



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	8 September 2020
<b>Report Title</b>	Immunisations
<b>Report Number</b>	HSCP20.037
<b>Lead Officer</b>	Sandra MacLeod, Chief Officer
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<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	No

### 1. Purpose of the Report

- 1.1. The purpose of this report is to provide an update on our immunisation plans, including the redesign of the immunisations service, our approach towards delivering the vaccination transformation programme, and our plans for delivering mass vaccinations over the coming months.

### 2. Recommendations

- 2.1. It is recommended that the IJB notes the update on immunisation delivery in Aberdeen as set out in this report and requests an update report to be brought back to IJB following on from this years flu programme.

### 3. Summary of Key Information

#### Background

- 3.1. Immunisation is one of the most effective public health interventions in the world for saving lives and promoting good health. Immunisation helps protect against serious diseases and once we have been immunised, our



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bodies are better able to fight these diseases if we come into contact with them.

- 3.2.** In Aberdeen there are currently two separate staffing teams within the health and social care partnership delivering immunisations to school age and preschool children. General practice currently delivers immunisations to adults and some children with complex needs.
- 3.3.** Over the last few months, significant work has been ongoing to redesign the immunisations service in Aberdeen. There are a number of drivers for this:
- In 2017, as part of the commitment to reduce GP workload, it was agreed that vaccinations previously delivered through GP practice would progressively move away from a model based on GP delivery to a model based on dedicated community teams. It is a requirement that by April 2022, the responsibility for administering vaccinations in the city sits with the ACHSCP. This is included in our Primary Care Improvement Plan, and aspects of this have been considered and approved in a number of reports to IJB over the last year.
  - We are seeking to improve immunisation uptake levels in Aberdeen.
  - The current processes around immunisation delivery offers limited choice and flexibility to those requiring vaccination.
- 3.4.** There are a number of vaccination workstreams:
- Pre-school programme – transferred from GP provision in 2019
  - School based programme – delivered through ACHSCP
  - Travel vaccination and travel health advice – planned to transfer 2021/22 (not included within the scope of this report)
  - Influenza programme – preschool transferred from GP provision in 2019, adult to transfer from GP provision in 2020
  - At risk and age group programmes (shingles, pneumococcal, hepatitis B) – planned to transfer from GP provision in 20/21



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- Covid19 mass vaccination planning

### Current Plans

- 3.5.** As part of our planning the following vision has been identified “*We will support the health of Aberdeen Citizens by modernising the delivery of vaccinations, empowering local decision making and providing services at the right time in the right place to meet patient needs.*”
- 3.6.** The service redesign of our immunisation’s delivery seeks to deliver against the following objectives:
- **Objective 1**  
Implement a new model of delivery, which is coproduced and based on local decision-making and leadership. New operational arrangements will be established as business as usual, reflecting the needs of the population in regard to accessibility.
  - **Objective 2**  
Ensure any transformation in delivery is achieved without any adverse impact on safety or sustainability of current / existing vaccination programmes
  - **Objective 3**  
Ensure that the necessary systems and infrastructure (e.g. IT, data and premises) are in place to support new models of delivery
  - **Objective 4**  
Ensure that new models of delivery are sufficiently resourced and sustainable
  - **Objective 5**  
Improve uptake of vaccinations across the city



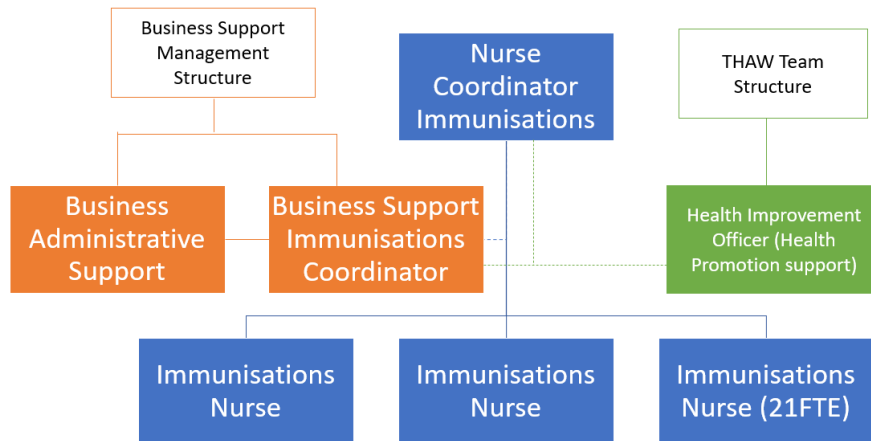
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### Organisational Redesign

