

DECISION-MAKER:	Health & Wellbeing Board
SUBJECT:	Routine Childhood Immunisations – Strengths and Needs Analysis
DATE OF DECISION:	14 March 2024
REPORT OF:	COUNCILLOR MARIE FINN CABINET MEMBER FOR ADULTS & HEALTH

<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY
N/a

BRIEF SUMMARY
Southampton City Council has a legal duty to protect the health of residents. The childhood immunisation programme is arguably the most important public health measure to protect health second to clean water.
This needs assessment provides data, evidence and insight on current childhood immunisation uptake rates, feedback from service providers and parents and opportunities to further improve future uptake. This assessment is particularly important and timely given the current UK measles outbreak.

RECOMMENDATIONS:	
(i)	To accept the recommendations from the childhood immunisation strengths and needs assessment 'CHISANA' on engagement, inequalities and inclusion, service improvement and partnership working.
(ii)	To note and comment on the engagement strategy.

REASONS FOR REPORT RECOMMENDATIONS	
1.	To provide the Health & Wellbeing Board with an update as to the current status regarding routine childhood immunisations in Southampton, highlight the needs that have been identified and plans to engage on key recommendations to improve uptake locally.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED
N/a

DETAIL (Including consultation carried out)
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SUMMARY:

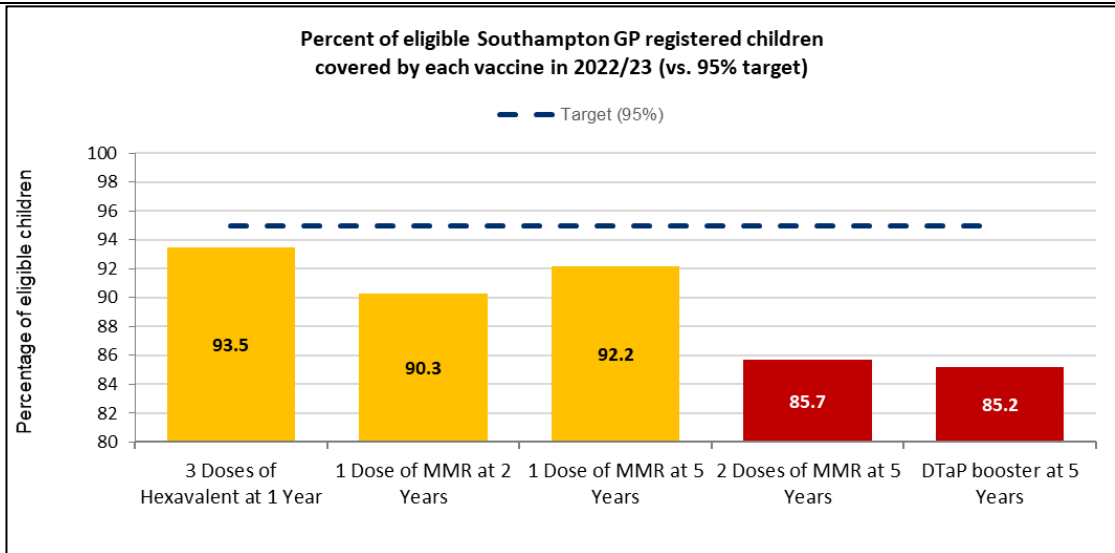
1.0	<p>A comprehensive Childhood Immunisation Strengths and Needs Assessment (CHISANA) with a focus on immunisations in children aged 0-5 years living in Southampton was conducted. It has sought to understand why uptake rates of childhood immunisation are declining and, consider what practical and immediate action can be taken to address the issues that may be contributing to this. This paper summarises the key findings, including highlighting some of the work that is already undertaken to commission and deliver immunisations in Southampton as well as key recommendations and opportunities to positively influence uptake. Completion of this report comes at a time of recent and ongoing outbreaks of measles in London and the West Midlands where most cases are in children who have not received one or both doses of the MMR vaccination (see Appendix 2, Measles Briefing).</p>
2.0	BACKGROUND and BRIEFING DETAILS
2.1	<p>According to the World Health Organisation (WHO), around 4-5 million deaths are prevented globally each year through immunisation programmes making it one of the most straightforward, successful and cost-effective public health interventions.</p> <p>Children that are immunised are protected from a number of infectious diseases that can cause serious illness or disability and, in some cases, can be fatal. Maintaining high coverage rates is extremely important to help avoid outbreaks of vaccine-preventable diseases, avoid increasing numbers of patients requiring health services and to considerably reduce morbidity and mortality. Vaccines also protect our economy and our public services from the disruption and economic loss of an outbreak or pandemic, as well as the personal discomfort and distress borne by young people and families affected by an illness. Vaccinations will also help reduce use of antibiotics and the growing issue of antimicrobial resistance.</p>
2.2	<p>Globally childhood vaccination programmes have been a huge success. However, high immunisation uptake is required to protect as many of the eligible population as possible. For highly infectious diseases such as measles, The World Health Organisation (WHO) recommends an uptake of 95% or greater for herd or population level immunity ensuring those that can't be vaccinated (for example children under 1) are protected by those around them. It is concerning that uptake in childhood immunisations in Southampton and England has been steadily decreasing. This decline started prior to the COVID-19 pandemic. Whilst higher than the national average, Southampton rates for 2022/23 were 90% for MMR at one year and 86% for two doses of MMR at 5 years. Whilst these rates fall short of the WHO 95% target, they are notably higher than rates in Birmingham and Coventry where many of the cases in the current West Midlands outbreak have occurred. Whilst this is encouraging, the findings of CHISANA will help support current national catch-up campaigns for MMR as well as improve uptake within the routine childhood immunisation schedule.</p>
2.3	<p>The Childhood Immunisation Strengths and Needs Assessment (CHISANA) seeks to understand why pre-school immunisation uptake is declining and consider what practical and immediate action can be taken to address the issues that may be contributing to this. It highlights the work that is already being undertaken to commission and deliver immunisations in Southampton. It also recognises that it is not possible to reliably link the decline in uptake to any one single issue or address it with any one intervention. Many of the themes and recommendations put forward in this assessment have been previously identified in various studies and reports locally and nationally over the last 10-15 years.</p>
2.4	<p>There are multiple opportunities to help positively influence uptake of childhood immunisations from before a child is born right up to when they begin school. From midwives to early years settings, health colleagues and community leaders – we all play our part in protecting children and preventing outbreaks.</p>

