City and Hackney Immunisations Strategic Action Plan 2024-2027

Developed in collaboration with City and Hackney Public Health Team and the North East London Health & Care Partnership

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NHS North East London

CITY OF LONDON

Hackney

Executive Summary

After clean water, immunisations are the most effective public health intervention in the world for saving lives and promoting good health. The UK offers a comprehensive vaccination programme across the life-course, protecting millions of people each year from vaccine-preventable disease (VPDs) and outbreaks, severe illness and death.

Despite the above, coverage for routine immunisation programmes nationally, regionally and locally has been in decline in recent years accompanied by large inequalities in uptake between population groups. Coverage for several programmes falls below the World Health Organisation (WHO) targets, resulting in localised outbreaks of VPDs such as measles and pertussis in recent years. The unique population demographic composition in City and Hackney, coupled with widening inequalities in vaccination coverage, underscores the need for a comprehensive immunisation strategic action plan.

The need to improve vaccination coverage has been widely acknowledged in global and national policies, including recent publications like the NHS Vaccination Strategy (2023). As such, this plan aligns with the national direction of travel and equally reflects the priorities set forth in City and Hackney Joint Strategic Needs Assessments.

Considering the above, our future approach to vaccination will be guided by community-, data- and system-led insights to address barriers to vaccination, and support delivery of immunisations to all eligible residents. The five strategic priorities, to be delivered over a three-year span between 2024-27, are set as follows:

1) reduce inequalities in immunisation coverage among inclusion and high-risk groups;
2) engage local communities to build trust and cultivate a co-productive approach;
3) enhance data systems to drive quality improvement;
4) optimise service delivery through evidence-based practice, system-feedback, and resource planning; and
5) provide guidance, training and development across the system as part of the approach to Making Every Contact Count (MECC).

In developing the strategy, we have sought the views of a wide range of stakeholders including commissioners, providers and organisations supporting vaccination programme delivery. An emphasis has also been placed on engaging stakeholders with a community focus, as well as those who directly interface with eligible residents. This approach supports our ambitions to raise awareness of vaccination as part of MECC, and building trust within the community. These partnerships will play an important role in the successful delivery of this plan.

Key stakeholders will maintain oversight of the delivery and implementation of this plan. The plan will be delivered over a three-year period (2024-27) with a mid-term review scheduled for 2025. As a living document, the plan and its deliverables, will undergo continuous process evaluation, which will inform future activity and priorities.

City and Hackney Immunisations Strategic Plan on a Page

VISION

Our vision is to safeguard all communities from vaccine-preventable diseases by increasing and addressing inequalities in immunisation coverage through action of community-, data- and system-led insights.

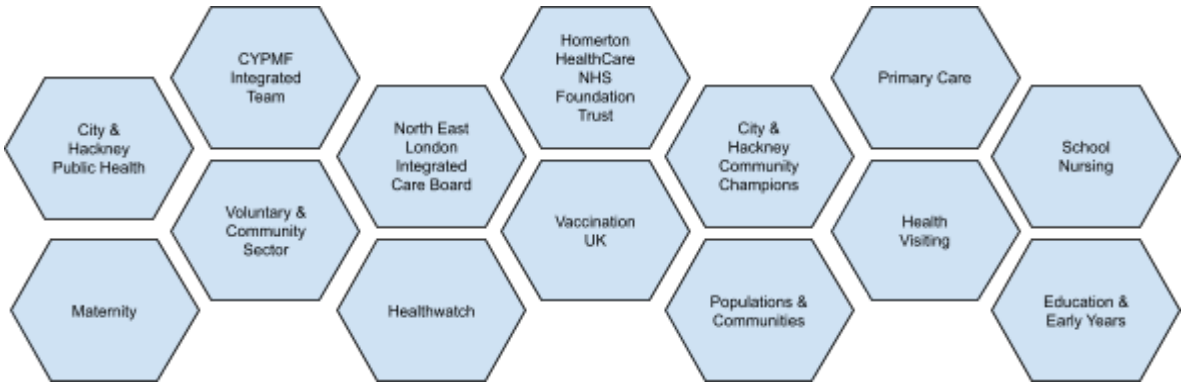
STRATEGIC PRIORITIES

- Reduced inequalities in inclusion & high-risk groups
- Community engagement and co-production
- Enhanced data systems to drive quality improvement
- Optimised service delivery and resource planning
- Guidance, Training and Making Every Contact Count

OUTCOMES

Enhanced outreach offer	Comprehensive stakeholder mapping	Improved data quality and accessibility	Strengthened quality improvement	Vaccination advocacy in commissioned services
Targeted channels for engagement	Strengthened partnership working	Data and intelligence led activity	Best practice call and recall	Training for clinical and non-clinical staff
Targeted campaigns	Co-produced resources and initiatives	Campaign monitoring and evaluation	Alternative vaccination sites and delivery	Opportunistic awareness raising and engagement

PARTNERS



1. Introduction aims and objectives

1.1 Background

After clean water, immunisation programmes are the most effective means of safeguarding individuals and communities against vaccine-preventable diseases (VPDs). (1) A comprehensive routine and selective vaccine programme is in place in England, which targets ages across the lifecourse, and specific groups at greater risk of exposure or susceptibility to VPDs (Appendix 1). (2)

Globally, vaccination is estimated to prevent 3.5-5 million deaths per year. Vaccination programmes have also contributed to the marked reduction in the incidence of vaccine-preventable cancers and morbidity attributed to infectious diseases like polio (Fig. 1). (3) These achievements have been accompanied by additional public health benefits, such as a reduced demand for antibiotics (thus reducing antimicrobial resistance), as well as savings to the health and social care system over time.

