

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee - 6 October 2020

Subject: Seasonal Flu Immunisation Programme 2020/21

Report of: The Director of Public Health, Manchester City Council and
Dr Manisha Kumar, Medical Director, Manchester Health & Care
Commissioning

Summary

The risk of seasonal flu and Covid-19 co-circulating this winter presents a huge challenge to the health of vulnerable people and the resilience of the health and care system. In response there is a national requirement to deliver the largest ever flu vaccination programme in 2021/21. This report describes Manchester's Flu Programme for 2020/21 and outlines some of the key areas and challenges.

Recommendations

The Health Scrutiny Committee is asked to note and comment on the report.

Wards Affected: All

Contact Officers:

Name: Jenny Osborne
Position: Strategic Lead, Population Health Programmes, MHCC
Telephone: 07446896171
Email: jenny.osborne4@nhs.net

Name: Heather Bury
Position: Deputy Head of Medicines Optimisation, MHCC
Telephone: 07968622688
Email: hbury@nhs.net

Name: Safika Munshi
Position: Deputy Head of Strategic Communications, MCC
Telephone: 07814 082403
Email: safika.munshi@manchester.gov.uk

Background documents:

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents

are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

20/21 Annual Flu Letters 14/05/20 & 05/08/20

<https://www.england.nhs.uk/wp-content/uploads/2020/05/national-flu-immunisation-programme-2020-2021.pdf>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907149/Letter_annualflu_2020_to_2021_update.pdf

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/20200731-Phase-3-letter-final-1.pdf>

1.0 Context

Manchester has historically low vaccination uptake rates year on year across most cohorts. In July 2020 Manchester Health & Care Commissioning (MHCC) and Manchester Local Care Organisation (MLCO) agreed a system-wide approach as the start of a three-year plan to drive up flu vaccination rates within the city.

The following key areas were agreed:

- Making every contact count and flexible use of workforce
- Neighbourhood Flu Plans and testing new delivery models
- Major communications and engagement strategy
- Comprehensive vaccination across the health and care workforce
- Systematic approach to equalities and inclusion
- A three-year plan to address flu vaccination uptake rates
- A core flu team to co-ordinate and drive programme delivery

The Core Group reports into the City-wide Flu Group chaired by the Director of Public Health and formally reports into the Manchester Covid-19 Response Group (which fulfils the function of the Health Protection Board) and onwards to the Manchester Community Cell and Manchester Health and Wellbeing Board.

2.0 Scope of the Manchester Flu Programme 2020/21

The estimated volume of the Manchester population eligible for flu vaccination has risen from **243,000** in 2019/20 to **303,000** in 2020/21. A 75% uptake rate equates to vaccination of **227,000** people.

This includes modelling for the new cohorts in scope for flu vaccination this year which are: household contacts of shielded patients; Year 7 school children; health and care workers employed by those in receipt of Direct Payments or Personal Health Budgets and; healthy 50 – 64 year olds. The requirement is to vaccinate those in at risk groups first, therefore the offer of vaccination to healthy 50-64 year olds is still nationally as an 'aim' for November/December.

The targets for eligible groups are flu vaccination are set out in Table One. A full list of eligible cohorts is attached at Appendix One.

Table One

Eligible Groups	Uptake ambition
Aged 65 & over	75%
In clinical at risk group	75%
Pregnant women	75%
Children aged 2 and 3 years old	75%
All primary school aged children and Year 7 children in secondary school	75%
Frontline health and social care workers	100% offer, 90% target

3.0 Performance data

In 2019/20 **108,234** people in Manchester received the seasonal flu vaccination.

Group	Vaccinated	2019/20 target
Age 65+	66.2%	75%
16-65 in clinical risk groups	39.9%	55%
Pregnant women	36.1%	55%
2's & 3's not at risk	27%	50%
4-11's not at risk	36.4%	65%

The data illustrates the risk to the Manchester population inherent in low vaccination uptake. This is even more pronounced for those most at risk of discrimination and disadvantage.

The NHS Phase 3 letter¹ released in August makes clear that acceleration of prevention programmes including flu vaccination is one of the eight urgent actions required to address health inequalities, specifically requesting a focus on most deprived 20% of neighbourhoods, BAME communities and people with learning disabilities.

In 2019/20 only **41%** of our BAME population were vaccinated (where status known) as against **51%** for White British. For adults with a registered learning disability the recorded vaccination rate was **43%**.

The impact of Covid-19 on particular communities has been well documented and our plans for 2020/21 flu season seek to address these challenges as part of the three-year plan to increase flu vaccination uptake rates for Manchester.

