



Increasing vaccine uptake – a checklist for Local Authorities – *June 2024*



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Aim of document



Aim: Provide a recap of best practice/practical solutions/interventions that local authorities can implement to support increasing vaccine uptake.



The objectives are to set out:

- Background context on the current situation for measles and whooping cough (pertussis) cases (slides 3-10)
- The role of local authorities in increasing Vaccine uptake (slide 10)
- Approaches for local authorities to consider when designing vaccine uptake programmes (slides 11-26)
- Key data sources to consider (slides 27-28)
- Key partners to consider (slides 29-31)
- Further useful resources to consider (slides 32).

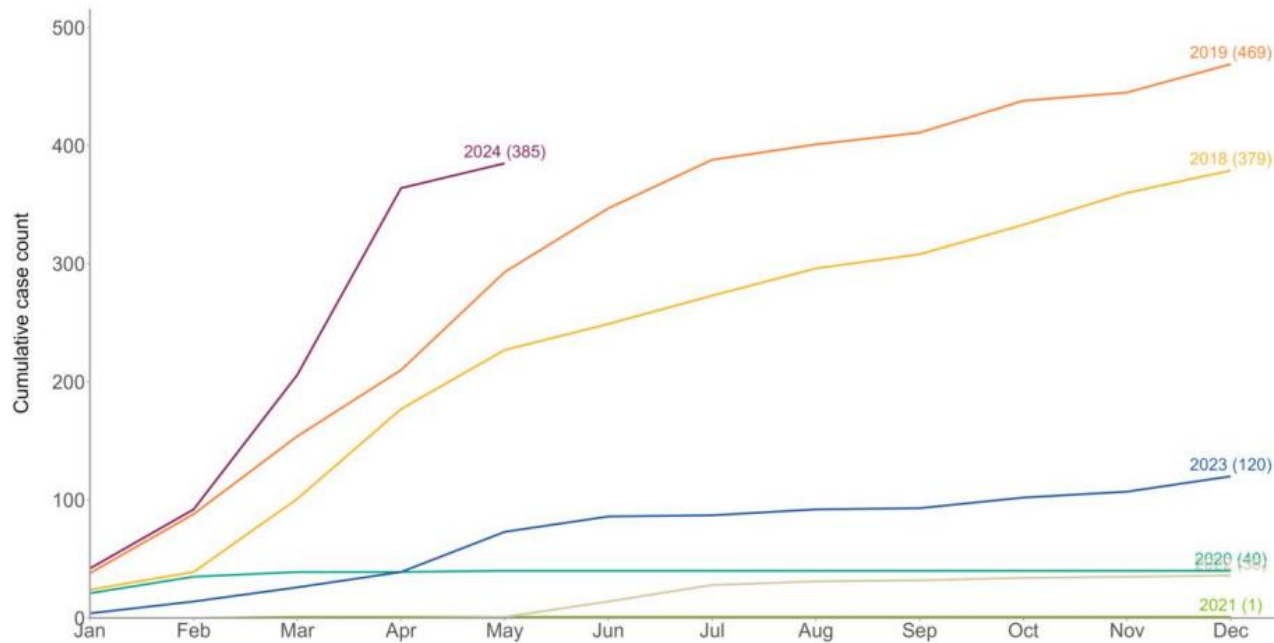


Background Context – focus on Measles and Whooping Cough

In London, there has been a very large increase in confirmed measles cases over March and April 2024 (figure 1)

- UKHSA London declared a local standard incident on 25 January 2024 and the first UKHSA led multi-agency Incident Management Team (IMT) meeting was held on 30 January 2024 with representatives from UKHSA London, NHS England London, London Integrated Care Boards, Association of Directors of Public Health, Greater London Authority, and the Office for Health Improvement and Disparities, to coordinate the system response.

Figure 1. Annual case trend of confirmed measles cases, London (2019-2024)



Source: London Region Measles - UKHSA SitRep 010 – 10/05/2024

MMR uptake in London is lower than national levels and uptake has been in decline for the last decade

WHO target = 95%

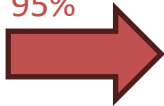
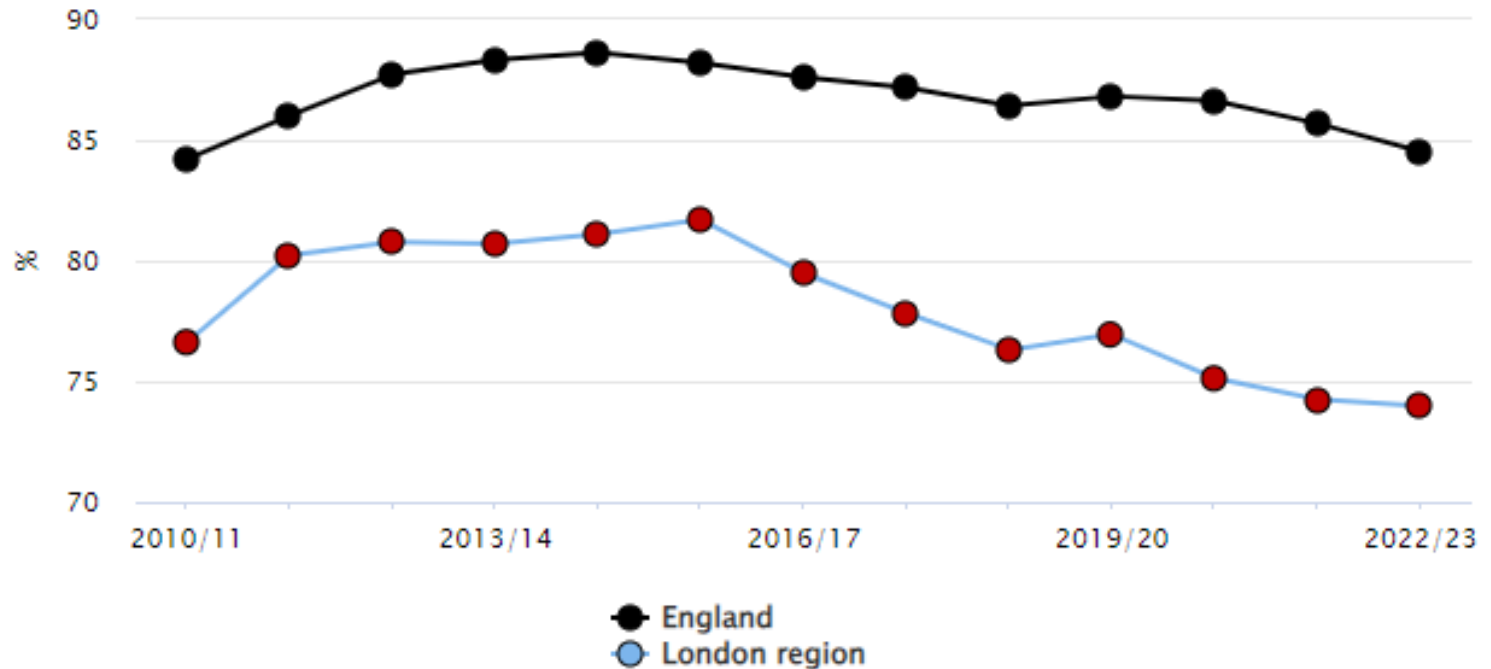


