



**REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
27TH OCTOBER 2020**

REPORT ON: SEASONAL FLU VACCINATION PROGRAMME 2020-21

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB45-2020

1.0 PURPOSE OF REPORT

1.1 This report outlines the plans to deliver the flu vaccination programme for staff who are eligible for immunisation under the nationally agreed flu programme, and children and adults who fall into the agreed criteria for flu vaccination.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Note the requirements of the expanded seasonal flu programme as outlined by the Chief Medical Officer and detailed in section 4.1 and 4.2.

2.2 Note the expected uptake of the vaccine as detailed in section 4.3

2.3 Note the actions planned to deliver this commitment within Dundee as detailed in section 4.4, including the development of a centralised team (Dundee Flu Vaccination team) as detailed in section 4.4.2

2.4 Note and accept the risks associated with the programme as outlined in section 6.

3.0 FINANCIAL IMPLICATIONS

3.1 The direct costs of delivering the flu vaccination programme will be funded by NHS Tayside. Should there be any identified additional expenditure incurred by Dundee Health and Social Care Partnership in supporting the delivery of the programme within the Dundee area, this will be considered as part of the Covid-19 mobilisation funding or other accessible funding sources.

4.0 MAIN TEXT

4.1 Context

4.1.1 Flu is a significant cause of morbidity and mortality and flu vaccination is therefore a critical part of care delivery each year. Minimising the risks of flu in younger and older people, and those who are most at risk from its effect, is important for their health and wellbeing. It also supports keeping staff well and at work. It forms a core part of winter planning. The patient programme is normally delivered by general practice teams, with support from wider teams. A vaccination transformation programme (VTP) is underway to shift responsibility for this work from practices to other teams. This sits as part of the wider primary care improvement work but has an extended deadline of April 2022. For the 20-21 programme there is responsibility for delivery with NHS Boards, with general practice and HSCP's asked to support this. In Tayside the children's and maternity programme have already successfully shifted to other teams from general practice in previous years.. However there is an increased challenge this year of delivering the overall programme due to several factors including increased eligible cohorts,

expected increase in uptake rates, and the additional time required for each vaccination in order to ensure adequate Covid 19 protections.

- 4.1.2 Delivering the flu immunisation programme this year will be more important and significantly more challenging than ever before due to the impact of Covid-19 on health and social care services. The potential co-circulation of influenza and Covid-19 over the winter months will pose a significant risk to health and pressure upon our NHS and social care services.

In addition to offering the traditional seasonal flu vaccination to both staff and eligible groups in line with the 2019/20 programme, the CMO letter received 8th August confirmed the requirement to expand eligible cohorts for flu vaccination. These will now include:

1. An extended age range for adult flu cohorts to include those aged 55 and above (which may be further expanded to include ages 50 to 54 if sufficient vaccines are available)
2. The inclusion of household contacts of individuals who were previously shielding
3. The expansion of the health care worker (HCW) staff vaccination programme to include social care workers (SCW) providing direct care to vulnerable groups both in care homes and community settings.

Boards are also being asked to commence the planning (in parallel) for a mass Covid-19 vaccination programme to be able to commence immediately when this becomes available.

4.2 Eligible groups

- 4.2.1 The Provision of Routine Vaccination and Immunisations (Coronavirus Outbreak) (Scotland) Directions 2020, places the responsibility on Boards to establish whether, and to what extent, vaccinations provided by GP practices can still be delivered as per their existing contractual agreements with the Board. A mechanism for this has been agreed nationally and augmented locally.

- 4.2.2 The adult flu programme traditionally includes those aged 65 and over and in a range of at risk groups, as well as unpaid carers. The programme this year also includes those aged 55 to 64, and household contacts of those who have been shielding. Due to the prioritisation of existing cohorts, the 55-64 age group programme is anticipated to commence in early December. If there is adequate national vaccine supply the programme will also be extended to those aged 50 – 54 at the start of 2021.

