

## **Freedom of Information – Response – 27463**

*I am writing to make a request for information under the Freedom of Information Act 2000. I would be grateful if you could provide me with the following information relating to work undertaken by Suffolk County Council officers, through the Public Health team, and in partnership with external organisations, to improve vaccine uptake and vaccine knowledge across all communities, including hard-to-reach and underserved communities.*

*Specifically, I request:*

- 1. Details of all programmes, initiatives, campaigns, or projects undertaken in the last three years (2022 to present) to improve vaccine uptake and/or vaccine knowledge, including:
  - a. The name and description of each initiative*
  - b. The communities or groups targeted, including any hard-to-reach or seldom-heard communities*
  - c. The partners involved (e.g. NHS, voluntary sector, community organisations, faith groups)*
  - d. The funding allocated to each initiative and the source of that funding*
  - e. Any outcomes, evaluation reports, or data evidencing the impact of each initiative**
- 2. Details of any barriers to vaccine uptake that have been identified in Suffolk, including by community or demographic group, and how these have been addressed.*
- 3. Details of all planned programmes, initiatives, or campaigns for the next 12 months (from the date of this request) to improve vaccine uptake and/or vaccine knowledge, including:
  - a. The name and description of each planned initiative*
  - b. The communities or groups to be targeted*
  - c. Planned partners*
  - d. Funding allocated or sought**
- 4. Any strategies, action plans, or policy documents that govern or guide the council's approach to improving vaccine uptake in Suffolk.*

*Please see the attached.*

# FOI 27463 RESPONSE – Vaccine Uptake & Knowledge (Suffolk Public Health)

1. Details of all programs, initiatives, campaigns, or projects undertaken in the last three years (2022 to present) to improve vaccine uptake and/or vaccine knowledge, including:

The name and description of each initiative	The communities or groups targeted, including any hard-to-reach or seldom-heard communities	The partners involved (e.g. NHS, voluntary sector, community organisations, faith groups)	The funding allocated to each initiative and the source of that funding	Any outcomes, evaluation reports, or data evidencing the impact of each initiative
<p>Vaccinations Insight Project (2024–25) A Suffolk Public Health and Communities initiative led by the Health Protection Team and Behavioural Science Team to understand why some communities, particularly in Ipswich, have lower</p>	<p>The initiative focused on local minority ethnic communities in Ipswich, especially families with children living in areas of low MMR uptake. Participants included parents from a range of linguistic and cultural backgrounds, including Afghan, Lebanese, Slovakian, Egyptian, Algerian, Indian, Portuguese, Romanian,</p>	<p>The project involved a range of partners including:</p> <ul style="list-style-type: none"> <li>• Suffolk Public Health</li> <li>• Primary care / GP practices</li> <li>• School Aged Immunisation Service (SAIS)</li> <li>• VCFSE/community supporters</li> <li>• ICM, which supported recruitment through</li> </ul>	<p>A grant was given to partners to support this work. There was no funding through Public Health.</p>	<p>Survey data: 59 complete and 58 partial responses were collected. Focus groups: 14 female participants took part across 4 focus groups. Key outcome: the strongest finding was that communication is the main friction—including difficulties understanding information, language</p>

<p>uptake of childhood vaccinations such as MMR. The project used surveys and focus groups to explore barriers and “frictions” affecting vaccination access and confidence, with findings interpreted using the COM-B behaviour change model.</p>	<p>Turkish and Albanian/Kosovan communities. The report also identifies families with limited English, recently arrived migrant communities, and those facing transport or access challenges as groups who may be harder to reach.</p>	<p>EASL classes and hosted focus groups The document also refers to links with NHS communications colleagues and broader multi-agency collaboration through the Suffolk System Vaccination Working Group.</p>		<p>barriers, limited trust, short appointments, and poor continuity of care. Evidence of impact/usefulness: the report produced a clear set of recommendations, including translated easy-read materials, longer initial appointments, reminders, community health ambassadors, mobile outreach, practitioner training, and co-production with communities. Westgate childhood vaccination project / partnership - <a href="#">Vaccinations Insight Project - Report - 2024-25 Final.docx</a></p>
<p>2024, 2025 &amp; 2026 School Readiness Campaign: Information leaflets to schools and nurseries highlighting vaccination as part of school readiness.</p>	<p>All schools &amp; nurseries as well as home schooled children received information leaflets with links to where and how to access clinics across Suffolk to ensure their children were vaccinated prior to starting school.</p>	<p>Linked with school immunisation service who provided information to include and in 2026 have offered to attend induction days at lowest vaccine uptake schools across the county.</p>	<p>No funding from SCC PH,C&amp;PS</p>	<p>No specific data but there are reports that a number of families did attend clinics over the summer in 2025.</p>

