The Association of Directors of Public Health

Childhood vaccinations: ADPH response

Objectives and scope:

The House of Lords Childhood Vaccinations Committee wants to understand:

- What the evidence is on routine childhood vaccination coverage in England, and why there has been a gradual decline in coverage over the past decade.
- What the Government should do to reverse this decline and reduce disparities in childhood vaccination coverage.

About ADPH

ADPH is the representative body for Directors of Public Health (DsPH), and is a collaborative organisation, working in partnership with others to strengthen the voice for public health, with a heritage which dates back over 160 years. ADPH works closely with a range of Government departments, including UKHSA and OHID as well as the four CMOs, NHS, devolved administrations, local authorities (LAs) and national organisations across all sectors to minimise the use of resources as well as maximise our voice.

ADPH aims to improve and protect the health of the population by:

- Representing the views of DsPH on public health policy.
- Advising on public health policy and legislation at a local, regional, national and international level.
- Providing a support network for DsPH to share ideas and good practice.
- Identifying and providing professional development opportunities for DsPH.

ADPH Response

Decline in childhood vaccination coverage

Disparities in coverage

- Despite a growing amount of vaccine misinformation online, overall public confidence in immunisation remains relatively strong.[i]
- The main barriers to uptake include access, limited awareness, confusion around eligibility, safety concerns, and practical challenges eg time it takes to attend appointments.
- As well as barriers, persistent immunisation inequalities also remain which undermine improvement efforts, for example in geography (coastal areas), deprivation, and new and emerging communities.

The Government's approach

Clarity needed on roles, responsibility and accountability

- At present, NHS England is the commissioner and therefore responsible for coverage and reducing inequalities, but there is a lack of clarity around the joint responsibility of the statutory DPH on protecting their populations and NHSE as the commissioner.
- While not responsible for commissioning, DsPH have a statutory responsibility to protect their population, reduce inequalities, and a key role in assuring that vaccination programmes meet need.
- It is essential that LAs and DsPH are front and centre in national and local planning for existing and new vaccination programmes and are supported with sufficient resourcing and the necessary flexibilities.
- ICBs will assume the commissioning responsibility for immunisations which will be delivered through the Office of Pan-ICB Commissioning (OPIC). However, the function and workforce capacity and capabilities are unclear.
    - The two-year delay in transfer has created uncertainty around capacity and skill/corporate memory loss) and level of resources.
    - OPICs will be on a regional footprint and ICBs have a large geographical footprint which will present challenges eg when doing locally targeted community engagement which the evidence-base states is vital to improve coverage.
    - The majority of vaccination delivery will remain within the primary care contract and through general practice. The proposed structures of OPIC at regional level and ICBs will be remote from general practice and communities. The DPH is the health leader working closely with practices and communities but currently have no levers or resource from a commissioning perspective.
        - It is essential that any new structures have DsPH assurance and escalation routes so when not assured; DsPH can escalate concerns to see improvement action.
        - A strengthened direct assurance role of Regional DsPH should be in place through a simplified, structured system.
- Clarity is needed on roles and responsibilities of ICBs, UKHSA, and DsPH, in relation to response to outbreaks particularly from the public health measure of deployment.

2023 NHS vaccination strategy

- The NHS vaccination strategy was high-level and there is limited NHS system leadership to drive implementation. It also does not fully recognise the roles and responsibilities of DsPH and UKHSA.
- We would welcome a DHSC strategy to recognise all stakeholders to improve coverage and reduce inequalities. It is important to work proactively to reduce health inequalities by addressing barriers to access and uptake of vaccination in the operational design and implementation of vaccination programmes and seen as a key pillar of prevention in neighbourhood health plans.
- The Government must recommit to achieving 95% population-level vaccination coverage as a non-negotiable standard. Setting a medium-term strategy to return to 95%, with clear targets of what vaccination by what date, and reinforcing What Good Looks Like in vaccinations throughout.
- Commissioning/contracting alone is not sufficient to improve uptake.

- A national-led review of current system leadership and a revised system-wide strategy is needed with coordination across NHSE, UKHSA, ICBs, and LAs to address decline in uptake through a partnership approach.
    - An example of a successful case study is the HIV national plan – it had multi partner buy-in and leadership. The strategy follows a protect, contain, and promote framework.

Improving childhood vaccine coverage

Overcoming barriers to vaccinations

- Overall, it is important to tailor interventions to increase vaccination uptake for different social and cultural groups, particularly those that have lower uptake. Research and engagement is needed to understand why specific groups have lower uptake and how to rectify this.

Access and practical challenges

- Childhood immunisation services must be delivered where children already are, whether that is in nurseries, early years settings, or schools. This alleviates pressure on working parents and guardians to take time off work to attend GP appointments.
- Ensuring that there are good direct transport links to vaccination sites, in particular via public transport, is also crucial.
- Local areas are already using available data to identify underserved communities and enable tailored outreach eg targeted catch-up clinics, and improved parent engagement.
- The Commission on Access to Vaccines[ii] has been developed which focuses on the practical steps to remove the barriers to vaccination.

