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NOTICE OF MEETING

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HEALTH AND WELLBEING BOARD

will meet on

TUESDAY, 13TH OCTOBER, 2020

at

3.00 pm

by

VIRTUAL MEETING - ONLINE ACCESS ON RBWM [YOUTUBE](#)

TO: MEMBERS OF THE HEALTH AND WELLBEING BOARD

HUW THOMAS (NHS) (VICE-CHAIRMAN), COUNCILLOR DAVID COPPINGER (LEAD MEMBER FOR PLANNING, ENVIRONMENTAL SERVICES AND MAIDENHEAD), COUNCILLOR STUART CARROLL (DEPUTY CHAIRMAN OF CABINET, ADULT SOCIAL CARE, CHILDREN'S SERVICES, HEALTH AND MENTAL HEALTH) (CHAIRMAN), TESSA LINDFIELD (STANDING DIRECTOR OF PUBLIC HEALTH) (PUBLIC HEALTH), HILARY HALL (DEPUTY DIRECTOR STRATEGY AND COMMISSIONING) (STRATEGY AND COMMISSIONING (RBWM)), KEVIN MCDANIEL (DIRECTOR OF CHILDREN'S SERVICES) (CHILDRENS SERVICES (RBWM)), MARK SANDERS (HEALTHWATCH WAM GET INVOLVED), COUNCILLOR DONNA STIMSON (LEAD MEMBER - CLIMATE CHANGE, SUSTAINABILITY, PARKS AND COUNTRYSIDE), TRACY HENDREN (HEAD OF HOUSING & ENVIRONMENTAL HEALTH SERVICE), CAROLINE FARRAR (EXECUTIVE MANAGING DIRECTOR FOR RBWM, CCG) AND JANE HOGG (FRIMLEY INTEGRATED CARE SYSTEM)

Karen Shepherd
Head of Governance
Issued: 5th October 2020

Members of the Press and Public are welcome to attend Part I of this meeting.
The agenda is available on the Council's web site at www.rbwm.gov.uk or contact the Panel Administrator **Mark Beeley** 01628 796345 / mark.beeley@rbwm.gov.uk

Recording of Meetings – In line with the council's commitment to transparency the Part I (public) section of the virtual meeting will be streamed live and recorded via Zoom. By participating in the meeting by audio and/or video, you are giving consent to being recorded and acknowledge that the recording will be in the public domain.

If you have any questions regarding the council's policy, please speak to Democratic Services or Legal representative at the meeting.

AGENDA

PART I

| <u>ITEM</u> | <u>SUBJECT</u> | <u>PERSON</u> | <u>TIMING</u> | <u>PAGE NO</u> |
|-------------|--|----------------------------------|---------------|----------------|
| 1. | <u>APOLOGIES FOR ABSENCE</u> To receive any apologies for absence. | Chairman | | - |
| 2. | <u>DECLARATIONS OF INTEREST</u> To receive any declarations of interest. | Chairman | | 5 - 6 |
| 3. | <u>MINUTES</u> To confirm the Part I minutes of the meeting held on 21 st July 2020. | Chairman | | 7 - 12 |
| 4. | <u>FEEDBACK FROM LOCAL OUTBREAK ENGAGEMENT BOARD</u> To receive an update on the above titled item. | Hilary Hall | | Verbal Report |
| 5. | <u>WINTER PLANNING PAPER</u> To consider the paper. *Please note: this item will now be a verbal report/presentation and there will not be a report to follow.* | Caroline Farrar/Alex Tilley | | To Follow |
| 6. | <u>ANNUAL PUBLIC HEALTH REPORT</u> To hear from the Director of Public Health on the report titled: 'Looking forward to recovery: 10 things to consider for COVID-19 recovery planning in Berkshire.' | Tessa Lindfield | | Verbal Report |
| 7. | <u>SOCIAL CARE WINTER PLAN</u> To receive a verbal report on the above titled item. | Hilary Hall | | Verbal Report |
| 8. | <u>FLU PLAN UPDATE</u> To receive an update on the above titled item. | Holli Dalglish/ Anna Richards | | 13 - 42 |
| 9. | <u>TACKLING MENTAL HEALTH ACROSS RBWM</u> To hear an update on the above titled item. | Nadia Barakat | | Verbal Report |

| | | | |
|------|--|---------------|---------------|
| 10. | <p><u>BETTER CARE FUND UPDATE</u></p> <p>To receive a verbal update.</p> | Lynne Lidster | Verbal Report |
| 11. | <p><u>FUTURE MEETING DATES</u></p> <ul style="list-style-type: none"> • January 2021 • April 2021 • July 2021 • October 2021 <p>Exact dates will be confirmed in due course.</p> | Chairman | - |
| 12. | <p><u>LOCAL GOVERNMENT ACT 1972 - EXCLUSION OF THE PUBLIC</u></p> <p>To consider passing the following resolution:-</p> <p>"That under Section 100(A)(4) of the Local Government Act 1972, the public be excluded from the remainder of the meeting whilst discussion takes place on the grounds that they involve the likely disclosure of exempt information as defined in Paragraphs 1-7 of part I of Schedule 12A of the Act."</p> | Chairman | - |
| iii. | <p><u>MINUTES</u></p> <p>To consider the Part II minutes from the meeting held on 21st July 2020.</p> <p><i>Not for publication by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972</i></p> | Chairman | 43 - 44 |

MEMBERS' GUIDE TO DECLARING INTERESTS IN MEETINGS

Disclosure at Meetings

If a Member has not disclosed an interest in their Register of Interests, they **must make** the declaration of interest at the beginning of the meeting, or as soon as they are aware that they have a DPI or Prejudicial Interest. If a Member has already disclosed the interest in their Register of Interests they are still required to disclose this in the meeting if it relates to the matter being discussed.

A member with a DPI or Prejudicial Interest **may make representations at the start of the item but must not take part in the discussion or vote at a meeting.** The speaking time allocated for Members to make representations is at the discretion of the Chairman of the meeting. In order to avoid any accusations of taking part in the discussion or vote, after speaking, Members should move away from the panel table to a public area or, if they wish, leave the room. If the interest declared has not been entered on to a Members' Register of Interests, they must notify the Monitoring Officer in writing within the next 28 days following the meeting.

Disclosable Pecuniary Interests (DPIs) (relating to the Member or their partner) include:

- Any employment, office, trade, profession or vocation carried on for profit or gain.
- Any payment or provision of any other financial benefit made in respect of any expenses occurred in carrying out member duties or election expenses.
- Any contract under which goods and services are to be provided/works to be executed which has not been fully discharged.
- Any beneficial interest in land within the area of the relevant authority.
- Any licence to occupy land in the area of the relevant authority for a month or longer.
- Any tenancy where the landlord is the relevant authority, and the tenant is a body in which the relevant person has a beneficial interest.
- Any beneficial interest in securities of a body where:
 - a) that body has a piece of business or land in the area of the relevant authority, and
 - b) either (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body **or** (ii) the total nominal value of the shares of any one class belonging to the relevant person exceeds one hundredth of the total issued share capital of that class.

Any Member who is unsure if their interest falls within any of the above legal definitions should seek advice from the Monitoring Officer in advance of the meeting.

A Member with a DPI should state in the meeting: ***'I declare a Disclosable Pecuniary Interest in item x because xxx. As soon as we come to that item, I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Or, if making representations on the item: ***'I declare a Disclosable Pecuniary Interest in item x because xxx. As soon as we come to that item, I will make representations, then I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Prejudicial Interests

Any interest which a reasonable, fair minded and informed member of the public would reasonably believe is so significant that it harms or impairs the Member's ability to judge the public interest in the item, i.e. a Member's decision making is influenced by their interest so that they are not able to impartially consider relevant issues.

A Member with a Prejudicial interest should state in the meeting: ***'I declare a Prejudicial Interest in item x because xxx. As soon as we come to that item, I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Or, if making representations in the item: ***'I declare a Prejudicial Interest in item x because xxx. As soon as we come to that item, I will make representations, then I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Personal interests

Any other connection or association which a member of the public may reasonably think may influence a Member when making a decision on council matters.

Members with a Personal Interest should state at the meeting: ***'I wish to declare a Personal Interest in item x because xxx'. As this is a Personal Interest only, I will take part in the discussion and vote on the matter.***

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HEALTH AND WELLBEING BOARD
VIRTUAL MEETING - ONLINE ACCESS AT 3.00 PM

21 July 2020

PRESENT: Huw Thomas (Vice-Chairman), Councillor David Coppinger, Councillor Stuart Carroll (Chairman), Mark Sanders, Councillor Donna Stimson, Caroline Farrar, Jane Hogg, Lynne Lidster and Anna Richards

Also in attendance: Councillors Rayner and Bond

Officers: Hilary Hall, Kevin McDaniel, Mark Beeley and Shilpa Manek

PART I

206/15 **APOLOGIES FOR ABSENCE**

Apologies were received from Tessa Lindfield and Tracy Hendren.

207/15 **DECLARATIONS OF INTEREST**

Councillor Carroll declared a personal interest as he works for a pharmaceutical company, Sanofi Pasteur. Councillor Carroll declared his employment in the interests of full transparency and to highlight that should for any reason during any point of the meeting, or indeed during future meetings, the HWB discussed anything directly related to Sanofi Pasteur's business he would abstain from the discussion and leave the room as required.

208/15 **MINUTES**

RESOLVED UNANIMOUSLY; That the minutes of the meeting held on 14th January 2020 were agreed as a true and accurate record.

209/15 **CCG COLLABORATIVE STRATEGIC PRIORITIES**

Caroline Farrar, Executive Managing Director RBWM, explained the current priorities and that objectives had been given to staff that were relevant to the current situation. Restoration, recovery and patient needs had created a new health and care landscape. Public health had taken a huge burden during the pandemic but had provided a better model of care and the positive changes learnt would be taken forward.

