
Report To:	Inverclyde Integration Joint Board	Date: 2 November 2020
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership	Report No: IJB/63/2020/AS
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Subject:	UPDATE ON DELIVERY OF 2020/21 ADULT INFLUENZA VACCINATION CAMPAIGN	

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Integration Joint Board on the expected scale and challenges of the 2020 Influenza vaccination campaign and to give an early indication of progress

2.0 SUMMARY

- 2.1 The seasonal flu vaccination campaign starts around the first week of October each year and those adults eligible include everyone over 65 and those under 65 in at risk categories. GP practices deliver the majority of adult flu vaccinations through planned flu clinics in hours and at weekends/ evenings and opportunistically in routine appointments with most vaccinations being given within a 10 week window Oct - Dec.
- 2.2 Around 17-18,000 vaccines are usually administered in Inverclyde each year. This year we face a much bigger challenge in delivery due to the social distancing requirements precluding the usual mass clinics within small and shared premises, additional PPE requirements, the addition of more eligible groups and the potential for an ongoing campaign should a Covid vaccine become available within this timescale. Alongside a likely increased demand for vaccination, we can expect anywhere up to 25,000 vaccines to be administered in Inverclyde.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Integration Joint Board notes the challenges and agrees to support the campaign and facilitate the use of resources as outlined.

4.0 BACKGROUND

- 4.1 The seasonal flu vaccination campaign starts around the first week of October each year and those adults eligible include everyone over 65 and those under 65 in at risk categories. In addition, all NHS staff can receive a flu vaccination at work and the HSCP extends this to social care colleagues, encouraging those staff with public facing roles such as care at home in particular to take this up.
- 4.2 GP practices deliver the majority of adult flu vaccinations through planned flu clinics in hours and at weekends/ evenings and opportunistically in routine appointments. District Nurses contribute to the vaccination of housebound individuals. Most vaccinations are given within a 10 week window Oct - Dec. In Inverclyde around 29,000 people are in the eligible cohort. Uptake varies and we can usually expect to administer around 17-18,000 vaccines. Around 500 staff vaccines are also administered.
- 4.3 This year we face a much bigger challenge in delivery due to the social distancing requirements precluding the usual mass clinics within small and shared premises, additional PPE requirements, the addition of more eligible groups and the potential for an ongoing campaign should a Covid vaccine become available within this timescale. The addition of those between 55 and 64, additional social care staff and household members of those in the shielding group mean the Inverclyde cohort this year is increased to at least 44, 500. It is expected that the demand for flu vaccination will increase this year due to the Covid pandemic and therefore for planning assumptions we estimate administration of around 25,000 vaccines across GPs and HSCP, a huge increase on previous years.

The 55-64 cohort in Scotland will not be vaccinated until all other at risk groups have been completed and therefore we will be required to await instruction on when this can commence.

- 4.4 It is not possible to completely separate those who will fall in to more than one current or newly added cohort therefore it may be that our data is an overestimate. GP practices will be responsible for administering vaccines for the under 65 at risk cohort (NHSGG&C wide agreement) which is around a third of the total number and the HSCP will be required to open both Greenock and Port Glasgow health centres on selected Saturday's to facilitate this. This leaves at least 11,500 vaccines to be delivered in mass clinics by the HSCP. It is not currently possible to be certain how many additional household members of shielders there may be and some of these will be covered by childhood immunisation teams or GP practices. The same is true for unpaid carers who may also fall in to more than one cohort.
- 4.5 The HSCP began vaccinating those over 65 on 29th September in the following venues:

- Greenock Town Hall (29th Sept- 11th Dec)
- Port Glasgow Town Hall (29th Sept – 23rd Oct)
- Gamble Halls (12th Oct – 30th Oct)
- Kilmacolm Community Centre (29th Sept – 9th Oct)

These will be used by:

- HSCP – Over 65 cohort, 55-64 cohort, household members of shielders, unpaid carers and some staff flu vaccinations
- Some GP practices – Under 65 cohort where own premises does not allow adequate capacity and social distancing
- Pre-school childhood immunisation team – sufficient space is not available within health centre premises therefore larger venues required (approx. 1700 vaccinations)

- 4.6 Whilst some operating processes have been developed locally, others are pan-NHSGG&C processes including the appointment system, call and recall of patients. The SIRS system (Scottish Immunisation & Recall System) has been used to allocate appointments. This is unable to offer any prioritisation system and is also unable to allocate appointments for household members together. This has led to the NHSGG&C central appointment line being under significant pressure this week with a knock on impact to the HSCP, GP practices and a number of queries to elected members.
- 4.7 The table below outlines the total staffing hours required to deliver the over 65 programme, carers and vaccinations for household members of shielding groups. A small amount of resource is available from staff working extra hours, however most additional staffing has been found from within existing services and additional bank staff. The numbers below do not include staff who will be involved in delivering vaccination to those who are housebound or those involved in peer immunisation.

Table 1 – HSCP Staffing requirement for adult over 65 flu programme from 29/9/20

Role/ Band	Total Hours Req
Coordinator/ band 6	600
Vaccinator/ band 5	2,700
Support Worker band 2/3	600
Business Support band 2/3	1,095

Staffing model will be reviewed after 2 weeks in conjunction with the Chief nurse.

- 4.8 The HSCP already offers staff flu vaccination however this year a wider group of social care staff from commissioned providers will be included where vaccination is not already offered by their employer; an additional 559 staff. There will be very limited mass workplace immunisation clinics and all services with clinical staff will be required to deliver peer immunisation. A pan-NHSGG&C approach to vaccination for care home and some other commissioned services staff (commissioned care at home) is being negotiated via community pharmacies. Planning for peer immunisation is ongoing and delivery will take place from early October – mid November. Most staff will receive their vaccination within their own workplace however staff at Hector McNeil House will attend Greenock Town Hall and those from Princes Street House will attend Port Glasgow Town Hall.

5.0 IMPLICATIONS

5.1 FINANCE

Costs for hire of venues and cleaning have been advised and will be in the region of £35,000 based on current weeks and days of usage. Costs of staffing based on total required hours are as below:

Week	Date	Weekly cost
		£
1	28/09/2020	12,687
2	05/10/2020	12,687
3	12/10/2020	11,114
4	19/10/2020	11,901
5	26/10/2020	7,635
6	02/11/2020	5,948

7	09/11/2020	4,042
8	16/11/2020	4,042
9	23/11/2020	5,900
10	30/11/2020	3,031
11	07/12/2020	4,042

TOTAL	78,986
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Costs for flu are contained within the local Mobilisation Plan.

LEGAL

5.2 There are no legal issues raised in this report.

HUMAN RESOURCES

5.3 Securing the staffing required will be challenging as the adult flu campaign will be undertaken at the same time as staff immunisations and the requirement for additional staff within the Covid Community Assessment Centre and any additional testing facilities which may be required within HSCP.

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

	YES
X	NO – An EQIA will be required

5.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	EQIA to ensure model does not disadvantage any groups
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance implications arising from this report.

5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Flu vaccination is essential for those in at risk groups.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	
People who use health and social care services have positive experiences of those services, and have their dignity respected.	
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	
Health and social care services contribute to reducing health inequalities.	
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Flu vaccination is essential to ensure carers can continue to provide support
People using health and social care services are safe from harm.	Venues and delivery require thorough risk assessment and infection control processes.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Staff are offered flu vaccinations to protect themselves and others.
Resources are used effectively in the provision of health and social care services.	Delivery of flu vaccination is required to protect the population and reduce impact on health and social care services. Reduce demand to free up capacity for potential Covid second wave.

6.0 DIRECTIONS

6.1 Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with

- Local General Practitioners and their teams
- HSCP flu planning group

8.0 BACKGROUND PAPERS

8.1 None