Engagement with schools and community

- To strengthen public trust, community and school leadership engagement must be central to vaccination strategies. It is also important to utilise local actors, such as DsPH and trusted community figures, to strengthen ownership at a local level to tackle the barriers to access and uptake seen in the population.[iii]
- School leadership is particularly vital as without it, uptake in schools can be sparse. We recommend the use of lifetime parental consent (with ability to withdraw) as a measure to increase the uptake in school-aged vaccinations. Electronic consent, such as Mavis, should also be considered.
- Successful campaigns are partnerships between communities and health systems which rely on trust and access to all communities.
    - In areas where the standard offer is not sufficient, it is important to adequately resource community work to achieve high coverage.
- Language is also important as emotionally charged or stigmatising language risks alienating individuals and undermining engagement.
- National campaigns to increase uptake should be supported with targeted local community engagement strategies that are culturally competent and specific to reduce vaccine hesitancy.
    - It is also important to recognise vaccine hesitancy within NHS and social care staff.
    - Training to refresh skills and confidence to hold effective vaccination conversations should be considered and the principles of vaccinations and why they matter, particularly for newer clinical staff. Should be re-articulated.

- Engagement has strengthened over the last three years through a more coordinated, system-wide approach and partnership working. However, local systems are often left filling the gaps, coordinating engagement with communities, schools, and care providers to drive vaccination efforts.
    - The Aneurin Bevan University Health Board's latest DPH Annual Report showcases the power of community engagement in relation to vaccination uptake.

Combating mis/dis-information

- Communication strategies to increase awareness should utilise the full breadth of social media channels.
- More engagement and research should be conducted to identify populations for whom misinformation is impacting receiving vaccinations.
- A stronger national push on coordinated, multi-platform counter-messaging, paired with more agile real-time misinformation response capability would help combat mis and dis information.

Funding

- The current Quality Outcomes Framework (QOF) model provides flat payments for childhood vaccinations. This disadvantages practices in deprived areas that serve populations with higher needs as they face greater workload with fewer resources. This leads to lower coverage and disengagement.
    - Legacy QOF arrangements have contributed to inequity; newer approaches have improved but remain insufficient.
    - To reduce friction in the delivery of vaccinations, incentives and infrastructure must align across GP, pharmacy, schools, and community services. This has also improved but inequity is still present.
- Beyond Quality Framework, it is also important to align outcomes, plans, and systems – focusing on number and reach.
- Challenges include limited funding and contract rules, which makes it uneconomic to offer vaccines where numbers are variable or limited. Increasing the sites of offer can be helpful, but we are seeing reductions because there are insufficient numbers to sustain, despite engagement.
- Despite outbreaks of measles and whooping cough in 2024, NHS England reduced its budget by nearly £50m for vaccinations and disease screening.[iv] In addition to a 30% real term decrease in community pharmacy since 2015[v], sustained funding cuts, combined with mounting pressures on primary care resources, are contributing to a strained vaccination system.
- Together with addressing current structural inequities, such as the Carr-Hill formula used by GPs, there is an urgent need to strengthen basic resourcing across the delivery system.
- To support important local engagement, increased investment is needed.
- A call/recall percentage should be embedded across programmes which have this built into the contract.
- Immunisations should also be integrated into a life-course framework (ie Start Well, Live Well, Age Well) instead of being treated as a siloed programme.
- Replicate and embed the learning from Covid-19 pandemic, without relying on equivalent budgets.

Data

- Public health professionals do not have enough access to relevant data on vaccination uptake and health inequalities. This must be available to public health teams, so that immunisation programmes can respond to local needs and DPH can fulfil their role in vaccines (quality, safety and reducing health inequalities).
    - It is also important to improve recording of vaccinations given overseas.
- The LA assurance report on futures should also be updated.
- We recommend a single national portal is developed which is regularly updated on live immunisation data to support targeted interventions by all the levers in the system. Developing such a portal would help identify individuals who have been missed or have not come forward for vaccination, flag particular settings and populations where uptake is low, identify cross border issues, and provide lookbacks.

Workforce

- NHS reforms and the proposal of OPIC and ICB commissioning has created uncertainty around workforce from both a capacity and capability perspective. The primary care delivery model also appears stretched due to the reduction in activity funding across vaccination programmes.
- As above, local public health teams and trusted community figures should be utilised to help improve coverage and address disparities. Investment in the public health workforce is vital to support this.
- The neighbourhood-based health model, laid out in the 10 Year Health Plan, provides an opportunity to utilise local settings and expand the pool of available vaccinators, improving capacity for routine vaccinations.

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