



PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 31 August 2023 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Winter Respiratory Vaccination Programme: Delivery Plan 2023/24 |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Dr Ardiana Gjini, Executive Director of Public Health |
| SWYDDOG ADRODD: REPORTING OFFICER: | Bethan Lewis, Interim Assistant Director of Public Health; Megan Harris, Consultant in Public Health |

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

A Welsh Health Circular (WHC) was distributed to Health Boards on the 22 June 2023 setting out the National Influenza Immunisation Programme for 2023/24. [WN \(Year\) Number \(gov.wales\)](#). The Joint Committee on Vaccination and Immunisation (JCVI) announced their advice regarding eligible groups for the 2023 autumn booster on 8 August 2023, which further supported the earlier documentation circulated in November 2022 detailing the ambitions of the vaccination programme for 2023/24. [JCVI advises on eligible groups for 2023 autumn booster - GOV.UK \(www.gov.uk\)](#). These guidance documents were brought together in a collective WHC that was issued to all Health Boards on 17 August 2023 which clearly sets out the priorities, ambitions and expectations, programme information and alignment with the National Immunisation Framework (NIF). <https://www.gov.wales/winter-respiratory-vaccination-programme-2023-2024-whc2023029>.

This report will provide the Strategic Development and Operational Delivery Committee (SDODC) with the current position in terms of planning for the Hywel Dda University Health Board (HDDUHB) delivery of the winter respiratory vaccination programme as we build on the transitional programme last year of embedding COVID-19 vaccination alongside our existing seasonal Flu programme.

Cefndir / Background

Respiratory infections have a seasonality pattern, peaking in winter, often with bacterial secondary or co infections, thus putting the health and care system under significant pressure every year. The impact of this is seen both in terms of staffing absence and in the volume of people who need to access services across primary and secondary care during the winter season. Vaccination remains a vital tool in helping to mitigate the effects of these respiratory viruses circulating in our communities, aiming to:

- Reduce the rate of the infection in the population
- Protect our vulnerable population
- Support the resilience of health and social care systems during a time when pressure is greatest

Last autumn saw the beginning of the transition from a pandemic response, by maximising alignment of the Covid-19 vaccination and Seasonal Influenza (Flu hereafter) vaccination programmes. This enabled the Health Board to coordinate the planning of both programmes and where possible streamline delivery by co-administration. The hybrid approach to delivery supported the HDdUHB population to maximise their opportunity to access both vaccines closer to home.

The principles of the Health Board's Health and Wellbeing Framework continued to be encompassed in the delivery plans in terms of recognising the need to shift the culture around vaccination, building on the lessons learnt from last year's programme and promoting community health and wellbeing.

Asesiad / Assessment

Planning Assumptions

****NB: reviewed national policy and advice is expected imminently in regard to the type of the Covid vaccine to be used and eligibility, which if different from current will affect HDdUHB's plans which will be reviewed accordingly.***

The eligible cohorts for receipt of Flu and Covid-19 vaccines for the winter respiratory vaccination programme have been identified in each programme outline.

Seasonal Flu vaccination eligibility (*see above under NB*) for 2023-24 can be summarised, as outlined in WHC (2022) 031 as follows:

- Children aged two and three years on 31 August 2023
- Children in primary school from reception class to year 6 (inclusive)
- Children in secondary school from year 7 to year 11 (inclusive)
- Persons aged six months to 64 years in clinical risk groups
- Persons aged 65 years and older (age on 31 March 2024)
- All adult residents in Welsh prisons
- Pregnant women
- Carers
- Persons with a learning disability
- Staff in nursing homes and care homes with regular client contact
- Staff providing domiciliary care
- Staff providing frontline NHS/Primary care services
- Healthcare workers (including healthcare students) with direct patient contact

In addition, individuals experiencing homelessness will also be an eligible group in 2023-24.