4.0 Timelines for delivery of Manchester Flu Programme 2020/21

Month 2020/21	Key Deliverables
September	<ul style="list-style-type: none"> ▪ Delivery of flu vaccination within primary care and community pharmacy commences ▪ Consent forms issued to parents to enable vaccination and delivery of schools flu vaccination programme begins
October	<ul style="list-style-type: none"> ▪ Flu clinics and delivery to eligible groups within primary care fully operational ▪ Workforce vaccination commences ▪ National and local flu campaigns begin ▪ Regular uptake data review commences
November & December	<ul style="list-style-type: none"> ▪ Mobilisation of additional delivery mechanisms to reach most vulnerable and additional cohorts
January & February	<ul style="list-style-type: none"> ▪ Programme and data review and action plan for 2021/22

5.0 Programme Approach

A Core Flu Team is meets weekly to co-ordinate across workstreams. The key areas, risks and mitigations are set out below.

Primary Care and Neighbourhood Planning
<p>Key points</p> <ol style="list-style-type: none">1. Majority of practices delivering traditional flu clinics/services which are now underway.2. Some examples of innovative delivery models (Robert Darbishire PCN testing a walk-through and drive-through model at temple car park, Didsbury/Chorlton Burnage using Withington Community Hospital for walk-through).3. Primare Care Network (PCN) Clinical Leads are supporting flu planning for their local areas working with Integrated Neighbourhood Team (INT) Leads who each have a neighbourhood flu plan in place.4. Each neighbourhood has a £5k allocation through the prevention fund for local community engagement and communication activity to reach the most vulnerable, led by the INT Health Development Co-ordinators.5. Community midwives will support vaccination of pregnant women at GP ante-natal clinics.6. Shielded children will be vaccinated opportunistically when seen by secondary care services.7. Specific services have been GM commissioned to vaccinate rough sleepers/homeless and those in receipt of substance misuse services.8. At risk groups of all ages will be vaccinated first. Information on the approach to vaccination for healthy 50-64 year olds in November/December is awaited and is dependent on vaccine supply.
<p>Risks</p> <ul style="list-style-type: none">• Vaccination orders were submitted prior to the Covid-19 incident and did not take account of the new guidance on expanded cohorts or higher national uptake targets. The orders tend to be based on volumes delivered in previous years against eligible cohorts and therefore as Manchester has low vaccination uptake rates this further increases the risk of insufficient vaccine supply. There is a real risk that insufficient vaccine supply is available to meet the demand and progress towards the 75% national target. Reported demand for vaccination in primary care is already very high. Some community pharmacies are restricting their offer to 65+ only.• Additional vaccine stocks are controlled nationally and advice is still awaited on release of additional vaccine supplies and the process for reordering.• There is a risk that traditional delivery models cannot vaccinate the volumes necessary due to social distancing measures needed and limitations in practice premises.
<p>Mitigation</p> <ul style="list-style-type: none">▪ Vaccination will be prioritised for the most vulnerable first, with regular monitoring of vaccination supply levels within weekly primary care 'sit reps' and escalation to Greater Manchester and NHS England to request release of additional vaccine stocks being held nationally.

- National rules have been changed to enable vaccine stock to be transferred between providers to support shortages and continued delivery of the flu programme.
- Additional MHCC funding will be available to finance different delivery models or additional capacity to reach vulnerable population subject to data review and joint work with INTs.
- MLCO have funding from MFT to support primary care delivery to housebound/shielded and vulnerable groups
- Contingency plans for 'mop up' clinics through a variety of delivery mechanisms (e.g. mobile vans, 'drive-through' and community clinics) are in planning for the latter part of the season.
- Weekly data reports being constructed to drive intelligence led approach to targeting those most at risk.

Children and schools

Key Points

1. Intrahealth is the school vaccination provider and has booked into all primary and Year 7 schools.
2. For the first time an alternative to the nasal spray which contains pork gelatine is available to those children whose parents decline consent on the grounds of ingredients.
3. A small paediatric A&E pilot at North Manchester General Hospital (NMGH) is taking place to undertake opportunistic vaccination of 2 and 3 year olds.

Risks

- Parental consent for vaccination is highly variable and very low (>10%) in some primary schools.
- Partial or full school closures will impede the delivery of the programme.
- Delivery of the alternative vaccine for those who reject the nasal spray is deferred until November, and dependent on vaccine supply, potentially disadvantaging those who do not consent to the nasal spray on religious or other grounds.

Mitigation

- Local Neighbourhood Teams are engaging with primary schools and sharing local uptake data to drive an increase in consent, tailored to the needs of particular communities.
- Schools have been asked to remain open for clinics, and local community clinics will be run in the latter part of the programme offered to children who were not present for the school vaccination, supported by neighbourhood teams.
- Communications and engagement activity will be tailored and targeted as tightly as possible to reflect the position through the season regarding access to the vaccine.
- GM Health and Social Care Partnership is writing to all parents of 2's & 3's to encourage take up of the vaccine.

Health and Care Workforce

Key points

1. Employers are responsible for ensuring their health and care staff are offered vaccination.
2. MLCO has plans in place to vaccinate all staff including MCC deployed staff.