4.2.3 Flu Vaccination programme for Pregnant Women (within Adult Flu programme)

- 4.2.3.1 Flu vaccinations in pregnancy fully transitioned to maternity services delivery in 2019/20 with 2863 women identified as eligible for flu vaccination in pregnancy and 1024 vaccines administered (36%). Uptake rates may reflect challenges with recording and information sharing which will be enhanced in 2020/21 through the implementation of the new electronic maternity record (Badger.net). As there is no expected increase in this vaccination cohort it has been agreed that maternity services can accommodate 2020/21 with administration of 2,175 vaccinations to achieve 75% uptake but will be some additional time to support PPE and social distancing requirements.

4.2.4 Staff Flu Programme

- 4.2.4.1 NHS Tayside staff flu programme increased uptake to 56.2% (approx 7000 vaccines) in 2019/20 just below the 60% Scottish target. The national recommendation is that a minimum target of 75% is set for 2020/21. The 2020/21 programme also includes those in social care who have a role in direct personal care which includes third sector providers and personal assistants.

- 4.2.4.2 Whilst the strategic framework, communications and training are all agreed on a pan-Tayside basis, the operational delivery of clinics have always been undertaken within each locality who take responsibility for securing appropriate venues, scheduling clinics, arranging staffing, coordination of vaccine ordering and cold chain maintenance.

- 4.2.4.3 The NHST Occupational Health team have traditionally supported staff flu immunisation clinics within Ninewells, Wedderburn and PRI. These clinics are supplemented by staff peer flu clinics and support from around 40 Community Pharmacies across Tayside and a very small number administered by GPs through a Local Enhanced Service (LES). More recently staff flu vaccinations

have been supplemented by peer immunisers who administer vaccines to colleagues within their clinical work area on an opportunistic basis. Clinical services have been asked to identify peer immunisers to support this.

4.2.5 Children's Influenza Programme

4.2.5.1 A new service model for the delivery of the local children's influenza immunisation programme was rolled out across Tayside in October 2019. This new model for children's influenza delivery was implemented as a stepped approach relying upon the ongoing collaboration and input from GP practices who continue to support the hosting of clinics, identification of at-risk children and vaccine data input. The challenges presented by the COVID19 pandemic and associated new ways of working have impacted upon further progression of the new model. The continued support noted above is therefore essential to facilitate delivery in 2020/21 until the long term infrastructure is put in place, recognising the social distancing/PPE challenges faced and current pressures on premises for vaccine delivery. The HSCP do not have responsibility for the delivery of the children's programme.

4.3 Anticipated numbers and uptake.

4.3.1 The numbers in each cohort for the adult programme is noted in table 1 below, with previous uptake rates, and the rate being planned for this year.

Table 1: 2019/20 Influenza Vaccination Uptake in Tayside by Over 65s and At Risk (Aged 18-64) Population Cohorts and 2020/21 predicted expansion

Area	>65s Pop. Cohort Size	Actual >65s Uptake No. (% of Total Pop.)	Target >65s Uptake No. (75% of Pop.)**	At Risk Pop Cohort Size (Aged 18-64)	Actual At Risk Uptake No. (% of Total Pop.)	Target At Risk Uptake No. (75% of Pop.)	55 to 64 Pop Cohort size	Target At Risk Uptake No. (65% of Pop)
Angus	25,877	19,516 (75.4%)	19,408	14,910	6,411 (43.0%)	11,183	16971	11031
Dundee	28,276	20,825 (73.7%)	21,207	22,464	9,717 (43.3%)	16,848	18231	11850
Perth & Kinross	34,352	26,145 (76.1%)	25,764	17,413	7,258 (41.7%)	13,059	16971	11031
Tayside Total	88,505	66,486 (75.3%)	66,379	54,787	23,386 (42.7%)	41,090	57284	37235
Total predicted vaccinations			66379			41090		37245

** these figures may be an underestimate if there is a significant increase in uptake from previous years

The figures given for Dundee do not include Muirhead and Invergowrie who are supported in Dundee. For planning purposes the figures are therefore higher, but with an overlap in groups it is thought there are around 60,000 people to be vaccinated, excluding children, those who are pregnant, those in the 50-54 age group and staff.