2.5	<p><u>Roles and Responsibilities for Delivery of Childhood Immunisations</u></p> <ul style="list-style-type: none"> • The DHSC sets performance targets, and the UK Health Security Agency undertakes surveillance of vaccine-preventable diseases. • NHS England is responsible for the commissioning of immunisations and vaccinations through the public health functions agreement (S7A). This responsibility will move to the ICB in April 2024. • Routine childhood immunisations in children aged 0-5 and adult vaccinations are usually delivered by GP surgeries. School-age services are coordinated by seven regional NHS England teams and delivered through School-Aged Immunisation Service (SAIS). • In Southampton, NHS Solent manage the school aged immunisation (SAI) programme including offering school age catch up clinics. • Health visitors and midwives have a crucial role to play advocating for childhood immunisations and supporting parents to make the decision to get their children immunised. Delivery of this forms part of the statutory responsibilities of local authority public health teams. • Local authority Directors of Public Health have a scrutiny and assurance role in relation to vaccinations, including providing appropriate challenge to the arrangements for screening and immunisation programmes. Also advocating for reducing health inequalities and improving access for under-served groups. • Public health teams are also in a unique position to understand the health needs of their local population and have a role to play in supporting vaccination services. This may be through helping immunisation teams' work with frontline services such as health visitors or children's centres or supporting pop-up vaccination clinics. They can also support health promotion through their communication channels and networks. 														
3.0	<p>Scope and Approach</p>														
3.1	<p>CHISANA has focused on routine immunisations 0-5 years age group. The overall aim of the UK's current routine childhood immunisation schedule¹ is to provide protection against the following 14 vaccine preventable infections via 7 different vaccines:</p>														
3.2	<table border="0"> <tr> <td>• Haemophilus influenzae type b (Hib)</td> <td>• Pertussis (whooping cough)</td> </tr> <tr> <td>• Hepatitis B</td> <td>• Pneumococcal disease</td> </tr> <tr> <td>• Human Papillomavirus</td> <td>• Polio</td> </tr> <tr> <td>• Influenza</td> <td>• Rotavirus</td> </tr> <tr> <td>• Measles</td> <td>• Rubella (German measles)</td> </tr> <tr> <td>• Meningococcal disease</td> <td>• Shingles</td> </tr> <tr> <td>• Mumps</td> <td>• Tetanus</td> </tr> </table>	• Haemophilus influenzae type b (Hib)	• Pertussis (whooping cough)	• Hepatitis B	• Pneumococcal disease	• Human Papillomavirus	• Polio	• Influenza	• Rotavirus	• Measles	• Rubella (German measles)	• Meningococcal disease	• Shingles	• Mumps	• Tetanus
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3.3	<p>All vaccinations offered on the schedule are free of charge. None of them are compulsory.</p>														