The Chairman asked how things had been going during the pandemic. Huw Thomas said that primary care had changed significantly. Patients had been helped via email as the digital agenda had moved forward significantly. They had been working closely with colleagues in secondary care which had resulted in more services opening up. However, the need for PPE and other measures meant that services and appointments were taking longer to be delivered, especially with a reduced capacity. Planning had also started for how to deal with any potential issues heading into winter.

The Chairman commented that a lot of good work had been done in challenging times. Huw Thomas said that both volunteers and the general public had been fantastic and had really

come together. The Chairman agreed and said that those that needed help the most had been identified and reached.

Councillor Stimson apologised for missing the start of the meeting. Looking at the recovery, she asked what some of the definite changes would look like. She said that it was important to seize the opportunity.

Caroline Farrar said that practices had adapted in different ways, some of which were not sustainable in the long term. They had been looking at the ways to shape this using online consultation tools. Huw Thomas explained that at his surgery, they had been encouraging patients to refer for an opinion, ensuring that people stayed at home where possible. Face to face appointments were limited, whereas options like a telephone consultation were preferred for a better patient experience. He said that it was likely to cause a large cultural change in how services were offered.

Councillor Coppinger asked if the space that was used in practices would be considered as part of the change. Caroline Farrar said it was something that was being considered but at this stage it was uncertain what capacity would like look.

210/15 COMMUNITY DEAL - THE JOURNEY FROM SHIELDING TO COMMUNITY HUBS

Hilary Hall, Director of Adults, Health and Commissioning, said that RBWM had looked at the community response to the pandemic, particularly with those that had been shielding, and how to better help communities. 'Be a good neighbour' was a slogan that had been used, with WAM Get Involved playing a key role and being a central point where help could be given and received. Over 750 residents had volunteered, and many staff had volunteered to man the telephone lines and undertake calls to shielded individuals, which could be done from home. Over half of this number have said that they would like to continue volunteering for the council. 50 different groups had been supported with £20,000 of grant funding and groups had been added to an asset map on the website. Around 150 RBWM staff had been redeployed over the last few months to help and Community Wardens had been working closely with groups.

A lot had been learnt from the pandemic and it was especially important that the right support was given at the right time from the right service. Hilary Hall said that her team had received great feedback from residents and they were keen to focus on strengths, particularly what people were good at. An interactive volunteer page had been created, with 750 volunteers registered in just 8 weeks. There was also an asset map that had recently been created and that further projects to connect community groups together would be ongoing. Updates would be provided to the Health and Wellbeing Board and it was hoped that the pilot in Clewer and Dedworth would be a blueprint for the future.

The Chairman said that the level of volunteering had been fantastic. He asked if there was any way of encouraging more volunteers in future. Hilary Hall explained that it was important to provide an attractive offer to volunteers, for example by providing an opportunity to improve their skills and development.

Councillor Rayner said that she admired the work done and Covid had helped neighbours and communities come together. There had been a tremendous community response and charities wanted to help, both in the short and long term.

The Chairman agreed that this was an important point and was about people pulling together. He said that there were ambitious plans in place to ensure the volunteering level remained high.

Councillor Stimson said that at her local surgery they had been grateful for all the work and support that RBWM had given them. Something that needed to be focussed on though was

mental health and wellbeing. She said that she hoped the great things that have happened would be continued.

The Chairman said that mental health was a very important issue. There had been a behaviour change during the pandemic as people were rethinking their daily lives and routines. There was an opportunity to capitalise, especially when doing things remotely.

211/15 UPDATE ON THE FRIMLEY INTEGRATED CARE STRATEGY

Jane Hogg, Director of Transformation at the Frimley ICS, explained that there were six main ambitions of the Frimley Integrated Care Strategy. These were; starting well, focus on wellbeing, community deals, our people, leadership & culture, and outstanding use of resources. A survey had recently been undertaken which looked at health and wellbeing during the pandemic. 82% of respondents said that they felt their health and wellbeing was good, while 73% said that their health and care needs had been met. The main themes that had come out of the survey included:

- Remote virtual working
- Good communication
- Ethos of coming together and collaboration
- Compassionate leadership and wellbeing
- Innovation

Slough had shown conditions for a disproportionate impact from Covid-19 and work was being done in the hospital sector to close this gap and mitigate the impact. Looking towards the future and next steps, there was a need for national funding to increase capacity and to develop any efficiency plans, particularly as equipment needed to be cleaned after each use. There had been huge benefits from the partnership and enhanced working and there was an ambition to keep this going.

Councillor Rayner left the meeting.

212/15 LOCAL OUTBREAK CONTROL PLAN AND LOCAL OUTBREAK ENGAGEMENT BOARD

Anna Richards, Consultant in Public Health, said that RBWM had a duty to produce an outbreak and control plan by 30th June 2020. This had been signed off by Duncan Sharkey, Managing Director and Tessa Lindfield, Strategic Director of Public Health. The priority was to keep residents safe from Covid-19. There was a total of 411 confirmed positive cases as of 20th July 2020, with 12 cases in the period 7th-20th July. There was 272.4 cumulative cases per 100,000 of the population at this time. On a rolling average, this was 0.6 per 100,000 of the population which was relatively low compared to other local authorities.

The plan involved a number of key themes, with the focus being on managing risks locally in a number of settings across borough. Anna Richards explained how the notification process worked and that it was important at each stage of the process to keep the public informed. Managing the risk was a team effort and a number of organisations were involved in the plan. Next steps included keeping the plan up to date with guidance being provided on particular scenarios and how to deal with them.

The Chairman said that there was a lot of detail and focus in the plan and that it would be able to respond effectively if needed.

213/15 MENTAL HEALTH LOCAL ACTION PLAN

Anna Richards said that the action plan was very thorough and looked at five main areas, with a total of 40 actions related to the plan. She said that she could circulate the plan with colleagues and bring it back to the next Health and Wellbeing Board meeting.

The Chairman said that it was sometimes important to signpost residents towards services, and wondered how RBWM was going about doing this. Anna Richards said the plan would be updated to reflect signposting and ensure that residents were aware of what services were available.

Kevin McDaniel, Director of Children's Services, said that RBWM had recently increased the number of online resources available to young people. There had been an uptake in training that CCG provided in mental health awareness and that there was also support from the Early Help team. A national green paper was currently going through Parliament which would help improve support for mental health.

The Chairman said that in his role as Lead Member for Adult and Children's Services he would ask questions of Nadine Dorries, who was the Minister responsible for Mental Health. It had been a hard time for many people and was something that should be discussed again at the next meeting.

214/15 UPDATE ON THE BETTER CARE FUND

Lynne Lidster, Head of Commissioning – People, gave an update on the Better Care Fund. She explained that the Better Card Fund for 2019/20 was approved but the guidance for the following year had not yet been produced and was likely to come out in September. Ambitions for the Better Care Fund included a non-elective admission of 19,000, with month 10 forecast being 14,000. This was 22% better than the target. The target of moving patients out of hospital within 11 days had been suspended by the government during the pandemic. Other targets had been achieved.

Looking at the finances, the total fund for 2020/21 was £13.7 million. All but £100,000 of this amount had already been allocated, so this could be spent on other things over the course of the year. The bid for additional funding for homecare was accepted acknowledging the financial pressure in this area. The Care Home Quality Programme had been very successful in improving the standard frameworks in care homes. Lynne Lidster said that she would like to thank Marianne Hiley, who had recently retired as the Better Care Fund Manager, for her work with the Better Care Fund.

The Chairman commented that Marianne had done a lot of great work, and thanked her for her input and contributions.

215/15 ANY OTHER BUSINESS

Hilary Hall said that the Task and Finish homeless strategy group would be meeting in September and an update would be provided at the next meeting.

216/15 FUTURE MEETING DATES

The Chairman said that a meeting in October would probably be best. A meeting date would be arranged and communicated in due course.

Concluding the meeting, the Chairman wanted to thank all Board members for their work during the pandemic, where great leadership and decision taking had been shown. He wanted to thank everyone for all they had done and he had received a lot of good feedback

from residents.

RESOLVED UNANIMOUSLY; That under Section 100(A)(4) of the Local Government Act 1972, the public be excluded from the remainder of the meeting whilst discussion takes place on the grounds that they involve the likely disclosure of exempt information as defined in Paragraphs 1-7 of part I of Schedule 12A of the Act.

The meeting, which began at 3.00 pm, ended at 4.55 pm

CHAIRMAN.....

DATE.....