4.3.2 The numbers for the staff programme are noted below in table 2. Numbers for social care are estimates at the current time.

Table Two – Total staff and Estimated % uptake calculations

	Health and Social Care workers (excl care homes)	Care home staff cohort	Total Tayside staff cohort	60% uptake target	70% uptake target	Apply Tayside TARGET uptake (75%)
NHS Tayside staff	13,258	0	13,258	7,955	9,281	9,944
SCW Dundee	2,231	1,505	3,736	2,242	2,615	2,802
SCW Angus	1,233	1,475	2,708	1,625	1,896	2,031
SCW P&K	1,468	1,997	3,465	2,079	2,426	2,599
TOTAL	18,190	4,977	23,167	13,900	16,217	17,376

- 4.3.3 The overall numbers for flu vaccination, including children, are given in table 3 below. The increase in numbers creates a number of pressures, including for vaccine availability and staff capacity to deliver the programme. The logistics of delivering vaccine to all the required venues in a timely way while maximising the available vaccine is complex, as it includes all 64 practices across Tayside, a similar number of community pharmacies, and numerous community locations across Tayside.

Table Three – Total Vaccinations (estimates)**

Programme	Provided Vaccines 19/20	Proposed Vaccines 20/21	Total Increase 20/21
Adult Programmes	89,872	144,714	54,842
Staff Programmes	6,944	17,376	10,432
Children's Programmes	30,076	32,523	2,447
Maternity	1024	2,175	1,151
Total	127,872	196,788	68,872
% Increase			54%

** these figures may be an underestimate if there is a significant increase in uptake from previous years for the over 65 age group

