Lincolnshire Vaccination and Immunisation System Strategy 2025-2030

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Introduction

Vaccination stands as one of the most powerful tools for saving lives and safeguarding public health. It is second only to clean water in its effectiveness as a public health intervention to prevent disease. Through vaccination, diseases that were once widespread are now rare, protecting millions of people each year from severe illness and death.

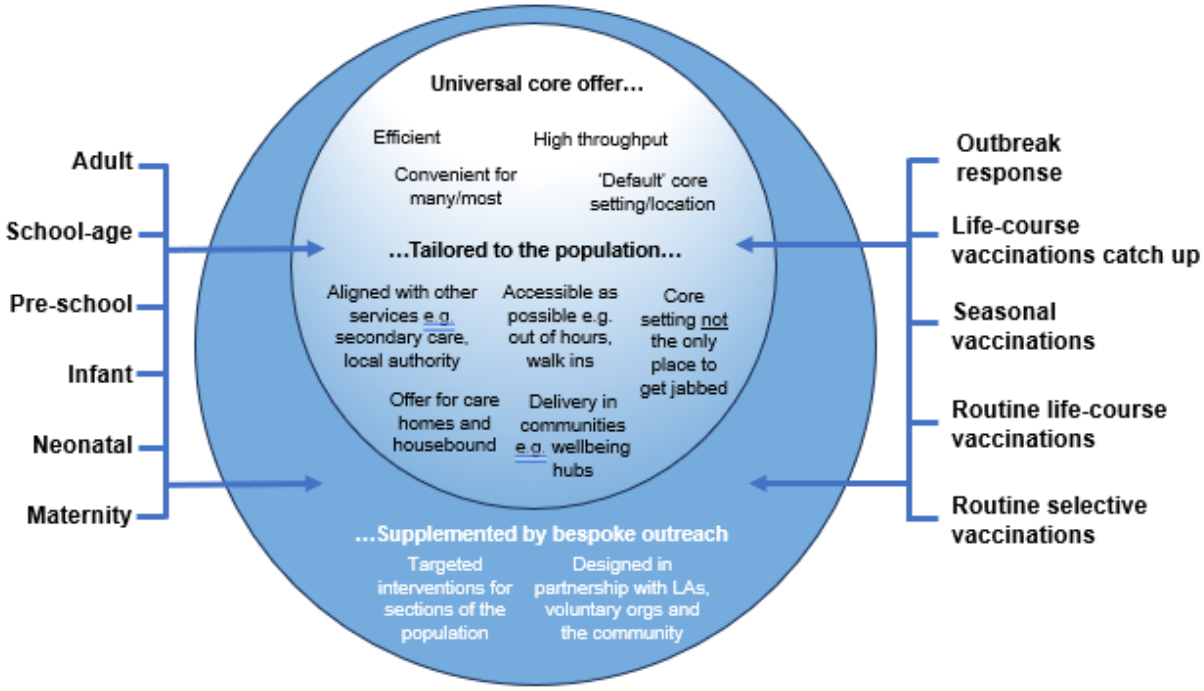
Historically, England has excelled in both life-course and seasonal vaccinations and has effectively responded to outbreaks of vaccine-preventable diseases. However, over the past decade, there has been in decline in performance, with significant variations in uptake and coverage across different communities, often reflecting broader health inequalities.

The National NHS Vaccination Strategy was published by NHS England in December 2023. This outlined that the future approach to vaccination must focus on outcomes, reducing morbidity and mortality by increasing vaccination uptake and coverage. To achieve this goal, every system in the country will need vaccination services that:

- are **high quality, convenient to access and tailored** to the needs of local people,
- are **supplemented by targeted outreach** to increase uptake in underserved populations,
- are **delivered in a joined-up way** by integrated teams, working across the NHS and other organisations, to improve patient experience and deliver value for money.