Covid-19 vaccine eligibility (*see above under NB*), as defined by the JCVI, is recommended as a single dose vaccine to be offered to:

- Residents in a care home for older adults
- All adults aged 65 years and over
- Persons aged 6 months to 64 years in a clinical risk group, as defined in tables 3 and 4 of the COVID-19 chapter of the Green Book
- Frontline health and social care workers
- Persons aged 12 to 64 years who are household contacts, as defined in the Green Book, of people with immunosuppression
- Persons aged 16 to 64 years who are carers, as defined in the Green Book, and staff working in care homes for older adults

This advice differs slightly from the 2022 autumn programme, as the age threshold for adults who are not in a clinical risk group or a household contact of someone with immunosuppression, has increased to 65. Given the high proportion of older adults with comorbidities and the higher uptake seen in universal age-based programmes, the JCVI considers at this transition stage of the pandemic recovery, it is cost effective and appropriate to offer vaccination to all adults aged 65 years and over. This means the age threshold for a Covid-19 autumn booster aligns with eligibility for Flu vaccination in 2023.

The JCVI additionally advises that a primary course Covid-19 vaccination should change to consist of a single dose of Covid-19 vaccine. Eligibility for the offer of primary vaccination will be the same as for autumn 2023 booster vaccination, as the universal offer finished on the 30 June 2023.

Vaccine Type

Flu vaccine availability is identified within the WHC (2022) 031 and detailed in table below and have been extensively used over the last few years in our seasonal programmes:

| Those aged 65 years and over | Those aged 18 to less than 65 years (including pregnant women) | Children aged 2 to less than 18 years who are contraindicated/ decline LAIV | Children aged 6 months – 2 years in risk groups |
|--|--|---|--|
| <ul style="list-style-type: none"> • aQIV1 • QIVr • QIV-HD • (QIVc where aQIV/QIVr is not available²) | <ul style="list-style-type: none"> • QIVc • QIVr | <ul style="list-style-type: none"> • QIVc | <ul style="list-style-type: none"> • QIVc (off label) |

Key:

aQIV - adjuvanted quadrivalent influenza vaccine

QIVc - quadrivalent cell culture influenza vaccine

QIVr - quadrivalent recombinant influenza vaccine

QIV-HD – high dose quadrivalent inactivated influenza vaccine

Both Pfizer and Moderna continue to be the two main Covid-19 vaccines in the autumn booster programme. Both have been routinely used across HDdUHB Vaccination Centres and Primary Care contractors throughout the duration of the Covid-19 vaccination programmes.

During the Spring Covid-19 vaccination programme a new variant vaccine identified as BA4500 was introduced. This vaccine will be available to commence the winter respiratory vaccination programme from 11 September 2023, however a new variant vaccine will be available in Wales from the 2 October 2023. This new vaccine will also be supplied by both Pfizer and Moderna and will be identified as XBB vaccine.

The delivery schedule has been confirmed and work is underway to facilitate a direct ordering system into our Primary Care sites supporting delivery. However, there is no guarantee the supply chain for both Flu and Covid-19 vaccines will align fully at the beginning of the programme resulting in a staggered delivery for the COVID-19 vaccine; however it is anticipated the delivery dates will not be too far apart for the new variant vaccine XBB.

Proposed Delivery Plan

In summary, vaccination for eligible groups will be delivered by a variety of health care professionals in order to maximise vaccine uptake. However, detailed below are some primary delivery models for information:

Health Board School Nurses/ Vaccination and Immunisation Teams

- Children in primary school from reception class to Year 6 (inclusive) – Flu only
- Children in secondary school Year 7 to Year 11 (inclusive) – Flu only
- Three year old children in nursery schools aligned to Llanelli and Pembroke Dock – Flu only
- People aged 64 years and older (age on 31 March 2024) who are an inpatient – Flu and Covid-19
- Pregnant Women – Flu and Covid-19 (aligned to Antenatal clinics)

Health Board Vaccination Centres

- Healthcare workers (including healthcare students) – Flu & Covid-19
- Staff providing domiciliary care – Covid-19 (with Community Pharmacy alignment for Flu in centres)
- Staff working in Care Homes – Covid-19 (with Community Pharmacy alignment for Flu in centres)
- People with a learning disability - Flu and Covid-19
- Housebound people – Flu and Covid-19
- Homeless population – Flu and Covid-19

GP and Community Pharmacies

- Children aged two or three years on 31 August 2023 – Flu only
- People aged 65 years and older (age on 31 March 2024) – Flu and Covid-19
- People aged between six months and 64 years in clinical risk groups – Flu and Covid-19
- Carers – Flu and Covid-19

It should be noted that the Health Board's Vaccination Centre Teams and Immunisation and Vaccination Core Team will also be able to provide support to GP and Community Pharmacies where needed, or where Flu vaccine stocks are insufficient to complete vaccination of the target population.

