancers throughout adulthood. Vaccinating older adults against respiratory syncytial virus (RSV) prevents the development of pneumonia and other life-threatening conditions. Every year thousands of older adults need hospital care for RSV, and some of them will die.

3.8 The routine immunisation schedule for all NHS Immunisation programmes across the life course can be found here: [Complete routine immunisation schedule - GOV.UK](#). The schedule has been developed to ensure the maximum protection and therefore all efforts should be to get children and adults vaccinated in line with it.

Table 1: NHS Immunisation Programmes uptake across Medway

NHS Immunisation programme	Medway LA uptake %	Kent uptake %
NHS Influenza programme Flu uptake in over 65s Source: ImmForm	(to 19/01/2025) 72.5%	KM: 78.7%
NHS Influenza Programme Flu uptake in aged under 65 in a clinical risk group Source: ImmForm	to 19/01/2025) 39.3%	KM: 43.2%
NHS Influenza Programme Flu uptake in pregnant women Source: ImmForm	(to 19/01/2025) 33.2%	KM: 32.2%
NHS Influenza Programme for children Flu uptake in 2-year-olds Flu uptake in 3-year-olds Source: ImmForm	(to 19/1/2025) 45.2% 44.1%	KM: 46.0% 45.9%
NHS Measles, Mumps and Rubella Programme MMR dose 1 at 2 years MMR dose 2 at 5 years Source: ImmForm	88.2% 82.7%	90.4% 84.7%
NHS Shingles programme Shingles uptake Source: ImmForm	Dose 1: 19.1% Dose 2: 3.8%	National shingles vaccination coverage (66 years old): 60% shingles vaccination coverage (71 years old): 60% shingles vaccination coverage (mid-programme cohort 75-year-olds): 80%

4. Assurance arrangements

4.1 The Screening and Immunisation Lead (SIL) from the K&M Screening and Immunisation team (SIT) provides assurance on the safe and effective delivery of the NHS Immunisation programmes to the Director of Public Health through the monthly

Health Protection Board and the Kent and Medway Immunisation Programme Board. This assurance includes updates on work being undertaken to reduce health inequalities caused by barriers to informed choice, engagement and access to the NHS Immunisation programmes. One of the outcomes of this work is an increase in uptake of these programmes.

5. Actions being taken to improve vaccine uptake in Medway

- 5.1 Public Health are strengthening their health protection capacity and will be developing an Immunisation & Vaccinations JSNA to support a partnership NHS Immunisations programmes plan. A Flu insights study focusing on frontline Health Care Workers will be conducted later in the year to coincide with the development of the 25/26 Flu Plan.
- 5.2 Every year babies are born with flu or contract flu in the first few months of life, in both instances these babies can be seriously unwell or even die of flu. The primary cause for this is that their mothers were not vaccinated against flu whilst pregnant, therefore missing the opportunity to protect themselves and their babies from the disease. For this reason, there is a continued need to focus on increasing the uptake of the flu vaccine for these women. GPs, community pharmacies and maternity providers are all commissioned by NHSE to deliver this NHS Influenza programme. Planning for the 2025/26 flu season will begin in Spring 2025 with a partnership approach to developing an action plan to increase the uptake of the flu vaccine for pregnant women.
- 5.3 Whilst shingles is not a contagious disease it does cause long term symptoms for the older population. The risk and severity of shingles increases with age. GPs practices are commissioned to invite and deliver this to particular cohorts. The annual incidence of shingles for those aged 70 to 79 years is estimated to be around 790 to 880 cases per 100,000 people in England and Wales. Currently, the work to increase the uptake of this vaccination is focusing on ensuring health professionals and patients have the correct information on the importance of having the vaccine.

6. Actions being taken to improve child vaccine uptake in Medway

- 6.1 Public Health are currently undertaking a scoping opportunities to improve family vaccination uptake. Constraints include movement of some vaccines from where they are delivered, as well as clinical contraindications preventing vaccinating with certain vaccinations at the same time. The K&M SIT will be providing the relevant advice on the commissioning and clinical arrangements to deliver this work in collaboration with the public health team.

7. NHS Flu vaccination programme

- 7.1 Vaccinating 2- and 3-year-olds with the flu vaccine early in the flu season is a key step to protecting children from the disease which can make them very ill, and also as 'super spreaders' breaks the transmission of the disease to people they come into contact with, including those too young to be vaccinated or unable to have the vaccine.