¹ The UK's current routine childhood immunisation schedule, [Complete routine immunisation schedule from 1 September 2023 - GOV.UK \(www.gov.uk\)](#) [accessed 30/01/24]

3.4	<p>Many different stakeholders have a role to play in delivery of the childhood immunisation programme. Our approach to undertaking this needs assessment has reflected this.</p> <p>The needs assessment has been undertaken via a multi-disciplinary working group which has drawn together colleagues from NHS England Screening and Immunisation Team (SIT), The Integrated Commissioning Board (ICB), Public Health and Data and Intelligence.</p> <p>We have spoken to/interviewed a range of key stakeholders involved in vaccination delivery including:</p> <ol style="list-style-type: none"> 1) NHS England (NHSE) SIT Team 2) Child Health Information System (CHIS) Team 3) NHS Solent School Aged Immunisation Service (SAIS) 4) Health Visitor Lead 5) Healthier Together 6) GP Maternity Lead 7) Solent Looked After Children (LAC) Team 8) We have undertaken a parent survey (834 respondents) and workforce survey (23 out of 25 GP Practices from across Southampton responded) to gain insights, experiences and attitudes. 9) We have reviewed documents relating to governance and accountability. 10) We have analysed *COVER² data on vaccination uptake across the city to gain a more detailed picture as to what the numbers can tell us about what is happening locally, and we have considered how this can be linked to other issues such as deprivation and ethnicity. 11) Key policy and guidance has been reviewed and the findings and recommendation drawn together to build on and support the recommendations in this report. 12) We have also carried out a desk-based audit of all the key digital information sources, including GP Practice websites, available to parents. 13) Recent learning from the COVID-19 vaccination programme has also been draw together to consider where and how this can be applied to childhood immunisations. 14) We have also considered how the pandemic might have contributed to falling uptake of childhood immunisations (pandemic factors).
4.0	Data Analysis
4.1	<p><u>Indicators</u></p> <p>5 key childhood vaccination uptake indicators have been analysed.</p> <ul style="list-style-type: none"> • 3 doses of Hexavalent at 1 year of age. • 1 dose of MMR at 2 years of age • 1 dose of MMR at 5 years of age • DTaP booster at 5 years of age • 2 doses of MMR at 5 years of age
4.2	<p>Although Southampton uptake has been consistently higher than the National Average, in 2021/22 and 2022/23 Southampton missed the 95% target for all 5 indicators. Uptake for 2 indicators was below 90% and rated red (2 doses MMR at 5 years and DTaP booster at 5 years). This data indicates that uptake gets worse as children get older and that the declining trend is continuing.</p>

² [Cover of Vaccination Evaluated Rapidly \(COVER\) programme: annual data on coverage achieved by the childhood immunisation programme](#) {accessed 30/01/24}



4.3 Analysis has been carried out across 5 indicators. A summary of the findings is provided in the table below. A summary of the findings is provided in the table below which provides percentage uptake by anonymised GP practice in the city.

Anonymised GP Practice	% Uptake (2022/23)				
	3 Doses of Hexavalent at 1 Year	1 Dose of MMR at 2 Years	1 Dose of MMR at 5 Years	DTaP booster at 5 Years	2 Doses of MMR at 5 Years
GP-1	88.8	88.1	89	79	79.7
GP-2	93.8	94.5	86.8	76.7	79.9
GP-3	90.6	91.9	93.5	83.5	82.5
GP-4	93.6	96.3	93.6	91.3	91.3
GP-5	88.4	88	90.3	74.8	77.7
GP-6	93.9	94.4	95.9	88.9	88.5
GP-7	91.9	90.7	86.4	79.5	81.8
GP-8	93.1	93.8	92.4	83.5	83.5
GP-9	87.1	90.1	86.1	83.5	83.5
GP-10	96.6	95.8	87.5	73.6	75
GP-11	95.5	96.1	93.5	84.9	85.5
GP-12	88.5	91.2	89.7	82.1	82.8
GP-13	81.3	86.7	91.2	85.3	85.3
GP-14	97.6	96.5	96.6	90.7	92.2
GP-15	96.2	92.6	98.1	92.5	90.6
GP-16	95.7	97.6	91.5	89.4	89.4
GP-17	93.1	100	86.5	76.9	78.8
GP-18	98.6	98.6	92.4	81.8	80.3
GP-19	100	91.1	88.9	77.8	84.4
GP-20	97.2	98.4	93.1	86.1	84.7
GP-21	97.4	100	100	97.3	94.6
GP-22	99.2	95.6	97.4	91	89.7
GP-23	97.3	97.4	94.4	93.3	93.3
GP-24	97.5	98.1	96.1	91.4	91.4
GP-25	96.8	94.7	94.7	94.7	94.7