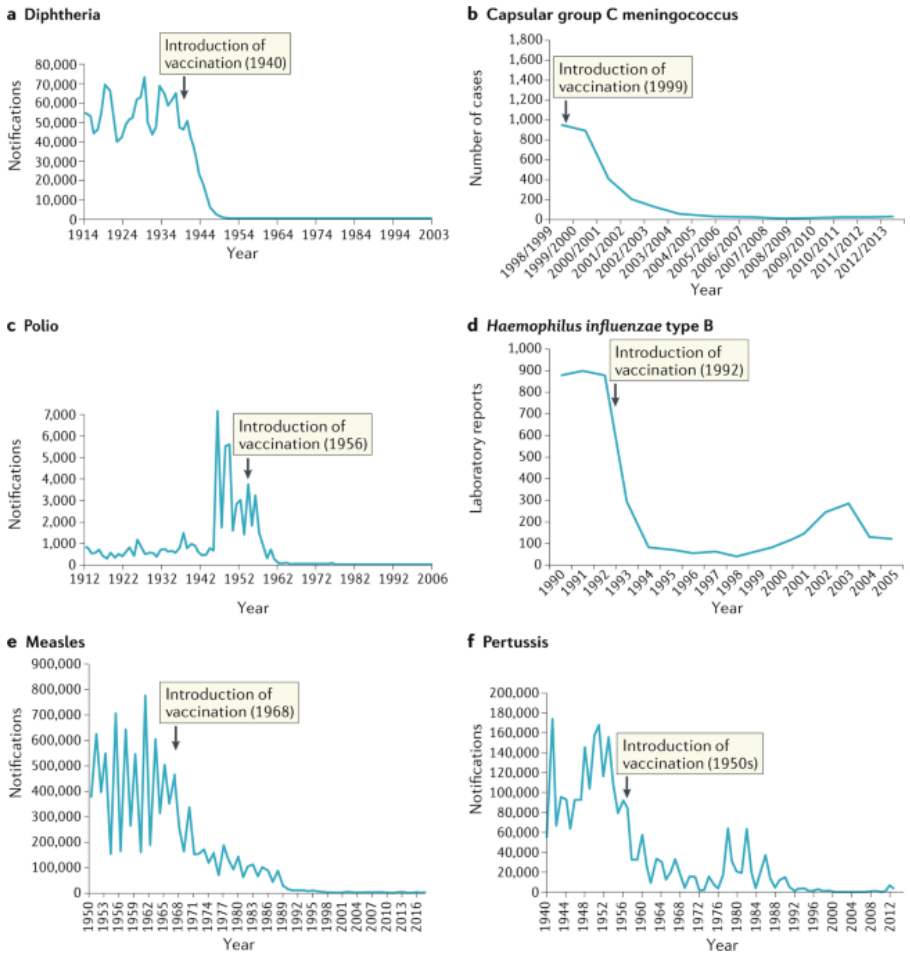


Figure 1. The impact of vaccination on selected diseases in the UK overtime.

However, over the last decade, there has been a concerning downward trend in vaccine coverage nationwide. (4) As a consequence, the UK has failed to achieve the WHO's 95%

target for herd immunity[1] resulting in the loss of its elimination status for diseases like measles. This decline leaves populations, particularly vulnerable groups, exposed to the risk of VPD outbreaks, which could have severe and disproportionate consequences. With increasing pressures on the health and care system as well as financial pressures on public health investment, it is essential to ensure that vaccination programmes in City and Hackney reach their full potential.

1.2 Why we need a City and Hackney Immunisation Strategic Action Plan

Across England, immunisation coverage rates for routine immunisation programmes have continued to decline since 2013, exacerbated by the COVID-19 pandemic, and growing erosion of trust around vaccinations.

In London, childhood immunisation coverage rates have declined at a steeper rate compared to the national trend. (4) The rates of decline observed in City and Hackney are even greater (Appendix 2), thereby raising concerns regarding the risk to public health from VPDs.

As a point of illustration, recent modelling by the UKHSA has estimated a threat of a measles epidemic of between 40,000-160,000 cases in London, driven by sup-optimal measles, mumps and rubella vaccine (MMR vaccine) rates across the capital. This risk has already materialised in London boroughs, including Hackney, with small measles outbreaks as well as pockets of pertussis reported since 2018 (Fig. 2).

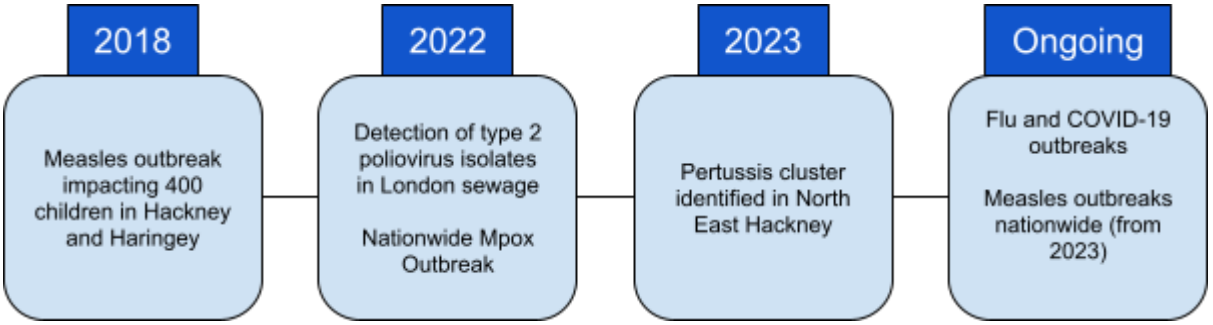


Figure 2. Timeline of infectious disease outbreaks and events in Hackney, London and England between 2018 and 2024.

Inequalities in immunisation uptake are influenced by multiple factors. Certain population groups, such as residents who live in more deprived and urban areas, and those belonging to specific ethnic minority backgrounds, have consistently lower immunisation uptake rates than others, both nationwide and locally. Contributing factors include cultural and language barriers, misinformation and vaccine hesitancy, institutional mistrust and accessibility challenges for some population groups.

City and Hackney are dynamic and diverse inner London areas with a rich cultural and ethnic mix. Hackney ranks amongst the top 10 most deprived authorities in England, accompanied by a child poverty rate of 43%. It is estimated that 64% of Hackney and 62% of

[1] Herd immunity is the indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through infection .

City of London residents come from a non-white British ethnic background. (5) Therefore, achieving optimal vaccine uptake and reducing inequalities in vaccine coverage is a key local challenge.

The burden of VPDs are likely to disproportionately impact disadvantaged and vulnerable communities, thereby exacerbating existing health inequalities. As such, a comprehensive and targeted approach to immunisation is required to address the unique needs of City and Hackney.

1.3 How we developed this strategic action plan

A comprehensive approach was undertaken in the development of this strategic action plan. Specifically, the plan is underpinned by (Fig. 3):

- an Immunisations Data Review (Appendix 2) to provide a profile on immunisation coverage in City and Hackney;
- a literature review of interventions shown to increase vaccine uptake (Appendix 3) to inform evidence-base recommendations for action;
- visits to general practices across City and Hackney, to gather qualitative insights and local intelligence around the drivers of immunisation uptake across the footprint;
- alignment with national, regional and local policy context, vision and priorities;
- stakeholder engagement in shaping the actions outlined in this plan.