Why we need a Lincolnshire strategy

The National Vaccination Strategy provides valuable insights from across England on how to enhance vaccination services and offers local systems guidance on improving vaccination uptake. Whilst this serves as a solid foundation, each Integrated Care System (ICS) must develop its own local strategy to address the unique issues and challenges specific to their population. The Lincolnshire vaccination strategy identifies key priority areas to tackle the decline in uptake, focusing on overcoming barriers for underserved communities and ensuring that vaccination provision is safe, effective, timely and efficient. This local strategy builds on the recommendations from the National Strategy, as outlined in the diagram below, presenting a localised core offer supplemented by comprehensive and locally appropriate outreach initiatives.



Source: NHSE Vaccination Strategy https://www.england.nhs.uk/publication/nhs-vaccination-strategy/

2024/25 was a transition period for the Integrated Care Board (ICB) as functions and powers started to be delegated from NHSE, as such the associated action plans may need to flex based on the devolvement of statutory responsibilities. NHSE do however intend to progress proposals within the National Strategy at pace with full implementation by April 2026. (NHS England » NHS vaccination strategy)

Lincolnshire is a largely rural county with a resident population of 768,400 (Census 2021). It has an ageing population with 23% of residents over the age of 65. It has an older population than a lot of other authorities (27th out of 174 upper tier local authorities), and the highest level of care homes in England (283).

The diversity of the population has increased in recent years as a result of new and emerging communities. In the 2021 Census, 89% of residents identified themselves as White British and a further 6.7% as White Other this is primarily made up of Eastern European communities.
The general pattern in deprivation across Lincolnshire is in line with the national trend, in so much that the urban centres and coastal strip show higher levels of deprivation than other parts of the county. The Lincolnshire coastline, particularly the towns of Skegness and Mablethorpe, are in the most deprived 10% of neighbourhoods in the country. (ICP Strategy and JSNA - Lincolnshire Health Intelligence Hub)

Much like many other healthcare systems, Lincolnshire has seen a general decline in vaccination uptake rates over the last decade, and whilst some rates have remained constant, they are still below desired national targets of 95%, set by the World Health Organisation (WHO) to maximise the likelihood of preventing infectious diseases spreading, or "herd immunity". It is also widely appreciated that the national headline data for Lincolnshire masks significant disparity in uptake in certain communities, particularly among deprived communities, minority ethnic groups and inclusion health groups.

What the data says

Vaccination success of children both pre-school and school-age is a topic of concern nationally, to protect the current younger generation and for wider population health impacts. It is of national concern that low rates of vaccinations are likely to lead to certain infectious diseases and complications via unmitigated spread increasing.

Nationally and publicly available datasets show considerable variation in vaccine uptake for children's vaccines by county, and by vaccine type. An analysis of vaccinations delivered in Lincolnshire schools continues to highlight huge variation in uptake across different settings. Nationally available data, though, report population vaccination coverage of 100% in West Berkshire and Hertfordshire for some school delivered vaccines. This effectiveness is expected to have been achieved in these counties due to, in part, resolving matters regarding initial parental consent and follow up child consent (Gillick competence for example). This Gillick competence refers to a young person under 16 with capacity to make relevant decision(s).

A more detailed investigation into Lincolnshire data on General Practice delivered vaccinations has been conducted by the local Public Health Team. Summarised results of this analysis pertain to the factor(s) involved in attributing proportions of vaccination success. The word success, here, is defined as a vaccination coverage equal to, or greater than, that expected to provide herd immunity.

In summary, if there are predominantly two domains to focus on; a) individual factors, and b) systemic factors, then the data tells us that systemic factors dominate. Individual factors such as deprivation, or ethnicity, whilst inherent in conversations, discussions and decisions contribute to a lesser extent in explaining vaccine variation across the registered general practices in Lincolnshire.

Factors involved in the variation of GP vaccination coverage across Lincolnshire:

- Vaccination rates are **highest** in GP practices with **smaller patient lists** than the Lincolnshire average list size (mean average = 10,000 persons).
- Vaccination rates are **highest** in GP practices with **high patient satisfaction scores** on the national satisfaction survey.
- **Patient satisfaction** is also **highest** for GP practices near to or ***smaller than the Lincolnshire average list size***.
- **Vaccination rates are higher** in GP practices that, on average, serve areas rated **7 or higher on the IMD 2019** deprivation decile (decile 1 bring the most deprived. A deprivation score of 10 reflects the least deprived areas of England).
- ***Vaccination rates are lower*** in GP practices that serve **areas rated 5 or lower on the IMD 2019** deprivation decile.
- The **ethnicity measure** of GP practices has zero, or **very weak, correlations** to childhood vaccination rates.
- **Vaccination rates are higher** when GP practices have **greater proportions of 65+** on their list vs. the registered number of those aged under 20.
- **Vaccination rates are higher** when GP practices have **greater proportions of working age adults** (ages 20-64) on their list vs. the registered number of those aged under 20.