Vaccine clinic at school following measles outbreak in 2025.	All children and families at the school who had not previously had MMR	Public Health, School, Community groups, UKHSA, ICB, School Immunisation service	Covered by ICB budget.	A number of children vaccinated and childhood records updated.
Vaccine offer following outbreak of Hep A in a school and nursery setting in 2023	All children and adults in setting offered.	UKHSA (lead and IMT chair) NHS England / immunisation commissioning ICB IPC and nursing leads School leadership (Head Teacher) Suffolk County Council Public Health	Covered by ICB budget	66% uptake in students, 100% uptake in staff.
2026 Routine meningitis vaccination promotion (MenB & MenACWY) following Outbreak in Kent. Suffolk implemented system-wide public messaging to encourage uptake of routine vaccines, including: <ul style="list-style-type: none"> <li>• Checking vaccination status</li> <li>• Contacting GPs for missed vaccines</li> </ul> This was a preventative approach (no local	General population Children (MenB) Adolescents/young adults (MenACWY) Parents and carers Students returning home during Easter	UKHSA NHS (GPs, immunisation services, pharmacies) Suffolk County Council Public Health ICB and school-age immunisation services	No additional funding	No data available to PH&C on this.

outbreak) aimed at strengthening baseline immunity.				
<p>Measles resurgence communications / childhood vaccination campaign</p> <p>Public Health Suffolk issued communications urging parents to:</p> <ul style="list-style-type: none"> <li>• Ensure children are fully vaccinated</li> <li>• Come forward if missing doses</li> </ul> <p>This explicitly referenced the new MMRV vaccine, explaining:</p> <ul style="list-style-type: none"> <li>• It protects against measles, mumps, rubella and chickenpox</li> <li>• It replaced the previous MMR-only offer for eligible cohorts from 1 January 2026</li> </ul>	Communication aimed at all parents and families	PH,C&PS	None	No data on this
Healthcare worker vaccination (acute trusts)		ICB	None	Early indications suggest improved uptake compared to the previous year (based on system discussions;

<p>Support to healthcare worker vaccination programmes across acute trusts.</p> <p>Contribution to communications planning, with agreed comms plans now being implemented.</p>				formal reporting pending).
<p>Hepatitis B Vaccine-offered opportunistically to eligible high risk groups in sexual health clinics.</p>	<ul style="list-style-type: none"> <li>• People originally from high-risk countries</li> <li>• People who inject drugs</li> <li>• People who have unprotected sex with multiple sexual partners</li> <li>• Gay, Bisexual and Men who have sex with Men (GBMSM)</li> </ul>	<p>Hepatitis B Vaccine- Provide (commissioned sexual health provider)</p>	<p>Hepatitis B Vaccine- Part of commissioned sexual and reproductive health contract</p>	
<p>HPV vaccine- Offered opportunistically to eligible service users who have missed their routine, school based vaccination.</p>	<ul style="list-style-type: none"> <li>• Children aged 12-13</li> <li>• Men aged 45 and under who have sex with men</li> </ul>	<p>HPV vaccine-UKHSA, Provide</p>	<p>HPV vaccine- Commissioned by UKHSA</p>	
<p>Bexsero Vaccine (MenB)- Offered opportunistically to eligible high risk groups in sexual health clinics for protection against gonorrhoea.</p>	<ul style="list-style-type: none"> <li>• Offered Opportunistically</li> <li>• Primary target GBMSM who meet the eligibility criteria and are at highest risk of exposure to the infection,</li> </ul>	<p>Bexsero Vaccine (MenB)- NHS England, Provide</p>	<p>Bexsero Vaccine (MenB)- Commissioned by NHSE</p>	