- 7.2 For this reason, during the 2024/25 flu season GP practices were required to vaccinate these children in September, a month earlier than the other cohorts eligible for the vaccine. This required a change in how GP practices planned, organised and invited patients to flu clinics, as traditionally flu clinics for the eligible adult cohort were delivered as soon as the vaccine was available.
- 7.3 More work with GP practices is required to continue the work that was started in this flu season, and the K&M SIT will be working closely with the ICB and Medway local authority public health team to develop a strategy and plan for this work from Spring 2025.
- 7.4 K&M SIT trialled the delivery of the flu vaccine to 2- and 3-year-olds in a nursery setting during the 2024/2025 flu season, with the evaluation showing parental acceptance of this method of delivery. There is a plan to extend this offer out to other nurseries across Kent & Medway for the 2025/26 flu season.

8. NHS Measles, Mumps and Rubella (MMR) Immunisation programme

- 8.1 The Increasing Immunisation Uptake Project in Kent and Medway involves working with practices to support the increase in the MMR vaccine. This is part of the wider NHSE Measles and Rubella Elimination Strategy, taking over from the work started by Public Health England.
- 8.2 The Strategy focuses on four core components, all of which are required to maintain elimination going forward.
 - Achieve and sustain $\geq 95\%$ coverage with two doses of MMR vaccine in the routine childhood programme (5 years old)
 - Achieve $\geq 95\%$ coverage with two doses of MMR vaccine in older age cohorts through opportunistic and targeted catch-up (>5 years old)
 - Strengthen measles and rubella surveillance through rigorous case investigation and testing $\geq 80\%$ of all suspected cases with an Oral Fluid Test
 - Ensure easy access to high-quality, evidence-based information for health professionals and the public.
- 8.3 The uptake of the MMR vaccine over the last 12 months has shown a small increase in Medway, highlighting the need for ongoing work to address the barriers to informed choice (the Wakefield legacy), barriers to engagement and access. Using the principles set out in the NHSE Vaccination Strategy, partners will need to come together to develop more localised plans around communications and opportunities for offering the MMR vaccination to meet the needs of the Medway population.

9. Advice and analysis

- 9.1 The JSNA, alongside ImmForm and COVER (data systems for monitoring vaccination uptake), has identified increasing the uptake of the NHS Influenza immunisation programme for 2- and 3-year-olds and pregnant women, the NHS shingles immunisation programme and NHS MMR immunisation programme dose 1 at 2 years and dose 2 at 5 years as the priorities for Medway for 2025/26. Improving uptake in health and social care workers will also protect patients and reduce the amount of staff

absence at a critical time of the year for the health and care system, so are recommended as a priority group.

- 9.2 A joint approach with the commissioners of the NHS Immunisation programmes and other partners is required to achieve this. K&M SIT will be able to advise on the increase in percentage points, as the subject matter experts.
- 9.3 There are implications for the health of residents and use of health and care services if immunisation uptake remains lower than the level required for herd immunity. Days lost in education and work through either illness or having to care for a relative with the illness results in both short- and long-term consequences.

10. Risk management

- 10.1 Risk management is an integral part of good governance. The Council has a responsibility to identify and manage threats and risks to achieve its strategic objectives and enhance the value of services it provides to the community.

Risk	Description	Action to avoid or mitigate risk	Risk rating
Destabilisation of immunisation programmes	Destabilization of the local commissioning of NHS Immunisation programmes by the abolishment of NHSE and uncertainty of planned delegation.	Using the JSNA Immunisation work to support working as a system to remove barriers to informed choice, engagement and access of NHS Immunisation programmes	CIII

Likelihood	Impact:
A Very likely B Likely C Unlikely D Rare	I Catastrophic II Major III Moderate IV Minor

11. Climate change implications

- 11.1 There are no climate change implications resulting from this report.

12. Financial implications

- 12.1 Local health protection capacity has been funded through the Better Care Fund and the Public Heath Grant. There are no financial implications for Medway Council in relation to the Kent and Medway Immunisations service.

13. Legal implications

13.1 There are no legal implications of this report

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Appendices

None

Background papers

None