Whilst the GP list size correlated negatively with vaccination success, highlighted by the analysis to-date is how *patient satisfaction scores* are relevant. Annual GP survey data that report high levels of GP satisfaction correlate positively with high vaccination rates (for vaccines booked and provided by GP practices). Following is a more detailed classification of those annual GP survey questions which correlate with variations in recorded GP vaccination datasets:

1. Generally, how easy is it to get through to someone at your GP practice on the phone? (‘*Easy*’ total)]
2. Overall, how would you describe your experience of making an appointment? (Total "*good*")
3. Were you satisfied with the appointment (or appointments) you were offered? (‘*Yes*’)

Patient survey respondents that reported getting through to someone as; ‘Easy’, a good experience of making an appointment, and those reporting satisfaction in the appointments they were offered are likely to be patients at GP practices with *higher* than the Lincolnshire average levels of the vaccination coverage in question.

1. Were you asked for any information about your reasons for making the appointment? (‘*Yes*’ total)
2. What type of appointment did you get? I got an appointment…(*remote*)

Patient survey respondents that reported being asked to provide information justifying their appointment, and those that more often were offered remote appointments than the Lincolnshire average is likely to be patients at GP practices with *lower* than the Lincolnshire average levels of the vaccination coverage in question. Hence, the data is telling us that greater vaccination coverage exists where barriers to achieving GP appointments are lessened.

Vaccination uptake rates can be seen in the chart below, it shows that the majority have either been stagnant or falling over the past 6 years.

Current Vaccination Uptake Rates

	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Infant Programmes								
Dtap IPV Hib (1 year)	94%	94%	92%	92%	92%	92%	92%	93%
MenB (1 Year)	94%	94%	93%	93%	92%	91%	92%	93%
Rotavirus (1 Year)	91%	91%	91%	91%	91%	90%	90%	92%
PCV (1 Year)	94%	94%	93%	92%	95%	95%	95%	95%
Dtap IPV Hib (2 Years)	95%	94%	92%	93%	93%	93%	92%	93%
MenB Booster (2 Years)	82%	86%	89%	89%	89%	88%	88%	89%
MMR One Dose (2 Years)	91%	91%	91%	91%	91%	90%	90%	90%
PCV Booster (2 Years)	90%	89%	91%	91%	90%	89%	89%	90%
Hib/MenC Booster (2 Years)	91%	90%	91%	91%	90%	90%	89%	90%
DTaP/IPV Booster (5 Years)	86%	86%	84%	85%	83%	82%	83%	84%
MMR One Dose (5 Years)	94%	94%	95%	95%	94%	93%	92%	93%
MMR Two Doses (5 Years)	84%	85%	85%	85%	84%	84%	84%	86%
Schoold Aged Programmes								
HPV One Dose (12 - 13 Years - Female)	90%	89%	91%	89%	66%	69%	71%	
HPV One Dose (12 - 13 Years - Male)	n/a	n/a	83%	84%	57%	64%	65%	
Td/IPV (13-14 Years)	85%	86%	79%	83%	72%	65%	68%	
MenACWY (13-14 Years)	88%	87%	80%	79%	72%	64%	69%	
Adult Programmes								
PPV	71%	70%	71%	71%	72%	73%	72%	75%
Shingles (70 Years)	42%	29%	25%	21%	36%	46%	46%	52%
Pertussis (Maternal)	76%	67%	70%	70%	63%	67%	60%	68%
RSV (Catch Up)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	70%
Seasonal Programmes								
Flu (Over 65's)	73%	72%	73%	83%	85%	82%	80%	78%
Flu (Maternal)	47%	49%	48%	48%	46%	42%	40%	39%
Flu (Primary School)			61%	67%	66%	58%	59%	56%
Flu (2-3 Years)	56%	55%	52%	63%	55%	46%	49%	45%

Data Source Immform, Office Heath Improvement Disparities 2024

Stakeholder Engagement

Using the National Strategy as a basis, all providers of vaccination services were asked to feedback their experiences. This engagement along with feedback from patient and public engagement is being used in the ongoing development of the Lincolnshire strategy and associated action plans.