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| | |
|----------------------------------|---|
| Subject: | Berkshire Seasonal Influenza Campaign; 2019-20 flu activity summary, final vaccine uptake figures and plans for 2020-21 |
| Reason for briefing note: | Information |
| Responsible officer(s): | Anna Richards, Public Health Consultant Holli Dalglish, Service Lead - Public Health Programmes |
| Senior leader sponsor: | Hilary Hall, Director of Adults, Health and Commissioning |
| Date: | 13 th October |

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SUMMARY

1. This report is for information and gives an overview of the 2019-20 flu season, the uptake of flu vaccinations, how the 2020-21 flu season will differ, largely due to the influence of COVID-19, and an overall plan to support the delivery of the flu vaccinations developed by Public Health.
2. Overall, the flu vaccine uptake in Windsor and Maidenhead in 2019-20 was good and did not differ significantly from the regional and national figures.
3. Uptake of the flu vaccine among GP patients aged 65 years and over was the only cohort reported where Windsor and Maidenhead performed lower than the national average (RBWM – 72.2%, Eng – 72.4%).
4. Uptake of the flu vaccine for patients under 65 years in clinical at-risk groups was similar to the England average, however the national ambition for uptake in this group (55%) was not met. This is the same for pregnant women, where Windsor and Maidenhead had a slightly higher uptake when compared with the national average, but locally saw a decrease of the uptake from the previous year. This local finding reflects the national decreasing trend.
5. Windsor and Maidenhead exceeded the upper national ambition of 65% for vaccinating school aged children in all year groups.
6. The planned 2020-21 flu season has been impacted by the COVID-19 pandemic. A heavy flu season with a con-current second wave of COVID-19 could be extremely challenging. The primary changes in 2020-21 include expansion of eligibility criteria, delivery methods of the vaccination programme and a significant increase in uptake.
7. Public Health have worked and continue to work in collaboration with East Berkshire CCG, RBWM communications team and wider partners to deliver a successful flu vaccination programme.
8. This report has been shared with the Health and Wellbeing Board for information and therefore no recommendations are sought.
9. It is asked of the Health and Wellbeing board that they support the delivery of the flu campaign wherever possible, encouraging and enabling eligible residents, staff, family and friends to take up the flu vaccination.

1 BACKGROUND

- 1.1 The flu season runs every winter, each year a nationally lead programme is run and resources are published for use locally.

- 1.2 Public Health have been working in partnership with all partners including, East Berkshire CCG, Public Health across Berkshire and RBWM communications team.
- 1.3 The flu plan for 2020-21 has been developed by taking into consideration the Frimley Integrated Care System (ICS) communications plan, the added pressure of COVID-19 and the increased eligibility criteria.
- 1.4 Across Berkshire and Thames Valley partners are working together and holding regular meetings to ensure we are aligned and supporting one-another.

2 KEY IMPLICATIONS

- 2.1 Nationally the targets for vaccine uptake have been increased to reflect the added complications of the current COVID-19 pandemic. Windsor and Maidenhead council will work with and support a wide array of partners to reach these targets.
- 2.2 The national ambitions for uptake in 2020-21 are at least 75% uptake in the following cohorts; aged 65 years and over, at-risk clinical groups, pregnant women, children aged 2-3 years and all eligible school aged children. It is also the national ambition that 100% of all frontline health and social care workers are offered.
- 2.3 The implications for low flu vaccine uptake are; increased risk of health complications due to flu for vulnerable residents, increased pressure on health services and increased complications and more severe disease if co-infection of both flu and COVID-19 occur.

3 DETAILS

- 3.1 The report covers the 2019-20 flu season and the 2020-21 flu season. The report provides details of past flu vaccine uptake compared across Berkshire, and nationally.
- 3.2 This intelligence has been used to develop plans for 2020-21.
- 3.3 The RBWM flu plan for 2020-21 has been included in appendix 1. This will evolve and change as we move through the flu season and we respond to the national COVID-19 pandemic.
- 3.4 The plan works alongside partner plans, complimenting and supporting them.

4 RISKS

- 4.1 There is a risk that there will likely be an increase in demand for the flu vaccine and supply will have to increase to meet this demand. This is acknowledged both nationally and locally, with partners working to respond and escalate issues where necessary. Communications will need to be adapted locally to respond to the supply and demand where necessary.
- 4.2 There is also a risk that co-infection of COVID-19 and Flu A will lead to a more severe disease, and the impact on the health system of a concurrent second wave of COVID-19 and heavy flu season could be extremely challenging. For this reason, the national eligibility criteria have been expanded, vaccine delivery methods have adapted, and national uptake ambitions have significantly increased.

5 NEXT STEPS

- 5.1 Public Health will work in partnership across the Borough to support the delivery of the national flu campaign locally and respond accordingly to any changes or impacts due to the COVID-19 pandemic.

Berkshire Seasonal Influenza Campaign; 2019-20 flu activity summary, final vaccine uptake figures and plans for 2020-21

David Munday, Consultant in Public Health, on behalf of Public Health for Berkshire
Dr Benjamin Jones, Foundation Year 2, Public Health for Berkshire
September 2020

Executive Summary

1. **Background** - Seasonal influenza (Flu) is a key factor in NHS winter pressures. The National Flu Plan aims to reduce the impact of flu in the population through a series of complementary measures. Flu vaccination is commissioned by NHS England for groups at increased risk of severe disease or death should they contract flu.

Key aims of the immunisation programme are to;

- Actively offer flu vaccine to 100% of people in eligible groups
- Immunise 65% of eligible children, with a minimum 40% uptake in each school
- Maintain and improve uptake in over 65s and clinical risk groups with at least 75% uptake among people 65 years and over and 75% among health and social care workers

2. **Role of local authorities and CCGs** - the National Flu Plan states that the role of local authorities in the flu programme is to provide advocacy and leadership through the Director of Public Health and to promote uptake of flu vaccination among eligible residents and among staff providing care for people in residential and nursing settings. Local authorities are responsible for providing flu vaccine for frontline health and social care workers that are directly employed. Local authorities may also provide vaccine to staff members as part of business continuity arrangements. The role of CCGs is to provide quality assurance and improvement which extends to primary medical care services delivered by GP practices including flu vaccination and antiviral medicines. In Berkshire, CCGs, Local Authorities, NHS England and providers work collaboratively to provide advocacy, leadership and quality assurance of the programme aiming to protect and improve the health of all residents.

3. **Local uptake –**

Uptake among GP patients aged 65 and over was higher in Berkshire LAs compared to England as a whole, except for Windsor and Maidenhead where it was marginally lower, and Slough where uptake was significantly lower..

Among under 65's in clinical risk groups, uptake was higher across most of the Berkshire LAs, however none of them achieved the national ambition (55%) in terms of flu vaccine uptake

Among pregnant women, uptake was similar to or above the England figure in all LAs with the exception of Slough. No Berkshire LA achieved the national ambition in terms of flu vaccine uptake for this group. All LAs saw an increase in uptake in this group compared to the previous group, except for Slough (where uptake was 8.5% lower than in 2018-19) and Windsor and Maidenhead. The general trend of increasing uptake is in contrast to a decrease nationally.

Uptake among children aged 2 years was higher than in 2018-19 for all Berkshire LAs. There is no figure available at the national level for 2019-20, as it is now collated nationally as a combined figure for both 2 and 3-year-olds together.

Uptake among children aged 3 years demonstrated a mixed picture. As figures are not available at the national level for 2019-20, comparison with previous years figures show that all LAs except Reading and Slough have higher uptake than England as a whole. There was a significant decrease in uptake compared to the previous year in Bracknell, West Berkshire and Wokingham which may reflect issues around access to the vaccine.

School-aged children – All LAs achieved the 40% lower ambition, with Bracknell Forest, RBWM, Wokingham and West Berkshire exceeding the 65% upper ambition

Healthcare workers – Uptake among staff in Royal Berkshire Foundation Trust, Frimley Health Foundation Trust and Berkshire Healthcare Foundation Trust has increased compared to the previous flu season

4. **Summary of 2019-20 campaign**

Local Authority public health teams actively promoted flu vaccination to eligible groups using a range of channels and worked with commissioners and providers during the season to identify issues.

Overall Berkshire performed well in the 2019-20 flu season, however, there remains considerable variation in uptake between GP practices, both within and between CCGs. There is scope to improve communicating uptake to practices throughout the flu season and to improve the way patients are invited for vaccination. Myths and misconceptions regarding vaccines remain an important barrier to uptake.

A key issue in vaccine delivery during the 2019-20 programme was the delay in delivery of the live attenuated influenza vaccine (LAIV), affecting both general practice and the schools flu programme. As a result, providers were only able to access the vaccine for 30% eligible cohort, forcing clinical prioritisation with high-risk children vaccinated first, followed by 2-year olds and then 3-year olds. This may account for the slight decrease in uptake by 3-year olds during the 2019-20 season. Nevertheless, increased uptake was otherwise seen in nearly all areas with the introduction of new cohorts proving successful. The introduction of e-consent in the school immunisation programme in other parts of the Thames Valley led to an increase in the number of consent forms received, more accurate data plus both time and cost savings. The Berkshire service is aiming to go live for the 2020-21 season.

Other barriers included variation in access to GP flu clinics, lack of health literacy and inclusion of porcine element in the children's vaccine making it inappropriate for some groups. Indeed, given Slough continues to have low uptake, a community survey was rolled out in attempt to understand the reasons behind this. Almost 40% of survey respondents state porcine content to be the reason for LAIV declination.

Despite continuation of an NHS funded flu vaccine offer for frontline social care staff in nursing and residential care, local intelligence suggest uptake in this group remains low. Without more robust data from the National programme it is not possible to evaluate the success of this approach. Without changes to the flu programme, provision of flu vaccine to this group remains an occupational health responsibility and is likely to remain challenging for Local Authorities and CCGs to influence. The narrow definition of this offer has been questioned by stakeholders, staff and employers.

The offer of flu vaccine to other LA staff varies across Berkshire. However, where LAs do offer vaccine feedback suggests that staff and managers are working well to promote to staff and to understand uptake and identify potential barriers.

Locally, CCGs and their commissioned providers responded well to flu outbreaks in care homes and closed settings. Close partnership working proved key to the success of this approach particularly at the planning stage.

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1. Seasonal influenza

Seasonal influenza (Flu) is a respiratory virus that is more prevalent in the UK in the winter months. It can be categorised into Flu A and Flu B. Flu A often generates more acute illness than Flu B and is associated with higher mortality rates. Different sub-strains of Flu A are more prevalent each year and certain population groups are more susceptible than others to particular strains. The annual vaccine is matched to the sub-strain thought to be most likely to be the prevalent strain each winter. However how good a match this is varies each year. For these reasons the impacts of Flu vary year on year.

