

## **Bath & North East Somerset Immunisation Group** **Terms of Reference**

### **1. Background**

From April 2013 the Health and Social Care Regulations changed the statutory responsibility for health protection arrangements.

Responsibility for commissioning all universal immunisation programmes was passed to NHS England Area Teams as a seconded function from Public Health England who also provides the public health and system leadership capacity in the way of seconded / embedded workforce (Screening and Immunisation Teams, SIT). All B&NES universal immunisation programmes are commissioned by NHS England South (South Central), formally the Bath, Gloucestershire, Swindon and Wiltshire (BGSW) NHS England Area Team supported by the PHE Centre for Avon, Gloucestershire and Wiltshire (AGW). The programmes commissioned are part of the Section 7a agreement between the Secretary of State for Health and NHS England, all programmes are commissioned against a national Service Specifications (Part c of the S7a), subject to local agreements on appropriate additional initiatives.

Upper tier and unitary local authorities also acquired new responsibilities with regard to protecting the health of their population. Specifically local authorities are required, via their Directors of Public Health (DsPH), to assure themselves that relevant organisations have appropriate plans in place to protect the population against a range of threats and hazards and to ensure that necessary action is being taken. The B&NES Health Protection Board was established in 2013 with the responsibility for coordinating the local health protection responsibilities and whose membership consists of commissioners, regulators and other organisations involved in health protection in B&NES.

The implementation of the H&SC Act has come with its challenges, and the screening and immunisation public health leadership and its commissioning has been nationally acknowledged one of the key risks. Some of the issues in this relation explicitly: access of appropriate , timely and reliable data specifically enabling small area analysis; clarity of roles and responsibilities on incident management; working arrangements across NHS England and PHE etc.

NHS England and Public Health England are currently undergoing further restructuring and NHS England and Clinical Commissioning Groups are implementing co-commissioning or delegated commissioning which is likely to impact on the commissioning and oversight of routine immunisation programmes.

### **2. Purpose & Scope of the Group**

It is necessary to have one operational group with the responsibility for taking a system-wide overview of organisations and other stakeholders contributing to B&NES immunisation programmes with the aim to protect the health of the local population, reduce health inequalities and minimise and deal promptly with any threats that may occur. Please see Appendix 1 for a list of all the immunisation programmes that this group will cover. At this time programmes which consider individual risk factors such as travel vaccinations will not be covered in the scope of this group.

The group will provide a structured approach to monitoring, identifying & mitigating risks and updating action plans relating to immunisation programmes. It will work collaboratively to exchange information, share knowledge; good practice and provide practical solutions and ideas to for the purpose of improving and strengthening local immunisation programmes.

The group will also aim to seek assurance that immunisation services in B&NES are compliant with the DH guidelines and ensure that all national and local immunisations programmes are delivered safely, effectively and in a timely manner to all B&NES residents.

### **3. Functions**

- Seek assurance that all established universal immunisation programmes are implemented and reported in line with national standards.
- Review performance and monitoring of achievement of national or local targets of the immunisation programmes listed in Appendix 1 in line with local and national reporting standards.
- Identify risks or potential risks in meeting immunisations targets or provision of immunisation services in a timely way so actions can be taken by relevant parties to mitigate risks.
- Seek assurance that vulnerable groups such as looked after children; members of the travellers community, people with learning difficulties and the homeless are identified and steps taken to meet their special needs.
- Monitoring the implementation of local and national initiatives to improve uptake of immunisations e.g. the new NICE guidelines
- Sharing of best practice on implementing, maintaining, improving and developing immunisation programmes with providers of immunisation services.

- The development of a programme of work, incorporating the requirements of all other action plans, which identifies the necessary resources required
- Audit of existing and new immunisation programmes as necessary
- Horizon scanning for new immunisation programmes and additions or changes to existing programmes.
- Ensure that actions identified following outbreaks of infectious disease are implemented where appropriate.
- Review immunisation incidents across B&NES to identify trends, to reduce future incidents and identify lessons learned to be implemented.
- Seek assurance that health professionals are suitably qualified and competent to deliver immunisation programmes and disseminate training information and opportunities.

#### **4. Accountability/Authority & Data Sharing**

The B&NES Immunisation Group reports to the B&NES Health Protection Board which directly reports to the B&NES Health and Wellbeing Board. Any identified risks should be escalated to the B&NES Health Protection Board and recorded on the Board's risk log and escalation process followed.

Concerns about performance of achievement against national or local targets of immunisation programmes should be referred to NHS England South (South Central) Screening & Immunisation Team for appropriate action to be taken.

Practice level data should not be distributed outside of the meeting and is not for publishing.

#### **5. Membership and Quoracy**

Membership of the B&NES Immunisation Group shall be the named leads responsible for ensuring objectives are delivered. A quorum shall be at least four members which must include 1 Local Authority Public Health representative, 1 NHS England South (South Central) Screening & Immunisation team representative and at least 2 representatives from providers. Each member is required to attend at least two of the three scheduled B&NES Immunisation Group meetings and substitute representatives are acceptable as part of the quoracy.

The Co-Chairs of the B&NES Immunisation Group is the Consultant in Public Health on behalf of the Director of Public Health and Screening & Immunisation Manager, NHS England South (South Central) on behalf of the Screening & Immunisation Lead.

Other core members of the B&NES Immunisation group are

- Screening & Immunisation Coordinator, NHS England South (South Central)
- Health Protection Manager, Bath & North East Somerset Council
- Community Consultant Paediatrician
- Child Health Records Department lead
- School Nursing Service
- Primary Care Representative (General Practitioner, Practice Manager or Practice Nurse)
- Health Visitor Representative
- AGW PHEC Representative
- Midwifery Representative
- Infection Control Representative (Sirona)
- Local Pharmaceutical Committee Representative

## **6. Frequency of Meetings**

Meetings shall be held not less than three times a year.

## **7. Review Arrangements**

The terms of reference and effectiveness of the group should be reviewed after 12 months.

### **Review History**

<b>Version</b>	<b>Approved Date</b>	<b>Review Date</b>
V1	April 2015	April 2016
V2	April 2016	April 2017

## Appendix 1

The immunisation programmes that this group will cover are:

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Neonatal Hepatitis B immunisation programme

Neonatal BCG immunisation programme

Respiratory syncytial virus (RSV) immunisation programme

Immunisation against diphtheria, tetanus, poliomyelitis, pertussis and Hib

Meningitis C (MenC) immunisation programme

Hib / MenC immunisation programme

Pneumococcal immunisation programme

DTaP/IPV and dTaP/IPV immunisation programme

Measles, mumps and rubella (MMR) immunisation programme

Human papillomavirus (HPV) immunisation programme

Td/IPV (teenage booster) immunisation programme

Seasonal influenza immunisation programme (Although most discussion should be directed to the NHS England South (South Central) Flu Planning & Oversight Group).

Shingles routine and catch-up programme

Pertussis (pregnant women) vaccination programme

Rotavirus immunisation programme