- 3.7.** The redesign of the immunisation service will see a change from several disparate teams to a single team working across the three HSCP locality areas. The core team will administer pre-school, school and adult immunisations throughout the year, and this will be supplemented by wider nursing workforce during peak immunisation delivery periods.
- 3.8.** The development of an immunisation team allows increased consistency in programme delivery enabling implementation of city-wide protocols covering discussion, recording and follow-up with patients and parents on immunisation. Team development also facilitates staff education, training and updating, problem solving and has been found to yield efficiencies in staffing requirements to deliver programmes.
- 3.9.** A simpler management structure will provide a clear line of accountability for programme performance and governance and avoid unnecessary duplication of management functions and costs.
- 3.10.** The city-wide immunisation team would be distinct from teams delivering school nursing and health visiting, allowing sufficient resource across all three areas to deliver on the requirements of CEL 13. A separate workstream is progressing the requirements of CEL 13.
- 3.11.** Where organisational changes are required through this work, this will be progressed through the agreed organisational change processes.
- 3.12.** The proposed structure seeks to maximise the time that nursing staff can spend delivering immunisations, with support being put in place from business support and public health teams to coordinate delivery and provide health promotion support. This integrated structure maximises the skill sets from three professional teams within the partnership in support of the effective, safe and efficient delivery of immunisations:



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**3.13.** Additional nursing, coordination and administrative support will be brought in on a temporary basis during peak mass immunisation periods.

### Locations of immunisation delivery

**3.14.** Historically immunisation delivery takes place in GP practices. For a number of reasons, this is not currently possible, and our plans set out delivery locations as follows:

- **Routine immunisations for adults and secondary age children-** Immunisations will be delivered from several community hubs. At least one based in each locality, and ideally in each priority community (identified within the Community Planning Aberdeen Local Outcome Improvement Plan) all with car parking, as well as a city centre venue close to main transport links.
- **School age immunisations:** Agreement has been reached with Aberdeen City Council's education department to deliver school age immunisations within primary schools. There will be changes to how these are delivered as a result of the current pandemic
- **Mass immunisations (flu and Covid19):** These will be delivered in a number of community spaces including sports halls, churches and other large open venues that can allow for social distancing and minimise any risks.



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**3.15.** To ensure that ability to travel is not a blockage to immunisation uptake, our service redesign plan includes the provision of a mobile community solution. This will allow immunisations to be delivered where people live, such as care homes and sheltered housing, and will be particularly valuable at peak flu delivery periods, these will be advertised pop up locations that the wider community will be able to take advantage of.

### Planning for mass vaccinations

**3.16.** Peak immunisations periods for influenza and mass immunisations such as Covid will require an enhancement to the core model and will include the scale up of immunisation nursing staff and venues for delivery during these at peak periods. (A similar but further enhanced model is planned to be used for the Covid vaccine when available).

**3.17.** It has recently been announced on the 7<sup>th</sup> August 2020 that the cohorts targeted for immunisations will be increased in 2020 to include:

- All those over the age of 55 (increasing potentially to all those over the age of 50 subject to vaccine availability)
- All people identified as shielding and those living in a household with someone identified as shielding

\*Note that some of the above cohorts would already have been in a clinical risk that would entitle them to a flu vaccination.

**3.18.** The delivery timescales of the various cohorts entitled to flu vaccination will be phased linked to the delivery process of the vaccines. Different cohorts will receive different types of the vaccine.

**3.19.** These changes will mean that the number of people entitled to the flu vaccination in Aberdeen is anticipated to increase by around 35%. This will result in the need for additional staff and an increased time period for the vaccine delivery. The full implications are currently being worked through.

**3.20.** Additional costs associated with the increased cohorts for flu and resources required to deliver the Covid19 Vaccination (when available) has been identified within the NHS Grampian remobilisation plan.



