	Agenda Item: 10
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**22nd September 2020**
TITLE:	**FLU PLAN FOR BIRMINGHAM 2020/21**
Organisation	**Birmingham City Council**
Presenting Officer	**Rachel O'Connor, Assistant Chief Executive Officer, Birmingham and Solihull STP** **Carla Evans, Head of Primary Care, Sandwell and West Birmingham CCG**

Report Type:	**Information**

1. Purpose:

1.1 The Birmingham and Solihull Sustainability and Transformation Partnership (STP) Flu Plan and the Black Country and West Birmingham STP Flu Plan supplement the NHS England and NHS Improvement (NHSE/I) Regional Flu Plan, which outlines the scope and ambitions of the National Flu Programme for 2020/21. The primary purpose of these plans is to set out the STP's approach to achieving the National Flu Programme for 2020/21 and the general NHS response to flu outbreaks. In addition, the plans describe the interface between NHSE/I direct commissioning functions and local STP/CCG flu planning, setting out respective responsibilities and accountabilities.

1.2 This paper outlines a high-level plan for developing and mobilising our local approach to implementation of the seasonal flu vaccination programme across Birmingham. The two commissioning organisations, working together within the wider system aim to deliver the best possible uptake rates in line with national targets and where possible above and beyond the targets, during these unprecedented times and challenges.

1.3 This paper identifies the key details from the plan covering:

- Overall numbers for flu vaccination programme
- Overall delivery models
- Key risks and issues

2. Implications:

BHWB Strategy Priorities	Childhood Obesity	
	Health Inequalities	x

Joint Strategic Needs Assessment	
Creating a Healthy Food City	
Creating a Mentally Healthy City	
Creating an Active City	
Creating a City without Inequality	
Health Protection	x

3.	**Recommendation**
3.1	The report provides assurance to HWBB on the flu programme plan for mobilisation, noting the key risks regarding notification of how we can obtain and when we will receive the additional stocks needed to reach the target levels.

4. Report Body

4.1 Background

4.1.1 The two STP bodies across Birmingham have developed robust plans to deliver the 2020/21 flu vaccination programme, establishing processes, governance and reporting structures to ensure there is appropriate transparency, accountability and responsibility. This will enable a rapid deployment of activities to meet the demands of the programme whilst providing assurances to key stakeholders.

4.1.2 Our aim is to make every contact count and deliver the best possible uptake rates during these unprecedented times. To successfully vaccinate a large and diverse population cohort, a blended delivery model will be developed, and a combination of workforce used to provide the service across the STPs.

4.2 Numbers

4.2.1 The eligible number of patients and staff for vaccination across Birmingham is circa 706,000. The cohort population breakdown is:

- **c. 167,665** patients aged **over 65**
- **c. 171,798** patients aged **6 months to 65 years, who are at risk**
- **c. 167,094** patients **aged 2-11 years old, who are not at risk**
- **c. 15,107** patients who are **pregnant and not otherwise at risk**
- **c. 14,770** patients who are **carers and are not otherwise at risk**
- **c. 169,198** patients (estimated) who are **aged 50-64** and are not otherwise at risk
- **c. 52,000** Health and Social Care staff

4.3 Delivery model

4.3.1 A collaborative delivery model approach across the system will be in place, ensuring that there are multiple access points for our population, on top of access to general practice, to enable the making every contact count approach to deliver the trajectory. The delivery model will be subject to quality and equality impact assessment (EQIA) as well as a quality checklist.

4.3.2 There will be a **total of 11 access points**, which are listed below:

- General practice
- 'Pop up' vaccinations sites at key community settings
- Drive through facilities
- Care homes
- In the home
- Schools
- Maternity settings
- Hospitals
- Community pharmacy
- Mental health settings
- Workplaces

Note: There is a significant logistical challenge regarding movement of vaccine, scheduling of vaccine supply and cycle time

4.4 Health inequalities

4.4.1 Given the potential for Flu and COVID-19 to be circulating during winter months, the consequences of disruption are more likely to impact on some groups, communities and localities more than others; this has the potential risk to increase health inequalities.

4.4.2 The disproportionate impact of COVID-19 on BAME communities is well documented. There is also evidence to suggest that health inequalities will be widened as a result of the pandemic and therefore inclusive approaches are paramount at this time, to ensure health care services are accessible, timely and responsive to the needs of our diverse population.