Context:

- The size of the eligible cohort at each GP Practice varies year on year. The average eligible cohort for 2022/23 was 360 children per practice (ranging between 88 and 1,312).
- There was no clear trend between the size of the cohort/number of children eligible and vaccination uptake.
- There is some evidence to suggest a link between the overall GP registered population deprivation score and practice level vaccine uptake, but this is not consistent across the city and without individualised uptake data is not possible to draw firm conclusions.

	<ul style="list-style-type: none"> Further analysis carried out identified that the average gap to 95% for 2022/23 for 2 doses of MMR at age 5 was the equivalent to an average of 12 additional children at each GP practice having the vaccine per year (ranging from 0-43). 																																																
4.4	<p>A rise in measles cases globally and in the UK, has resulted in recent outbreaks in London and the West Midlands. In Southampton we have looked closely at uptake for MMR. The graph below shows uptake for 2 doses of MMR vaccine at 5 years of age.</p> <table border="1"> <caption>Percent of eligible Southampton GP registered children with 2 doses of MMR vaccine at 5 years of age (vs. 95% target and England)</caption> <thead> <tr> <th>Year</th> <th>England (%)</th> <th>Southampton (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>2013/14</td><td>88.3</td><td>90.6</td><td>95</td></tr> <tr><td>2014/15</td><td>88.6</td><td>90.8</td><td>95</td></tr> <tr><td>2015/16</td><td>88.2</td><td>91.4</td><td>95</td></tr> <tr><td>2016/17</td><td>87.6</td><td>90.2</td><td>95</td></tr> <tr><td>2017/18</td><td>87.2</td><td>92.1</td><td>95</td></tr> <tr><td>2018/19</td><td>86.4</td><td>90.1</td><td>95</td></tr> <tr><td>2019/20</td><td>86.8</td><td>89.3</td><td>95</td></tr> <tr><td>2020/21</td><td>86.6</td><td>89.78</td><td>95</td></tr> <tr><td>2021/22</td><td>85.7</td><td>88.1</td><td>95</td></tr> <tr><td>2022/23</td><td></td><td>85.7</td><td>95</td></tr> <tr><td>2023/24*</td><td></td><td>85.2</td><td>95</td></tr> </tbody> </table> <p>Source: CHIS COVER Report * Q1 only</p>	Year	England (%)	Southampton (%)	Target (%)	2013/14	88.3	90.6	95	2014/15	88.6	90.8	95	2015/16	88.2	91.4	95	2016/17	87.6	90.2	95	2017/18	87.2	92.1	95	2018/19	86.4	90.1	95	2019/20	86.8	89.3	95	2020/21	86.6	89.78	95	2021/22	85.7	88.1	95	2022/23		85.7	95	2023/24*		85.2	95
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5.0	<p>Key Findings</p>																																																
5.1	<p>1) The Childhood immunisation programme is a huge success. Trust in Southampton remains high and 90% of parents we spoke to were happy with the service they have received. Whilst rates are declining, we did not find evidence of any significant anti-vaccine sentiment and Southampton uptake is consistently higher than the national average.</p> <p>2) It has not been possible to secure meaningful ethnicity-based data or establish trends as to who isn't getting vaccinated. This makes it difficult to tailor services to need and to address any health inequalities in uptake that might exist.</p> <p>3) There are opportunities to strengthen promotion of vaccination across the system by training and empowering a wide range of professionals and people from within the community (community centred approaches) to have conversations about the importance of vaccination with parents, and confidently address concerns and myths.</p> <p>4) Practical issues, such as ease of booking and availability of appointments, remain a significant barrier for parents. There is a need for a greater range of appointment times and a more personalised approach to following up missed appointments.</p> <p>5) Ensuring services are tailored to meet needs does not mean treating all people the same. Providing more bespoke support for parents and families that need it, such as parents of children with disabilities, families with chaotic lives, or for whom English is not a first language, should be prioritised.</p> <p>6) It not possible to point to one single cause or solution to improve immunisation uptake. It will require action and sustained effort across a number of different elements, and multiple stakeholders have a role to play.</p>																																																
6.0	<p>Recommendations</p>																																																
6.1	<p>Recommendations have been developed to address the issues identified as a result of undertaking the needs assessment. These have been grouped into four themes. Each of the themes is further underpinned by 5 recommendations. To help with implementation, these have been prioritised according to feasibility and impact using a prioritisation matrix. A summary is provided below:</p>																																																