Parents Feedback

A survey was carried out within the local population regarding their experience of childhood vaccinations. The responses were predominantly from those who had chosen to vaccinate their child(ren). The majority expressed that they were offered a range of appointments, however the use of other venues for clinics, such as children's centres and drop-in clinics were popular when asked how this could be improved. Weekend appointments are also popular for Lincolnshire parents. Mass vaccinations in school was also suggested (like the MMR case study). Whilst access to vaccinations is satisfactory this should continue to be improved to include other venues and increase convenience for parents, ideally this would be a consistent offer across the county, particularly in the areas with the poorest uptake.

Most parents are accessing information from trusted sources which is a positive outcome, however there is evidence that parents are regularly seeing negative messages regarding vaccines. Positive messaging must continue to counteract this and should be local and accessible for all. Whilst social media/online is a popular option for spreading health messages the survey found that many parents don't trust these mediums for accurate vaccine information. Whilst many parents are looking to health professionals for their information, we

must ensure a consistent approach from all health care sectors in the information given. This should be supported with literature in the appropriate language, and healthcare training where needed.

Over half (52%) of respondents confirmed that they had been exposed to negative messages about vaccines at least 1-3 times per week. Information gained for those who had confirmed that they had declined a vaccine (14%) or were reluctant to book them (11%), the following themes were recurring in the responses:

- The Covid jabs are scams, do not trust or respect the science, or is all lies
- They are unnecessary and not needed if the child is already healthy
- Cause more harm than good or are full of poison
- Lack of time and not accessible
- Worries about side effects
- Andrew Wakefield effect

In conclusion responses highlighted a need for:

- Clear understandable information and communication regarding vaccinations
- Being well informed prior to appointments and
- Information being provided by health and care professionals from different parts of the system was also highlighted as a high priority.

A recurring theme was to ensure that information given by associated health professionals is consistent and accurate, improving public confidence and take up.

Wider Stakeholder Feedback

Improving immunisation uptake rates requires input from all system partners, currently individual vaccination programmes are commissioned to be given in specific defined settings. Engagement with teams that currently provide vaccination services highlighted that the current model is seen as prohibitive and there is agreement that introducing more flexibility in where and how vaccinations take place is a big step in improving uptake rates.

During engagement sessions providers have fed back that patients are now more interested in vaccinations and want to know more information about the vaccines that they are eligible for before agreeing to have them, this is something that they say has occurred since the start of the Covid vaccination programme. Understanding how best to share this information and educate patients will be key focus.

The overall feedback from the wider stakeholder engagement is that changes and innovation are required if we are to improve uptake in line with the WHO targets.

Lincolnshire Priorities

- **Strong System Leadership**
  Currently responsibility for the commissioning of NHS vaccination services sits with NHS England at a regional level. This commissioning is due to be delegated to ICBs as of 1 April 2026. Delegation of these services will give Lincolnshire ICB increased responsibility to commission a vaccination delivery network that is tailored to our population, meet a set of high-level outcomes and standards. Lincolnshire ICB will work with NHS England colleagues during 24/25 and 25/26 to transact the delegation so that the ICB is ready to assume all responsibilities on 1 April 2026.

In readiness for the delegation of vaccination services from NHS England, Lincolnshire ICB have created a new function that will work with and support the development of the vaccination services currently in place in Lincolnshire. This new team will work alongside Public Health, ICB quality and health protection teams, vaccination service providers and NHS England to work towards the delivery of the outcomes within the strategy. The delivery of the Lincolnshire vaccination strategy will require collaborative working across system providers and the overcoming of organisational boundaries to deliver the agreed shared objectives.