Figure 2. Population vaccination coverage: MMR for two doses (5 years old) (2010/11-2022/23)



Source: Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by UK Health Security Agency (UKHSA). Available from NHS Digital "Data accessed – 15/04/24

MMR vaccination rates have increased in 2024 but measles cases are still rising

- Data published in April 2024 shows In London, vaccination numbers have more than tripled in the first 12 weeks of 2024 thanks to a combination of activity including extensive community outreach and pop-up events in schools.
- Dr Mary Ramsay, Head of Immunisation at the UKHSA, said in April 2024:

“Despite promising data showing that vaccination numbers have increased in London, we are still seeing rising cases of measles in the capital and so we are urging parents to check their children’s red book or get in touch with their local GP to ensure their children are up to date with MMR.”

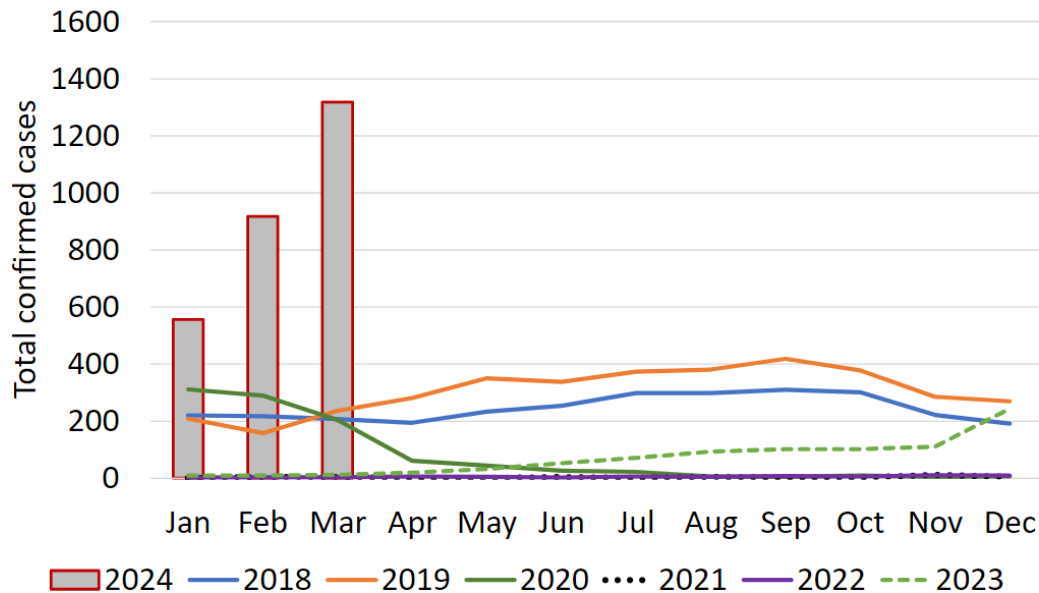


Whooping cough cases have risen sharply in 2024

- [Data published](#) by the UKHSA shows Cases of whooping cough have been [rising across England](#), increasing from 556 cases in January, 918 in February to 1,319 cases confirmed in March - bringing the total number of cases in 2024 to 2,793 (figure 4). Sadly, between January – March 2024, there have been five infant deaths (pertussis) in 2024.



