

Point of Impact: The value of scrutiny in effective local immunisation strategies

Case studies from scrutiny reviews by the London Borough of Merton and Derbyshire County Council

shingles coverage rate herd immunity
public health immune rubella
polio programme vaccination hepatitis B

Case studies from scrutiny reviews by the London Borough of Merton and Derbyshire County Council

rotavirus infectious disease uptake rate
structure influenza commitment diphtheria
primary care measles whooping cough

Centre for Public Scrutiny

The Centre for Public Scrutiny (CfPS), an independent charity, is the leading national organisation for ideas, thinking and the application of policy and practice to promote transparent, inclusive and accountable public services. We support individuals, organisations and communities to put our principles into practice in the design, delivery and monitoring of public services in ways that build knowledge, skills and trust so that effective solutions are identified together by decision-makers, practitioners and service users.

Sanofi Pasteur MSD

Sanofi Pasteur MSD believes in the value of preventive medicine and in protecting people's health. Our focus is to provide the most comprehensive range of vaccines in Europe. It's our belief that no man, woman or child should ever be harmed by a vaccine-preventable illness. So we provide Vaccines for Life. From infancy to old age, Sanofi Pasteur MSD helps protect people against a wide spectrum of serious infections and the diseases they cause.

Acknowledgements

CfPS and Sanofi Pasteur MSD would like to thank the following people for their contributions to this report:

Stella Akintan – London Borough of Merton

Paul Cutler – CfPS expert adviser

Rachel Harris – CfPS expert adviser

Roz Savage – Derbyshire County Council

Jackie Wardle – Derbyshire County Council

CfPS and Sanofi Pasteur MSD are also grateful to councillors and colleagues from councils, the NHS and other local stakeholders in Derbyshire and the London Borough of Merton who took part in the scrutiny reviews upon which this report is based.

CONTENTS

Introduction	4
The importance of immunisation	6
The role of Scrutiny	8
Measuring the impact of a scrutiny review – using the return on investment approach	9
Case Study One: The London Borough of Merton	10
Case Study Two: Derbyshire County Council	15
Conclusion	17
Checklist for planning an effective scrutiny review of immunisation	18
References	19

This scrutiny work has been supported by the Centre for Public Scrutiny (CfPS) with funding from Sanofi Pasteur MSD; Sanofi Pasteur MSD has not been involved in or attended the stakeholder workshop activities and has had no input into the creation of the internal reports but has inputted into this final report. The report is primarily intended for HOSC members and associated stakeholders.

INTRODUCTION

The scrutiny role has much to offer in the local quest to promote immunisation and increase our understanding of the strengths and challenges faced by local systems. This publication presents key lessons and messages from scrutiny reviews in Derbyshire and the London Borough of Merton, supported by the Centre for Public Scrutiny (CfPS) with funding from Sanofi Pasteur MSD. The case studies demonstrate scrutiny committees engaging successfully with different aspects of the immunisation agenda for children and adults. Supported by the CfPS publications *10 Questions to ask if you're scrutinising local immunisation services* and *Tipping the Scales*, these reviews were able to apply knowledge from the wider network of learning and practice supported by the Centre.

The topic of immunisation is complex and varied. Understanding the local issues involves engaging with a mix of specialist technical information and an appreciation of the local system and accountabilities. At the same time, wider structural changes in health and public health provide an additional urgency to reviews in this area. The function of scrutiny enables councillors to contribute their position as local leaders and non-specialists to pose important questions of effectiveness and collaboration in local practice.

This publication brings together lessons and learning from two distinct reviews that tackled different aspects of the immunisation agenda. Using the CfPS return on investment in scrutiny approach, the examples present a clear structure for designing and implementing a review. The learning highlights the importance of a collaborative stakeholder approach and how councillors can be central to creating effective dialogue between local partners. Both reviews were influential in highlighting the issues around immunisation and delivered a set of concrete outcomes through a series of recommendations and action plans. For example, in Merton, a Memorandum of Understanding (MoU) has been developed between local stakeholders and a local councillor is now fulfilling the role of 'Champion for Immunisation'. Both reviews also demonstrate the value of listening to local children and adults about their experiences and insights.