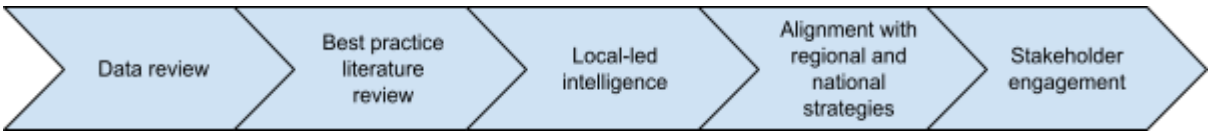


Figure 3. Strategic Action Plan Development Approach

1.4 Our vision and strategic priorities

Our vision is to safeguard all communities from vaccine-preventable diseases by increasing and addressing inequalities in immunisation coverage through action of community-, data- and system-led insights.

Taking into consideration our overarching vision, our five strategic priorities are:

- **reduce inequalities** in immunisation coverage among inclusion and high-risk groups;
- engage **local communities** to build trust and cultivate a **co-productive approach**;
- enhance **data systems** to drive **quality improvement**;
- **optimise service delivery** through **evidence-based practice, system-feedback,** and **resource planning**; and
- provide **guidance, training and development** across the system as part of the approach to **Making Every Contact Count**.

2. Policy Context

2.1 National Policy

The City and Hackney Immunisation Strategic Action plan is underpinned by national policy and strategy. Notably, our local plan aligns with priorities set out in the:

- NHS Long-Term Plan (2019) which prioritises improvements in childhood immunisation to meet minimum standards; (6)
- Public Health England Immunisation Inequalities Strategy (2019) which aims to address inequalities and ensure equity in the delivery of the national immunisation programme; (7)
- NHS Vaccination Strategy (2023) which outlines clear priorities in delivering vaccinations through targeted outreach and a joined up prevention offer; (8)
- National Framework for Action on Inclusion Health which provides a framework for optimising health services to effectively meet the needs of those who may be socially excluded and or experience multiple interacting risk factors for poor health. (9)

2.2 Regional Policy

City and Hackney fall within the North East London (NEL) footprint. Formally established in July 2023, the NEL Health and Care Partnership operates as a statutory committee, bringing together a diverse range of system partners to plan and deliver joined up health and care services. (11) Notably, the NEL Integrated Care Strategy (2023) recognises vaccination as a key strategic priority in improving health outcomes, particularly among ethnic minority groups. (11)

This strategic action plan also reflects the principles detailed by the London Immunisation Board Principles for London Vaccination Programmes in 2023, (12) and the internal publication of the NEL Vaccination and Immunisation Strategy (2024-27) (which City and Hackney colleagues helped shape) and it's underpinning pillars which prioritise:

- reducing inequalities and improving uptake in underserved and inclusion health groups;
- community engagement and promotion;
- data sharing and quality improvement;
- optimised service delivery and resource planning; and
- guidance, training and development.

The NHS NHS vaccination strategy outlined that delegation of vaccination commissioning responsibility to ICBs, is intended to be completed by April 2025. Therefore this strategic action plan supports the planning and preparation for these anticipated changes.

2.3 Local Policy

At local level, immunisation-related priorities have been integrated into local workstreams, needs assessments and strategic documents for City and Hackney:

- Improving childhood immunisation uptake is a shared priority within the Integrated Children, Young People and Maternity and Families (CYPMF) Integrated Workstream. In addition, the health needs assessment for the population aged 0 to

19 in City and Hackney (2022) outlines a commitment to promote and protect the health and wellbeing of children through vaccination awareness raising and engagement. (13)

- The plan aligns with the City and Hackney Sexual and Reproductive Health Strategy (2024-29)[2] and priorities set out in the City and Hackney Cancer Joint Strategic Needs Assessment (2024)[3] which aim to reduce the local burden of vaccine-preventable sexually transmitted infections and cancer, by ensuring equitable access and uptake of routine and targeted vaccine programmes.

[2] *Internal document; available on request*
[3] *Internal document; available on request*

3. What the data, intelligence and evidence tells us

3.1 Immunisation coverage in Hackney

A comprehensive routine and selective vaccine programme is in place in England. Sub-optimal vaccination coverage across the programmes poses an ongoing risk of VPD incidence and outbreaks. (2)

Childhood immunisation programme: Hackney has observed a consistent pattern of decreasing childhood immunisation coverage since 2013. This decline appears to have been exacerbated during the COVID-19 pandemic. Coverage in Hackney is among the lowest in the country. For key performance indicators, the coverage for two doses of MMR (measured at 5 years) stands at 56.3%, significantly below the national average of 84.5%. Similarly, coverage for the combined 6-in-1 vaccine (primary series) (measured at 1 year) is 67.8%, well below the national average of 91.8%, and below the WHO target of 95% for herd immunity (Appendix 2).

Geographical coverage has also highlighted inequalities, with lower vaccine coverage concentrated in the north of the borough, which also coincides with areas of higher deprivation and diverse ethnic representation.

Seasonal immunisation programmes: vaccine coverage for the flu vaccine among over 65s has remained relatively stable with minor fluctuations, averaging at 61.4% in 2022-23, but below the national average of 79.9%. COVID-19 vaccine coverage shows variations by ethnicity and deprivation, with improved coverage rates generally observed in areas of lower deprivation.

Immunisations for older adults: the vaccine coverage for the pneumococcal (PPV) vaccine has fluctuated slightly over the past decade, currently measuring at 62.2%, which is below the national average of 70.6%. Shingles coverage trend data is limited, but has remained stable since 2019, and measures at 27.4%, below the national average of 44.0%.

Vaccines that prevent sexually transmitted infections: vaccines that prevent sexually transmitted infections include the HPV vaccine (which is now offered to both girls and boys), alongside hepatitis A and B vaccines. The 2022 nationwide mpox outbreak also prompted the UK to offer smallpox vaccinations to eligible patients through sexual health services.

Overall, the HPV vaccine coverage for females (one dose) has shown a downtrend, declining from a peak of 97.1% in 2015, to 61.7% in 2021-22. Coverage for males (one dose) is 55%, lower than the national average of 62.4%, and lower than the uptake observed in females.