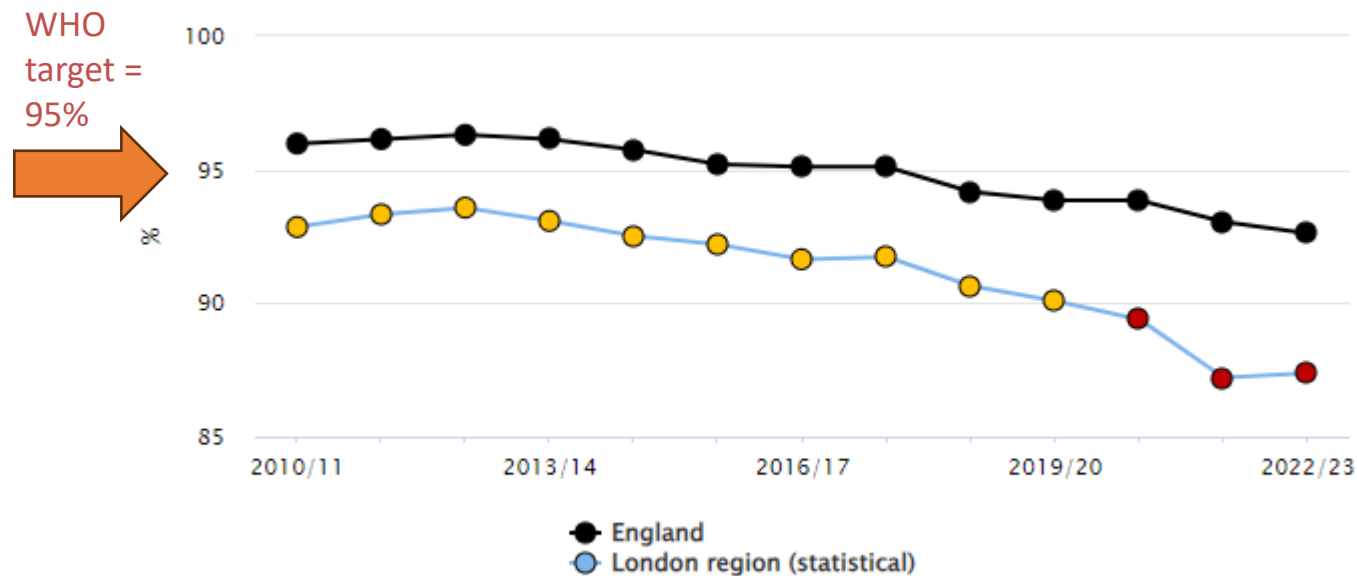
Figure 3. Laboratory confirmed cases of pertussis by month in England: (2018 to March 2024)



Source: [Confirmed cases of pertussis in England by month - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

DTaP vaccination rates have fallen over the past decade in London and are lower than national uptake levels

Figure 4. Population vaccination coverage: Dtap IPV Hib HepB (2 years old)

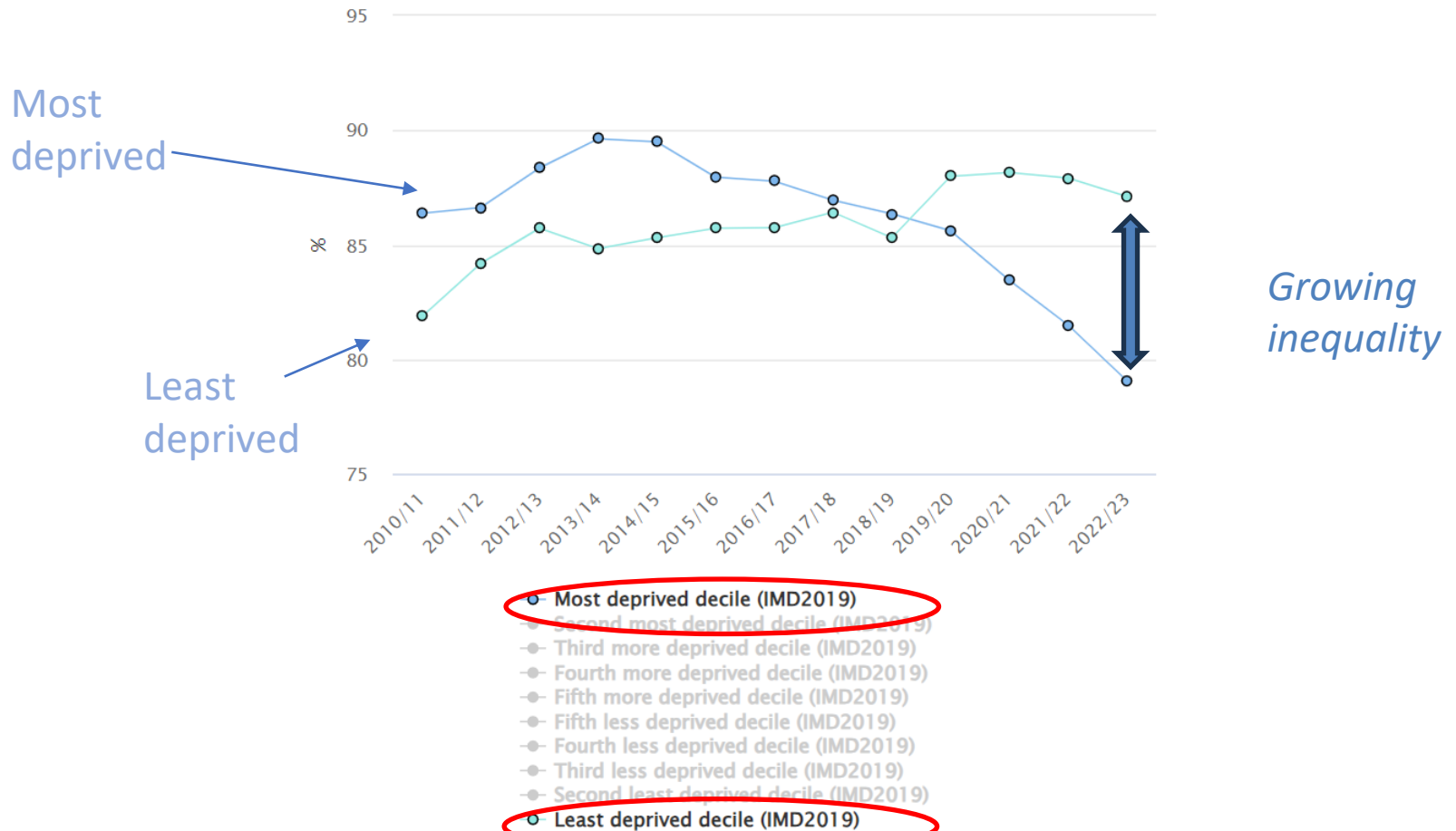


Source: [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk)

- Inequalities in Dtap IPV Hib HepB vaccination rates have also grown over the past decade in England

Important to also acknowledge growing inequalities are seen in London for vaccine uptake and this contributes to wider health inequalities

Figure 5. London population vaccination coverage: MMR for two doses (5 years old) – by most and least deprivation deciles (2010/11-2022/23)



Source: Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by UK Health Security Agency (UKHSA). Available from NHS Digital "

What is the role of a Local Authority in vaccination uptake?

