

Navigating the evolving commissioning landscape and shaping an immunisation system fit for the future

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What's the issue?

The delegation of the commissioning of Section 7a vaccination services from NHS England regions to integrated care boards (ICBs) is anticipated from April 2027. While this brings opportunities to develop immunisation strategies at a more local level, cross-sector and in partnership with communities, it is important that it does not obscure accountability structures or disrupt crucial relationships.

About this briefing

In September 2026 The King's Fund brought together experts in immunisation from across public health, primary care, ICBs, NHS England and the charity sector, to explore the immediate challenges during the transition and the future of immunisation policy and commissioning arrangements beyond 2027. This briefing sets out the key considerations for policymakers and system leaders that emerged from that roundtable.

Key messages

Accountability across the system needs to be clarified: a future governance framework or legislation must explicitly define responsibilities, decision rights, escalation routes, shared metrics and intervention thresholds.

Cross-system relationships and expertise in vaccination programmes need to be prioritised and preserved through the delegation.

What must be retained?

Effective immunisation depends on **strong relationships** between national teams, regions, ICBs, local authorities, public health leaders, general practice, community pharmacy, school-aged immunisation providers and voluntary organisations. The restructures currently ongoing across ICBs pose a significant risk to these relationships as people leave, responsibilities change, and new relationships need to be developed.

Capability and expertise will need to be retained and strengthened within ICBs as vaccination programmes become increasingly complex with changing eligibility criteria, new vaccines and evolving evidence. The delegation of commissioning and the reductions underway in ICBs risks fragmenting specialist knowledge in vaccination commissioning and outreach that has developed over time.

The current NHS vaccination strategy supports a core national vaccination offer with local diversity of provision, including bespoke outreach programmes in communities where vaccination uptake is low. This local flexibility, as well as a wider shift from a programme focus to a population focus, has made outreach work particularly effective and the **combined national and local model** should therefore be retained.

Vaccination programmes currently benefit from **broad public understanding** and recognition, combined with a consistency of approach. Delegation to ICBs and the broader move towards neighbourhood health may bring further opportunities to work at a very local level, cross-sector and in partnership with communities (particularly if data capability is improved, notably around interoperability and data sharing). But this benefit needs to be balanced with the risk of fragmenting services, siloed working and overcomplicating vaccination programmes.

The accountability challenge

Although it is clear that ICBs will have legal accountability for the commissioning of vaccination, how subsequent direction and action will flow through and across the system appears to be less certain. National bodies, regions, ICBs, local authorities, providers and community organisations all have roles, but these roles need to connect. **A future governance framework or legislation should define responsibilities, decision rights, escalation routes, shared metrics and intervention thresholds.**

There is currently uncertainty around the information and authority ICBs or others need in order to direct action when necessary, for example who will recognise and take action and how if there is a localised fall in vaccine uptake, which needs to be resolved. As there is almost certainly no perfect system with optimal accountability though, **it is important to preserve the local monitoring and accountability structures that are currently working well.**

Targets such as the measles, mumps, rubella, and varicella (MMRV) uptake metric in the National Oversight Framework are important for ICBs' accountability.

NHS regions will need to monitor and prioritise vaccination rates across ICBs and OPICs consistently, regardless of shifting national or political priorities such as NHS waiting time targets. ICBs and other healthcare structures lack salience among the public, however, so **there is also a need for a degree of central political accountability for immunisation.**

What would a successful, resilient and sustainable immunisation system look like in 2030?

A clear national offer supports public confidence, equity, quality and safety. A successful approach combines national consistency, necessary for the public to trust and participate in services, with local intelligence, flexibility and community relationships to enable tailored and co-designed specialist outreach where needed. Fully integrating outreach work with core vaccination services will help prevent gaps and duplication emerging in provision.

To ensure success, it will be important to **continue evaluating impact and demonstrating the value of immunisation** beyond the coverage rate. While easy access to vaccination is important, it must be balanced with the opportunity for vaccination to be a broader health care touchpoint. **Consistent workforce training** on vaccination is essential to ensure staff feel confident to have positive conversations with the public about vaccination and counter misinformation.

There was broad agreement among the roundtable delegates that transition plans should focus on:

- strengthening existing relationships
- clarifying accountability and governance
- building ICB capability in analytics, commissioning and partnership working
- addressing national issues such as data standards, interoperability, workforce development and evaluation.

This will support the transition to delegated commissioning to enable a nationally resilient, locally responsive and equitable immunisation system.