3.2 Qualitative insights: what can be improved

Qualitative insights into local immunisation programmes were obtained through engagement and facilitation of questionnaires across GP practices in City & Hackney. The insights have been grouped, utilising the 3C model which defines the three main factors influencing vaccine uptake (confidence, complacency and convenience) (Table 1).

Table 1. Qualitative Insights into Immunisation Programmes in City & Hackney

Challenge	Details
Confidence barriers (for example., trust in vaccine safety and efficacy, adequacy of the system or policy makers)	
Concerns/fears over vaccine side effects and long term impact	● There are vaccine specific community concerns such as those relating to the perceived link between the MMR vaccine and autism. ● There are fears over immune system overloading and/or immune systems being too immature for vaccines at younger ages.
Trust in information received	● Increased suspicion due to COVID vaccination policy reversals now affecting perceptions of other vaccines. ● There is doubt regarding the effectiveness and relevance of specific vaccines e.g. "*I had my COVID vaccine and still got COVID*".
Cultural barriers	● For example, some communities have raised concerns over porcine ingredients in specific vaccines.
Complacency barriers (for example., low perceived disease risk, low in general knowledge and awareness)	
Risk perception	● The perceived risk of VPDs often leads to complacency, with families delaying vaccination until there are local cases or until their child becomes unwell before taking action.
Immunising, but not to schedule	● Some residents are not against vaccination but want to wait until their child is older before receiving their immunisations. ● In 2022/23 68.1% had one dose of MMR at two years of age, compared with 81.2% with one dose at five years of age.
Large unregistered population	● People who are not registered with a GP are at risk of not being invited to routine vaccination.
Convenience barriers (for example., vaccine availability, accessibility and affordability, resulting in structural and or psychological barriers)	
Accessibility of appointments	● Families with more children often have difficulty accessing vaccinations as they struggle (logistically) in taking multiple

	young children to health services. Due to this, a child's birth order is inversely related to their vaccination status. ● Some appointments feel rushed both from a GP and parent perspective.
High did not attend (DNA) rates	● The number of patients booked for appointments exceeds those actually attending, impacting effective call/recall.
Receptionist capacity	● Some practices have a high turnover of administration staff, resulting in knowledge loss and challenges in sustaining implementation of best-practice approaches e.g. towards call/recall and patient engagement activity. ● There is a lack of protected administration time for call-recall activity. ● Some non-clinical staff are too busy to opportunistically invite children for vaccinations based on EMIS notifications.
Inconsistent call/recall methods	● Varying process and systems used across GP practises some of which are not best practice recommended methods.
High population movement	● New arrivals to the UK may be unfamiliar with the health system or national immunisations schedule which is posing challenges in adhering to the routine schedule. ● Immunisations administered abroad pose difficulties in translating immunisation codes and determining the required vaccinations. ● Patients who leave but don't change GPs 'ghost patients' impact call/recall activity and uptake monitoring. ● Frequent travel within City and Hackney, and to countries where infections are endemic, is increasing the risk of importation and community spread.
Data recording, data accuracy and data flow onto reporting systems	● There is a delay in accessing timely immunisation records such as from vaccinations administered through alternate providers, resulting in inaccurate call/recall lists. ● Records maintained by the Child Health Information Service are incomplete. This poses a challenge in ascertaining the vaccination status of school-age children by school.
Language barriers	● There are a large number of residents for whom English is not their first language. This presents challenges in ensuring that communications around immunisations have been interpreted correctly.

3.3 Interventions shown to increase vaccination uptake

The literature, summarised in Appendix 3, summarises the evidence-base interventions recommended to drive improvements in vaccination uptake, as well as reduce inequalities at a local level. The findings of the review, presented in Table 2, aim to address the specific barriers summarised in earlier sections, as well as incorporating general best practice.

Table 2. Summary of evidence-based recommendations for improving vaccine uptake

Confidence	● Tailored communication efforts available in multi-media formats and languages ● Tackling misinformation ● Training to support confident conversations through clinical and non-clinical workforce, as part of making every contact count
Complacency	● Effective call and recall systems ● Engagement with hesitant individuals and communities ● Clarification of the vaccination schedule ● Educational and myth-busting initiatives
Convenience	● Opportunistic vaccination offer, including integrated health offers ● Vaccinations in community settings ● Flexible appointments ● Extended clinic hours

4. Our vision, strategic priorities and action plan

4.1 Where we want to get to (the vision and objectives)

Our vision is to safeguard all communities from vaccine-preventable diseases by increasing and addressing inequalities in immunisation coverage through action of community-, data- and system-led insights.

Taking into consideration our overarching vision, our five strategic priorities, to be delivered over a three-year span between 2024-27, are set as follows:

- **reduce inequalities** in immunisation coverage among inclusion and high-risk groups;
- engage **local communities** to build trust and cultivate a **co-productive approach**;
- enhance **data systems** to drive **quality improvement**;
- **optimise service delivery** through **evidence-based practice, system-feedback, and resource planning;** and
- provide **guidance, training and development** across the system as part of the approach to **Making Every Contact Count**.

4.2 Partnerships

The governance of immunisation programmes involves a complex network of agencies, organisations and system-partners. NHS England (NHSE) commissions routine immunisation programme delivery while agencies such as the Joint Committee on Vaccination and Immunisation provide evidence-based guidance for clinical policy-making. Immunisation services are delivered through various providers from general practices and community pharmacies, to school age immunisation providers and sexual and reproductive health services. The UK Health Security Agency prevents, prepares for and responds to infectious diseases, at both individual and population level, which includes vaccine delivery to prevent and control outbreaks. Finally, local authorities work with place-based system partners to ensure that immunisation programmes are delivered in a safe, effective, accessible and equitable manner.

Partners across the local system and North East London Integrated Care System (ICS) have an important role in increasing immunisation coverage and reducing inequalities in vaccine uptake (Fig. 4). Recognising this, our plan aims to broaden collaborations with the full range of partners, particularly those that interface with eligible cohorts across the course.