Flu is a key factor in NHS winter pressures. It impacts on those who become ill, the NHS services that provide direct care, and on the wider health and social care system that supports people in at-risk groups. Flu occurs every winter in the UK. The National Flu Plan aims to reduce the impact of flu in the population through a series of complementary measures. These measures help to reduce illness in the community and unplanned hospital admissions, and therefore pressure on health services generally and A&E in particular. The plan is therefore a critical element of the system-wide approach for delivering robust and resilient health and care services throughout the year. Successful local implementation of the flu plan depends on partnership working between stakeholders at National and local levels. Key stakeholders include Department of Health, NHS England, Clinical Commissioning Groups (CCGs), GP practices, Community Pharmacy, Public Health England (PHE), Local Authorities and community groups.

2. Role of the local health and social care system

The National Flu Plan¹ states that;

Local authorities, through their DsPH have responsibility for:

- providing appropriate advocacy with key stakeholders and challenge to local arrangements to ensure access to flu vaccination and to improve its uptake by eligible populations
- providing leadership, together with local resilience partners to respond appropriately to local incidents and outbreaks of flu infection

Local authorities can also assist by:

- promoting uptake of flu vaccination among eligible groups, for example older people in residential or nursing care, either directly or through local providers
- promoting uptake of flu vaccination among those staff providing care for people in residential or nursing care, either directly or through local providers

CCGs are responsible for

- quality assurance and improvement which extends to primary medical care services delivered by GP practices including flu vaccination and antiviral medicines

Additionally, it is now established that 'CCGs will commission appropriate primary care clinicians to respond to flu outbreaks, by assessing exposed persons for the antiviral treatment or prophylaxis and completing a patient specific direction for this purpose'. In Berkshire, both CCGs have commissioned out of hours providers to provide this service.

GP practices and community pharmacists are responsible for;

- educating patients, particularly those in at-risk groups, about the appropriate response to the occurrence of flu-like illness and other illness that might be precipitated by flu

¹ [National Flu Plan- PHE](#)

- ordering the correct amount and type of vaccine for their eligible patients, taking into account new groups identified for vaccination and the ambition for uptake
- storing vaccines in accordance with national guidance
- ensuring vaccination is delivered by suitably trained, competent healthcare professionals who participate in recognised on-going training and development in line with national standards
- maintaining regular and accurate data collection using appropriate returns
- encouraging and facilitating flu vaccination of their own staff
- In addition, GP practices are responsible for:
 - ordering vaccine for children from PHE central supplies through the ImmForm website and ensuring that vaccine wastage is minimised
 - ensuring that all those eligible for the flu vaccine are invited personally to receive their vaccine

Locally, Berkshire Healthcare Foundation Trust Schools Immunisation Team is commissioned to deliver the flu immunisation programme to children in school years Reception to Year 6 through a schools-based delivery model.

3. Aims of the flu immunisation programme

The aims of the immunisation programme in 2019-20 were to;

- Actively offer flu vaccine to **100%** of people in eligible groups.
- Immunise 60% of children, with a minimum **40%** uptake in each school
- Maintain and improve uptake in over 65s and 6 months to 64 years in clinical risk groups with at least **75%** uptake for those aged 65 years and over and **75%** uptake for health and social care workers
- Improve uptake over and above last season among those in clinical risk groups and prioritise those with the highest risk of mortality from flu but who have the lowest rates of vaccine uptake (i.e. immunosuppression, chronic liver and neurological disease, including people with learning disabilities); achieving **at least 55%** uptake in all clinical risk groups and maintain higher rates where they have previously been achieved.

4. Groups eligible for vaccination

Flu vaccination remains the best way to protect people from flu. People in certain groups are at increased risk of severe symptoms and deaths if they contract flu, these groups were eligible for free flu vaccine in 2019-20.

- Adults aged 65 or above
- Children aged 2 and 3 and in school years R through to 6
- Pregnant women
- Paid and unpaid carers
- Frontline health and social-care workers
- People living in long-stay residential care homes,
- Adults and children (6 months to 64 years) with one or more of the following conditions;
 - a heart problem
 - a chest complaint or breathing difficulties, including bronchitis, emphysema or severe asthma
 - kidney disease

- lowered immunity due to disease or treatment (such as steroid medication or cancer treatment)
- liver disease
- stroke or a transient ischaemic attack (TIA)
- diabetes
- a neurological condition, e.g. multiple sclerosis (MS), cerebral palsy or learning disability
- Morbidly obese individuals (BMI>40)

4.1 Changes in the 2019-20 immunisation programme compared to the previous season

Children - The offer of live attenuated influenza vaccine (LAIV) was extended to children of appropriate age for school year 6, in addition to those children in school years 1, 2, 3, 4 and 5. This is in line with the principle for future extension of the programme to extend upwards through the age cohorts.

Older people - Following a PHE analysis which showed that the non-adjuvanted inactivated vaccine showed no significant effectiveness in this age group over recent seasons, an adjuvanted trivalent influenza vaccine (aTIV) was again recommended for use in those aged 65 years and over, and particularly for those aged 75 years and over²

Residential, nursing and domiciliary care staff - NHS England continued to fund flu vaccination for residential, nursing and domiciliary care staff employed by a registered residential care/nursing home or registered domiciliary care provider, and who are directly involved in the care of vulnerable patients/clients at increased risk from exposure to influenza ³ (i.e., those patients or clients in a clinical risk group or aged 65 or over). The offer continued to include health and care staff in the voluntary managed hospice sector that offer direct patient/client care⁴. This offer was available through community pharmacies and most GP Practices.

5. Flu activity

5.1 National Activity

The PHE report, <https://www.gov.uk/government/statistics/annual-flu-reports> was published in June 2020.

In England the rate of GP consultations for flu like activity during 2019-20 was similar to that of the previous season with the peak of activity occurring slightly earlier in the season with overall rates considered to be low (Figure 1).

Compared to 2018-19 there were more reported outbreaks of flu-like illness nationally, the majority of outbreaks occurred in residential and nursing home settings in 2019-20 throughout the flu season

² Publications Gateway Number: 07648. Vaccine ordering for 2018-19 influenza season. 18.02.2018

³ <http://www.nhsemployers.org/news/2017/11/how-care-staff-can-get-free-flu-vaccine>

⁴ Publications Gateway Number: 08260. Extension of NHS seasonal influenza vaccination, 10.09.2018

which is a similar pattern to the previous year. The school related outbreaks occurred almost entirely within the peak weeks of the flu season (Figure 2)

National Laboratory data at week 19 indicates that in 2019-20 the majority of circulating flu viruses were Influenza A, which is the same as was seen in 2018-19 (Figure 3).

Uptake of vaccine in primary care, community pharmacy and among healthcare workers is monitored by Public Health England. During Flu season, NHS England commissioners of the vaccine programmes extracted and collated uptake data from GP practices on a weekly basis and nationally on a monthly basis. Data on numbers of vaccines provided to adults through community pharmacy and to pregnant women by NHS midwives was monitored by NHSE and shared with stakeholders.

Nationally, data from the annual flu report shows that the proportions of people in England who had received the 2019/20 influenza vaccine in targeted groups by 28 February 2020 were as follows:

- 44.9%% in under 65 years in a clinical risk group
- 43.7% in pregnant women
- 72.4% in 65+ year olds.

The proportions vaccinated by 28 February 2020 were: 43.4% in 2 year olds and 44.2% in 3 year olds

Uptake by frontline healthcare workers show 74.3% were vaccinated by 28 February 2019, compared to 70.3% vaccinated in the previous season by 28 February 2018.

Uptake for children of school years reception to year 6 shows;

64.3% in school year reception age,
63.6% in school year 1 age,
62.6% in school year 2 age,
60.6% in school year 3 age,
59.6% in school year 4 age
57.2% in school year 5 age
55.0% in school year 6 age.

Figure 1: GP consultations for flu-like-illness (National to week 8)

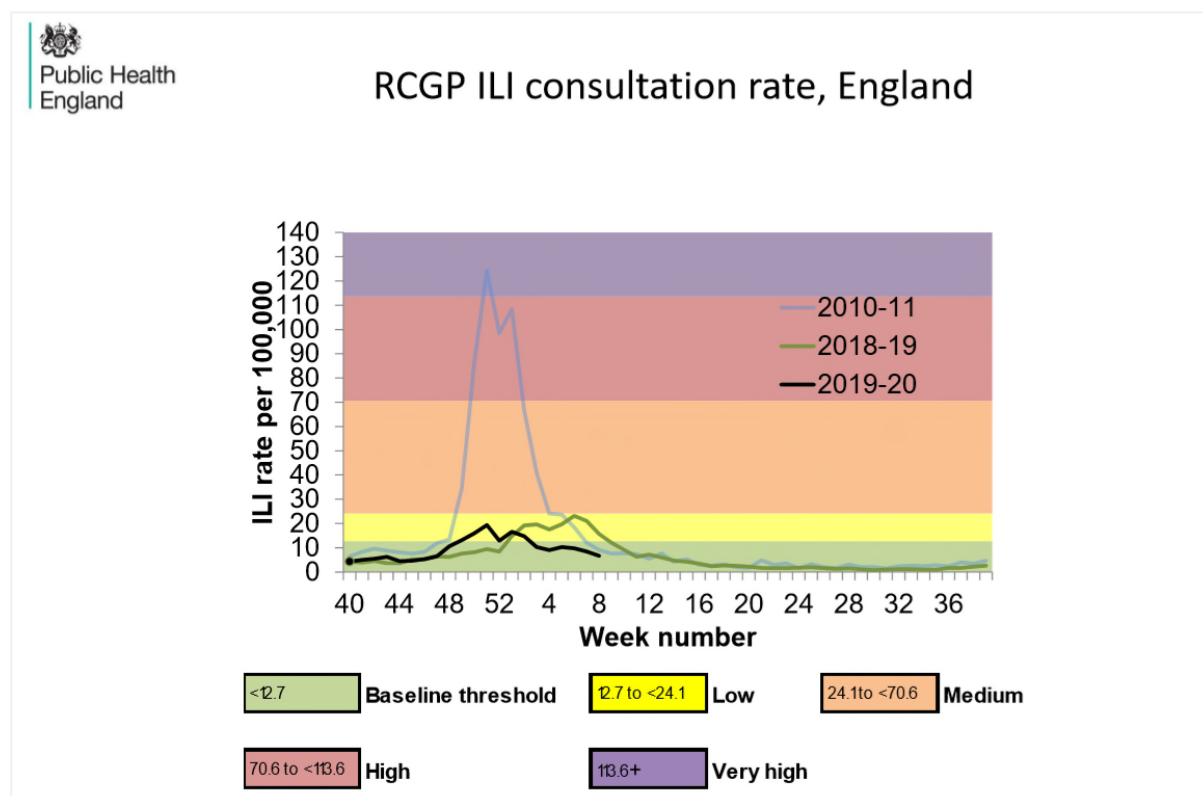


Figure 2: Reported Outbreaks (National to week 19)