	<ul style="list-style-type: none"> <li>• Other small number of individuals who may also be offered vaccines ( sex workers practicing condomless sex, some transgender individuals)</li> </ul>			
<b>Non-specific commentary to Q1</b>				
<p><b>Targeted communications and inclusion work:</b> Sharing of tailored flu vaccination resources for Gypsy, Roma and Traveller communities with the ICB to support culturally appropriate engagement and uptake.</p>				
<p><b>Respiratory and seasonal vaccination oversight</b></p> <ul style="list-style-type: none"> <li>• Monitoring and follow-up with NHS trusts regarding vaccination uptake in higher-risk groups, including those with respiratory conditions.</li> <li>• Contribution to system discussions on flu vaccination delivery, particularly in the context of winter planning.</li> </ul>				
<p><b>System coordination and partnership working</b></p> <ul style="list-style-type: none"> <li>• Active participation in system vaccination meetings, supporting coordination across partners (ICB, NHS trusts, community providers).</li> <li>• Strengthened links between Public Health, the ICB vaccination team, and vaccination programmes delivered through community and acute settings.</li> <li>• Alignment of communications regarding vaccinations from NHS partners and SCC to ensure people are not receiving potentially contradicting messaging.</li> <li>• Ongoing engagement with Suffolk Community and Hospital Care (SCCHCW) vaccination programme to ensure joined-up delivery and intelligence sharing.</li> </ul>				
<p><b>Examples of relevant PH&amp;C Analytics work: the work is briefly described below but most of the details cannot be shared due to Information Governance restrictions. Where we can share the detail of the work and it is in the public domain, a link is included</b></p> <ul style="list-style-type: none"> <li>• Analysis of lower respiratory tract infections in children which contains a recommendation to focus on maternal RSV vaccination (does not focus on barriers to access)</li> </ul>				

- Analysis of MMR coverage in 2024 and refreshed in 2025.
- [Older People PBNA](#) – includes uptake for the Flu and PPV vaccine
- Analysis of maternal pertussis vaccination levels
- Analysis of respiratory and flu admissions in 2023 which focused on improving respiratory outcomes
- Flu summit analysis:2022
- Flu vaccination uptake analysis 2024:
- Flu at risk cohort analysis
- Childhood imms data extract from CHIS to support knowledge of low uptake schools across Suffolk

A group was established in 2023 made up of partners across the system to review areas of inequity related to vaccination uptake – for example barriers for people with learning disabilities, Information on discussion points and outcomes from the group can be found in response to Q2.

## 2. Details of any barriers to vaccine uptake that have been identified in Suffolk, including by community or demographic group, and how these have been addressed.

Through a Vaccination Working group that was set up by Public Health a number of barriers were identified.

<b>Theme</b>	<b>Barrier identified</b>	<b>Evidence / examples from meeting records</b>	<b>Populations or settings affected</b>	<b>Implication for vaccination uptake</b>	<b>Actions</b>
<b>Cultural, trust and behavioral barriers</b>					
<b>Need for culturally appropriate materials</b>	Some promotional materials may not resonate with communities.	Community feedback suggested photos on vaccination posters and leaflets could be perceived as “scary”, with a suggestion to involve	Minority ethnic communities; communities engaged through local outreach.	Materials that feel unsuitable or intimidating may reduce engagement.	Additional materials have been sought from national and feedback has been given.

		communities in reviewing future materials.			
<b>Low trust / need for community-led engagement</b>	Engagement is more effective when guided by communities rather than imposed by services.	The June meeting agreed engagement should be targeted differently rather than universal, and that community engagement should be guided by local communities.	Low-uptake communities; minority ethnic communities; communities with previous low engagement.	Co-production and trusted messengers are needed to improve confidence and uptake.	Engaged with community champions and through the community groups to share messages when needed. During outbreaks have used members of the community to support the messaging
<b>Traveller community mobility</b>	Gypsy, Roma and Traveller communities are harder to engage during travelling periods.	The July and August meetings noted that Traveller communities often travel during summer and that this can make engagement harder during that period.	Gypsy, Roma and Traveller communities.	Timing of outreach is critical; mobile and opportunistic engagement may be needed.	
<b>Understanding behavioural drivers</b>	More insight was needed into decision-making and vaccine hesitancy.	The group discussed surveys, focus groups, behavioural science work, and a Foundation Year 2 doctor project on vaccination decision-making.	Parents/carers; minority ethnic communities; communities with low confidence.	Behavioural insight is needed to design effective interventions.	Project was carried out with interviews and focus groups to understand barriers more.
<b>Language and communication barriers</b>					
<b>Language barriers</b>	Language was identified as a	The Westgate/community engagement discussions	Families with English as an	Information may not be	Fed back that translation through