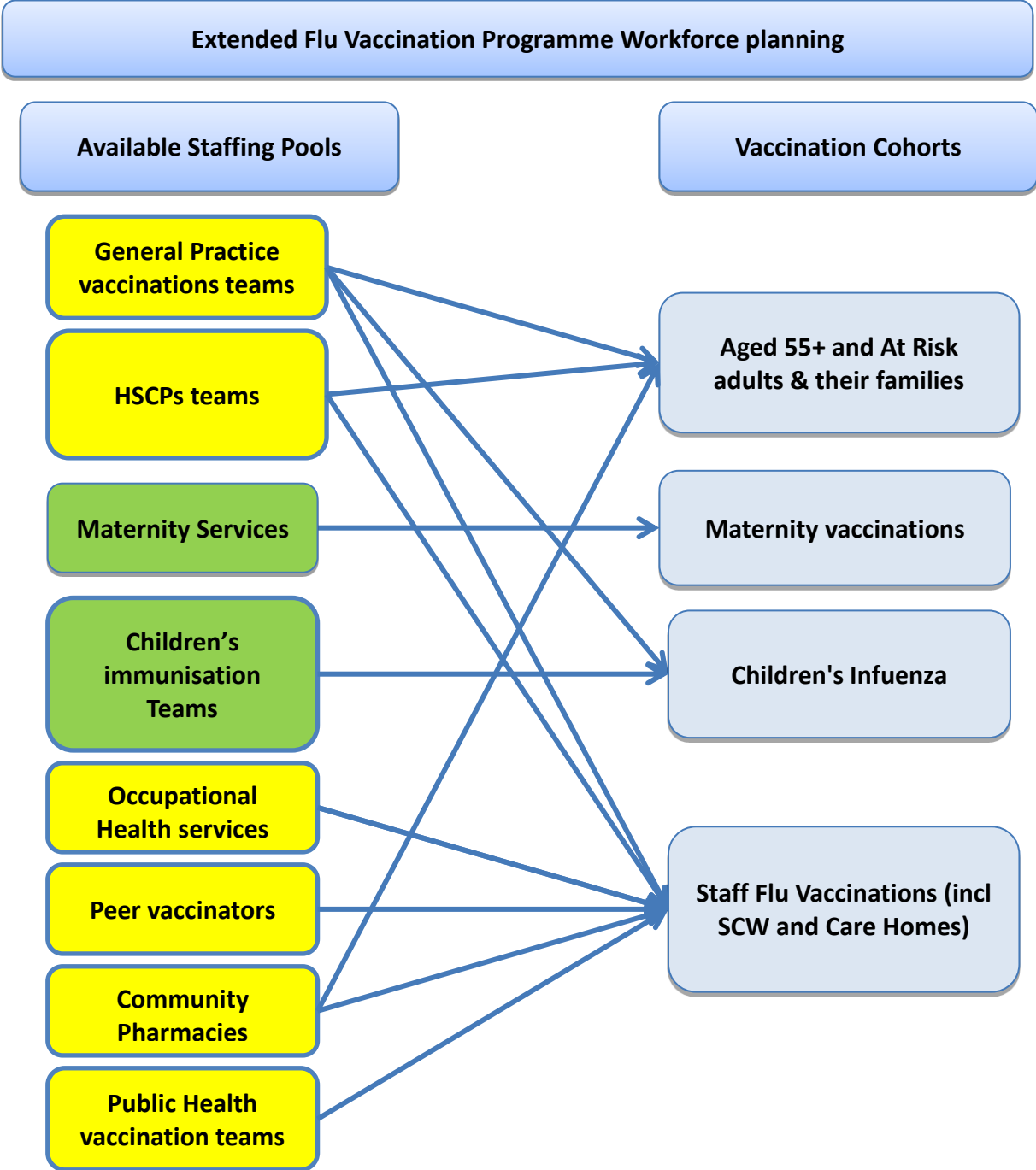
4.4 Dundee delivery models

- 4.4.1 The adult programme will be delivered by a number of teams. All general practices have agreed to support the newly developed Local Enhanced Service, which means they will deliver at least the same number of hours of time as they have done previously. However due to increased appointment timescales, the actual number of vaccines administered during these clinical hours will be considerably less than 2019/20. Given the challenges of social distancing this is positive. The majority of practices have also said they will deliver some vaccinations beyond this minimum time commitment but it is difficult for them to quantify this at this stage.
- 4.4.2 A new centralised team (Dundee Flu Vaccination Team) will support the delivery of the adult group where practices do not have the capacity to vaccinate the increased patient numbers. There are a small number of staff who have been recruited to do this, and will be enhanced by staff from other teams who can work additional hours, or in some cases be redeployed. The same team however are also supporting staff flu vaccination and care homes. A range of venues have been identified. These will be reviewed as learning is gained as to how they can be operationalised on a clinical basis once the service has started.
- 4.4.3 Those resident in care homes will be vaccinated by either the centralised team or community nursing teams. Care home residents are high priority and will have their vaccine delivered early in the programme, where possible.
- 4.4.4 Those that are housebound and can not attend either general practice or another location will be vaccinated at home by the adult community nursing team.
- 4.4.5 Staff can be vaccinated in a range of settings.
- Those in care homes will be vaccinated by the team vaccinating residents, or by their peers if it is a nursing home.
 - NHS staff have a well established programme of peer immunisation, Occupational Health services, and clinics. This model will remain this year, with an increased focus on peer immunisation within clinical areas.
 - The additional group of staff who deliver direct personal care in a social care setting, will be asked to use community pharmacy in the first instance. However it is likely that they will also be able to access clinics local to them, and in some cases peer immunisation within teams.
 - Personal assistants are slightly more complex to identify but a range of routes are planned to give them an opportunity to be vaccinated in the same way as other social care staff. Community pharmacy will be core to this.
- 4.4.6 All vaccination clinics are being held on an appointment-only basis this year to ensure social distancing requirements can be supported and appropriately managed

4.4.7 The above reflects the complexity of the programme this year but the delivery is summarised in diagram 1 below. Additionally dentists have recently agreed a national specification to allow them to also support flu vaccination. Their role has not yet been agreed locally but they are likely to be part of Covid vaccination planning.