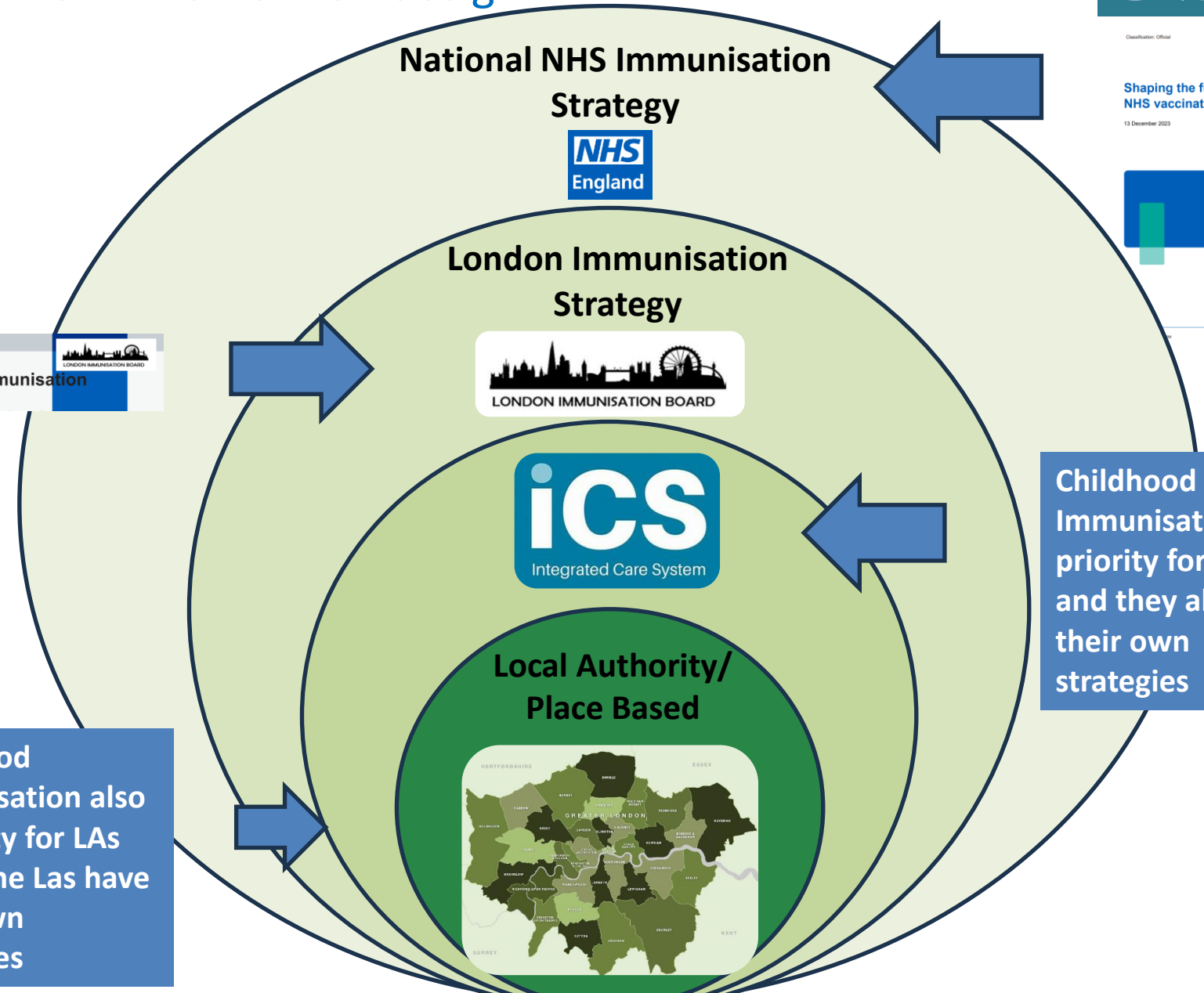
Local Authorities are not directly responsible for commissioning or delivering vaccine programmes, but they are in a unique position to understand the health needs of their local population, and support vaccination services to reach them. Local Authorities also play an important role in using evidence to influence change in local pathways/service design and improve current services

Since the Health and Social Care Act 2012, NHS England is responsible for the routine commissioning of national screening and immunisation programmes under the terms of the Section 7a agreement.



Increasing Vaccine Uptake

Important to consider wider policy context to inform and complement intervention design...



London Immunisation Strategy 

Childhood Immunisation is a priority for ICSs and they also have their own strategies

Childhood Immunisation also a priority for LAs and some LAs have their own strategies



London Immunisation Strategy

What is the guiding vision? The strategy is underpinned by a set of Ten Principles for London Vaccination Programmes:

London Immunisation Strategy

10 Principles for London Vaccination Programmes



These principles were developed for the London Health Board building on existing work and evidence and with a focus on reducing inequalities. They have been collectively written and agreed by UKHSA, London Councils, ADHP London, GLA, OHID and NHS to identify areas for collaborative working and system leadership and to underpin the next phase of partnership and delivery of all London vaccination.