"Scrutiny draws out new information and examples of good practice...the skill is in asking the right questions"

Stella Akintan, Scrutiny Officer

Summary of case studies:

Case Study One: London Borough of Merton

Merton's review identified one core priority:

- The uptake of immunisation for children between 0 and 5 years old, with a specific focus on the uptake of booster vaccinations for children aged 2 to 5 years old who had already received their first course of vaccines

Case Study Two: Derbyshire County Council

Derbyshire's review focused on two priorities:

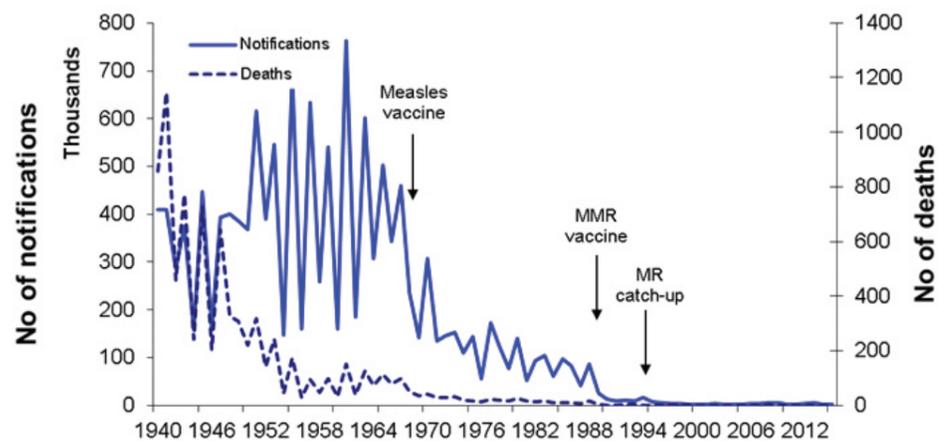
- The uptake of the influenza vaccine by council staff eligible for vaccinations due to their employment roles – these are primarily frontline staff who provide direct personal care to clients who are generally vulnerable
- The uptake of human papilloma virus (HPV) vaccine by girls aged 12 to 13 years old

THE IMPORTANCE OF IMMUNISATION

Immunisation is arguably one of the greatest health successes of the last century. After clean water, vaccination is the most effective public health intervention for saving lives and promoting good health. When individuals are vaccinated they are helping to protect not only themselves, but in many cases, the health of the whole community. This is known as 'herd immunity' and is a form of immunity that occurs when the vaccination of a significant proportion of a population (or the 'herd') provides a measure of protection for individuals who have not developed immunity.

The proportion of the population which must be immunised in order to achieve herd immunity varies for each disease but the underlying principle is simple: once enough of the 'herd' are protected, they help in protecting those vulnerable members of their communities by reducing the spread of the disease.

This can effectively stop the spread of disease in the community. It is particularly crucial for protecting people who cannot be vaccinated. These include children who are too young to be vaccinated, people with immune system problems, and those who are too ill to be vaccinated. As an example, the childhood immunisation programme is successful in helping to protect on a broad scale against a wide number of vaccine-preventable infectious diseases such as measles, polio, diphtheria and whooping cough.



Impact of vaccination on measles disease and associated deaths in England and Wales. The introduction of a single measles vaccine, the combined MMR vaccine and a measles-rubella (MR) catch-up are indicated.

The data in the graph covers the period up until the end of 2015. Data courtesy of Public Health England.

These programmes are impactful in terms of disease reduction and there is strong evidence to suggest that they are also cost effective. For example, the lifetime cost of vaccinating one individual in England, depending upon gender and risk factors, to protect against 13-15 diseases is between £954 and £2,490¹. In terms of influenza ('flu') alone, an estimated 7.6 million working days are lost annually due to flu, costing the British economy around £1.35bn². It is clear that ensuring high uptake rates for primary vaccinations and boosters is essential.