4.4.8 Medical students will support the programme and be paid for their time. The details of this are still to be finalised. Although students who are in 4th and 5th year can immunise the legal framework is such that they cannot practically do so in a centralised clinic setting, at the current time. It is anticipated they will support other roles, and might support practices more directly.

Diagram 1



4.5 Covid vaccination

4.5.1 The timescale for a Covid vaccine is not yet clear but Boards and HSCP's have been told to plan for a Covid vaccine being available immediately after the flu vaccine programme. Local planning for this will be built on learning from the current flu programme. Planning for the Covid vaccine needs to proceed with some urgency.

4.6 Communication Plans

4.6.1 Communication with the public is led by the national campaign, and supported locally. However local messages will be key this year given the changes to the programme, the new methods of delivery which will feel quite different from those in the past, and the need to encourage a higher uptake rate. Local plans are being developed at both Tayside and Dundee level. A key challenge will be linked to patients booking appointments in a different way and that appointments may not be available when the patient contacts the practice, as central clinics will be released in a phased way as new models are tested. For future flu programmes, and for the Covid vaccine delivery, a centralised booking system will need to be in place.

4.7 Accommodation

4.7.1 Appropriate space to vaccinate safely is challenging due to the impact of covid, and the need for social distancing, and the intention to continue core services in tandem. Teams have undertaken significant review of premises to ensure that safe processes are used to minimise contact and keep people safe. Some Dundee practices are unable to safely vaccinate in their building and alternatives are being progressed. There is inadequate space in the Dundee estate means increasing demand for the same space, including for vaccination delivery. A range of NHS venues have been able to identify space. A review of other space which might be suitable going forward will be progressed as part of Covid planning.

5.0 POLICY IMPLICATIONS

5.1 This report has not been subject to an Equality Impact Assessment as it does not require any policy or financial decisions at this time. This is being reviewed by NHS Tayside as part of the wider programme delivery and will accompany any reports where a policy or financial decisions is required.

6.0 RISK ASSESSMENT

6.1 The following key risks are noted. Additional risks are noted in appendix 1.

Risk 1 Description	Unable to secure additional staff capacity to deliver across the programme. This is across a range of professional groups including nursing and admin roles and grades.
Risk Category	Operational – workforce
Inherent Risk Level	Likelihood (4) x Impact (5) = Risk Scoring (20)
Mitigating Actions (including timescales and resources)	Staff on NHS Tayside nursing bank have been offered fixed term contracts. Teams across the system have been asked to support peer immunisation and any additional capacity that can be realised for this time period.
Residual Risk Level	Likelihood (3) x Impact (5) = Risk Scoring (15)
Planned Risk Level	Likelihood (2) x Impact (5) = Risk Scoring (10)
Approval recommendation	This risk should be accepted.

Risk 2 Description	Low uptake of vaccination, leading to increased rates of flu and impact on demands for health care and reduced staffing
Risk Category	Operational - communications
Inherent Risk Level	Likelihood (4) x Impact (4) = Risk Scoring (16)
Mitigating Actions (including timescales and resources)	Clear communications at national and local level to provide information and reassurance that the vaccine is available, safe and will be delivered over the coming 2 to 3 months
Residual Risk Level	Likelihood (3) x Impact (4) = Risk Scoring (12)
Planned Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9)
Approval recommendation	This risk should be accepted