Diversity and Inclusion



1. Focus on equity at all stages of the programme (design, delivery, monitoring and evaluation) focusing on hyper-local models with equality as central to the mission as volume



2. Building strength through diversity bringing diversity and community voices around the table, including the workforce as they cannot and should not be separated from the communities they are a part of.

Community centered: Population Health approach



3. Committing to Community First and Community Driven approaches: putting communities into the core of programmes, particularly marginalised groups, hearing their voices, engaging with them, co-producing activities and building culturally competent campaigns.



4. Placing people at the centre of delivery: improving access for those targeted for vaccinations as well as thinking more holistically around vaccination messaging and engaging with communities around their health and health services more generally.

Spotlight on the early years



5. A focus on improving childhood immunisation uptake: acting early in the life course and with a partnership commitment to emphasise promotion of childhood vaccinations making every contact count across all settings and opportunities and identifying children with missed immunisations or those who are unregistered.

Ways of working: Embedding sustainability and leveraging opportunities



6. Ensure immunisations as part of every conversation on health, being integral to health and well-being and not a standalone agenda for our residents and their families.



7. Working to one goal with one voice: a multi-system pan London approach working with partners across organisational boundaries and in collaboration with the clear beat that we all need to work together to increase vaccination rates for London.



8. Permission for and encouragement of innovation and creativity: to continue working in new ways and thinking more holistically about vaccination for whole communities.



9. Freedom and funding to explore different hyper-local approaches: This might include, for example, vaccines in new spaces, models of delivery for the school-aged population or the housebound.



10. Amplifying impact through an evidence approach: a commitment to continue to collect, evaluate and share outputs, to ensure, and be able to evidence equitable access of uptake, value for money and best use of our skilled workforce.

It is important to take a life course approach to Immunisation in London

- The life-course approach to immunization recognizes the role of immunization as a strategy to prevent disease and maximize health over one's entire life, regardless of an individual's age. A life-course approach requires that immunization schedules and access to vaccination respond to an individual's stage in life, their lifestyle and specific vulnerabilities/risks to infectious disease that they may face
- Taking a life course approach acts as a glue to inform local approaches to communication, engagement and interventions.

Pregnant women



Newborns



Infants



Second year of life



Older children



Adolescents



Adults



Older people



Above:

Examples of life-stages to be considered when taking a life-course approach to immunization


Key themes of London Immunisation Strategy



By bringing together the ten principles and combining these with the ambitions of vaccination strategies across London boroughs and integrated care boards (ICBs), five common themes and enabling factors emerge:



The next section is based on the [ADPH Vaccine Engagement Checklist \(2022\)](#)



Vaccine Engagement Checklist

If you are **planning a local vaccination campaign**, use this list to help ensure community engagement. This list was developed by ADPH London with Local Authority public health teams as part of a 'Sector Led Improvement' project to collect 'lessons learnt' from the Covid-19 vaccine programmes.

Plan your local campaign

- Map your key stakeholders - Who needs to be involved? What are your shared aims? How can you coordinate activities?
- Set up a steering group to oversee the campaign and ensure community engagement is a standing item on the agenda - How can you combine resources and strengths?
- Prioritise long-term strategy over short-term reactive action - Can engagement be built into a long-term strategy rather than a one-off campaign? What other hooks and levers can be used?
- Plan how your engagement strategy as one-off activity will not be enough - What programme of activities can you design to effectively engage the community?

Understand needs of the community

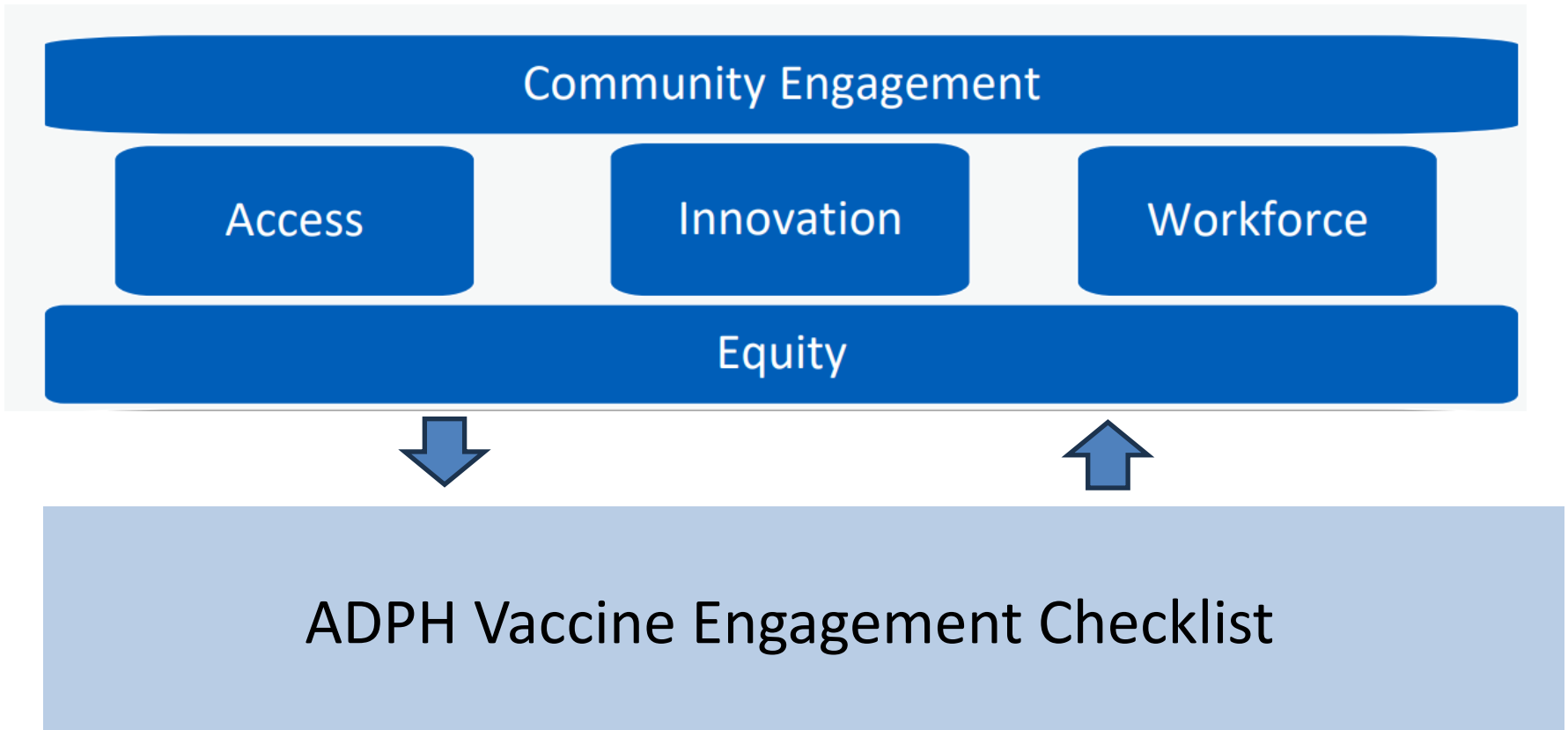
- Identify the target audience for your campaign - What does the data tell you about the needs of the population and who should you target?
- Talk to your local communities to understand their concerns/barriers to vaccination and build on what you already know about this community - Will universal messages be appropriate for your population? Are they culturally competent and do they reflect your communities?
- Identify communities you will need to spend more time and resource engaging, such as [inclusion-health groups](#) who may have poorer access to healthcare and wider public services.
- Build on existing relationships and work through community leaders (if appropriate), community centres or online groups - Can you create bespoke messaging and engagement activities?
- Reach out to other areas with similar population groups. Learn from their experiences - What worked or didn't work. Are there opportunities for collaboration and sharing of experiences?