3. MFT and GP Practices have staff vaccination plans in place.
4. Registered care and nursing home providers and domiciliary care providers, and carers employed by those in receipt of Direct Payments or Personal Health Budgets are entitled to free vaccination from their GP or community pharmacy.
5. Carers employed by those in receipt of Personal Health Budgets or Direct Payments can access free vaccination via GP or Pharmacy.

Risks

- Plans to vaccinate independent care home and domiciliary care workforce are piecemeal and dependent on the employer or individual accessing their GP or a community pharmacy offer.
- Most care homes have confirmed that plans are in place but fewer domiciliary care agencies have. There is currently no mechanism to require that providers supply evidence on flu vaccination as part of performance requirements.
- There is a risk of inequitable access for care workers depending on the support, offer and expectations from the employer to support vaccination, disproportionately affecting lowest paid and BAME staff who make up 50% of Manchester's home care workforce.

Mitigation

- MHCC and the Local Pharmaceutical Committee are working together to support an offer between Community Pharmacy and Domiciliary Care providers.
- Any care home experiencing difficulties in accessing flu vaccination for residents or staff is encouraged to report as part of routine Performance, Quality & Improvement (PQI) Team calls through the season.
- Targeted communications and engagement activity with carers including those in receipt of Direct Payments/Personal Health Budget is taking place.

Equalities and Inclusion

Key points

1. Strong Neighbourhood engagement plans and partnership work underway focusing on the most disadvantaged and at risk cohorts e.g. Learning Disability, BAME communities, including those not automatically eligible but who are vulnerable e.g. homeless people, asylum seekers, street workers.
2. Additional funding for primary care delivery will require evidence that it targets the cohorts who are most vulnerable and at risk of health inequalities.
3. An Equalities Impact Assessment is being undertaken at neighbourhood and city-wide level which will be updated through the vaccination season.

Risks

- There are challenges around cultural acceptance of vaccination and circulation of myths within some communities (e.g. that the flu vaccination has the Covid virus within it).
- Flu vaccination offer to children whose parents refuse on religious grounds may result in minority communities e.g. Muslim and Jewish children being vaccinated later than others and this offer is dependent on vaccine supply.
- The extra demand for vaccinations from those most able to manage their own health will further disadvantage those who struggle to access services.

Mitigation

- Joint work is underway with the Covid Health Equity Manchester group to co-ordinate and manage inter-related work areas between Covid and Flu.
- Weekly data analysis will be available and utilised at practice, neighbourhood and city-wide level to monitor vaccination take up to at risk groups and drive action to address those most at risk of inequalities.
- Escalation of the need to release further vaccine to address supply issues and inequalities.

Communication and Engagement

Key points

1. A city-wide Communication and Engagement Group is in place to deliver the largest flu vaccination campaign that we have run as a city. This is led by Manchester City Council in partnership with MHCC, MLCO, MFT, GMMH and VCSE partners.
2. Additional funding has been agreed by Manchester Health & Care Commissioning to support this work in partnership with MCC and MLCO.
3. A communication and engagement plan summary is attached at Appendix Two which details city-wide and local approaches, materials, messages and channels.
4. Hyper-local neighbourhood engagement will be in place to support the campaign and target specific cohorts of hard to reach people, and link them in to local service provision. There is funding support available to community groups to facilitate this work.
5. There will be a series of citywide engagement projects to support communities of interest (e.g. homeless people, people with learning disability).
6. The communications and engagement plan will be reviewed on a weekly basis based on available business intelligence and surveillance data. This will ensure activity delivered reflects service delivery priorities.

Key dates

- September - national and local health and care worker campaign launched
- 22 September - media launch of national marketing campaign
- September - 5 October - social media messaging to support operational delivery
- 5 October onwards - national Marketing campaign activity commences
- w/c 5 October onwards - local campaign activity commences (including media launch)
- October onwards - GMHSCP campaign activity commences which specifically targets parents of 2 and 3 year olds and people with learning disabilities.

Risks

- Effective engagement and communication is dependent on clear delivery plans and effective access to appointments from practices – this may be impeded by delays to vaccine supply release.
- There will be counter-campaigns deterring people from flu vaccination (e.g. ‘anti-vaxx’ groups).

Mitigation

- Joint work with Covid Communications Cell is in place to co-ordinate and

integrate messages to communities.

- Work with the Covid-19 Health Equity Group to ensure messaging is culturally competent and appropriate.
- Monitoring which messages work well for which audiences will take place throughout the campaign and messages will be adapted/flexed dynamically throughout the campaign to react to changing circumstances.

6.0 Conclusion

Strong system-wide plans are in place to support delivery of the seasonal flu programme this year. Significant risks and challenges remain which may impact on effective delivery however there is a continued commitment to resolving these both through the season and to address the longer term barriers over the course of the next three years to drive a sustained improvement in Manchester's flu immunisation uptake rates.

7.0 Recommendations

Health Scrutiny Committee is asked to note and comment on the report.