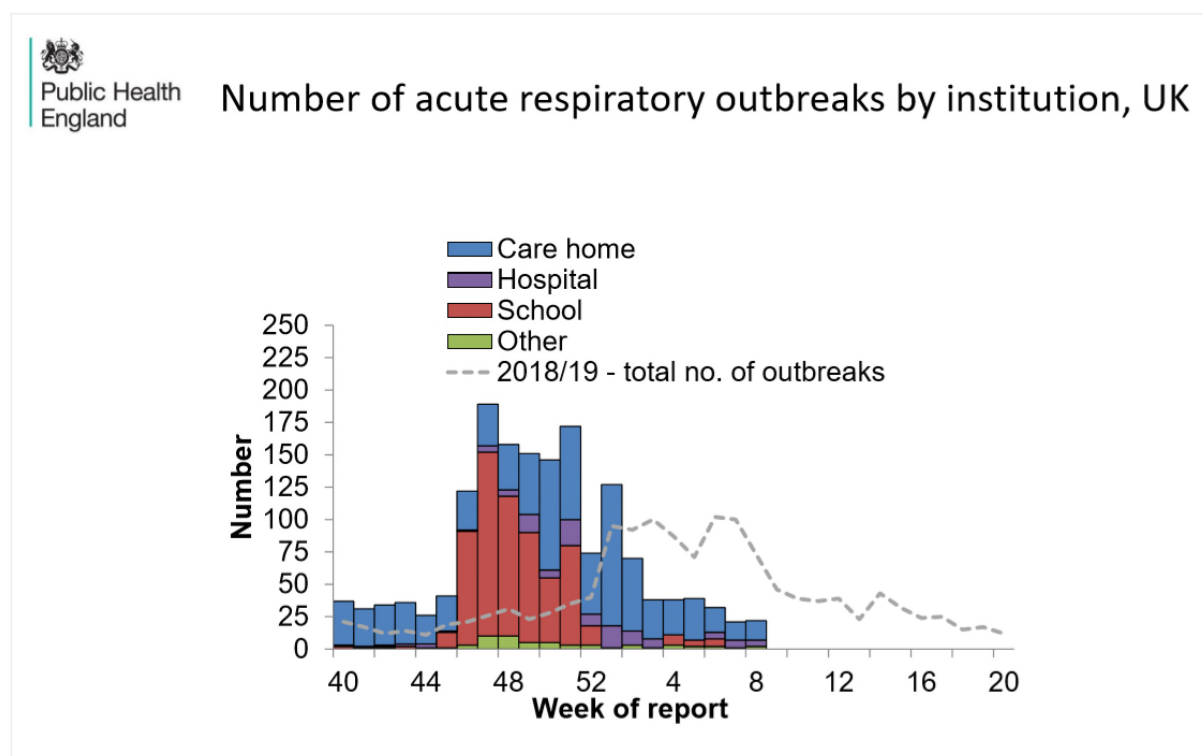


Figure 3: Number and proportion of samples positive for flu (National to week 19)

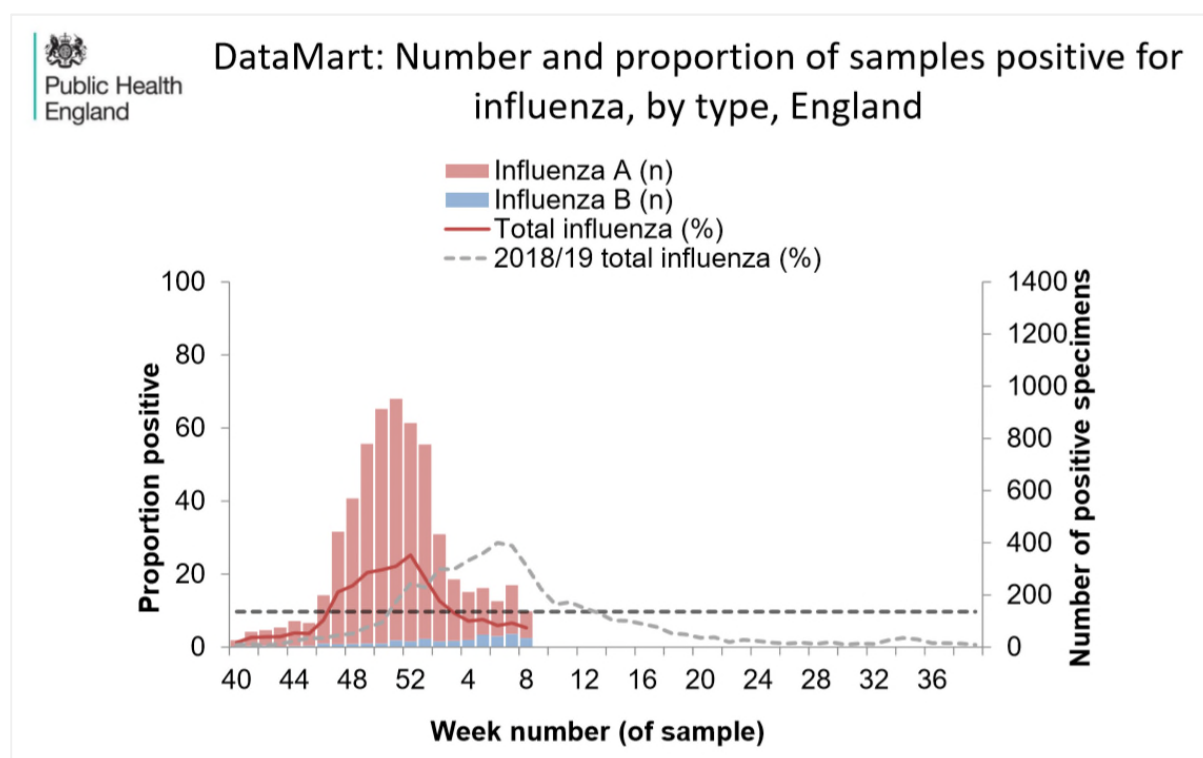


Figure taken from [National Flu Report Surveillance](#) (27th February 2020)

5.2 Local outbreaks

There were 6 outbreaks of influenza-like illness (ILI) reported in Berkshire between 1st September 2019 and 30th April 2020. Influenza A virus was confirmed in all 6 outbreaks requiring prophylaxis, with 5 of these occurring in Berkshire West and 1 in East Berks. A single case of Influenza A was also confirmed in a care home in East Berkshire; however, this did not require prophylaxis.

Both CCGs in Berkshire were able to respond well to outbreaks of flu in closed settings through the services commissioned for this purpose and in line with their In and Out of season flu response plans.

6. Communications and resources

In 2019-20, flu vaccine was included as a component of the jointly coordinated PHE and NHS England “Help us Help you” winter campaign. Resources were available from the online PHE Campaign Resources Centre.

Local authorities and CCGs across Berkshire used their social media accounts to enforce national messages on flu vaccine using #Fluvaccine, as well as other winter health messages. A Berkshire press release template was prepared for local modification by local authority public health teams. Leaflets and posters from the national resource centre were distributed to local venues including Children’s centres, childcare settings and local shops by local authority public health teams. Easy-read versions of the leaflet were shared with LA Learning Disabilities colleagues for use with their

clients. East Berkshire CCG placed funded advertising in the “Primary Times” - a publication sent to thousands of parents of young children across Berkshire. They also ran a campaign on a local radio station which contained key messages in both English and Punjabi. Flu vaccine was promoted to carers during National Carer’s Rights Day and to those over 65 or living with long term conditions as part of National Self-Care Week.

In line with the NHS-funded offer of flu vaccination, local authorities and CCGs communicated directly with local care providers to raise awareness of the offer for residential, nursing and domiciliary care staff and encourage staff to get vaccinated against flu through the development and sharing of a Berkshire ‘Care Home Flu Pack’ via email and by working with the Berkshire Care Association.

7. Local delivery of flu vaccination programme

Across Berkshire, residents were able to access flu vaccine during 2019-20 in a number of ways (Table 1).