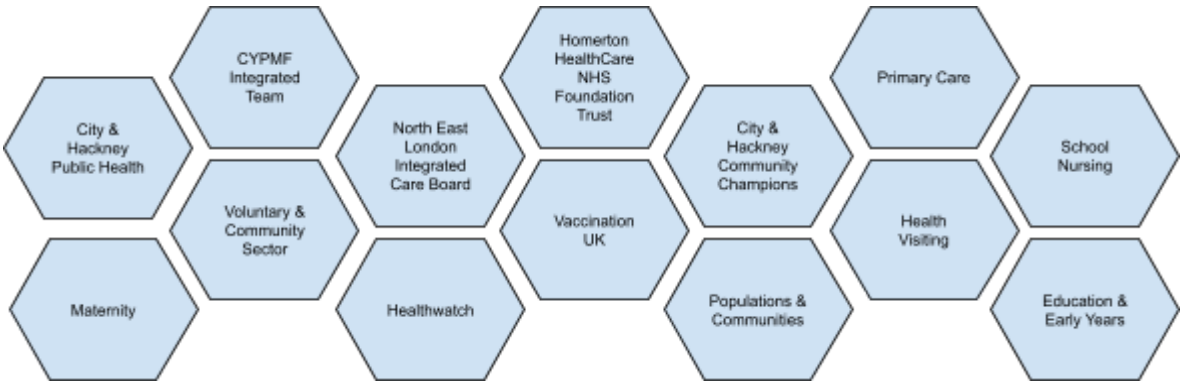


Figure 4. System partners involved in the coordination, delivery and promotion of immunisation programmes across City and Hackney.

4.2 Governance and accountability

The implementation of this strategic action plan will mainly be overseen by the City and Hackney Children and Young People Immunisations Group and the City and Hackney Vaccination and Immunisation Steering Group. Oversight of the delivery of the strategic action plan, as well as strategic input and guidance, will take place at the City and Hackney Health Protection Forum. Overall accountability for the successful delivery of the action plan sits with the City and Hackney Health and Care board, via the City and Hackney Place-Based Partnership Delivery Group and the City and Hackney Place-Based Partnership Executive Group (Fig. 5).

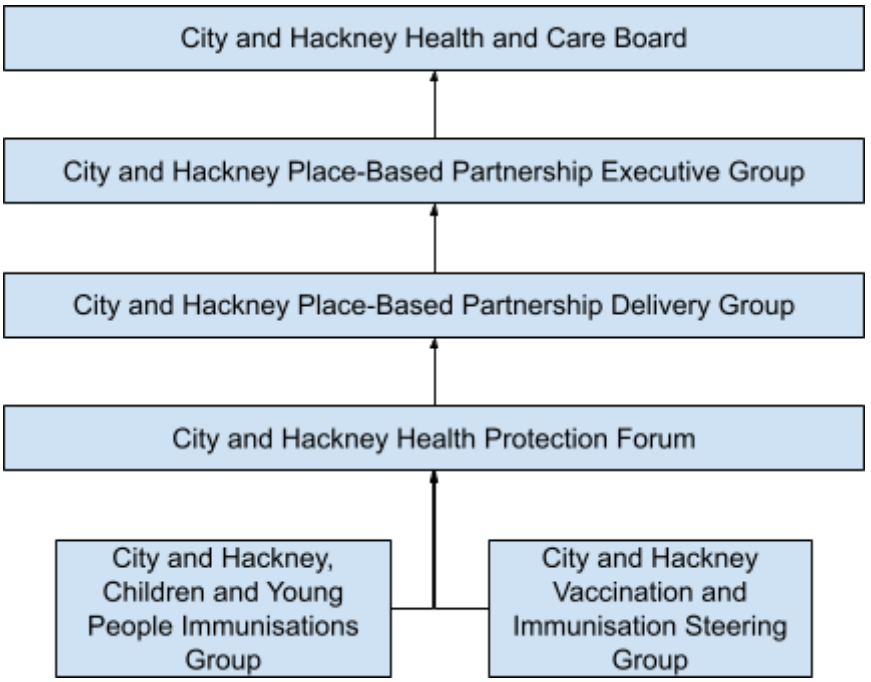


Figure 5. City and Hackney Immunisation Strategic Action Plan: Governance and Accountability Framework

5. Strategic priorities explained

This section delves deeper into each of the strategic priorities outlined in the action plan. For every strategic pillar, we have provided a rationale for its selection, a summary of existing work contributing to this area of activity, and an overview of the strategic objective.

5.1 Strategic Objective 1: Reduce inequalities in inclusion and high-risk groups

Rationale: Inclusion health is an umbrella term used to describe people who are at risk of social exclusion and who typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma (Fig. 6). (14)

People belonging to inclusion health groups may experience stigma and discrimination, and are not consistently included in electronic records such as healthcare databases. They frequently suffer from multiple ongoing health problems, and face barriers to accessing healthcare interventions and services, including immunisations.

Additionally, certain populations within City and Hackney are considered high-risk due to significant disparities in vaccination uptake. These groups, such as looked after children, are particularly vulnerable to disproportionate health outcomes due to the compounding effects of broader health determinants and inequalities. As a result, addressing the health needs of these groups is essential to tackling inequalities.

Overall, people belonging to inclusion health and high-risk groups face several challenges and are:

- at greater risk of being exposed to vaccine preventable diseases (for example, through high-risk working conditions, overcrowded living conditions and limited access to hygiene or sanitation facilities);
- more likely to have poorly managed ongoing health problems that increase their risk of serious illness;
- more likely to be affected by vaccine preventable outbreaks, due to various factors including those previously mentioned, as well increased vulnerability to incomplete immunisation status, compromised immune systems and challenges in accessing healthcare services.

Immunosuppressed & high-clinical risk populations	Asylum seekers, refugee & vulnerable migrants	Looked after children
Those with learning disabilities	Homeless populations	Homeschooled children
Those with severe mental illness	Sex workers	People in contact with the justice system
Social care worker & carers	Those with drug and alcohol dependencies	Unregistered residents

Figure 6. List of inclusion health and high-risk groups specific to City and Hackney

What's been working well: The 2023 autumn-winter COVID campaign introduced a novel outreach approach, led by a collaboration between Richmond Road Medical Centre (local GP provider) and Public Health. The strengthened partnership helped to identify and facilitate in-and-outreach vaccination events to at-risk groups. Over 30 vaccination pop-up clinics were held in a variety of community settings, including asylum seeker hotels and community soup kitchens, alongside community celebratory events such as the Winter Fair. The collaborative approach helped to build connections with key voluntary and community sector groups as well as wider system partners.

Objectives: We need to continue to establish clear pathways of communication with partners and work collaboratively to gain a deeper understanding of the prevalence and locations of inclusion health and high risk and groups, and their service access patterns.