	<p>1) Theme one: Engagement – these recommendations focus on strengthening communications and engagement in relation to the promotion of vaccination by training and equipping professionals across the system to as well as utilising a range of trusted stakeholders including community leaders and trusted people of influence.</p> <p>2) Theme two: Inequalities and inclusion – these recommendations seek to improve issues identified that relate to information availability and the accessibility of advice and appointments, in particular the need to offer more highly tailored services for individuals needing additional support.</p> <p>3) Theme three: Service improvement – these recommendations focus on further improving services through the provision of enhanced staff training (with a particular focus on inequalities, appointment availability, improving data recording, cleansing and extraction processes, providing a more personalised process for appointment follow up and improving the ethnicity based data recording policy.</p> <p>4) Theme four: Partnership working – these recommendations focus on working together across the system to ensure a sustained focus and coordination action on vaccination uptake.</p>
7.0	Next Steps
7.1	<p><u>Assigning, Implementing and Monitoring Recommendations</u></p> <p>The report and findings will be shared with the Screening Immunisation Oversight Group (SIOG), which brings together key stakeholders from NHSE, ICB and Public Health, to discuss how to maximise benefit at a system and local level.</p>
7.2	<p><u>Engagement</u></p> <p>We will be using the needs assessment to share findings and engage with and support stakeholders across the system. The aim of this will be to generate the sustained and coordinated effort that will be required to increase uptake over the forthcoming months and the years ahead.</p> <p>An engagement plan has been developed that identifies key stakeholder and range of different mechanisms to ensure that the profile of childhood immunisations is raised that everyone understands the shared responsibility we have for promoting them. This engagement work will be led by public health and developed collaboratively with the working group.</p> <p>The engagement plan has been developed and will be rolled out over the coming weeks. A summary is provided below.</p> <p><i>Engagement with GP Practices</i></p> <p>This will include offering GP Practices the opportunity for a one-on-one meeting to go through the findings from CHISANA including practice specific data which has been anonymised within the report.</p> <p><i>Engagement with Primary Care Colleagues – TARGET Event</i></p> <p>We will be presenting alongside ICB colleagues at the Primary Care TARGET on 7th March 2024. These events are well subscribed by a range of primary care colleagues working in frontline roles including GPs and Practice Nurses. The event will provide an ideal platform to share the findings from CHISANA and engage with key stakeholders.</p> <p><i>Engagement with external stakeholders also supporting vaccination</i></p>