The National Institute for Health and Clinical Excellence (NICE)³ has identified that the following key groups are at most risk of low uptake of vaccinations:

- People who have missed previous vaccinations
- Looked-after children
- People with physical or learning disabilities
- Children of teenage or lone parents
- People not registered with a GP
- Younger children from large families
- Children who are hospitalised or have a chronic illness
- People from some minority ethnic groups
- People from non-English speaking families
- Vulnerable children, such as those whose families are travellers, asylum seekers or are homeless

Both Derbyshire and Merton based their reviews on a clear understanding of the benefits of effective immunisation programmes. They used data to understand the local uptake rates in their communities. Through their reviews they identified a range of local barriers to uptake and explored the underlying causes and which groups were most at risk.

Criteria for successful immunisation programmes⁴:

- Accessibility – vaccines are available easily and actively offered to those who need them
- Assessment – every opportunity is taken to make sure those eligible are assessed and vaccines are not refused inappropriately
- Communication – accurate advice and information is available from informed and reputable sources
- Transport, storage and handling – vaccines given are of optimum quality
- Documentation and record keeping – accurate information is available on population coverage and individuals have a lifelong vaccination record
- Effective adverse event and incident reporting – where problems arise, these are effectively and sensitively reported and handled
- Training – is provided for everyone involved in immunisation and staff know where and how to access support
- Coordination – all the elements of the immunisation programme are appropriately aligned and accountable

¹ Baron-Papillon F et al. 2015

² Cooperative Pharmacy, 2010

³ NICE 2009 Reducing differences in the uptake of immunisations

⁴ NICE 2009 Reducing differences in the uptake of immunisations

THE ROLE OF SCRUTINY

The scrutiny of immunisation plans is an essential part of a council's scrutiny of public health functions. Councils should review their arrangements for scrutiny of immunisation planning and delivery, to make sure they are fit for purpose.

Scrutiny can add value to immunisation planning by improving the local evidence base for decisions about immunisation. By highlighting local patterns and outcomes, it can hold officers, commissioners and providers to account for local actions to improve uptake.

Scrutiny is most effective when it is proactive rather than reactive and superficial. There is a responsibility on Scrutiny Committees, Health and Wellbeing Boards, council executives, public health teams and Clinical Commissioning Groups to get the best out of the scrutiny function for the benefit of local people.

Working with local and regional partners ensures a multi-dimensional picture of the system. This includes building effective relationships with NHS England and identifying their key officers who have a wider strategic role.

“The review shows how creative the scrutiny process can be – we have been able to work with partners to come up with some new recommendations for local immunisation practice”

Councillor James Holmes

Councillors involved in Scrutiny should consider how best to use their scrutiny role to help councils and their partners to develop ambitious but achievable plans to maximise the uptake of immunisation. A three-stage approach to developing a common understanding of the value of Scrutiny may be useful when thinking about local approaches to the scrutiny of immunisation:

1. Reflect on the experience of previous contributions of council scrutiny to local approaches to immunisation

2. Identify opportunities and barriers that can help or hinder council scrutiny to influence better immunisation uptake

3. Design a framework for scrutiny of commissioning and delivery of local immunisation plans

This approach can be used to establish who has responsibilities for immunisation planning and delivery and assess how they work together to secure better uptake. This work can support the development of shared protocols for joint working and information sharing between council executives, public health teams, relevant partners and the scrutiny; the process is rooted in collaborative working. This was exemplified in the development of an MoU between partners in the case of the Merton review.

MEASURING THE IMPACT OF A SCRUTINY REVIEW – USING THE RETURN ON INVESTMENT APPROACH

The reviews in this publication used the CfPS return on investment approach that has already been shown to help identify potential savings across the public sector and has successfully brought together whole systems to tackle issues. More information about the return on investment approach is contained in the CfPS publications *Valuing Inclusion*⁵ and *Tipping the Scales*⁶. Using this approach does not override existing scrutiny practice, but offers an extra dimension that supports effective and influential scrutiny – thus making scrutiny more central to the democratic process.