Our goal is to trial peer-led approaches involving individuals with lived experience (for example, people who have experienced homelessness) to work alongside health and social care professionals. This approach aims to support ways of working and deliverables (e.g. communication and engagement initiatives) that lead to improved outcomes.

Strengthened partnership working with community and voluntary sector groups (e.g Shelter) will be key to enhancing our outreach offer. Outreach offers will continue to be guided by making every contact count (MECC) principles, with vaccinations provided as part of broader health and wellbeing initiatives (i.e. integrating outreach with other community wellbeing events) to maximise reach and accessibility.

Given funding for reducing inequalities in immunisation uptake is regularly made available, and often at short notice in response to emerging VPD threats, we need to be prepared for how to best bid for an/or utilise additional funding that is made available.

5.2 Strategic Objective 2: Engage local communities to build trust and cultivate a co-productive approach

Rationale: City and Hackney are rich in diversity, and are home to people from a wide range of ethnic and religious backgrounds. A large proportion of residents are non-English speaking, and socio-economic status varies across the borough.

Our data and intelligence reveal inequalities in immunisation coverage among various population groups, including individuals from Black or mixed backgrounds . We understand that specific communities within City and Hackney have distinct reasons for delaying or declining vaccines, which will require targeted intervention appropriate to all segments of the population.

Evidence-based recommendations from the literature, and anecdotal experience, have demonstrated the value of communities in the promotion, delivery and uptake of immunisation programmes. Whilst we have achieved significant milestones through community engagement with some groups, we acknowledge the importance of ongoing efforts to establish new partnerships across the spectrum. This targeted approach will be vital to building trust and overcoming confidence and convenience barriers, ultimately contributing to the reduction of inequalities in the long-term.

What's been working well: Our community engagement efforts have provided invaluable insights into the challenges surrounding vaccine delivery and access, as well as the cultural appropriateness and effectiveness of some communication initiatives.

In recognition of these challenges, we have implemented regular Sunday immunisation clinics (enhanced access clinics) in the North East of Hackney, in collaboration with local GP practices and partners from the Charedi Jewish communities. Additionally, vaccinations are now offered at community centres during the weekday, advertised through co-produced communication and promotion resources. As a result, over 4,000 childhood immunisations have been administered between September 2022 and May 2024.

It is critical that the enhanced access offer and community engagement activities continue in the North East of Hackney in coming years, where uptake is lowest to build on the strong foundations established.

Objectives: Our objective is to map voluntary and community sector groups and organisations that engage with populations with low vaccine uptake. This mapping exercise and establishment of community partnerships will provide a strategic opportunity to:

- expand our reach and awareness raising through co-produced and community led initiatives;
- ensure that targeted communication and engagement campaigns are impactful; and
- integrate vaccination offers into existing health and wellbeing provision, and or community infrastructure to promote long-term engagement with immunisation initiatives.

5.3 Strategic Objective 3: Enhance data systems to drive quality improvement

Rationale: The flow of information through the system that captures immunisation/vaccination coverage is key to knowing how to intervene and whether interventions are successful.

Unfortunately, granular local data necessary for a comprehensive understanding of vaccine uptake across the borough are not currently unavailable. The City and Hackney Immunisations Data Review identified a number of vaccination specific data gaps related to socio-demographics, geography and key inclusion groups for both routine and seasonal vaccination programmes.

Vaccination data for Hackney and the City of London is also combined. Disaggregated data for these markedly distinct areas is needed to identify the specific needs of each borough. Focused actions to influence the system to provide separate data sets are essential.

Objectives: We aim to improve immunisation data quality and granularity for City and Hackney. We are working closely with NEL ICB and partners to introduce an integrated dashboard that enables bespoke and detailed analyses of local vaccination data, disaggregated for Hackney and the CIty of London. This will facilitate more targeted activity towards population groups with low vaccination coverage as well as the ability to evaluate initiatives to improve uptake.

Another key objective is to improve access to data sharing agreements to enhance vaccination campaigns, in particular school programmes, and reduce the numbers of individuals that are not registered with a GP.

Having a separate workstream to ensure progress of data quality and improvement will enable a smoother process and more accurate immunisation overview for City and Hackney. Enhanced systems and quality will also enable regular monitoring & evaluation of campaigns and initiatives listed with this strategic action plan.

5.4 Strategic Objective 4: Optimise service delivery through evidence-based practice, system-feedback, and resource planning

Rationale: There is a need to enhance the effectiveness of immunisation programmes delivered at a place-based level. Audits have highlighted variations in the implementation of best-practice approaches (such as call/recall) across GP practices. A high proportion of did not attend (DNA) cases continues to impact on the effectiveness of call/recall activity, compounded by a lack of protected time to address vaccine concerns with patients. Opportunities for opportunistic vaccination or awareness raising as part of MECC have been impacted by competing needs across system partners and high-turnover of staff. Delivery of some immunisation services e.g. school-age immunisations, are dependent on collaboration with wider system partners, and may benefit from additional support. Finally, reflecting from COVID-19 and current outreach activity, we know the value of using locations where people are already accessing services, or where large numbers of people who are eligible for particular vaccinations come together.

What's been working well: We have observed that providing a more holistic health offer (which may include general health checks, oral health support and access to various health professionals) alongside immunisations has been more effective and engaging than offering vaccinations alone. Primary Care Networks have facilitated 'family fun day' events since 2023. Events within City and Hackney have attracted national recognition with case studies included in the NHS Vaccination Strategy (2023) and showcased on BBC News platforms. (8) (15)

Objectives: We aim to implement a comprehensive vaccination delivery network that includes routine, targeted and seasonal vaccinations across the lifecourse, as well as outbreak response and catch-up campaigns, through the locations and settings that best meet the needs of the local population. This network will include a standard 'universal and core offer', that is tailored to local communities, and supplemented by bespoke and targeted outreach interventions for specific populations currently underserved. We also aim to support GP practices and the school-age immunisation service (SAIS) provider in overcoming barriers to drive quality improvement and optimised service delivery.

5.5 Strategic Objective 5: Provide guidance, training and development across the system as part of the approach to Making Every Contact Count.

Rationale: Making Every Contact Count (MECC) is an approach to behaviour change, utilising day-to-day interactions, to empower individuals to make positive changes that improve their physical and mental health and wellbeing. Immunisation programmes in England are delivered across the lifecourse and by multiple providers, providing protection from the prenatal stage to old age. Healthcare professionals therefore have an important role in promoting immunisations through MECC.