Overall responsibility for delivery of vaccination services in Lincolnshire will sit with the medical director within Lincolnshire ICB, this will be underpinned by a newly formed robust governance structure with representation from across all stakeholders within the system.

ICS wide system leadership is vital, building on the success of the joint approaches to vaccination in Lincolnshire, already underway across both the childhood and seasonal vaccination programmes.

- **Target Underserved Populations**
  Whilst System uptake rates across immunisation programmes (shown in the table above) are undoubtably a key performance indicator, it must also be acknowledged that there are inequalities in vaccine uptake by ethnicity, deprivation and geography meaning vaccine preventable diseases such as measles could disproportionately affect these under vaccinated communities. The Covid vaccination programme in Autumn Winter 23 saw a 15% difference in uptake between those living in IMD cohort 1 and those in IMD 10, the uptake of the MMR vaccine at 12 months varies by as much as 40% between local authority districts.

  Based on the data and experiences during the covid vaccination programme it is well known that some people and communities are not well served by core services currently provided. To increase the vaccination rates in these cohorts' additional engagement work is required.

  Having access to quality, timely and robust data is essential to identifying variation in vaccine uptake across Lincolnshire. Once local communities with lower vaccination uptake have been identified, work will commence with service providers, community leaders and other stakeholders to put in place a bespoke solution to compliment the core offers currently in place.

- **Access to up-to-date Accurate Data**
  To build an accurate picture of vaccination status in Lincolnshire, the system must support general practice to improve acquisition of vaccination status and reasons for declining vaccination. Once within the record, comprehensive and accurate data is essential for successful commissioning and delivery of vaccination services, currently the way that data is collected varies across different settings with no single approach to the recording of and reporting on vaccinations. The ICB will work with the system performance and analytics teams to build and develop a local database that contains up-to-date accurate data. This will allow access a wealth of immunisation data that can be broken down and analysed at sub-category level to enable meaningful planning and interventions.

Case Study: MMR in Schools
It was evident from the GP COVER data that there were huge deviations in uptake across Lincolnshire by GP practice. Some of the difficulties cited by primary care colleagues were that parents failed to bring their children to multiple appts despite phoning them several times, particularly the 3.5 year vaccines. By having access to up-to-date school level data provided by Child Health Information Service, this enabled us to work closely with Public Health colleagues

to mobilise a team to deliver vaccinations in targeted primary schools (those with less than 85% MMR uptake with either zero or only 1 doses).

- **Improving Consent for School Aged Immunisations**
  Lincolnshire has had a persistent reduction in parental engagement with online consent post pandemic. For 2022-23 academic year return of consent forms after the initial email was only ~50%. This proves challenging for the school aged immunisation service (SAIS) and requires more intensive follow up with phone calls direct to parents in the weeks preceding the vaccination setting. Phone calls boosted the returns to ~70% vaccination but are not doable for all schools and are labour intensive.

  This problem is multifactorial, is not isolated to Lincolnshire (being mirrored nationally) and is poorly understood. To address it requires the system to work together to support SAIS, optimising relationships with schools, improving communication, better visibility, promoting the importance of school vaccinations and more dynamic consent tools such as Gillick competency (consenting children directly within schools after assessing their competence).

- **Access to Vaccination Services**
  Having access to local vaccination services is key to encouraging the population to come forward for vaccinations in a timely manner. Immunisation programmes in Lincolnshire have an established core setting for delivery as set out in the table below.

Vaccination Group	Current Settings/Locations for Core Offer	
Infants	General practice	↑ Supplemented by additional services where needed ↓
School age	Primary and secondary schools	
Adult routine	General practice	
Seasonal	General practice, community pharmacies	
Pregnant women and newborn babies	Maternity services, general practice, hospital trusts	

  Within Lincolnshire the ICB will prioritise working with existing providers to maximise uptake through current settings, but through systemwide working will also look to supplement this with bespoke outreach, targeted to meet the needs of the local population. The aim in Lincolnshire is to support and supplement, not replace existing structures. This approach will include dialog with the health trusts to explore opportunistic vaccination in more detail, building on successful work from elsewhere using this approach.