The CfPS return on investment model for scrutiny⁶:

1. Prepare and plan

- briefing and support for councillors
- identify focus of the review
- develop a range of impact statements to assess specific priorities
- rate individual impact statements to select topic with most potential impact

2. Work with stakeholders

- identify relevant stakeholders at the start of the review process
- deliver stakeholder workshops to leverage stakeholder knowledge
- consider the importance of wider determinants of health, multi-agency actions and citizen views

3. Measure inputs, outputs and outcomes from the review

- track the cost of inputs to the review including time and other resources
- identify ways to measure the potential changes as a result of the review
- record qualitative changes as well as quantitative

4. Undertake the review

- develop key lines of enquiry
- formulate scrutiny questions
- undertake scrutiny sessions
- collect evidence and examples from stakeholders and agencies
- analyse findings and report
- make recommendations
- share learning and outcomes with stakeholders

5. Calculate the return on investment

- Describe the changes
- Explore ways to assign a financial value to the benefits and impact including the use of proxies
- Present the ratio of the financial value of inputs to outcomes
- Identify potential savings and process benefits to local systems

⁵ CfPS 2013 Valuing Inclusion

⁶ CfPS 2012 Tipping the Scales

CASE STUDY ONE: THE LONDON BOROUGH OF MERTON

Merton's review focused on immunisation uptake for children aged between 0 and 5 years old, with a particular focus on the boosters for those between 2 and 5 years old. Members were concerned that data was reporting the lowest rates in London and wanted to understand the best ways to improve uptake. A detailed impact statement process helped to target the review on this particular age group who constitute one element of a much wider picture of low uptake. The full report on the review can be accessed at:

http://www.merton.gov.uk/childhood_immunisation_2014.pdf

Context

The London Borough of Merton is a diverse borough in South West London with an estimated population of 203,200. Demographics describe a dynamic and relatively young population with 23.5% of residents under the age of 20 and with a projected increase in the population of young children over the next five years. Since 2012 there have been a number of reports and initiatives that have focused on immunisation uptake for young children aged between 0 and 5 years old.

"The immunisation review has helped us to better understand the new and emerging communities in Merton – it is important that we understand their needs and any barriers they face"

Stella Akintan, Scrutiny Officer

The Scrutiny function in Merton is organised through three scrutiny panels and an Overview and Scrutiny Commission. The immunisation review was led by a task group reporting to this structure.

The review process

The task group analysed a range of local data with advice from officers, public health specialists and other stakeholders. They initially produced three impact statements for a possible focus for the review. The statements contrasted the situation for different groups of children aged 0 to 5 years old, children aged 5 to 12 years old and children and young adults aged between 12 and 25 years old. During this process it became clear from both the data and professional experience that the gap in uptake of boosters would potentially yield the greatest impact for a review.

"Sutton & Merton's COVER rates have consistently been below the World Health Organisation (WHO) recommended herd immunity level of 95%."

NHS England, 2014

This analysis was based on the following:

- The range of vaccines available for children in the early years including MMR
- An understanding of the ages at which children and young people are expected to receive primary and booster immunisations
- The different organisations and professionals involved in planning and delivering these immunisations
- Reports and other published concerns about uptake for this group

- Prevalent infectious diseases and potential risks to the local population
- Evidence from the National Institute for Clinical and Health Excellence (NICE) and the Marmot Review about the underlying causes of low uptake and how this can relate to other health inequalities

The review decided to focus on non-MMR vaccinations from this wider list because barriers to uptake of these vaccinations are less well understood locally and nationally.