A MECC approach offers an opportunity to address the multiple challenges to vaccine uptake locally (identified by local insight work). Identified challenges include unawareness and misunderstanding of the routine immunisation schedule and eligibility criteria, as well as lack of knowledge regarding existing provision channels and access. Additionally, preferences for delayed immunisation and issues with GP registration and access are prevalent, with transient groups (including those new to the UK) at greater risk of not accessing mainstream health and vaccination services. Nonetheless, these groups may come into contact with other service providers or settings that offer broader wellbeing support (such as educational or children and family hub settings), presenting an opportunity to receive vaccination communication from non-health workers.

What's been working well: We will continue to engage and work with system-partners; including healthcare professionals, service providers, communities and voluntary sector organisations; to raise awareness of the importance of immunisations and support confident and consistent interactions with local populations utilising a MECC approach. This work is underpinned by reviewing training needs and developing supportive resources, including bespoke resources for specific VPDs such as measles. As well as ensuring immunisations are adequately covered in the general MECC training, we will input into the planned CYP MECC training development to ensure immunisations are a key focus.

Objectives: Our objective is to provide guidance, training and development across the system as part of the approach to MECC. To achieve this objective, we will conduct a thorough mapping exercise of services and settings interacting with eligible groups across the lifecourse. We aim to establish partnerships and embed immunisation champions within these settings. We recognise potential confidence barriers in communicating vaccine messaging, and we will address them by providing (and addressing) specific training needs as appropriate. This approach will ensure that both clinical and non-clinical staff are equipped to navigate confident conversations around immunisations and can effectively signpost eligible groups to local channels of provision.

5.6 Implementation and Evaluation

5.6.1 Implementation Timeline

Our ambition is to deliver the strategic action plan over three years, between 2024 and 2027 (Fig. 6). The timeline affords us the opportunity to implement, assess and evaluate short-term achievements, ensuring that findings inform future iterations of this plan. Priorities each year have been set (Section 6), recognising that some actions are contingent on completing intermediary steps, and factoring feasibility, current priority levels and existing progress towards objectives.

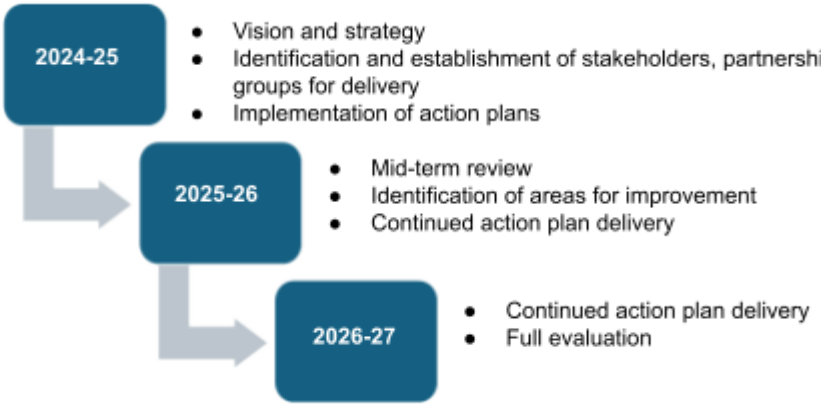


Figure 7. Implementation timeline.

5.6.2 Evaluation Framework

We will ensure that progress and challenges are effectively communicated to stakeholders as outlined in the governance structures (Chapter 4.2). As a living document, the plan and its deliverables, will undergo continuous process evaluation. The plan will be delivered over a three-year period (2024-27) with a mid-term review scheduled for 2025 (Fig. 6), to assess progress towards achieving key outcomes. Specifically, the evaluation will consider the extent to which:

- inclusion health and at-risk groups have been identified, and the effectiveness of targeted interventions to address barriers to uptake;
- data processes have been refined or established to inform activity and drive quality improvement in service delivery;
- immunisations have been embedded as part of MECC.

6. The Strategic Action Plan

Strategic priority 1: Reduce inequalities in immunisation coverage among inclusion and high-risk groups				
Outcome	ID	Actions	Lead	Year
Enhanced outreach offer	1.1	**Map current vaccination & immunisation offer for all identified cohorts.** Identify points of contact for at-risk groups and collaborate with key stakeholders to promote existing services and offers, building towards long-term sustainable plans.	Imms Programme Manager & Public Health	2024-25
	1.2	**Prepare for the delegation of vaccination commissioning responsibility to ICBs and be prepared to bid for and/or utilise any additional funds** that are made available for reducing inequalities in immunisation rates. Considerations include building on the success of local GP provider outreach campaigns, evaluating the effectiveness of launching a mobile outreach initiative to improve access, community-led outreach and integrating vaccination offers into existing prevention and inequalities workstreams and services.	Public Health, NEL ICB & Lead providers	2024-27
Improved communication pathways and channels with inclusion and high-risk groups	1.3	**Establish an annual outreach calendar and communications plan,** incorporating seasonal campaigns. Identify the most effective communication approaches for inclusion health and high-risk groups, and regularly share campaign and event information to all key partners.	Lead GP provider & Public Health comms	2024-27
	1.4	**Establish and facilitate a high-risk and inclusion health group immunisations forum** to disseminate information on the latest infection risks, campaign offers and targeted outreach opportunities. Encourage dialogue among system-partners, including volunteer and sector organisations, to strengthen partnerships and support the adoption of **peer-led approaches.**	Imms Programme Manager & Public Health	2024-27

Strategic priority 2: Engage local communities to build trust and cultivate a co-productive approach				
Outcome	ID	Actions	Lead	Year
Strategic mapping and establishment of communication and engagement channels	2.1	**Determine scale of vaccination inequalities and equity** within the routine childhood immunisation programme to inform communication and engagement prioritisation.	Public Health	2024-25
	2.2	**Undertake needs assessment** to inform a population level strategy for vaccination of **GBMSM**.	Public Health	2025-27
	2.3	**Map touch points throughout the lifecourse** to identify **channels for awareness raising and engagement activity** e.g. collaboration with voluntary and community sector groups, faith settings and parent groups	Public Health	2024-25
Strengthened partnership working centred on people and community	2.4	Work closely with the community champions programme to **ensure champions are empowered to raise awareness of vaccinations** and signpost to local provision. **Establish a feedback framework** to engage community champions and other key stakeholders (such as children and family hubs), ensuring that insights inform vaccine programme and campaign delivery.	Community Champions Programme & Public Health	2024-25
	2.5	**Engage with newly established London-wide vaccine steering groups** (VSGs) **to gather insights** and incorporate into community engagement work at a place-based level. As of 2024 the current community vaccine groups are Black African, Black Caribbean Christian Faith Group, Bangladeshi, Eastern European and Somali.	Public Health	2024-27
	2.6	**Continue engagement and enhanced access in the North East of Hackney.** Expand community members involved in engagement and uptake initiatives. Continue to evolve enhanced access offers based on community insights and feedback, to maximise vaccination coverage.	Imms Coordinator & Programme Manager, NE PCN	2024-26
Co-produced initiatives	2.7	Commit to **establishing relationships and building trust** with key communities with low vaccine coverage and work towards **developing co-produced interventions and resources** tailored to target communities.	Public Health, Healthwatch	2025-27