Table 1: Access to flu vaccine for eligible groups

| Group | Provider |
|---|--|
| Children aged 2 and 3 | Primary Care |
| Children in School Years 1, 2, 3, 4, 5, 6 | School based programme delivered by Berkshire Healthcare Trust |
| Special Schools | School based programme delivered by Berkshire Healthcare Foundation Trust |
| Adults aged 65 or above | Primary Care or Community Pharmacy |
| Adults in clinical risk groups | Primary Care or Community Pharmacy |
| Children in clinical risk groups | Primary Care (or through special school programme) |
| Paid and unpaid carers | Primary Care or Community Pharmacy |
| Pregnant Women | Maternity Unit at Royal Berkshire Hospital, Wexham Park Hospital or Primary Care or community pharmacy |
| Health and social care workers | Via occupational health arrangements and for nursing, residential and domiciliary care workers via GP and Pharmacy following the National announcement |

A stakeholder workshop was held in Summer of 2019 with Berkshire local authority Public Health teams from Bracknell Forest, Reading, Slough, Windsor and Maidenhead, West Berkshire and Wokingham and PHE South East, Thames Valley Health Protection Team.

Participants from a range of stakeholder organisation attended, including representatives from East Berkshire and Berkshire West CCGs, GP practices, NHS provider organisations, Public Health England, Residential and Nursing Care providers and public health teams across Berkshire.

The aims of the workshop were to;

- review and reflect on 2018-19 flu season
- understand commissioning intentions for 2019-20
- draw on learning to put in place actions to improve uptake
- review care home preparedness and identify ways to support settings to prevent, prepare for and respond to outbreaks

8. Berkshire Vaccine Uptake in 2019-20

8.1 GP registered patients by Local Authority

Uptake among GP patients aged 65 and over was higher in Berkshire LAs compared to England as a whole, except for Windsor and Maidenhead where it was marginally lower, and Slough where uptake was significantly lower. In Wokingham, uptake reached the 75% national ambition whilst in West Berkshire (78%) the target was exceeded. All LAs saw an increase in uptake compared to 2018-19, in line with the national trend.

Among under 65's in clinical risk groups, uptake was higher than the England figure in all Berkshire LAs except for Slough where it was marginally lower. No Berkshire LA achieved the national ambition (55%) in terms of flu vaccine uptake, with West Berkshire coming closest (53.9%). Whilst both Slough and West Berkshire reported decreased uptake compared to 2018-19, all other LAs boasted an increase, bucking the overall national trend.

Among pregnant women, uptake was similar to or above the England figure in all LAs with the exception of Slough. No Berkshire LA achieved the national ambition in terms of flu vaccine uptake for this group. All LAs saw an increase in uptake in this group compared to the previous group, except for Slough (where uptake was 8.5% lower than in 2018-19) and Windsor and Maidenhead. The general trend of increasing uptake is in contrast to a decrease nationally.

Uptake among children aged 2 years was higher than in 2018-19 for all Berkshire LAs. There is no figure available at the national level for 2019-20, as it is now collated nationally as a combined figure for both 2 and 3-year-olds together.

Uptake among children aged 3 years demonstrated a mixed picture. As figures are not available at the national level for 2019-20, comparison with previous years figures show that all LAs except Reading and Slough have higher uptake than England as a whole. There was a significant decrease in uptake compared to the previous year in Bracknell, West Berkshire and Wokingham which may reflect issues around access to the vaccine.

Table 2: Flu vaccine uptake among GP registered patient by LA - Sept 1 2019 to Jan 31 2020 in comparison to 2018/19 time-point

| | Risk Group | | | | |
|---------------------------------------|-------------|--------------------|--------------------|-------------|-------------|
| | 65 and over | Under 65 (at-risk) | All Pregnant Women | 2 Years old | 3 Years old |
| Bracknell Forest 2019-20 | 72.8 | 52.3 | 53.9 | 55.5 | 52.8 |
| 2018-19 | 71.2 | 50.9 | 47.6 | 52.3 | 56.4 |
| Variation | 1.6 | 1.4 | 6.3 | 3.2 | -3.6 |
| Reading 2019-20 | 72.6 | 49.2 | 48.8 | 46.5 | 44.7 |
| 2018-19 | 70.7 | 45.5 | 44.6 | 43.8 | 43.6 |
| Variation | 1.9 | 3.7 | 4.2 | 2.7 | 1.1 |
| Slough 2019-20 | 68.5 | 44.5 | 37.5 | 40.1 | 37.1 |
| 2018-19 | 66.9 | 45.5 | 46 | 33.2 | 36.9 |
| Variation | 1.6 | -1 | -8.5 | 6.9 | 0.2 |
| West Berkshire 2019-20 | 78.0 | 53.9 | 54.9 | 58.4 | 57.9 |
| 2018-19 | 76.6 | 54.3 | 50.5 | 60.9 | 64.2 |
| Variation | 1.4 | -0.4 | 4.4 | -2.5 | -6.3 |
| Windsor and Maidenhead 2019-20 | 72.2 | 47.1 | 43.8 | 54.8 | 53.1 |
| 2018-19 | 70.4 | 45.2 | 46 | 50.8 | 52.5 |
| Variation | 1.8 | 1.9 | -2.2 | 4.0 | 0.6 |
| Wokingham 2019-20 | 75.0 | 47 | 53.9 | 57.6 | 54.9 |
| 2018-19 | 73.3 | 45.8 | 51.4 | 56.8 | 60.9 |
| Variation | 1.7 | 1.2 | 2.5 | 0.8 | -6 |
| England Total 2019-20 | 72.4 | 44.9 | 43.7 | - | - |
| 2018-19 | 71.2 | 46.7 | 44.8 | 43.0 | 45.0 |
| Variation | 1.2 | -1.8 | -1.1 | - | - |

(-) = The figure for 2/3 year olds has now been combined so individual figures not available.

8.2 School aged children

In Berkshire, the children's quadrivalent live attenuated intra-nasal vaccine (LAIV) was delivered in primary schools by a team of school immunisation nurses from Berkshire Health Foundation Trust.

The Berkshire school aged immunisation team offered the nasal flu vaccine to children in schools across Berkshire from the 7th October 2019. Between October and December 2019 (49 working days) the team vaccinated 57,226 children across 341 schools (visiting an average of 7 schools per day). Any child who was absent or unwell were offered a community catch up clinics, which were offered in every locality until February 2020. Saturday clinics were offered in Slough, throughout the flu season, as these have been found to be better attended than midweek clinics. Uptake was highest in West Berkshire at almost 80% overall and lowest in Slough. All LAs achieved the 40% lower ambition, with Bracknell Forest, RBWM, Wokingham and West Berkshire exceeding the 65% upper ambition; see Table 3.

Table 3a: Uptake for school year R to 6 children, by local authority 2019-20

| National Child Flu Programme (Reception to year 6) | Local Authority | Cohort | Total no of eligible children offered influenza (visited schools only) | Total no of influenza doses given | % children vaccinated in LA (Target by end of December 49%) |
|--|--|--------|--|-----------------------------------|---|
| | BRACKNELL FOREST | 10992 | 10992 | 8116 | 73.8% |
| | SLOUGH | 17278 | 16378 | 6997 | 40.5% |
| | ROYAL BOROUGH OF WINDSOR, ASCOT AND MAIDENHEAD | 14019 | 13950 | 9574 | 68.3% |
| | READING | 13985 | 13972 | 8993 | 64.3% |
| | WOKINGHAM | 16831 | 16196 | 12436 | 73.9% |
| | WEST BERKSHIRE | 14057 | 14056 | 11208 | 79.7% |
| | | 87162 | 85544 | 57324 | 66.8% |

Table 3b: Uptake for school programme 19/20 compare to previous years

| Local Authority | 2016/17 No of doses given | 2016/17 | 2017/18 No of doses given | 2017/18 | 2018/19 No of doses given | 2018/19 | No of doses given up to 31st Dec 2019 | % in the LA geography vaccinated (target end of Dec 48.75%) | % vaccinated in schools up to 31st December 2019 |
|-----------------|------------------------------|---------|------------------------------|---------|------------------------------|---------|---------------------------------------|---|--|
| Bracknell | 3327 | 69.40% | 5556 | 70.20% | 6787 | 72.40% | 8116 | 73.8% | 73.8% |
| RBWM | 3657 | 62.10% | 6392 | 65.60% | 7877 | 68.70% | 9574 | 68.3% | 68.6% |
| Slough | 3152 | 42.10% | 5475 | 44.10% | 6619 | 44.70% | 6997 | 40.5% | 42.7% |
| Reading | 3774 | 60.90% | 6246 | 61.10% | 7769 | 64.10% | 8895 | 63.6% | 63.7% |
| Wokingham | 4931 | 71.70% | 8583 | 73.20% | 10781 | 75.20% | 12436 | 73.9% | 76.8% |
| West Berks | 4567 | 73.40% | 7788 | 76.60% | 9562 | 79.40% | 11208 | 79.7% | 79.7% |
| Totals | 23408 | 63.30% | 40040 | 65.10% | 49395 | 67.40% | 57226 | 66.6% | 67.6% |

8.3 Pharmacy Campaign for adults

As in previous years, in 2019-20 pharmacies signed up to the National Advanced Service could offer flu vaccine to the following groups;

- People aged 65 and over.
- Pregnant women
- Adults in clinical risk group
- Residential, nursing and domiciliary care staff employed by a registered residential care/nursing home or registered domiciliary care provider directly involved in the care of vulnerable patients/clients at increased risk from exposure to influenza

National data from the Pharmoutcomes and Sonar Informatics, available through the Pharmaceutical Services Negotiating Committee indicates that at least 1.5 million doses were delivered in pharmacies as part of the National Advanced Service. This data shows that the majority of those receiving a flu vaccine in community pharmacy were aged over 65, (61.6%). The remainder of vaccine were given to adults in clinical risk groups, people with diabetes accounted for 8% and those with chronic respiratory disease accounted for 12.5% of doses. Further breakdown of the risk groups receiving their vaccine in community pharmacy is given in Table 4.