Members developed a collaborative approach to scrutiny by listening to stakeholder insight and reaching some shared commitments:

- To better understand the dynamic nature of Merton's population and to understand and respect local families' experiences of accessing immunisation information, advice and services
- To explore data processes, partnerships and insights in more depth to appreciate the complexity of data and use it to develop effective actions
- To recognise that there has been recent significant cross-sector organisational change but to share responsibility and accountability for solutions across all agencies, especially partnerships between health and early years services to embed immunisation planning and delivery
- Understanding how wider determinants of health and health inequalities impact on uptake so that creative approaches and partnerships can be developed
- To raise the profile of immunisation so that it stands out against competing priorities

A workshop was held early in the review process to bring stakeholders together to enable face-to-face discussions and build relationships between the task group and partners.

Working with Stakeholders; a Merton perspective

The workshop in Merton was particularly successful and offers a good example of how a workshop can help drive a successful review.

Organisations represented at the workshop included the local Clinical Commissioning Group, NHS England, Public Health England, local Children's Centres, Health Visiting Provider Services, local Family Support services as well as local residents and parents.

The purpose of the workshop was:

- To develop a full system perspective on the issue of the barriers to the uptake of key immunisations for young children aged between 0 and 5 years old across Merton
- To consider the impact of health inequalities and the wider determinants of health as factors influencing uptake locally
- To involve stakeholders in preparation for a forthcoming scrutiny review on the topic

"It was really useful to be able to tell my story to an elected councillor"

Parent

Four councillors who were members of the task group also participated as well as a scrutiny officer. This provided them with the opportunity to talk in detail with the stakeholders. The workshop used a variety of participatory tools to support the group to work together and share their insights.



The workshop was recorded and outputs from each of the group activities were shared with all those who attended and with a wider group of local stakeholders to keep them informed of developments. The workshop report summarised the key areas of consensus and agreement and this formed the basis for exploring the possibility of an MoU between all the groups as a way of moving forward with practical actions.

Summary statement from the Merton stakeholder workshop:

- All stakeholders are committed to working together and forming strong local partnerships to better understand issue around uptake and address the barriers faced by local families
- There is great benefit to bringing stakeholders from different organisations and agencies together to share experiences and listen to each other's views and challenges
- Solutions must be shared by all partners and cannot be held by just one agency
- It is important to respect and understand the experiences of local families in Merton and appreciate the barriers that parents face when accessing immunisation information, advice and services
- Immunisation rates in the early years can best be increased by focusing on the uptake of boosters for those 2 to 5 year old children in Merton
- Data issues are significant and complex in Merton for a variety of reasons – to appreciate and use the data to develop effective strategies it will be important to explore data process, partnerships and insights in more depth.
- There are exciting opportunities in Merton for stronger partnerships between health organisations and early years services to embed immunisation approaches and information sharing between professionals. Early years services offer a key place for engaging with families
- Understanding the wider determinants and health inequalities linked to immunisation uptake can offer creative approaches and partnerships
- All stakeholders wish to build on networking and partnership approaches to ensure joined-up working and local leadership of the issue in Merton moving forward. The report contains a number of proposals from stakeholders for local champions and Task & Finish groups, for example
- Merton has a dynamic and changing population which needs to be taken into account when understanding uptake
- There has been significant organisational change for many partners in the last year and further changes are forthcoming. Any strategy to increase immunisation uptake needs to appreciate the changing roles and organisational structures of local partners
- While there is a desire to improve uptake, work needs to be done to raise the profile of this work locally and make it stand out against the many competing priorities

Thirteen key themes were identified from the workshop including a shared commitment to support the review and form strong local partnerships to better understand the issues around immunisation uptake and address the barriers faced by local families. A follow-up report was circulated which included a record of the discussions and a series of local action points.

