

**WINTER PLANNING 2022/2023**

**Report of the Director of Place (Sunderland)**

**1. Introduction**

The purpose of this report is to update the Sunderland Health and Wellbeing Board on the Winter Vaccination Programme and plans to support patients and services over the Winter period.

**2. Winter Vaccination Programme 2022/23**

**2.1 Background**

Around 8000 people die from flu in England each year. Adults with chronic respiratory conditions are 7 times more likely to die if they catch flu compared to healthy adults, and people with cardiovascular disease are 11 times more likely to die.

COVID is also still circulating with continued waves predicted, leading to harm caused by the disease to some patients, especially those un/under-vaccinated, as well as significant disruption to public life and to healthcare services. As of July 2022, COVID deaths surpassed 200k

There was little to no flu circulating in 2021/22. However, based on influenza circulation in the southern hemisphere it is likely that there will be an increased level of cases in UK in 2022/23

As social contact returns to pre-pandemic norms there is likely to be a resurgence in influenza activity in winter 2022 to 2023 to levels similar to or higher than before the pandemic. The potential for co-circulation of influenza, COVID-19 and other respiratory viruses could add substantially to pressures in the NHS in 2022 to 2023, by addition, or by prolongation of the overall period for which respiratory viruses circulate in sequence.

Flu vaccination is still one of the most important public health interventions to reduce the pressure on the health and social care system in winter. Patients in the highest risk clinical groups for influenza are also the highest risk groups for COVID-19. For the 2022 COVID autumn booster programme, the primary objective is to augment immunity in those at higher risk from COVID-19 and thereby optimise protection against severe COVID-19 over winter 2022 to 2023.

## 2.2 Vaccination Uptake

### Influenza 2021/2022

For the last 2 years during the coronavirus (COVID-19) pandemic nationally we have had the largest NHS influenza vaccination programmes ever. We have also seen some of the best influenza vaccine uptake levels ever achieved in many of the cohorts, with more people vaccinated than ever before.

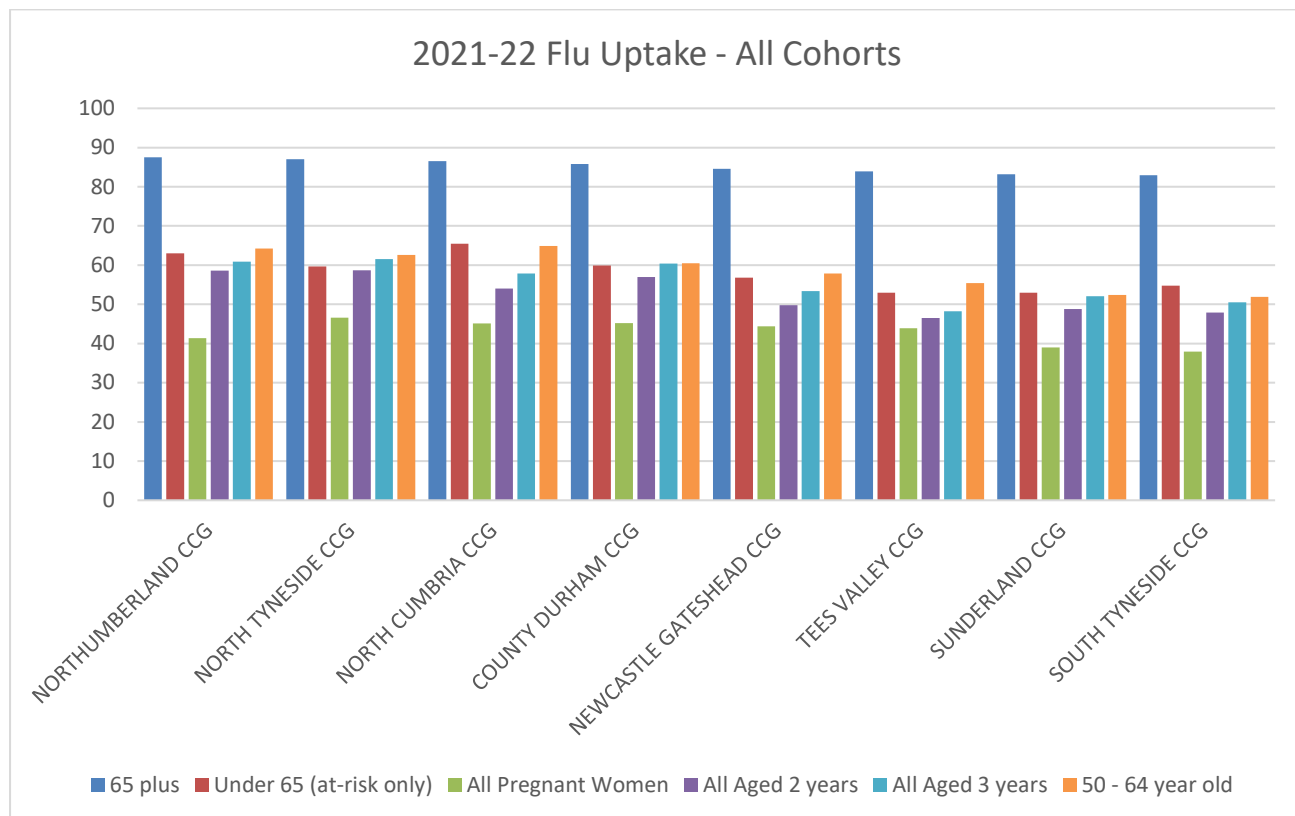
In Sunderland, 83.2% of those over 65 years old were vaccinated in 2021-22, which was a slight increase on the previous year. However, the uptake in other cohorts was lower, and only 53% of under 65s who are 'at risk' took up the offer of the vaccine. Vaccinations in pregnant women and children aged 2 to 3 years were particularly low, not only in Sunderland but across the North-East and North Cumbria. (See *table 1 & 2 below*).