4.4.3 We are also mindful of potential for lower uptake in certain faith communities, as a factor of acceptability of vaccines with porcine content. This will require close working with local communities, clinicians and faith leaders to support our making every count approach.

4.4.4 Last year, c. 31.2% of 2 and 3 year olds were vaccinated locally, against a national average c. 44% and national target of 50%. Local intelligence indicates members of some faith groups may find this an unacceptable vaccine, due to the porcine content.

4.4.5 Therefore, targeted action is required at a grass roots level with a focus on those disproportionately affected (at risk) to mitigate any differential impact. This is a key part of a) our communications and engagement plan and b)

ensuring we have a good range of access points both at-scale, but also within local communities.

4.4.6 There is a supporting communication plan in place to deliver a range of communication methods to increase flu vaccine uptake levels.

4.5 Mobilisation / dates / next steps

4.5.1 Based on the delivery dates of vaccines, we are aspiring to deliver most vaccines by December 2020 including the 50-64 year old cohort.

4.5.2 Flu plans will be finalised at the end of September and we will ensure these are shared with Health and Wellbeing Board members.

4.5.3 This is based on the following assumptions:

- 4-11 year olds will be part of the school's programme;
- Modelling based on increase vaccination times due to PPE;
- Based on achieving a 75% vaccination rate for the eligible patient populations and 100% of staff cohorts;
- Sufficient levels of vaccines will be delivered on time to meet the delivery plans, we are awaiting confirmation from NHSE of how we can access additional vaccine supply for the total eligible population.

5.	**Compliance Issues**
5.1	**HWBB Forum Responsibility and Board Update**

5.2	**Management Responsibility**
5.2.1	Programme Oversight is through the Regional NHSE/I Immunisation Board and locally through the Birmingham and Solihull STP Oversight Board for Immunisations and Vaccinations and the Black Country and West Birmingham STP Healthier Futures Partnership Board.
5.2.2	Delivery responsibility is overseen by the BSoL flu operational delivery group and each provider has responsibility for the delivery of their target numbers. Throughout the flu season this group will meet weekly to review operational issues and implementation progress across the various delivery models. It will also look at opportunities for mutual support, peer learning, ensure we maximise the best use of our available capacity, making every contact count.

6. Risk Analysis			
Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
Shortfall of vaccines ordered to meet the national target	High	High	Escalation to NHSE and outline given of percentage shortfall. We understand detail will be provided in September of how we can access additional supply.
Funding from NHSE/I regarding the infrastructure expansion and additional cohorts is not yet confirmed	Medium-High	High	Awaiting national confirmation.
There is a risk we have reduced capacity due to COVID-19 restrictions and the expansion of the eligibility criteria.	Medium	High	Modelling at the various eligibility points and delivery being scoped as to what a maximum capacity would look like for 20/21 with at scale delivery options. Use of blended delivery model to maximise our capacity and ensure we use an every contact counts approach to utilise capacity as efficiently as possible.
Productivity and throughput will be lower due to the restrictions of social distancing, infection prevention, estate and operational factors in primary care due to COVID-19.	Medium-High	High	Delivery models have been scoped for at scale and localised delivery, to meet the required target numbers. The financial risk has been escalated to NHSEI, and we are awaiting a response.
Risk that the flu vaccine supply will be delayed, which will increase the timelines for mobilisation of the campaign and protecting patients	Medium	High	Assumptions for modelling and run rate have been based on expected phasing of vaccine delivery.

PPE guidelines and levels of use can impact throughput.	Medium	Medium	Modelling is based on an increased vaccination time due to these measures. Updated IPC guidelines now published.
General public can pay for flu vaccines at pharmacies, regardless of being in the current at risk group or not. This may have an impact on the supply of vaccines for at risk groups if uptake is high	Medium	Medium	Encourage collaborative working between PCNs and pharmacies to prioritise at risk group. Escalate through regional Public Health leads to ensure the risk is on the national risk register in the event of demand greater than supply.
There will not be adequate cold storage available to store vaccines.	Medium-High	High	Discussions ongoing with alternative sites for additional cold storage facility. It is noted that manufacturers will not be able to send vaccines to new sites which will need to be considered.

The following people have been involved in the preparation of this board paper:
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