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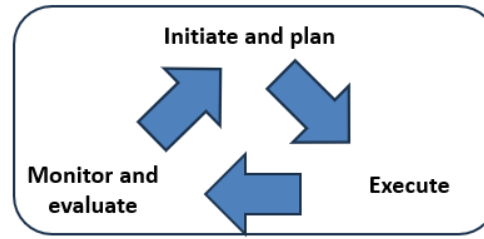
The findings are applicable to increasing MMR/ DTaP uptake in London.

These 5 themes of the London Immunisation Strategy are all covered and are interrelated within the 'ADPH London Vaccine Engagement Checklist' in the next section.



- Plan
- Understand the needs of the community
- Involve the community
- Improve accessibility
- Overcome distrust and hesitancy
- Staff training and skills
- Communication
- Monitoring and evaluation

Project delivery cycle for local authorities



Local Authorities are in a unique position to understand the health needs of their local population, and support vaccination services to reach specific sub-populations.

Initiate and plan →

Execute plan →

Monitor and evaluate

Priorities

- Plan local campaign/strategy
- Understand needs of the community
- Involve the community

Priorities

- Improve accessibility
- Overcome distrust and hesitancy
- Staff training and skills
- Communication

Priorities

- Monitoring
- Evaluation



Plan



- Map your key stakeholders - Who needs to be involved? What are your shared aims? How can you coordinate activities?
- Set up or join a steering group to oversee the campaign and ensure community engagement is a standing item on the agenda - How can you combine resources and strengths?
- Prioritise long-term strategy over short-term reactive action - Can engagement be built into a long-term strategy rather than a one-off campaign? What other hooks and levers can be used?
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Involve the community

- Put communities at the centre of your campaign, find out what's important to them and build this into your intervention - How can you co-produce your campaign with the community?
- Some groups are visible and organised e.g., in community centres or online, but others are not - How can you ensure additional time and resource is spent exploring ways to engage less visible groups?
- Be prepared to hand over power to the community - What funding and resources are available to support the community to design the campaign?
- When there's no pre-established foundations for engagement, sometimes word of mouth and patience is the only option
- Encourage the community to share their opinions openly. How can you structure your activities and surveys to enable a conversation rather than yes/no questions?
- Look for useful insight from within your own organisation – Which staff are part of the local community?

Improve accessibility

- Make your interventions convenient, accessible, timely and socially acceptable - How can you get the basics right? For example, free parking, visibility, proximity to public transport, accessibility.
- Make it clear that the vaccines are FREE!
- Some communities will need special arrangements to guarantee uptake - How are you ensuring that additional time and resources are available?
- Go where people are, at times convenient to them. Not everyone can attend vaccination clinics during normal working hours - How can you ensure it is simple and easy for people to access vaccinations? For example, pop up provision in shopping centres or at school gates.
- Consider accessible vaccination events which enable whole families and different age groups to be vaccinated together- What opportunities are there for multi-generational vaccinations or health initiatives?
- Consider play-based approaches to vaccination uptake, aligning vaccination outreach clinics with family fun days etc
- Higher risk people will expect direct communication from GPs and other healthcare professionals, and failure to do so will reduce their trust in the system and increase their anxiety- How can you work with GPs and other healthcare professionals to target your campaign at higher risk individuals?
- Consider timing in terms of religious festivals where before or after (or during if the message is relevant) may be helpful
- Consider sharing where there are options for non/porcine products
- Encourage registration of children with GPs. The call and recall process in primary care is created from GP registrations and a significant % of children in London are not registered.
- Actively work with and support (e.g. with information materials, training) wider partners such as local schools, childcare providers, colleges/universities, care homes etc to understand the needs of their populations, undertake signposting and contribute to improving uptake over the life course. [Supporting immunisation programmes - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- What other health and wellbeing services can be offered together with vaccination information and delivery in local venues depending on your target population e.g. in relation to breastfeeding, screening, blood pressure and diabetes services, GP registration etc?