**Table 1 – NENC Flu uptake rates**

CCG	65 years plus	Under 65 (at-risk only)	All Pregnant Women	All Aged 2 years	All Aged 3 years	50 - 64 years
NORTHUMBERLAND CCG	87.5	63.0	41.4	58.6	60.9	64.2
NORTH TYNESIDE CCG	87.0	59.7	46.6	58.7	61.5	62.6
NORTH CUMBRIA CCG	86.5	65.5	45.1	54.0	57.9	64.9
COUNTY DURHAM CCG	85.8	59.9	45.2	57.0	60.4	60.5
NEWCASTLE GATESHEAD CCG	84.6	56.8	44.4	49.8	53.4	57.9
TEES VALLEY CCG	83.9	53.0	43.9	46.5	48.2	55.4
SUNDERLAND CCG	83.2	53.0	39.0	48.8	52.1	52.4
SOUTH TYNESIDE CCG	82.9	54.8	37.9	47.9	50.5	51.9
<b>Average</b>	<b>85.3</b>	<b>57.6</b>	<b>43.5</b>	<b>52</b>	<b>54.8</b>	<b>58.725</b>

Green indicates highest uptake figure in the group and amber indicates lowest uptake in the group

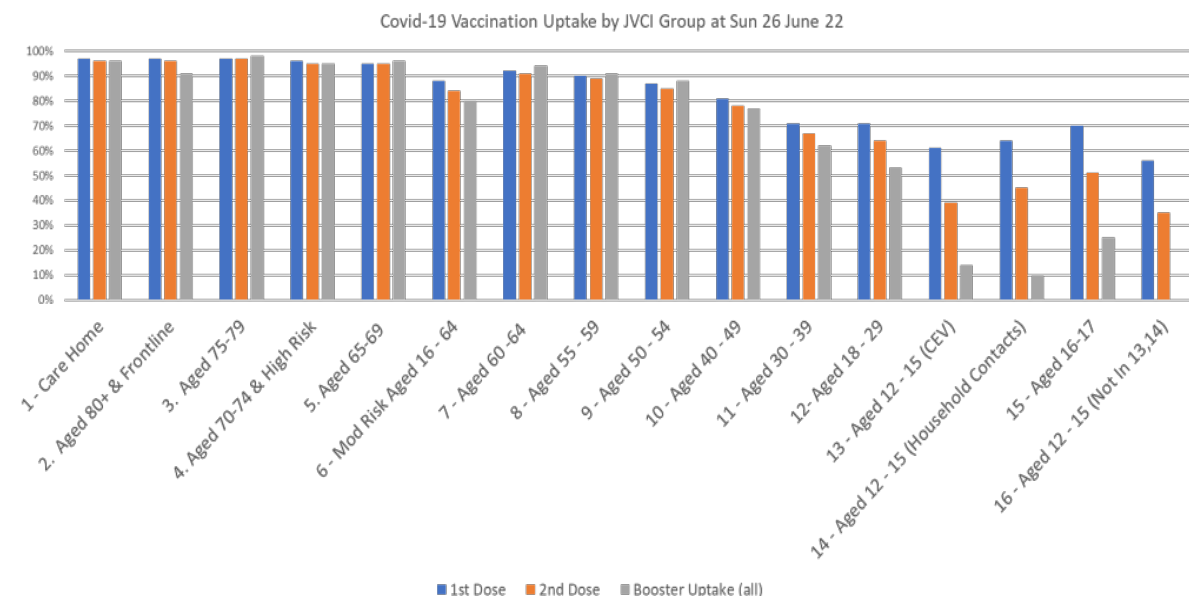
**Table 2**



**COVID vaccination uptake (Phases 1-4)**

COVID vaccination rates have remained high in the older age groups especially with the initial vaccinations.

The spring boosters saw a reduction in uptake especially in the younger age groups - See table 3 below – please note in some cohorts there appears to be higher booster rates than second dose rates – this is because the figures for boosters include the immunosuppressed figures who have received an additional booster dose



## 2.3 Autumn vaccine eligibility

### Flu Eligibility

The 2 March 2022 letter confirmed that those eligible for the NHS influenza programme are those cohorts who were offered the vaccine prior to the pandemic:

- all children aged 2 or 3 years on 31 August 2022
- all primary school aged children (from reception to Year 6)
- those aged 6 months to under 65 years in clinical risk groups
- pregnant women
- those aged 65 years and over
- those in long-stay residential care homes
- carers
- close contacts of immunocompromised individuals
- frontline staff employed by the following types of social care providers without employer led occupational health schemes:
  - a registered residential care or nursing home
  - registered domiciliary care provider
  - a voluntary managed hospice provider
  - Direct Payment (personal budgets) or Personal Health Budgets, such as Personal Assistants
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Cohorts that were eligible in the 2021 to 2022 season but that are not included in the cohorts for 2022 to 2023 are:

- those aged 50 to 64 years