	barrier to engagement and understanding.	noted language as a barrier in diverse communities, and the Westgate Partnership planned to work with learners with English as an additional language and health ambassadors.	additional language; migrant and minority ethnic communities.	understood or trusted unless translated and delivered through appropriate channels.	phones is feasible. Biggest issue is sometimes the receptionist. Comms to this effect has been shared and the ask for reception staff to provide as much time and guidance to patients with EASL
<b>Online information not easy to find</b>	Vaccination information was not easy for the public to locate online.	The group noted that it did not appear easy to find vaccination information online and discussed updating Healthy Suffolk and SNEE websites with clinic information.	Parents, carers, young people, schools and wider public.	People may not know where to go, what they are eligible for, or how to book.	One stop website has been set up with all information on it and links to various sites relevant to booking appointments.
<b>Inconsistent system communications</b>	Communications across organisations were not always coordinated.	The August meeting noted that partner communications tended to be reactive and dependent on season/activity, and that there was not a lot of existing communication planning to share.	Public Health, NHS, schools, GP practices, community partners.	Risk of fragmented messaging and missed opportunities for amplification.	Calendar of comms related to vaccinations, and now more joined up approach between partners as well as website developed with more up to date information.
<b>School engagement capacity</b>	Schools are important channels but	The July meeting discussed engaging schools, using Suffolk	Schools, home educated children, virtual	Schools can support engagement but	Significant work done with schools to share information

	require support and clear expectations.	Headlines, linking with Safer in Schools Board, and clarifying what support was needed from SCC.	school populations, parents/carers.	need clear information, resources and manageable asks.	on vaccine availability and eligibility.  Targeted work with some schools
<b>Measuring impact of communications</b>	It is difficult to prove whether communications increase uptake.	The June meeting noted concerns about measuring the impact of communications; website hits and social media metrics were easier to measure but did not show whether vaccination uptake increased.	Public Health communications; partner campaigns.	Evaluation needs to go beyond reach/engagement and link to uptake where possible.	
<b>Access and system barriers</b>					
<b>Access to vaccination services</b>	Some residents may struggle to attend fixed-site vaccination clinics.	The group discussed the need for outreach, home visits and mobile provision, including use of clinics in family hubs and community settings, and noted that upon request home visits for vaccinations were available.	Families with access needs; people less able to attend standard clinics; underserved communities.	Traditional clinic-based delivery may not reach everyone; flexible and outreach models are needed.	Home visits available & pop up clinics available.
<b>Variable clinic attendance</b>	Clinic utilisation was inconsistent, with some	Call/recall and summer clinic discussions noted that some clinics were quite full while others were slow, and that many	Children, families and young people attending community or	Makes planning difficult and may reduce efficiency or	

	clinics full and others slower.	people book at the last minute.	summer catch-up clinics.	leave access gaps.	
<b>Geographic access</b>	Some vaccination activity was initially limited to particular places.	Delivery was noted as only being available in Ipswich and Bury St Edmunds at one stage, with further work needed to identify additional clinics.	Rural communities; families outside main towns; people without transport.	Geographic imbalance may contribute to missed opportunities for vaccination.	New locations have been identified and information fed back to teams that hold the clinics
<b>Confusion about eligibility/timing</b>	Inconsistent advice from services about when vaccines can be given.	The June meeting noted reports of women being turned away by GP surgeries when trying to book vaccination before 20 weeks, with escalation to primary care colleagues planned.	Pregnant women; primary care and maternity pathways.	Inconsistent messages may delay vaccination or reduce confidence in the system.	
<b>Need for mobile outreach</b>	Mobile provision was discussed but not always available when needed.	The August meeting noted that the Be Well Bus had been planned for sites but had to be routed elsewhere, with a further plan hoped for.	Traveller sites; hard-to-reach communities; areas with low service engagement.	Outreach capacity may limit ability to reach communities who do not attend standard clinics.	Health Outreach service works with some communities and goes to people. Be well bus is back in operation.
<b>Data quality and recording</b>	Data accuracy and recording of vaccination events were identified as issues.	The June meeting noted additional work to ensure data is right and vaccination events are recorded properly.	NHS vaccination teams, maternity, primary care, system planners.	Poor or delayed data limits targeting, monitoring and evaluation.	Time has been spent by partners having conversations with individuals about vaccine history to