Risk 3 Description	A further wave of Covid will impact on ability to deliver the vaccine programme, and the public's ability to attend to be vaccinated
Risk Category	Operational
Inherent Risk Level	Likelihood (4) x Impact (5) = Risk Scoring (20)
Mitigating Actions (including timescales and resources)	Vaccinate as many people as possible early in the programme before any further wave of Covid impacts. Develop clear contingency plans to support delivery even if a further wave of Covid impacts on staff or patients. This is likely to include stopping other work to allow this to happen
Residual Risk Level	Likelihood (3) x Impact (5) = Risk Scoring (15)
Planned Risk Level	Likelihood (3) x Impact (5) = Risk Scoring (15)
Approval recommendation	This risk should be accepted.

Risk 4 Description	Anticipated increased uptake rates, along with additional people in the groups to be vaccinated, may lead to demand for vaccine being greater than the supply
Risk Category	Operational
Inherent Risk Level	Likelihood (4) x Impact (5) = Risk Scoring (20)
Mitigating Actions (including timescales and resources)	Older people (65 and over) and at risk groups will continue to be a priority for vaccination Vaccine supply will be coordinated to optimise delivery Clinical delivery will be phased over October to December
Residual Risk Level	Likelihood (4) x Impact (5) = Risk Scoring (15)
Planned Risk Level	Likelihood (3) x Impact (5) = Risk Scoring (15)
Approval recommendation	This risk should be accepted.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, The Head of Health and Community Care, and the Clerk were consulted in the preparation of this report. A wide range of stakeholders have been involved in the planning of the programme. There are a number of Tayside groups leading this work, as well as a Dundee planning group.

8.0 DIRECTIONS

8.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	x
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None.

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DATE:
16/10/2020

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Appendix 1 Risks noted to NHS Tayside (August 2020)

Risk	Mitigation
Insufficient capacity within GPs, HSCPs or NHS Tayside to supply the workforce required to deliver the vaccination programme as planned, leading to increased prevalence of flu, impacting on health and wellbeing of population of Tayside and associated pressure on services	Collaborative approach and framework agreed to build upon current best practice and expertise and to support sharing/flexing of resources and capacity. Seek organisational support to increase peer vaccinators and use of available suitably trained bank and deployed staff
Insufficient vaccines or delays in vaccination deliveries impact upon ability to deliver to entire target population	Close liaison through vaccine workstreams nationally to support sufficient vaccine orders and logistical planning of deliveries in line with prioritised programme plans
Covid 19 vaccination maybe released at start of flu vaccination programme and is to be given precedent, leading to changes in programme plan and impact on health of population through increased influenza infections and delay in flu vaccines being given, leads to significant waste as these have short shelf life to March 2021	Provide clear advice re prioritisation programme and clear instructions regarding 28 day wait identified between vaccinations. Seek further guidance re proposed Government approach
Risk to organisational and national reputation of over promising and under delivering on vaccination programme which results in negative publicity and loss of confidence in programme	Robust programme plans and contingency arrangements are agreed and in place. Communications are open and honest re deliverables and progress being made
Risk of having sufficient suitable accommodation available to support social distancing and being unable to provide programme leading to poorer public and staff health and wellbeing and unable to meet Government target uptakes.	Work collaboratively across, GP practices NHST property team with HSCPs Local Authority services to identify shortfall in accommodation. Explore alternative venues outwith HSCPs or NHS
Insufficient PPE is available to support staff to deliver programme and protect the public and staff from spread of infection	Need to approve timely distribution and availability of sufficient PPE or see alternative supplies in house.
Inadequate appointment system for booking flu vaccinations leads to confusion and appointments being missed or time wasted.	Work closely with E Health and IT leads to agree an appropriate solution to prevent duplication of effort and support department re social distancing
Lack of peer immunisers means that less immunisations are able to be provided on wards and therefore causing more disruption for staff and patients ability to access	Seek approval of organisation support re shielded workforce.