- secondary school children in Years 7 to 11 (between 11 and 15 years of age on 31 August 2022)

### COVID vaccine eligibility

The flu and COVID eligible cohorts are mostly, but not entirely, aligned for Autumn/Winter 2022/23.

The government have accepted final JCVI advice which states the following people should be offered a COVID-19 booster vaccine this autumn:

- residents in a care home for older adults and staff working in care homes for older adults;
- frontline health and social care workers;
- all adults aged 50 years and over;
- persons aged 5 to 49 years in a clinical risk group, as set out in the Green Book;
- persons aged 5 to 49 years who are household contacts of people with immunosuppression; and
- persons aged 16 to 49 years who are carers, as set out in the Green Book.

## **2.4 Uptake ambitions and targets**

### **Flu Vaccinations**

General practices and school providers must demonstrate a 100% offer this season by ensuring all eligible people are offered the opportunity to be vaccinated by active call and recall mechanisms, supplemented with opportunistic offers where pragmatic. The aim of the influenza programme for 2022 to 2023 is to demonstrate a 100% offer and to achieve the uptake levels of 2021 to 2022 for each cohort as a minimum, and ideally, exceed them.

Community pharmacy service providers do not have a fixed patient list from which to undertake call and recall activities. However, they should proactively offer influenza vaccination to any patient they identify as being eligible to receive it should the patient present in the pharmacy for any reason.

Support is also needed for those living in the most deprived areas, from minority ethnic communities and other underserved communities to have as high an uptake in the population as a whole. High quality dedicated and interculturally competent engagement with local communities, employers, faith, and advocacy groups will therefore be required and work is ongoing regionally and locally with communications teams.

Providers are expected to have robust plans in place for tackling health inequalities for all underserved groups to ensure equality of access to the influenza vaccine. Efforts should be made to show improvement in coverage in those groups who had over 5% lower uptake than the national average.