It should be noted that this data shows the eligibility groups of patients who have been recorded as receiving flu vaccination in community pharmacy. Some Pharmacy contractors are not able to use or have decided not to use electronic systems to record administration of vaccines. Therefore, this data does not cover all patients vaccinated in community pharmacy during the 2019-20 flu season and the true number of patients vaccinated by community pharmacists under the National Flu Vaccination Service will be higher than the numbers presented.

Data from Pharmoutcomes indicates that Pharmacies in Berkshire provided at least 23,300 doses of vaccine (Table 5), an increase of more than 6,000 compared to the number of doses recorded in the previous flu season. Most Berkshire pharmacies used the Pharmoutcomes system to record their activity

Table 4: Flu vaccinations given in Community Pharmacy in England in 2019-20, by risk group

| Vaccination eligibility group | PharmOutcomes | Sonar | Total |
|---|---------------|---------|--------------------|
| 65 years and over | 812,815 | 125,584 | 938,399 (61.6%) |
| A weakened immune system | 35,555 | 8,668 | 44,223 (2.9%) |
| Adult household contact of immunocompromised individual | 14,508 | 1,890 | 16,398 (1.1%) |
| Adults in long-stay residential care home/care facility | 4,205 | 746 | 4,951 (0.3%) |
| Adults who are in receipt of carers allowance | 32,099 | 11,416 | 43,515 (2.9%) |
| Asplenia or splenic dysfunction | 2,294 | 423 | 2,717 (0.2%) |
| Chronic (long term) respiratory disease | 159,099 | 31,192 | 190,291 (12.5%) |
| Chronic heart disease such as heart failure | 31,763 | 8,863 | 40,626 (2.7%) |
| Chronic kidney disease | 5,061 | 995 | 6,056 (0.4%) |
| Chronic liver disease | 2,766 | 585 | 3,351 (0.2%) |
| Chronic neurological disease | 17,653 | 3,347 | 21,000 (1.4%) |
| Diabetes | 92,400 | 31,487 | 123,887 (8.1%) |
| Health and social care staff | 48,291 | 1,555 | 49,846 (3.3%) |
| Hospice worker | 3,144 | 402 | 3,546 (0.2%) |
| Morbid obesity | 3,299 | 568 | 3,867 (0.3%) |
| Pregnant woman | 23,512 | 8,058 | 31,570 (2.1%) |

<https://psnc.org.uk/services-commissioning/advanced-services/flu-vaccination-service/flu-vaccination-statistics/flu-vaccination-data-for-2019-20/>

Table 5: Berkshire Pharmacies and Flu vaccine doses 2019-20 compared with 2018-19

| Period | CCG | Vaccines Claimed By CCG | | Vaccines Claimed in Berkshire | |
|--------------|----------------|-------------------------|---------------|-------------------------------|---------------|
| | | 2018-19 | 2019-20 | 2018-19 | 2019-20 |
| September | East Berkshire | 1,342 | 2,435 | 2,767 | 5,206 |
| | West Berkshire | 1,425 | 2,771 | | |
| October | East Berkshire | 3,074 | 4,725 | 7,437 | 11,016 |
| | West Berkshire | 4,363 | 6,291 | | |
| November | East Berkshire | 1,872 | 1,891 | 4,505 | 4,458 |
| | West Berkshire | 2,633 | 2,567 | | |
| December | East Berkshire | 738 | 807 | 1,401 | 1,671 |
| | West Berkshire | 663 | 864 | | |
| January | East Berkshire | 247 | 151 | 475 | 405 |
| | West Berkshire | 228 | 254 | | |
| February | East Berkshire | 86 | 60 | 121 | 323 |
| | West Berkshire | 35 | 263 | | |
| March | East Berkshire | 66 | 163 | 160 | 223 |
| | West Berkshire | 94 | 60 | | |
| TOTAL | | 16,866 | 23,302 | 16,866 | 23,302 |

8.4 Healthcare workers (NHS Flu Fighters)

Frontline HCWs involved in direct patient care in acute trusts, ambulance trusts, mental health trusts, foundation trusts, primary care, and independent sector health care providers are encouraged to receive seasonal influenza vaccination annually to protect themselves and their patients from influenza.

PHE coordinated and managed a seasonal influenza vaccine uptake survey of all 246 NHS organisations (acute, ambulance, mental health, primary care, local NHS England teams and foundation trusts) in England and produced monthly provisional data on vaccinations

allowing the National Health Service (NHS) and Department of Health (DH) to track the progress of the programme.

Nationally, uptake among healthcare workers with direct patient care (based on 98.8% of NHS Trusts) was 74.3%, an increase from the 2018-19 figure of 70.3%%.

Uptake for frontline healthcare workers in Berkshire overall and by staff group is outlined in **Error! Reference source not found..** Uptake in Royal Berkshire Foundation Trust, Frimley Health Foundation Trust and Berkshire Healthcare Foundation Trust has increased compared to the previous flu season.

It should be noted that requirements for the CQUIN data collection state that staff leavers must be removed from the denominator data removing, addition of new starters and addition of students, bank, agency and third-party organisation staff that have patient contact into the denominator data. This requires the denominator data to be updated each month prior to submission to reflect the dynamic nature of the workforce being vaccinated. As a result, percentage uptake each month could go down as well as up as the campaign progressed.

Table 6: Vaccine uptake among frontline healthcare workers

| Organisation | 2018-19 | | | 2019-20 | | |
|---------------------------------------|---------------------------------|--|--------------------|---------------------------------|--|--------------------|
| | All HCWs in direct patient care | Seasonal flu doses given since 1 Sept 2018 | Vaccine uptake (%) | All HCWs in direct patient care | Seasonal flu doses given since 1 Sept 2019 | Vaccine uptake (%) |
| Royal Berkshire NHS Foundation Trust | 5,059 | 3,123 | 61.7 | 4,792 | 3,010 | 62.8 |
| Berkshire Healthcare Foundation Trust | 3,309 | 2,206 | 66.7 | 3,118 | 2,191 | 70.3 |
| Frimley Health NHS Foundation Trust | 7,579 | 4,345 | 57.3 | 7,886 | 5,135 | 65.1 |
| South Central Ambulance Trust* | - | - | - | - | - | - |
| England | 1,051,851 | 739,187 | 70.3 | 1,040,360 | 772,872 | 74.3 |

* Organisation is recorded as a “Non-Responder” at the time the provisional data was published

8.5 LA Health and Social Care staff and others

NHS England funded flu vaccination for workers employed by a registered residential care/nursing home or registered domiciliary care provider who are directly involved in the care of vulnerable patients/clients at increased risk from exposure to influenza. This is a specific cohort of workers who may be at risk of transmitting flu to vulnerable residents in a closed setting.

There is currently no data available regarding the uptake of this offer as no definitive denominator population data is available. Data on the numbers of doses provided to workers under this scheme in GP practices and pharmacies may become available at a later date.

Most of the residential care provision in Berkshire is through privately run care homes and nursing homes. Employers are still responsible for providing flu vaccine to their employees under occupational health arrangements, this means that care homes, nursing homes and local authorities are responsible for providing flu vaccine for frontline health and social care workers that they employ. Local authorities may also provide vaccine to staff members as part of business continuity arrangements.

During the 2019-20 flu season, some Berkshire LAs provided flu vaccine to their directly employed social care workers and to some other groups of staff for business continuity reasons. An outline of how schemes were funded and delivered together with uptake or doses given is show in **Error! Reference source not found.**

9. Flu Programme 2020/21 – How Will It Be Different?

The COVID-19 pandemic has obviously had an impact on the planned 2020-21 immunisation programme. Co-infection with both Flu A and COVID-19 will lead to more severe disease and the impact on the health system of a con-current second wave of COVID-19 and heavy flu season could be extremely challenging. Therefore, the Influenza Programme has been updated accordingly for the 2020/21 season. The primary changes include expansion of eligibility criteria, delivery of the vaccination programme and ambition to significantly increase uptake.

9.1 Expansion of Eligibility Criteria

Under the NHS flu vaccination programme, the following groups will be offered vaccination during the 2020/21 season*:

- All children aged from 2-11 on 31st August 2020
 - **Year 7 children in secondary schools (aged 11 on 31st August 2020)**
- Adults aged 65 years or older as of 31st March 2021
- Those aged from 6 months to 65 years of age, in an at-risk clinical group
 - Chronic respiratory/heart/kidney/liver/neurological condition
 - Weakened immune system (splenic dysfunction, HIV/AIDS, chemotherapy or other immunosuppressant medication)
 - Diabetes
 - Learning disability
 - Morbidly obese (BMI 40 or above)
 - Any other condition which a clinician feels may be exacerbated by influenza infection or hospitalisation
- Pregnant women
- **Household contacts of those on NHS Shielded Patient List** or immunocompromised patients – those who expect to share living conditions on most days so contact will be unavoidable
- People living in long-stay residential care homes or other long-stay care facilities where rapid spread following introduction of the infection is likely to lead to high morbidity and mortality
- Those who are in receipt of a carer's allowance, or who are the main carer of an elderly or disabled person whose welfare may be at risk if their carer falls ill
- Health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza
- Health and care staff, employed by a voluntary managed hospice provider, who are directly involved in the care of vulnerable patients at increased risk from exposure to influenza
- **Health and social care workers employed through direct payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users**
- All frontline health and social care workers

Subject to vaccine supply and following prioritisation of the above eligible groups, vaccinations may also be offered to the following individuals:

- **Adults aged between 50-64 years**

*New eligible groups added for the 2020/21 NHS flu vaccination programme are denoted in bold

The reasons for expanding the eligibility criteria for the upcoming influenza season include the following:

1. **Protect vulnerable people** – wider vaccine coverage will help reduce health risks, especially given emerging evidence that co-infection with influenza and COVID-19 may result in a more severe illness with higher morbidity and mortality
2. **Reduce pressure on NHS services** – the cyclical increase in demand for health services during winter may be exacerbated by COVID-19, therefore it is paramount we minimise the impact of influenza
3. **Accurate contact tracing and COVID-19 surveillance** – given the similarity between the presenting symptoms of influenza and COVID-19, increased uptake of influenza vaccination will avoid complications in tracking the current pandemic

9.2 Programme Delivery

The delivery of influenza vaccinations during the 2020/21 season must be adapted in line with current local guidance designed to reduce the spread of COVID-19. The following factors should be considered:

- Planning appointments to minimise waiting times and maintain social distancing
- Piloting of “drive-in” vaccination models
- Domiciliary visits for individuals on the NHS Shielded Patient List
- Routine offering of vaccinations to women at maternity appointments and all other patients in at-risk groups during inpatient and outpatient encounters
- Offer inactivated vaccine if parents refuse live attenuated vaccine due to porcine gelatine content

In order to ensure that all eligible patients are aware and encouraged to get a vaccine, a national call and recall service will be introduced alongside existing local services. In line with contractual obligations, all frontline health and social care workers should have a vaccine supplied by their employer. Community pharmacy and registered GP services will continue to provide vaccinations.