Desktop research identified some listening and participation work previously carried out by IceCreates that had involved interviews and discussion groups with parents and frontline practitioners. As this work was recent, the review was able to incorporate the findings in their work and avoid any unnecessary duplication. The review was also instrumental in circulating this high quality piece of engagement as many services and practitioners were not aware of its publication. This may partly be explained by the timing of the publication just prior to the transition from Primary Care Trusts to Clinical Commissioning Groups and other aspects of the health reforms in 2013. The IceCreates report 2013 NHS South West London: Childhood Immunisations and Vaccinations can be found at:

http://digital.icecreates.com/media/0023/NHS_SW_LondonCI_report.pdf

Evidence from the review identified a range of potential underlying causes for the low uptake of immunisation in Merton:

- Population 'churn' – the movement of families and with it, the loss of contacts – either within the borough or as families move across London
- Lack of accessible information for parents about immunisation – including issues of language and literacy
- Challenges for the physical access to services including transport and parking issues
- Difficulties for families in managing appointments
- Challenges in accessing primary care and nursing services
- Fragmentation of the immunisation system across a variety of agencies and teams with different roles and responsibilities for the commissioning and delivery of services
- Different views about the validity and reliability of data and different collection and analysis methods

Review outcomes

Key outcomes from the review included a series of recommendations that demonstrated a return on investment from the activities. These included:

- The development of a new MoU between the key local and regional partners to ensure clearer communication, coordination and leadership of immunisation planning and delivery. This was linked to the work of the Health and Wellbeing board and the Joint Health and Wellbeing Strategy
- The appointment of a Merton councillor as a local 'Champion for Immunisation'. The Champion overviews the implementation of the MoU and its impact on local partnership working
- The inclusion of immunisation advice and information in the standard school entry letter for all parents of children starting school to use this opportunity to promote the uptake of boosters for all school-age children
- The promotion of clear immunisation information and advice in the General Practice text service as a way to communicate with families to help them overcome barriers to scheduling appointments
- The development of new materials for use by Children's Centres and nurseries to raise awareness and to provide clear information and advice to parents and early years practitioners at the point of first contact with universal local services
- A proposal to include immunisation topics in the work of local health champions in Merton
- A formal endorsement of the full recommendations of the previous South West London NHS report on immunisations including strategies to increase uptake. The review felt this existing document provided a clear pathway for improvement and would benefit from strong local commitment to drive the priorities

The latest version of the Merton scrutiny report and details of the MoU can be accessed via the council scrutiny pages at <http://www.merton.gov.uk/council/decision-making/scrutiny.htm>

CASE STUDY TWO: DERBYSHIRE COUNTY COUNCIL

Derbyshire's review focused on the uptake of the flu vaccine by council staff eligible for free vaccination due to their employment roles – for the most part, these are frontline staff who provide direct personal care to clients who are generally vulnerable. It also considered the uptake of the HPV vaccine by girls aged 12 and 13 as an ancillary issue. The full report on the review can be accessed at:

http://www.derbyshire.gov.uk/images/2015-02-10%20NEW%20Review%20of%20Immunisation_tcm44-271329.pdf

Context

Derbyshire is a diverse county in the centre of England (forming the north-west part of the East Midlands region). It shares its boundaries with Leicestershire, Staffordshire, Nottinghamshire, Cheshire, South Yorkshire, West Yorkshire and Greater Manchester. The county has an estimated population of 763,700 and covers an area of 255,071 hectares (869 square miles).

The Peak District National Park accounts for more than a third of the county's total land area and stretches beyond Derbyshire. The county is a mix of rural, agricultural villages and urban areas, many of which were dependent on heavy industry such as coalmining. As a two-tier authority with a county body, it has eight district councils and a network of parish councils. Six Clinical Commissioning Groups share responsibility for health commissioning across the county.

The review process

As a first step towards an in-depth understanding of flu vaccination uptake across the local population the committee decided to focus on the more tightly defined group of council staff. Reflecting the size and diversity of the county, this approach offered the advantage of a clearly structured and bounded review. At the same time, lessons and learning could be shared with other groups and could inform further enquiries.

The members developed a collaborative approach with stakeholders including the Derbyshire Youth Council, public health teams, NHS England, voluntary and community sector groups and staff representatives. They considered findings from desk based research and heard presentations by public health professionals. By incorporating the return on investment methodology they used impact statements to focus on flu and HPV vaccinations. This then assisted with refining the key lines of enquiry.