### **Covid Vaccinations**

The autumn booster programme is running from 5 September and the ambition is that all eligible people will be offered the vaccine between September and the end of December 2022.

To support this, the National Booking Service (NBS) opened week commencing 5 September to enable those aged 75 years and over and self-declaring health and social care workers to book their COVID-19 vaccination appointment from w/c 12 September.

All local vaccination sites (LVS) in Sunderland will be available to book via NBS. National invitations via SMS, email and letter are scheduled to be sent to eligible patients inviting them to book an appointment.

The target for care homes is to complete vaccinations within a ten-week period from the start of the programme. This is currently ahead of schedule in Sunderland.

## **2.5 Sunderland vaccination plans and responsibilities**

### **Governance**

The responsibility for oversight of the Winter Vaccination Programme 2022/23 sits with the Winter Vaccination Board. This is a multi-agency Board which includes the Integrated Care Board, Local Authority, South Tyneside and Sunderland NHS Foundation Trust, Cumbria Northumberland Tyne and Wear NHS Foundation Trust, Sunderland GP Alliance, NHS England and Improvement, General Practice representation, Community Pharmacy representation and Healthwatch as a core membership.

The Board will continue to report to the Sunderland Health Protection Board which is accountable to the Health and Wellbeing Board.

The purpose of the Board is to oversee the implementation of the programme, monitor progress of the plan and to discuss and help to resolve issues that may arise during the programme.

### **Practice and Primary Care Network (PCN) plans**

General practice has been largely responsible for delivering the majority of flu vaccinations for many years, and all of the 38 practices in Sunderland have signed up to the Enhanced Service for 2022-23.

All six Primary Care Networks (PCNs) in Sunderland have signed up to deliver the COVID vaccinations, and once again there will be six local vaccination sites delivering the vaccine. Plus, this autumn, six individual practices have agreed to trial delivering the vaccine alongside flu vaccines within practice premises.

The six PCNs have subcontracted to the Sunderland GP Alliance (SGPA) to manage the COVID vaccination programme on their behalf.

A copy of the vaccination plan for Sunderland can be found in Appendix 1.

### **Other Care Settings:**

#### **Community Nursing Team**

The community nursing teams for Sunderland are employed by South Tyneside and Sunderland NHS Foundation Trust (STSFT) and are contracted by the Integrated Care Board to deliver flu and COVID vaccinations for eligible patients on their caseload via a community team. This includes housebound patients as well as patients who are registered as living in a residential care home.

The Community Nursing team has commenced vaccination and it is anticipated all older person care homes will be completed within 14 days. The team will then move onto visiting housebound patients in Sunderland.

## **Community Pharmacy**

Community Pharmacies (CPs) are commissioned to deliver flu vaccinations by NHSE/I via a service specification to eligible patients (those that mirror the GP Directed Enhanced Service). Information is not held centrally for pharmacy flu vaccine stock but it is estimated that community pharmacy usually delivers around 15% of the flu vaccines to at risk patients.

CPs were also invited to participate in the COVID vaccination programme and there are currently four pharmacies signed up to take part in the autumn booster campaign.

## **Secondary Care**

Both inpatients and outpatients are to be offered both the flu and COVID vaccine opportunistically this year by South Tyneside and Sunderland NHS Foundation Trust (STSFT).

This includes pregnant women who are attending antenatal appointments or scans and further work is ongoing to look at how the uptake can be improved.

## **2.6 Health Inequalities**

A great deal of work has been carried out to address health inequalities and access to the COVID vaccination. This work will continue throughout the autumn booster phase, and the learning will be incorporated into the flu vaccination programme.

Part of the ongoing work has been to develop relationships with members and leaders of faith groups within Sunderland; as a result, many 'roving' clinics have been held in various settings such as the local Mosques, Sunderland Bangladeshi Centre, and Sunderland Minster.

Roving teams have also attended various shelters such as the YMCA and Salvation Army and plans are underway to attend food banks and soup kitchens where possible. We will continue to engage with these groups going forward to maximise uptake.

We will also continue to monitor wards such as in the East of the city where we know there has historically been lower uptake. 'Pop up' clinics at High Street West in the city centre has been a success in targeting this area and so this will continue throughout the autumn.

There is also support on offer from the regional mobile team, and it is hoped that this will provide further coverage for areas of lower uptake alongside the use of the MELISSA Bus.