  The covid vaccination programme proved that non healthcare settings could be used successfully as vaccination sites when targeting specific populations. By holding vaccination clinics in community settings such as community halls, places of worships, day centres etc it enabled people who may not otherwise been able to access a vaccination to be protected.

  In designing the local vaccination network and ensuring that it meets the needs of the diverse communities across Lincolnshire, a wide variety of settings should be explored, including all provider types and a range of community outreach venues acknowledging existing regulatory constraints.

  Booking a vaccination for yourself or a dependant should be a straightforward process. In recent years a shift towards digital booking has been seen, but it is vital that provision for patients to use a variety of methods to book a vaccination is provided. Acknowledging the

benefits that digital booking provides the system will work with providers to increase the range of methods for booking vaccinations.

Where clinically appropriate, operationally feasible and preferred by patients, co-administration of vaccines should become the default model (similar to childhood vaccines).

Case Study: Heart of Lincoln Medical Group (HLMG) and catch-up MMR clinics January 2024
The patient population of HLMG consists mainly of low IMD international members of the community and students from the University of Lincoln. These populations are unique, as they are largely younger compared to many other practices in the city, they also tend to be transient, only staying registered with the practice for a few years. HLMG recognised the low uptake of a full course of MMR at 63% for patients under 30 years old. After proactively reviewing the best way to increase uptake in the surgery. It was decided continuing with routine/opportunistic adhoc vaccinations wouldn't have the impact they desired. So bespoke MMR catch up clinics on Saturday's were planned, some at the University Health clinic and some at the GP practice, the University clinics were particularly well attended. These clinics were run throughout January and February, advertised through letters, texts, and follow up phone calls for non-responders, patients were able to book an appointment at a convenient time to through an Accubook link. In total they vaccinated 189 patients with MMR throughout January and February 2024.
This pro-active approach will continue to be developed and embedded with the collaborative work between the university, HLMG, Lincolnshire County Council and the ICB at Freshers week in September and will also expand incorporate HPV vaccinations.

- **Approach to Workforce Immunisation**

The latest 24/25 seasonal vaccination phase (flu and covid) highlighted a decline in the number of health and social care workers coming forward for vaccinations. Protecting this workforce against infection, and subsequently their patients, should be a system priority and access to vaccinations needs to be as convenient as possible. The decline has correlated to the change in service provision moving away from delivery in the place of work. Local and national feedback shows that lack of access to a vaccination in their place of work was a significant barrier in them being vaccinated. The local system will work to develop a model that improves access to all vaccines for this cohort.

Case Study: Care Homes
It is recognised nationally (England) that the vaccination uptake rates for front line health and social care workers is low, Covid 42% Flu 50%.
Lincolnshire follows the national trend with this cohort however, care home staff uptake was recognised as particularly low, in December 2023 the care home capacity tracker showed uptake rates of Covid 7.3%* and Flu 6.2%*. Therefore, a targeted piece of work was undertaken by LCHS VRRT. Each care home in Lincolnshire was contacted by telephone to discuss staff vaccination for Flu and Covid and a bespoke visit was offered. Overall, 426 care home staff were vaccinated for Covid and/or Flu during these visits. This in part led to an increase in uptake by February 2024 for care home staff to, covid 9.4% and Flu 8.6%*.
Going forward it is recognised that social care staff in Lincolnshire often find it difficult to access vaccinations. A system wide collaborative approach will continue into future programmes to include these cohorts.
*It should be noted that the data is not inclusive of every Health and Social care worker in care home due to the mechanism of data collection.

- **An Integrated Flexible Workforce and Approach**
  Using the learning from the covid vaccination and MMR catch up programmes Lincolnshire will look to create an integrated, flexible, and sustainable vaccination workforce that can work across the entire immunisation programme.