	<p>We will engage with other key individuals and services and stakeholders across the system that have a direct interest in childhood immunisation, including the School Aged Immunisation Service (SAIS), Midwifery Services, Health Visitors, CHIS, Healthier Together, Participation Officers, Named Nurse- Looked After Children (LAC)</p> <p><i>Engagement with key stakeholders within the Council</i></p> <p>We will engage key individuals and services across the Council that have a role to play in promoting vaccination to families but may not be aware of how they can positively influence impact. This will include social workers, family hub staff, education settings (schools and early years), family support workers, community engagement colleagues. We will also engage with and attend key Boards, groups and meetings to present themes and gather feedback including CMB, the Health & Wellbeing Board and Health Protection Board (HPB).</p> <p><i>Engagement with Community Groups and Faith Leaders</i></p> <p>We will identify opportunities to engage with community groups, including Faith Leaders, the community engagement leads network (health and wellbeing champions), Future communities group and other voluntary sector groups.</p> <p><i>Engagement with Public Health colleagues</i></p> <p>We recognised the importance of sharing the work that we have undertaken with counterparts working in other parts of the country and will therefore publish CHISANA and the parent survey report on the data observatory so that it can be accessed and where beneficial used by others to support their own work. We will be attending the South-East Public Health Conference and hope to have secured a slot to share our findings and invite feedback at this event. We will also share the findings with health protection leads in regional meetings.</p>
7.3	<p>Wider Workforce Capacity Building</p> <p>We have been successful in securing a small grant to work in partnership with NHS Solent Educational team to deliver a series of routine immunisation training sessions for wider workforce (not directly involved in delivery of immunisations) but who play an important role, as trusted individuals, in promoting childhood immunisations. This will include:</p> <ul style="list-style-type: none"> • Family hub staff. • Social workers (supporting LAC) • Health Visitors. • Midwives. • Social prescribers. • Early years staff. • School nurses. • Other staff deemed eligible. <p>The sessions will aim to highlight the important role participants can play in promoting childhood immunisation through their conversations and interactions with parents. It will equip them with the knowledge and confidence to tackle difficult questions, explore myths and misinformation and impart key messages about the vital role vaccinations play in protecting children from infectious diseases. It will also highlight additional information and practical support available for parents where this is needed.</p>
7.4	<p>Routine Childhood Immunisation – Translated Storytelling Film</p> <p>We have also secured a small grant to work in partnership with a third party to develop translated media content/assets in a format that will be available to be shared and utilised by a wide range of organisations, groups and businesses across the city via multiple channels. This may include:</p>

	<ul style="list-style-type: none"> • Sharing content via social media platforms, organisational websites and local radio. • Sharing content in waiting rooms and venues that utilise screens to share information with customers. • Utilising content within training sessions to help convey key messages. <p>This educational project aims to tackle falling rates of childhood immunisation and address issues of inequality in relation to information availability so that parents can make informed and confident decisions about their children’s health.</p> <p>The project will help build the capability and capacity of the future and existing public health and wider health and care workforce, by providing much needed translated assets and engaging content in relation to routine childhood immunisations.</p>
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
	<p>There are currently no additional financial commitments associated with delivery of CHISANA over and above the sustained Health Protection Officer Time that is being applied to this by from within the Public Health, Health Protection.</p>
	<p>This in depth needs assessment has been undertaken to provide an improved and robust understanding of the issues related to routine childhood immunisation locally. It is hoped that the collaborative approach taken to the work will help to secure the necessary buy in and support for delivery of the recommendations by key stakeholder. The completion of this report comes at a time when nationally there is an increased spotlight on the issues of childhood immunisations and the plans that are in place to share and engage the work will help to further amplify these messages.</p>
	<p><u>Governance and alignment with other strategies and corporate priorities</u></p> <p>Improving childhood Immunisation uptake is a key target within Southampton strategies including the Health and Wellbeing Strategy, Health and Care Strategy, Children and Young People’s Strategy,</p> <p>Local priorities and action for improving MMR uptake are also described in an improving MMR H10W uptake strategy.</p>
<u>Property/Other</u>	
	<p>N/a</p>
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
	<p>Local authority Directors of Public Health have a scrutiny and assurance role in relation to vaccinations, including providing appropriate challenge to the arrangements for screening and immunisation programmes. Also advocating for reducing health inequalities and improving access for under-served groups.</p>
<u>Other Legal Implications:</u>	
	<p>N/a</p>
RISK MANAGEMENT IMPLICATIONS	
	<p>Undertaking this needs assessment provides the DPH with assurance that sufficient scrutiny and focus is being applied to the issue of falling rates of childhood immunisation. It will be important to continue to review progress against the recommendations once these have been published.</p>

	<p>Challenges implementing the recommendations outlined in the needs assessment and a failure to reverse the decline in uptake, will result in an increasing risk of outbreaks of serious vaccine preventable diseases. These pose a significant harm to children in the city. Will provide an update on childhood vaccination rates and progress of a local action plan to the HWB in March 2025.</p> <p>Additional assurance and improvement can be gained through participation in sector wide improvement programmes and wider action that is being led by the ICB at a local level.</p>
POLICY FRAMEWORK IMPLICATIONS	
	N/a

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	CHISANA full report
2.	Measles briefing

Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	No
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Data Protection Impact Assessment

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	No
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Other Background Documents

Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	N/a