Overcome distrust and hesitancy

- Campaign messages should be shared by trusted and credible people/organisations. When choosing an appropriate ambassador, be culturally sensitive. Not all communities value input from celebrities and may prefer people living within their communities with culturally respectable jobs - Who do your communities trust? What places do they trust? Places of worship, community centres, libraries etc?
- Never dismiss the views of the community, including on disinformation and 'fake news' - How can real concerns be addressed compassionately?
- Experts can help provide assurance and answer technical questions. However, you should also create opportunities for communities to air concerns in a safe space with 'non-experts'. How can you use Community Champions?
- Avoid 'Jab in arms' approach and adopt a holistic approach to health and wellbeing - What other initiatives can be linked to the campaign?
- More hesitant communities may require specialist support to guarantee participation in vaccination programmes- How can you build this into your campaign?
- You can't change the views of everyone; some views you may never change. How can you focus on those are willing to engage and who have an influential role in the community?
- Once trust is established, expect discussions to move beyond vaccines to wider wellbeing and welfare issues which are important to the community, otherwise trust and engagement will deteriorate. How can you prepare staff to signpost to further support?

Staff training and skills

- Direct engagement can be challenging, and sensitivity and compassion are key - What training is available to staff to improve their engagement and coproduction skills?
- Retain the experience gained through vaccination engagement campaigns so that you have the knowledge and skills when needed again – Does anyone have ‘community engagement / coproduction’ in their job description?
- Maintain relationships developed with the community, and do not just wait for the next vaccine campaign - What engagement activities can be planned to strengthen and build on relationships with the community? How can you work with staff who already have relationships with the community?
- Capture learning from each event or campaign - How are you reflecting on what worked and what didn't?



Communication

- A planned and coordinated communications and engagement strategy is essential - How is it coordinated with regional or national messaging? Do you have shared ownership with stakeholders?
- Tailor regional communications to individual community needs - How can you find out from the target community the best way/channels to share messages with them?
- Use simple, plain language which is culturally competent and reflects the diversity of the wider community. Package your message within the context of cultural views of health and wellbeing which are important to the community - How can messages be tailored to hyper-local needs? Do they need to be translated?
- Build in the provision for follow up questions and information - Where can people go to find out more/have their concerns addressed?
- Keep messages simple with clear guidance, avoiding technical, mandatory language and anything which may cause stigma or induce fear. Have you sense-checked the messages with the community?
- Social media, including targeted digital campaigns, can be an effective means for raising awareness and combating disinformation - How can you leverage support from those with large social media followings? Or use endorsements and promotions?
- Consider audio (not everyone can read), video, whatsapp groups and other communication routes – based on what resonates with the communities you are working with
- Innovative ideas will often attract greater interest - Can you use small incentives, such as shopping vouchers, to increase participation?
- Data stamping communications gives people confidence that the information is current and accurate- How regularly will you review the campaign to ensure information is correct?
- Monitor the impact of the campaign - Is it working? What is the feedback from the community? Do you need to pause or stop messaging to avoid over-saturation and to keep the community engaged?

Monitoring and evaluation

- A well-planned monitoring and evaluation strategy is essential, ideally with key performance indicators assessing the objectives. The monitoring and evaluation plan is crucial because it allows for systematic tracking of progress, identification of successes and challenges, and informs current and future decision-making.
- A process evaluation can also capture learning around implementation and delivery. Process evaluations attempt to document how an intervention is implemented and what was actually delivered, compared with that intended to be delivered.