Strategic priority 3: Enhance data systems to drive quality improvement				
Outcome	ID	Actions	Lead	Year
Improved data quality and accessibility	3.1	**Establish a City and Hackney data immunisation sub group.** This group will work through data gaps identified in the data appendix (e.g. disaggregating City and Hackney data) by advocating at local, regional and national forums. This group will work to improve ways to access data both routinely and during outbreak scenarios.	PHIT	2024-25
	3.2	**Enhance school immunisation coverage data.** ● Map out and clarify data flow pathways for school immunisation programmes working to support CHIS link school information. ● Improve consistency of records of school immunisations working with vaccination UK and GP teams.	Imms Programme Manager, CHIS, PHIT	2024-25
	3.3	Work closely with the **NEL ICB data team** to optimise data improvement work. This includes shaping the NEL dashboard to ensure usability at local levels and utilise it to support the development of insight reports and facilitate evaluations of initiatives.	PHIT & NEL ICB	2024-25
Regular monitoring & evaluation	3.4	**Monitor the available data sources.** Review key data sources (e.g. CEG, Immform, NEL dashboard) and share an insights report on a quarterly basis for childhood immunisations and more frequently during seasonal campaigns for COVID & Flu. Use the above data sources to carry out evaluations.	Imms Programme Manager, Primary Care	2024-27

Strategic priority 4: Optimise service delivery through evidence-based practice, system-feedback, and resource planning				
Outcome	ID	Actions	Lead	Year
Increased number of immunisation quality improvement initiatives within City and Hackney	4.1	1. **Conduct GP practice visits** to identify areas for quality improvement, share best practices (including promotion of the City and Hackney GP toolkit) and gather insights. 2. Enhance the **immunisation bulletin** and facilitate **regular drop-in sessions** for ongoing support, discussion and information exchange.	Imms Clinical Lead, Imms Programme Manager, Imms Coordinator	2024-25
Promotion of best practice call/recall approach	4.2	1. **Develop a call/recall strategy** informed by recent campaigns. 2. Promote **adoption of the APL Imms software** as a best practice approach to support call/recall activity and timely uptake of childhood immunisations. 3. Continue promotion of methodology where healthcare professionals **reach out to patients following an initial decline,** to address concerns and provide information. 4. **Share** insights and **successful best-practice outcomes** among system partners.	Imms Clinical Lead, Outreach providers, Homerton Maternity team	2024-25
Enhanced governance and feedback over schools based vaccination delivery	4.3	**Develop a school-age immunisation sub-group** to aid routine feedback and information exchange among key stakeholders involved in the coordination and delivery of the school-age immunisation programme.	Public Health	2024-25
Improved understanding of preferred community clinics for residents	4.4	**Evaluate previous venues used for outreach/vaccination in community spaces** to date, including those during the pandemic. Explore new sites for vaccination, including collaborating with Children and Family Hubs and healthspot and community pharmacy, to support a venue strategy that meets the population's needs and maximises reach.	Imms Programme Manager, Community Pharmacy	2024-25

Effective resource planning and management to enable the delivery of this action plan as well as to prepare for devolved commissioning arrangements	4.5	Effective **resource planning** and management to **enable the delivery** of actions within this strategic plan: ● continuing to advocate for sustained and, where possible, increased funding for local immunisation activities in line with this action plan, including resources to develop and coordinate campaigns and engage with communities; ● preparation for the effective use of non-recurrent funding streams when these are made available; and ● coordination activities across key system partners and established governance structures to support effective and efficient resource planning and management.	NEL ICB Public Health Primary Care Acute Trust	2024-26
	4.6	**Preparation** for the **delegated responsibility** for **commissioning** NHS vaccination services to ICBs: ● review current structures and ensure robust governance mechanisms are in place to support the devolved funding structure; ● plan for changes needed to accommodate devolved budgets, including adjustments to existing processes and procedures; ● plan for appropriate providers and delivery mechanisms that align with the specific needs of the population; ● assess the resource implications, including workforce planning; and ● set clear deliverables against the action plan.	Primary Care Public Health SHRS Acute Trust	2024-26

Strategic priority 5: Provide guidance, training and development across the system as part the approach to Making Every Contact Count.				
Outcome	ID	Actions	Lead	Year
Immunisation advocacy and signposting within commissioned services and existing partnership	5.1	**Map commissioned services** (e.g. social prescribers, health visitors, early years, sexual health service, libraries, leisure centres etc) that interface with eligible cohorts, to **establish vaccination communication and engagement channels**.	Public Health	2024-25
	5.2	**Provide support** to commissioned services in appointing staff members (including those from specific community backgrounds) **to champion immunisations** proactively through MECC.		2025-27
	5.3	**Leverage existing platforms to disseminate information** and engage key stakeholders in the community around vaccination, ensuring coordinated efforts through Public Health Community Engagement Streams, Healthwatch and the Integrated Commissioning Groups.		
	5.4	**Maintain connections** with community organisations established during the COVID-19 pandemic.	Community Champions Programme	2024-27
	5.5	**Develop a language guide** to support confident vaccination communication in education and early years settings.	Public Health, Early Years	2025-27
Training and resources for both clinical and non-clinical system-wide partners	5.6	Consider the scope of **training for non-clinical and clinical staff**, and identify existing training, learning platforms and resources (e.g. Jitsu-Vax) that can be used or adapted to address the specific needs of these groups (e.g. community leaders, sexual health and reproductive personnel, GP administration etc).	Public Health, Imms Clinical Lead, Sexual Health Services	2025-27
	5.7	**Integrate immunisation in broader health literacy resources** and **Council-led MECC training**.	Population Health Programme	2024-25

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