					enable records to be better updated.  Information has also been shared with GP practices to take time to have these conversations with parents.
<b>Delay in data availability</b>	Timely data was not always available for planning.	The October meeting noted maternity data was not yet available and was expected later in the month.	Maternity vaccination programmes; system monitoring.	Slower data flows reduce ability to rapidly identify areas requiring action.	
<b>Out-of-hours contact needs</b>	Standard contact times may not be most effective.	The July meeting noted weekly call/recall work looking at call times, with early belief that out-of-hours calling worked better.	Families contacted through call/recall.	Contact strategies may need to be adapted to family availability.	
<b>Competing events and timing</b>	Wider events can affect clinic attendance.	The June meeting noted half-term catch-up programme challenges competing with the Suffolk Show.	Families attending catch-up clinics; school-age vaccination cohorts.	Timing of clinics and campaigns may influence attendance.	
<b>SNEE-focused representation</b>	The group noted a need for broader geographic representation.	The November meeting reflected that discussions could be SNEE-focused and that Waveney representation would be useful.	Waveney / North East Suffolk populations.	Broader representation may improve understanding of whole-county barriers.	ICB has aligned and we have clinic information now for Waveney.

### Population-specific barriers

Population-specific barriers					
<b>Maternity pathway access</b>	Women were sometimes required to go elsewhere for vaccination, which may reduce uptake.	Maternity updates noted low uptake where women had to book vaccination elsewhere, and that work was underway to improve access in antenatal/community clinic settings.	Pregnant women eligible for pertussis, RSV, flu or COVID vaccination.	Vaccination is more likely to be missed where the offer is not opportunistic or embedded in routine maternity care.	Fed back to services and hospitals so they could review the offers and days.
<b>Poor signposting via schools and GP practices</b>	Schools and GP practices may not have capacity to keep vaccination information updated.	The June meeting noted that parents may look at school and GP websites, but schools and GP practices are under pressure, making it hard to ask them to update vaccination information regularly.	Parents/carers using school or GP websites for information.	Signposting may be inconsistent unless central links or standard resources are provided.	Information has been provided to schools and via schools sending people to website that is updated with all info.
<b>Migrant / overseas worker vaccination records</b>	Some people arriving from overseas may have no accessible vaccination evidence.	The July and August meetings raised concerns about overseas workers or people moving to the country with no evidence of vaccination, including those working with elderly or vulnerable people.	Overseas workers; migrant populations; people working with vulnerable groups.	Unclear vaccination history creates risk and complicates assessment of need.	Always offer doses to those who don't have records.  Time spent with health care workers in some instances to go through various vaccines and describe them in more detail.

<b>Refugees and asylum seekers</b>	Refugees and asylum seekers were identified as groups requiring consideration.	The August meeting included agreement to consider refugees and asylum seekers when discussing future vaccination focus areas.	Refugees and asylum seekers.	Tailored access and communication approaches may be needed.	Health Outreach service works with communities and goes to people and provides as much input and review as possible during their consultations
<b>Deprivation and wider inequalities</b>	Vaccination barriers intersect with deprivation and wider health needs.	The June meeting noted Healthwatch Suffolk data suggesting vaccination uptake issues are not limited to deprived areas but also overlap with high prevalence of asthma and other health conditions.	Deprived communities; populations with higher burden of health conditions.	Vaccination work needs to align with broader health inequalities work.	Sharing information with other teams who work with communities.
<b>Home educated / virtual school populations</b>	Some children may be missed by mainstream school-based routes.	The July meeting noted the Safer in Schools Board could support home educated children and children attending virtual schools.	Home educated children; virtual school populations.	Alternative routes are needed beyond mainstream school communications	Information about vaccines shared with home school network.

**Key JSNA resources to include:**

These are largely descriptive or flag the importance of vaccination in these groups - rather than looking at specific barriers.