9.3 Uptake Targets

In addition to expanding eligibility criteria and modifying vaccination delivery, it is crucial that we achieve high uptake rates. The aim is to meet the following targets:

| Eligible Groups | Uptake Ambition |
|--|-----------------|
| Aged 65 years and older | At least 75% |
| At-risk clinical group | At least 75% |
| Pregnant women | At least 75% |
| Children aged 2-3 years | At least 75% |
| All primary school aged children and Year 7 aged secondary school children | At least 75% |
| Frontline health and social care workers | 100% offer |

Additional supply of vaccinations has been procured to match the anticipated increased demand, whilst increased vaccine uptake should be particularly encouraged in deprived areas and amongst BAME communities.

9.4 Vaccine

The following vaccines are recommended for the different flu risk groups

| Eligible Group | Type of Vaccine |
|--|--|
| At risk children aged 6 months – 2 years | Offer QIVe LAIV and QIVc not licenced for use in children <2 years old |
| At risk children aged 2 -18 years | Offer LAIV If LAIV contraindicated or otherwise unsuitable then offer: <ul style="list-style-type: none"> • QIVe to children <9 years old • QIVc to children >9 years old • QIVe if QIVc unavailable QIVe acceptable if vaccine administered in a school setting |
| Children 2 and 3 years and 4 – 11 years on 31/08/20 | Offer LAIV If LAIV contraindicated as child at risk, see above If parent refuses LAIV and child not in at risk group, QIVe or QIVc may be offered |
| At risk adults (aged 18-64 years) including pregnant women | Offer: <ul style="list-style-type: none"> • QIVc • QIVe (as an alternative to QIVc) |
| Aged 65 years and over | Offer: <ul style="list-style-type: none"> • aTIV considered to be more effective than standard dose non-adjuvanted trivalent and egg-based quadrivalent vaccines • QIVc suitable if aTIV not available |

LAIV = Live attenuated vaccine

QIVc = Quadrivalent influenza vaccine (cell-based)

QIVe = Quadrivalent influenza vaccine (egg-grown)

aTIV = Adjuvanted trivalent influenza vaccine

9.5 Local delivery arrangements

Both the Clinical Commissioning Groups in Berkshire have established multi-agency groups to oversee the vaccination programme in 2020-21. These have already started meeting regularly to ensure cohesion to the programme during the course of the flu season. Significant adaptation has been required by providers to ensure that vaccination delivery is conducted in “COVID-19 secure” ways. For different providers this includes measures such as; appropriate use of PPE, pre-booked appointments, longer appointment times, more frequent flu clinics, expanding school visits to secondary schools.

APPENDIX 1: Local Authority Flu communications plan 2020-21

| Target Cohort | Key Messages | Distribution, Key Partners and Resources | Actions | Comments/Updates |
|-----------------------------|--|---|---|------------------|
| Children 2-3 years old | Share messages to Parents encouraging vaccination – highlight the following <ul style="list-style-type: none"> • Risks/benefits • How vaccine is administered (nasal) • Where and how to get vaccine • Link to resources | Key partners <ul style="list-style-type: none"> • Children centres • Nurseries • Other and toddler groups/influencers • Child minders • Health visitors • GPs | Public Health to provide health visitors and school nurses with flu vaccination resources for inclusion in children centres etc Health visitors to include resources in social media – PH and RBWM comms to supply resources | |
| Children reception - year 6 | Delivered by school imms team <ul style="list-style-type: none"> • Risks/benefits • How vaccine is administered (nasal) • How to book • Link to resources | Key Partners <ul style="list-style-type: none"> • School Imms team • AfC • Schools | PH and RBWM comms to support school imms team with communications where requested School imms to deliver vaccines Oct-Dec Timetable of school visits uploaded to website and shared | |
| Children year 7 | Delivered by school imms team <ul style="list-style-type: none"> • Risks/benefits • How vaccine is administered (nasal) | Key Partners <ul style="list-style-type: none"> • School Imms team • AfC • Schools | PH and RBWM comms to support school imms team with communications where requested | |

| | | | | |
|--|--|---|---|---|
| | <ul style="list-style-type: none"> How to book Link to resources | | <p>School Imms Team contacted all schools and requested info be sent home to parents</p> <p>School imms to deliver vaccines Oct-Dec</p> | |
| 50-64 years age group | <p>Vaccine will be phased in later in the year – more info in Autumn. Depends on vaccine availability</p> <p>Do not attempt to book appointment in September and October.</p> | <p>Key Partners</p> <ul style="list-style-type: none"> GPs | <p>GPs released general statement - 21st Aug – inclusion of 50-64 years olds and informing them that it depends on vaccine supply and will not be available until Nov 2020 at earliest</p> | <p>Phased in Nov/December – depends on vaccine availability</p> |
| Living with Shielding Resident | <p>Why they should have the flu vaccine</p> <ul style="list-style-type: none"> Risks/benefits How to book How they are protecting those that they are living with | <p>Key Partners</p> <ul style="list-style-type: none"> GPs Local Authority Carers groups | <p>Communications communicated out via the shielded calls in RBWM – exploring possible flu week concerted effort</p> | |
| Clinically Vulnerable and At Risk Groups | Chronic Liver | DAAT | Engage with Resilience to promote flu vaccine and provide materials if necessary | |
| | Chronic Respiratory | | Flu vaccination footers on secondary care outpatients letters (raise awareness and signpost) applicable for all chronic conditions | |
| | Chronic Kidney | Windsor dialysis centre | | |

| | | | | |
|----------------------|--|--|---|--|
| | Chronic Neurological | BHFT | | |
| | Learning Disability | Link with SEND LDPB | PH attend Supportive Living Providers meeting to support stakeholders Send easy read flu resources to stakeholders – PH Flu resources to be shared with SEND team - PH | |
| | Diabetes | | Footers on Diabetic eye screening letters | |
| Carers | Why they should have the flu vaccine <ul style="list-style-type: none"> • Risks/benefits • How to book • How they are protecting those that they are caring for | Key Partners <ul style="list-style-type: none"> • Carers groups • Optalis • Young carers groups | Communications to be sent to carers group and vol organisations – PH | |
| ASC and Care workers | Why they should have the flu vaccine <ul style="list-style-type: none"> • Risks/benefits • How to book • How they are protecting those that they are caring for | NHS flu fighters resources | Attend Dom Care, Care Home and Supportive Living forums where requested to promote flu vaccination. Share comms materials with Health and social care colleagues – Optalis and AfC | Public Health have offered to attend Supportive living and care home meetings. Supportive living have taken up. Reading Public Health attended registered care home managers meeting across Berkshire to promote flu vaccination. |
| Pregnant | Why they should have the flu vaccine | Midwives Frimley Trust | Midwives promote flu vaccination and offer opportunistic vaccination | |

| | | | | |
|----------------|---|---|--|---|
| | <ul style="list-style-type: none"> • Risks/benefits • How to book | | Health Visitors promoting flu vaccination as part of pre-natal check | |
| RBWM Workforce | <p>Comms via wellbeing Wednesday and Borough Bulletin.</p> <p>Eligible – flu vaccination</p> <p>RBWM scheme offered to staff who are not eligible under NHS criteria, via Boots pharmacy.</p> | <p>Intranet</p> <p>Staff newsletters</p> <p>Management</p> | Comms inclusion in Weekly bulletin | |
| General | | <p>Use of 'Next Door' app to spread messages around Flu</p> <p>RBWM social media channels</p> | <p>Support vol sector orgs where requested with communication resources</p> <p>Work closely with RBWM CCG flu comms lead and align campaign with ICS campaign</p> <p>Practice Managers to upload Flu comms to GP websites</p> <p>Flu and winter messaging to feature in RBWM Social Media - Support national PR focus - localise copy where applicable</p> <p>Partake in Berkshire Comms Winter Health sub group - completed</p> | <p>National Flu marketing launch in early October</p> <p>Utilise national campaign resources, including social media resources.</p> <p>Press release from Frimley ICS shared with RBWM comms regarding how flu vaccine will be delivered in 2020 and promoted – September</p> <p>Frimley ICS plan shared with Public Health and have adapted this plan to align with theirs</p> |

| | | | | |
|--|--|--|--|--|
| | | | Winter health and flu to be discussed as part of the Local Outbreak Engagement Board | |
| | | | Flu paper to Health and Wellbeing board | |
| | | | Promote Frimley ICS flu animation | |

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
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