At the start of the review process the committee used the stakeholder engagement wheel described in *Tipping the Scales* to identify stakeholders whose views could add value to the review. They complemented this by carrying out a survey of council staff eligible for flu vaccination; this survey received over 400 responses.

To reflect on the findings from the surveys, they carried out a 'sense check' session examining all of the evidence from health professionals. Direct feedback was taken from young people and staff representatives to examine and triangulate findings from the staff survey and to explore potential ways or ideas for future staff communication.

Key outcomes from the review included a series of recommendations:

- To establish an officer task group to address issues raised by the review with a view to establishing a more defined approach to encourage eligible staff to access the flu vaccine, including:
 - Improving information about the benefits of vaccination, especially the impact on people who use services and dispelling myths about side effects
 - Considering the potential for more formalised opportunities to access vaccination – such as the introduction of a voucher scheme for staff to access the vaccine at retail outlets/ pharmacies and workplace immunisation sessions
 - Considering improvements to communication to inform and remind staff about taking up their free vaccine. Particular consideration was given to those working in predominantly remote settings or who have infrequent face-to-face contact with colleagues or line managers
 - Including other partners who could assist with the process, for example, Occupational Health and union representatives
 - Developing better systems for monitoring the uptake of flu vaccinations
- The task group should develop a corporate vaccination policy to be adopted by the appropriate departments and communicated to managers and eligible staff. It is desirable that this policy will be in place for implementation at the beginning of the next flu season
- As a commissioner of care services from private sector providers, the council should seek to embed the requirement for a similar vaccination policy in future contracts
- NHS England should act on the findings of the HPV survey and measures be taken to ensure the new system is introduced sensitively to these findings
- NHS England, Public Health Derbyshire and the Director of Children and Younger Adults should act on the preferences of how girls and young women would like to receive information about the HPV vaccine and take this into account when promoting and administering the programme. They should also endeavour to include young people's voices via the Derbyshire Youth Council in assisting in this process

Both reviews demonstrate the impact that good quality scrutiny can have for topics across the immunisation spectrum. By focusing on clear areas and working with local experts, the reviews were able to assess a wide range of data and frontline practice to formulate clear objectives and key lines of enquiry. The return on investment approach assisted both councils to design their reviews with a clear and logical structure and ensured that the outcomes of the work had clear and measurable outcomes. As councillors engaged with the topic and received support from a range of specialists they were able to ask significant questions about data and evidence with increased confidence.

For both reviews, tracking the future immunisation uptake rates in their local communities will reveal the ultimate impact. Clear recommendations, MoUs, local champions and regular oversight of progress ensure that councillors and scrutiny officers can monitor progress and disseminate learning.

Both reviews provided additional benefits for the wider system, including:

- Improving the evidence base for decisions about immunisation programmes
- Holding councils, public health teams, commissioners and providers to account for the level of local ambition to improve immunisation uptake
- Reviewing practical as well as financial impacts of immunisation programmes
- Building collaborative and stakeholder approaches
- Highlighting the voice of local children and adults and sharing their experiences and expertise
- Quantifying the impact of low immunisation rates including the health, social and financial impacts
- Identifying practical and creative approaches to improve local uptake – both reviews were able to propose innovative responses and actions

The return on investment approach offers additional benefits to a scrutiny review. It embeds an outcome focus at the beginning of the review. This ensures that the design of questions and key lines of enquiry are focused on impact and enables the scrutiny committee to communicate the purpose of the review to stakeholders. By measuring the inputs to the review as well as the outcomes, the approach ensures that committees have a framework for holding themselves to account for the effectiveness of their work. For Derbyshire and Merton, the concrete outcomes in terms of changes to local immunisation practice and communication with families provide strong evidence of impact beyond the final reports.