- APHR 2022 (Core20PLUS5): <https://www.healthysuffolk.org.uk/jsna/annual-public-health-reports/annual-public-health-report-2022>

- The Children and Young People profile (2024): <https://www.healthysuffolk.org.uk/asset-library/JSNA/cyp-profile.pdf>
- The State of Children in Suffolk report (2024): <https://www.healthysuffolk.org.uk/jsna/state-of-suffolk/state-of-children-in-suffolk>
- Also mentioned in Ageing well APHR (2024): <https://www.healthysuffolk.org.uk/asset-library/APHRs/Suffolk-Annual-Public-Health-Report-2024-Ageing-Well.pdf>

**The following work has contributed to identifying and addressing barriers among underserved or higher-risk populations:**

Learning disability and autism – pneumococcal vaccination

- Provision of data on learning disability populations to support identification of eligible individuals.
- Development of a phased approach:
  - Phase 1: Identify individuals meeting eligibility criteria who have not received pneumococcal vaccination.
  - Phase 2: Explore opportunities to influence national policy (Green Book) to improve access for people with a learning disability and autistic people under 65 with relevant conditions (as this cohort is shown within academic literature to be at an elevated risk of developing pneumonia)
- Contribution to work to improve accessibility, including:
  - Quality assurance of easy-read resources
  - Development of an easy-read pneumococcal vaccine invitation letter for primary care
  - Exploration of accessible communication formats, including vaccine information films
- Engagement with peer educators to gather feedback on how vaccine information should be presented (standalone vs combined materials)

### 3. Planned programmes (next 12 months)

Details of all planned programmes, initiatives, or campaigns for the next 12 months (from the date of this request) to improve vaccine uptake and/or vaccine knowledge, including:

- a. The name and description of each planned initiative
- b. The communities or groups to be targeted
- c. Planned partners

#### d. Funding allocated or sought

The Public Health Team do not have a budget specifically aligned to vaccination delivery or intervention work. The team however, proactively identify areas of need across Suffolk through other pieces of work and data analysis and work with partners to ensure these areas are covered through appropriate initiatives.

The team promotes work being done by partners through community engagement and appropriate forums. Partners the Public Health team work closely with are: UKHSA, ICBs, NHSE, School Immunisations Service, Provide, Health Outreach, Primary Care, Pharmacy, Adult Social Care, Children and Young People teams.

PH, C& PS will follow annual programs to support pre-established programmes and campaigns such as flu and COVID as we move towards winter, we will promote MMR and other childhood vaccinations all year round with specific communication during periods where there has been an increase in cases or global outbreaks.

We will promote the Men B offer in August and September when that is rolled out across the county.

The main project for the PH&C team over the next 12 months is to improve the uptake of MMR within the lowest uptake schools across Suffolk by working with identified schools to see what additional resources of information would be beneficial for the parents and families that are linked to the school.

Vaccinations related to sexual health are carried out opportunistically therefore there will be no specific campaigns unless advised to do so.

The Public Health team provides insight into underserved populations, locations across Suffolk that would benefit from additional pop up clinics, information to specific partners that work with underserved populations and will support with communication materials if required.

Scope of work includes:

- Continued delivery of the pneumococcal vaccination improvement work
- Ongoing support to system vaccination programmes, including influenza and RSV
- Continued monitoring of uptake in high-risk groups and sharing of insight with system partners
  - Identify and work with neighbourhood teams, voluntary, community, and faith organisations to develop targeted engagement strategies where uptake may be lower than expected
- Ensuring public trust and confidence in vaccinations, and addressing any concerns where possible

## 4. Any strategies, action plans, or policy documents that govern or guide the council's approach to improving vaccine uptake in Suffolk.

The Health Protection draft strategy outlines priorities which include restoring vaccination confidence and uptake as well as a MMR life course strategy aimed at improving uptake in adults who may have missed the vaccination as well as children. The team aligns its communication plans with national plans and national policies on vaccination eligibility. There is no specific action plan on work to be done within the team that is over and above the national guidelines. Based on the knowledge that the team already has on low uptake populations they will share information and support teams to roll out vaccination programs with increased support and resource as directed by the knowledge and intelligence provided by the Public Health Team.

The Aging Well pillar within Public Health has a priority on reducing disease burden in older populations and supporting independence and prevention of ill health and will work with programs to ensure vaccination is promoted and accessible to all who are eligible across Suffolk.

The Children and Young Peoples team will continue to promote maternal vaccinations and childhood vaccinations and share any insights to teams as they become available.

Across all vaccination programs the Public Health team will provide evidence and review figures to ensure regional and local programs are challenged where figures dip or share learnings where successes are seen.

In preparation for winter the Public Health Team will be coordinating the plans to ensure the system is set up to deliver an effective vaccination programme as directed by national strategy with a clear agenda on how to improve uptake in hard to reach cohorts.