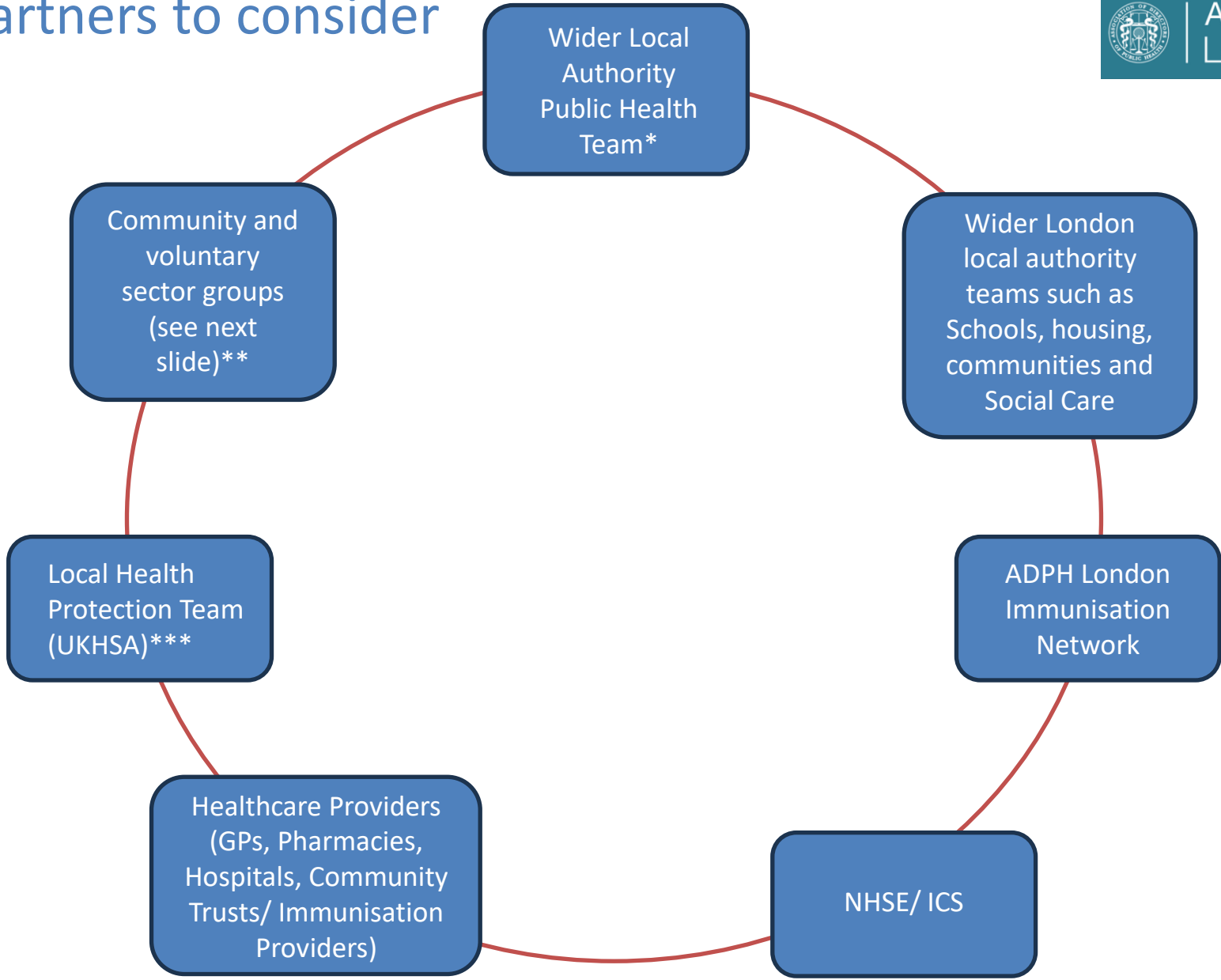
Key data sources

Key data sources to consider

Data	Source(s)
Vaccine Coverage Data - Understanding vaccine coverage rates among different demographic groups and geographic wards.	<ul style="list-style-type: none">• Cover of Vaccination Evaluated Rapidly (COVER) data collected by UK Health Security Agency (UKHSA).• ICS Dashboard for local data.• School Age Immunisation Services (SAIS)• GP unregistered children (aged 1-11) – LSOA level maps
Vaccine Hesitancy Data - Identifying reasons for vaccine hesitancy.	<ul style="list-style-type: none">• Focus groups• Resident surveys• Peer reviewed literature
Accessibility Data - Assessing the accessibility and availability of vaccination services, including transportation/ behavioural considerations.	<ul style="list-style-type: none">• Focus groups• Resident surveys• Local behavioural insights including planning and transport.
Community Demographic Data - Analysing demographic information to tailor interventions to specific community needs.	<ul style="list-style-type: none">• Local authority data intelligence services.
Communications and Media Data - Monitoring feedback from community on communications etc.	<ul style="list-style-type: none">• Analysis of engagement with LA communication teams – social media analysis etc.• Surveys.
Local Epidemiological Data - Tracking disease outbreaks and transmission patterns to emphasize the importance of vaccination.	<ul style="list-style-type: none">• Regular UKHSA SITREP reports sent weekly• ICS Dashboard

Key partners to
consider

Key partners to consider



* CYP leads, inclusion health leads and communications leads etc.

** For example newly formed LDN Eastern European Community vaccine steering group and the LDN Somali Community vaccine steering group.

*** As of April 2024 this is now made up of South and North London as NWL and NENCL have now merged.

Vaccine Steering Groups (VSGs)

VSGs are and will be a valuable conduit to our respective underserved communities that seeks to promote and foster enhanced collaboration between ICS, local authorities and VCSE, through engaging trusted leaders, trusted voices, and recognising the trusted places, community by community.

VSG seek to improve vaccine uptake through:

- Building trust and confidence, and distilling key qualitative community insights, community by community
- Understanding and exploring the reasons, underlying factors and concerns behind vaccine hesitancy, community by community
- Recognition that vaccination is an integral part of the health conversation: Engaging with communities around wider health and issues that are most concern to the respective communities.

London Vaccine Steering Groups

Somali VSG

(monthly every 4th Tuesday)

Black Christian VSG

(monthly every 4th Tuesday)

Bangladeshi VSG

(monthly every 4th Thursday)

Pakistani VSG

(monthly every last Monday)

Eastern European VSG

(monthly every 1st Thursday)

Contact riyad.karim@nhs.net (Assistant Director – Community Engagement and Vaccine Equity, NHSE – London Region) to find out more information on these.

Further useful reading/ resources

- [Vaccine Engagement Case Studies. ADPHL July, 2022](#)
- [Health and wellbeing: a guide to community-centred approaches - GOV.UK \(www.gov.uk\)](#)
- [Guidance: Community-centred public health: taking a whole system approach](#)
- [Community champions programme: guidance and resources - GOV.UK \(www.gov.uk\)](#)
- [Community champion approaches: rapid scoping review of evidence - GOV.UK \(www.gov.uk\)](#)
- [Community-centred practice: applying All Our Health - GOV.UK \(www.gov.uk\)](#)
- [Sustaining and strengthening Community resilience throughout the COVID-19 pandemic and beyond.](#)
- <https://www.transformationpartners.nhs.uk/london-polio-mmr/>
- [e-Bug program, operated by the UK Health Security Agency \(UKHSA\), is a health education initiative aimed at promoting positive behavior change among children and young people.](#)
- [Jitsuvax: misinformation in the age of Covid](#)
- [Autism in the Somali community – myth-busting short films offer advice and top tips for parents - ARC West \(nih.ac.uk\)](#)
- [MMR call/recall communications toolkits - regional/primary care/stakeholder Childhood Vaccinations | Campaign Resource Centre \(dhsc.gov.uk\)](#)