  Providers will work collaboratively with all system partners including but not exclusive to primary care, Lincolnshire County Council, Lincolnshire Community Health Services (SAIS, LiSH, VRRT), United Lincolnshire Teaching Hospital, Lincolnshire Partnership Foundation Trust and Lincolnshire community pharmacies to ensure robust workforce plans are in place, including succession planning, access to training is ensured, offer flexible working patterns. Where there are recruitment constraints and barriers share good practice across the system and work as a system to enable the communities of Lincolnshire to access the vaccination in an uninterrupted manner. This will lead to a strong and engaged vaccination workforce for Lincolnshire.

  The newly formed VRRT will continue to support with COVID-19 vaccines but will also expand to cover other vaccinations in order to provide flexible support where required. Alongside existing vaccination services, the system will work towards embracing different models of delivery. This will help us achieve our ambition of improving vaccination uptake rates across Lincolnshire.

  Ensuring there is a system wide offer of appropriate training for all clinical staff registered and non-registered to access to ensure a continued delivery of the immunisation and vaccination services on offer in Lincolnshire is vital.

  Maintain an integrated, flexible, skilled, and sustainable vaccination workforce, including registered, unregistered healthcare support workers and volunteers, that is fit to meet the future health demands within Lincolnshire. This will be achieved by identifying, retaining, and recruiting new and diverse talent into the NHS as set out in the NHS Long Term Workforce Plan, and reflects the communities of Lincolnshire. Clear opportunities of progression within and beyond these integrated teams will support recruitment and retention, especially in those harder to recruit to areas of Lincolnshire.

  The workforce will be flexible, able to operate across differing settings, offering a core and outreach provision. The workforce will be developed to offer a wide range of interventions alongside and separate to vaccinations, including but not exclusive to MECC.

  Ensuring links between vaccination workforce and wider system vaccination roles such as the ICB and Public Health. Including a Lincolnshire forum and dedicated digital space to encourage networking and sharing good practice.

- **Communication and Engagement**
  Local communication approaches will detail the benefits of vaccinations and how local people can access them, through clear and consistent communication from multiple trusted sources. Building on increased awareness of vaccination and targeting vaccine mis-and-dis-information.

  There are several well-established national campaigns that run throughout the year, the Lincolnshire system will map these so that local materials can be used to supplement those used as part of national campaigns. All system partners should be a part of local initiatives and take steps to actively promote vaccination programmes.

  Working with local communities, Lincolnshire will increase and improve the use of personalised and accessible content in invitations and other vaccination materials, for example in alternative languages or recorded audio format.

Case Study: Low Consent Return Rates in Schools

The School Age Immunisation Service (Lincolnshire Community Health Service) provides HPV, MenACWY and Td/IPV to Year 8 and 9 children in secondary schools. This is approx. 42,000 pupils every year across 52 secondary schools. On reviewing uptake it became clear that a few schools were consistently receiving a low number of consent forms (51 out of c270, approximately 19%).

To tackle this, the team worked alongside Lincolnshire County Council Public Health team and the Head of Year in School to go through some of the challenges around declining consent returns. An assembly with pupils was arranged and the school sent out another reminder to parents to complete the online consent form. School also agreed to send paper consent forms home with children to see if this increased uptake rates.

Providing this targeted support proved to be successful, with 46 consent forms returned online and 42 paper consents returned. This resulted in a return rate of 57%.

This approach is now being replicated in other schools with low consent return rates.

- **Outbreak Response**

  Recent outbreaks, including of lesser-known diseases such as mpox, is a stark reminder of the ever-evolving nature of infectious disease. There is a need locally to ensure that Lincolnshire is prepared to respond effectively to new threats, as well as to implement new vaccines as they are developed i.e. RSV and varicella.

  The most effective manner of preventing the need for outbreak response is to ensure vaccinations for vaccine preventable diseases reach WHO targets across all eligible populations. This strategy forms the basis of achieving this.

Delivering the Strategy

If the goal of reducing morbidity and mortality by increasing vaccination uptake and coverage is to be achieved, the need to apply a 'whole system approach' bringing together organisations, communities, and individuals, is evident. The priorities within this strategy, many of which are interlinked, are the responsibility of a number of providers and partnerships, some of which are already working on action plans contributing towards this goal. The Immunisation Board will maintain strategic oversight of the strategy, with support from and reporting to the Health Protection Board.