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### Process and information management

- 3.21.** The changes proposed for the delivery of the vaccination programme offer the opportunity for us to deliver services differently. Over time and as recruitment and redesign of workforce allow, we would look to move the service to provide patients with choice as to when they would wish to attend clinics which will include some evenings and weekends.
- 3.22.** A number of improvements in system recording are being led at a national level, including pulling information directly from GP digital systems, in particular Shingles, Pneumococcal and Flu vaccine history and cohorts to Practitioner Services Division / Scottish Immunisation and Recall System (SIRS). This will reduce the need for local practice-based searches and increase efficiency of the service processes.
- 3.23.** There are limitations around the current digital and recall systems used, and work is ongoing to put in place alternative systems until a longer-term solution is available.
- 3.24.** Our future plans would also see us implement an online booking system for appointments. The city's immunisation service redesign has a digital workstream and this work will continue to be scoped.
- 3.25.** The current health protection measures that are in place due to the current pandemic also require us to change the delivery process for immunisations. Immunisation nurses will require to wear PPE, additional cleaning will be required, and all those requiring vaccination will require to adopt physical distancing. Managing the flow of patients effectively will be key to maximising how many patients can be vaccinated in any given time period.

### Increasing immunisation uptake levels

- 3.26.** Immunisation uptake performance has and continues to be difficult to access, in an accurate and timely manner. Locally, additional processes are



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being put in place in order to be able to identify the impact of our interventions.

**3.27.** The table below set out the target uptake levels for the different flu patient cohorts for this year. Note these targets are set nationally and are linked to anticipated vaccine supply:

Flu Patient Cohort	% Uptake target based on vaccine supply 2020/21
All adults at risk (excl. Pregnant women and carers)	75%
Over 65	75%
Pregnant not in a clinical risk group	75%
Pregnant in a clinical risk group	75%
Carers	60%
Pre-school 2-5 years	65%
5-11 Years School Children	65%

**3.28.** Communication about the importance of vaccination in general and the importance of those eligible receiving their flu vaccination, this year in particular will be essential to encourage uptake. To support this, we are developing a comprehensive communications plan – this includes engaging with local people including using a range of media types, and through a range of channels including local press and social media. Key messages which will be covered over the next few weeks include:

- Reminding parents to look out for flu forms coming home in children's school bags.
- General reminders about the importance of immunisations.
- Calls for qualified staff to assist in providing immunisations.
- Information about how people will be kept safe, using physical distancing arrangements, when they receive their vaccination.





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### 4. Implications for IJB

**4.1. Equalities:** The content of this paper aligns with our Strategic Plan, for which a full equalities and human rights impact assessment has been undertaken. The assessment, on the whole, was positive in relation to the Strategic Plan's impact on equality and diversity within Aberdeen City.

**4.2. Fairer Scotland Duty:** It is anticipated that the implementation of these plans, will have a positive impact on people affected by socio-economic disadvantage, as per the ambitions within our strategic plan.

### 4.3. Financial:

A detailed costing of the programme has been developed and is summarised below (note that this will continue to be refined as the programme is implemented and any significant changes will be brought back to IJB as required):

(£'000)	2020/21	2021/22	Recurring	Notes
<b>STAFFING</b>				
Immunisations Coordinator (2WTE)	103,488	106,593	109,790	Band 6
Business Support Coordinator (1WTE)	32,551	33,528	34,533	Band 4
Immunisation Nurses (21 WTE)	873,117	899,311	926,290	Band 5
Business Support (1WTE)	26,647	27,446	28,270	Band 2
Health Improvement Officer	-	-	-	Band 5 (costs covered through THAW team)
Seasonal Workforce (Flu - 1268 days)	46,150	47,535	48,961	
<b>PREMISES</b>				
Lease for Tillydrone Community Hub	4,000	4,000	4,000	Estimate
Access Agreement costs for Torry Sports Centre	12,000	12,000	4,000	Estimate/ Torry Hub costs - 2020/21 proportion to be costed to remobilisation plan.
Venues for flu immunisation centres	6,000	6,000	6,000	2020/21 proportion to be costed to remobilisation plan
Cleaning costs for immunisation centres	4,000	4,000	4,000	2020/21 to be costed to remobilisation plan
Mobile Unit	90,000	10,000	10,000	potential for developer contributions/endowments
<b>EQUIPMENT</b>				