## **2.7 Communication and Engagement**

Practices and pharmacies do contact patients by a variety of methods to encourage them to have vaccines and all have been encouraged to continue with a variety of modes of communication to patients and explore all options available, such as the use of text messages and social media. As previously mentioned, the National

Booking System is also being used which includes texts and letters sent from the national team.

The national media campaign will be complemented by regional and local communications.

## **2.8 Availability and Delivery of Vaccines**

There have been some delays to supplies of the flu vaccines already this year; most practices should see deliveries arrive by week commencing 26 September 2022. This means that co-administration will be difficult in the first instance.

The COVID vaccination allocations will now be made available in four weekly slots to aid planning going forward.

## **3. Winter Planning**

### **3.1 Context to Winter Planning for 2022/23**

Winter is always a challenging time for organisations working to deliver health and social care services to meet the needs of patients, service users and their carers, and we are expecting this winter to be a particularly difficult.

The balance between maintaining planned care and managing elevated urgent and emergency care demand is a challenge every winter and this year, the impact, and consequences of COVID with more poorly people presenting for healthcare, higher admission rates, greater pressures on primary care and social care make planning services more complex and we need to remain ready to respond to rapidly changing circumstances.

This means that the health and social care system will be constantly rebalancing and re-prioritising this winter to use its resources to treat the sickest and most urgent patients. More than ever, the demands on our health and social care system to meet the needs of our population require organisations to work collaboratively to remove barriers and deliver safe and effective services.

Our focus this winter is on keeping people safe and well. We will deliver this through preventive activities to avoid illness, action to deliver services close to home where possible, and to reduce the risk of illnesses getting to the point that hospital treatment is needed. When hospital treatment is required, our focus is to ensure the safe delivery of care, minimising time spent in hospital and supporting people to return home.

Planning for winter is not a one-off event. Rather, it is a process that sits within the context of the services provided by health and social care organisations daily and throughout the year. It also sits alongside organisational plans for the development and enhancement of services, which are intended to keep pace with changes in demand for services and advances in treatments and supporting technology.

The joint South Tyneside and Sunderland Command and Control (Surge) Group has continued to meet at least once a week over the last 18 months to manage the unprecedented demand on services. Due to the demand on health and care services,



several surge schemes normally only in place over winter have operated throughout the year.

The winter plan has been developed by the Command-and-control meeting and should be considered alongside several other key plans i.e., vaccination programme, ambulance handover plan.

### **3.2 How the Winter Plan was developed**

The Winter Plan for 2022/23 (**Appendix 2**) has been developed based upon:

- Learning from Covid pandemic
- The review of Sunderland winter schemes undertaken in May 2022
- National and regional guidance and learning

The Winter Plan has included the feedback from the ICS Winter Debrief and 'Testing the Plan' events and shared learning, and good practice from South Tyneside and Sunderland Place systems.

The Winter Plan has been developed through the Command-and-Control meeting which is both multi-agency and multi-disciplinary and has been reviewed via ICS Assurance Self-Assessment process

Each Winter scheme has a plan that sits behind the summary that sets out the scheme's purpose, expected outcomes and key performance indicators. Each scheme aims to contribute to managing the anticipated increased demand and pressure across the health and care system over winter. The organisational lead for the scheme has indicated they are confident the scheme can be implemented with the required workforce.

The Command-and-Control meeting will be operational throughout winter to oversee and manage the Winter Plan and to ensure capacity and demand planning is an integral part of the surge and escalation measures that are implemented in response to high levels of demands on health and care services throughout the winter.

The Command-and-Control meeting will maintain oversight of operational pressures at provider and system level, monitor escalation and coordinate provider response.

The rhythm of daily reporting and oversight, through system calls and escalation management including out of hours will continue throughout the winter period. In the event of emergency demand exceeding system resource EPRR Incident Response arrangements will be enacted.

#### **4. Recommendation**

The Board is recommended to:

- Note the content of this report
- Note and be assured by the content of the Winter Vaccine Operational Plan (appendix 1)
- Be assured of the governance arrangements for the programme
- Note and comment on the Winter Plan (appendix 2) prior to final submission to the ICB

#### **Appendix 1 – Sunderland Flu and COVID Operational Plan**