“Don't hold back – always ask the simple question. That is likely to be the most powerful one”

Councillor Brenda Fraser

It is hoped that the examples and experience of Derbyshire and Merton will inspire other scrutiny committees to tackle the immunisation agenda. Using the return on investment model and the planning checklist presented in this report offer some concrete steps to creating a local review. As the case studies demonstrate, councillors are well placed in Scrutiny to promote strong local leadership and coordination that benefits all local residents and families. This offers a clear point of impact for assessing local scrutiny reviews.

CHECKLIST FOR PLANNING AN EFFECTIVE IMMUNISATION SCRUTINY REVIEW

REFERENCES

Key Activity	Notes
Map existing knowledge and strategies from sources including: <ul style="list-style-type: none"> ■ JSNA ■ Health and Wellbeing Strategy ■ Local commissioning plans ■ Local immunisation strategies 	
Collect information about the range of immunisations including: <ul style="list-style-type: none"> ■ Types of immunisation and associated conditions ■ Age range of treatment ■ Booster and follow-up issues ■ Local delivery systems ■ A literature review of key evidence 	
Develop a shared understanding of the importance of immunisation to long-term health protection for local populations	
Identify key groups of children and adults and any associated factors related to low uptake including: <ul style="list-style-type: none"> ■ Diversity ■ Inequality and disadvantage metrics ■ Wider health determinants ■ Inter-generational and life course factors ■ Practical issues 	
Identify relevant local data and information on performance, quality and outcomes	
Assess the reliability of local immunisation data as a realistic indicator of the experiences of families and professionals of immunisation uptake	
Explore the effectiveness of local collaboration and partnership working to overcome barriers to uptake	
Identify ways to capture the experiences and insights of local parents, children and young people.	
Are there any existing engagement projects or reports you could access?	
Identify key local stakeholders including: <ul style="list-style-type: none"> ■ Health commissioners and providers ■ Public Health ■ NHS England ■ Early years services ■ Schools ■ Social care ■ Voluntary and community groups ■ Communication services 	
Map governance structures and lines of accountability at local, regional and national levels	
Explore the best way to engage local stakeholders in the review and plan a stakeholder workshop	
Identify key lines of enquiry	
Identify the potential impact of a successful review and ways to measure this change	

Baron-Papillon F et al. What are the lifetime costs of vaccinating one individual? The English case. HTAi, Oslo, 15 – 17 June 2015 (Abstract 663)

Centre for Public Scrutiny 2016 10 Questions to ask if you're scrutinising local immunisation services

Centre for Public Scrutiny 2013 Valuing Inclusion: Demonstrating the Value of Council Scrutiny in Tackling Health Inequalities

http://www.cfps.org.uk/domains/cfps.org.uk/local/media/downloads/L13_30_CfPS_Valuing_inclusion_v5_Web_final_amends.pdf

Centre for Public Scrutiny 2012 Tipping the Scales: A Model to Measure the Return on Investment of Overview and Scrutiny

http://www.cfps.org.uk/domains/cfps.org.uk/local/media/downloads/L12_379_tipping_the_scales_v4.pdf

Cooperative Pharmacy 2010. Available at: <http://www.co-operative.coop/corporate/press/press-releases/pharmacy/76-million-working-days-lost-due-to-flu/>

IceCreates 2013 NHS South West London: Childhood Immunisations and Vaccinations

http://digital.icecreates.com/media/0023/NHS_SW_LondonCI_report.pdf

Marmot Review 2010 Fair Society, Healthy Lives

NHS England 2014 Scrutiny Report on Childhood Immunisations in Merton

NICE 2009 Reducing differences in the uptake of immunisations [PH21 guidelines]



UK 18596a 04/16

Local Government House Smith Square London SW1P 3HZ
telephone **020 7187 7362** email **info@cfps.org.uk** twitter **@cfpscrutiny**

www.cfps.org.uk

Centre for Public Scrutiny Limited is a registered charity: 1136243 and a Limited Company registered in England and Wales: 5133443