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Pharmacy Fridges/Freezers	11,000	1,100	1,100	2020/21 proportion to be costed to remobilisation
Equipment, gloves, syringes, PPE etc	14,500	6,500	6,500	2020/21 £7,000 proportion costed to remobilisation
Disposables and Stationery	7,200	7,200	7,200	
<b>ICT</b>				
Digital Devices x 10	12,000	-	-	
Mobile Phones x 10 standard handsets (for additional staff)	830	720	720	
Digital solution for online bookings		30,000		potential for innovation funding
SIRS	8,000	8,000	8,000	
Other/ misc	6,098			
<b>TOTAL</b>	<b>1,251,483</b>	<b>1,203,933</b>	<b>1,199,364</b>	
<b>Agreed Finances/Core</b>				
PCIP - Pre School	240,000	240,000	240,000	N32203
Core Budget - School	175,000	175,000	175,000	N35050
Approved Business cases - Adult	775,385	460,008	460,008	N33001
Approved Business Case - Maternity	55,000	55,000	55,000	N33348
PCIP other		273,925	269,356	
	1,245,385	930,008	930,008	
<b>Estimated additional costs as a result of additional measures due to COVID that will be costed against remobilisation</b>	<b>35,000</b>			
<b>Difference***</b>	<b>0</b>	<b>0</b>	<b>0</b>	

\*The above costs have not included any costs associated for a COVID vaccine delivery and the additional cohorts for flu vaccine as recently announced

\*\* The financial projections for 2021/22 onwards will be refined based on learning from 2020/21

\*\*\*\*The costs are based on whole year costs rather than part year costs for 2020/21. It is highlighted that the profile of the spend is geared towards the autumn/ winter period in alignment with the delivery of the flu vaccination.

#### 4.4 Workforce: Required workforce changes will continue to be



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progressed in consultation with affected staff and in partnership with our staff side colleagues in line with usual organisational change process. During the Covid-19 response stage, staff side and trade unions have been integral members within our operational governance decision making processes.

**4.5 Legal:** There are no specific implications as a direct result of this report.

**4.6 Other - NA**

### 5. Links to ACHSCP Strategic Plan

**5.1.** The areas of work progress referred to in this report directly align with the delivery of our strategic plan. Specifically:

**Prevention:** the delivery of our vaccination programme directly seeks to address the preventable causes of ill health in our population.

**Personalisation:** the vision of our immunisations service redesign seeks to *“providing services at the right time in the right place to meet patient needs.”*

**Connections:** The shift in immunisation delivery into community hubs will help us to develop meaningful community connections with local people which will seek to improve immunisation uptake levels.



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### 6. Management of Risk

#### 6.1. Identified risks(s)

A number of key risks have been identified in relation to the programme of work set out in this report:

Description	Mitigation
The funding for the delivery of immunisations which would previously have been the responsibility of GP practices is proposed to come from PCIP funds and has been approved through our IJB governance processes. There is a risk that the funding previously outlined by the SG against which we have been developing our PCIP plans, including immunisations may not be available during this financial year.	Recent correspondence from Scottish Government has reduced the level of this risk. Timescales for putting our mass flu vaccination in place from October 2020, requires us to continue to progress our existing plans to move vaccination delivery away from GP practices during the current year.
We are unclear when a COVID-19 immunisation may be available, if it is ready by autumn we may be able to plan delivery during flu. This will result in an adjustment to our staffing levels and number of venues.	We will continue to receive national updates nationally
Inability to recruit immunisation nurses and retain them	Proactively advertising vacant posts. Existing bank nurses
Time to recruit and train nurses	Ongoing proactive advertising of vacant posts.
Availability of sufficient staff to mentor nurses on the training programme	Vaccination Programme Manager will support if required.
Unable to source sufficient venues in the community to deliver immunisations	Discussion ongoing – a number of venues have now been secured.



#### 6.2. Link to risks on strategic or operational risk register:

This report links to Risk 11 on the Strategic Risk Register: - There is a risk that the Coronavirus (Covid-19) outbreak leads to high numbers of



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incidences within the city, impacting public health and the delivery of essential health and care services through significantly increased demand and reduced workforce capacity. Immunisation will help to address preventable causes of ill health in our population. This report also outlines the high-level plans for how we will deliver a Covid19 vaccination, when one becomes available.

Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)