In summary, the HDdUHB will:

- Progress the continued support for GP Practices, Community Pharmacies and additional resources to ensure the priority groups, as directed by the JCVI, receive their Flu vaccine and where the timeline dictates, the COVID-19 Booster.
- Continue to prioritise increased uptake among children in order to reduce transmission of Influenza in the community and therefore offer indirect protection to older adults and other vulnerable groups.
- Continue to work with team leads and peer vaccinators to identify and train additional champions across HDdUHB, promoting online 'Flu-2' training to minimise face-to-face training needs. To reflect the potential extension of the role of Peer Vaccinators to include other vaccines, e.g. COVID-19, by signposting to the Vaccine centre teams.
- Request ongoing Executive-level enhanced support for staff Flu vaccinations, including letters from Directors of Nursing, Quality and Patient Experience, Public Health, Therapies and Health Science and the Medical Director to encourage staff vaccination and support of the peer vaccinator model.
- Investigate the recording of Flu vaccines administered to pregnant women and work with Public Health Wales (PHW), Primary Care and Midwifery colleagues to try to ensure

accurate data collection and to improve working relationships across antenatal settings to vaccinate pregnant women where possible.

- Ensure that both school nursing team and the wider expanded immunisation team are able to administer the children's nasal Flu vaccine, to ensure maximum flexibility and resilience in the system. The delivery of this workstream is going to pilot the delivery within nursery classes in primary schools in Llanelli and Pembroke Dock to improve uptake in historically low uptake areas for this age group.

Whilst there are clear discrete pieces of work and methods for increasing Flu and Covid-19 vaccine uptake in each eligible group outlined, the forthcoming winter respiratory vaccination programme delivery plan needs to be set within the context of delivering a well-recognised annual population-level health protection intervention. On this basis, it is more important than ever that there are effective plans in place for the 2023-24 autumn / winter season, not only to improve overall respiratory health in the HDdUHB population but also to protect those at risk, prevent ill-health and minimise further impact on NHS and social care services.

Contracting Mechanism

Contracting arrangements remained unchanged from spring boosters in 2022 as previously shared with Primary Care contractors. However, a recent change to contracting arrangements identified on 18 August 2023 has advised that payment will be reduced to £10.03 per vaccine administered which brings this in line with existing vaccine payments and the further £400 per 1000 delivered payment will cease.

GP practices and Community Pharmacies are being invited to participate in the autumn booster programme based on the planning assumptions and the proposed delivery plan above.

Ambitions and Expectations

The ambitions of the winter respiratory vaccination programme are that a Flu vaccine is offered to all those eligible at the earliest convenience and a Covid-19 vaccine should be offered to all those who are eligible by 30 November 2023.

The expectations for delivery are set out in the table below:

| Flu Eligible Group | 2022/23 Uptake | 2023/24 ambition |
|---|--|--|
| 65 years and over | 73.5% | 75% |
| 6 months to 64 years at risk | 41.8% | 75% |
| Pregnant | 53.7% | 75% |
| Children aged 2 or 3 years | 39.5% | 75% by the end of 2025/26 |
| Primary school aged children | 69.4% | 75% by the end of 2025/26 |
| Children in school years 7 to 11 | 62.0% | 75% by the end of 2025/26 |
| Healthcare workers (direct patient/ client contact) | Total staff 47.2% Staff with direct patient contact 47.3% | 75% |
| Social care workers (direct patient/client contact) | Domiciliary carers 165 Carers in a care home 216 Unpaid carers 373 | Unable to quantify denominators – to encourage improvement |

| Covid-19 Eligible Group | 2022/23 Uptake | 2023/24 ambition |
|--|----------------------------|---|
| 65 years and over | 77% | 75% |
| Care Home residents | 88% | 75% |
| 6 months to 64 years at risk | 49% | 75% |
| Pregnant | <i>Denominator unclear</i> | 75% |
| Healthcare workers (direct patient/ client contact) | 52% | All frontline staff to be offered a vaccine at the earliest opportunity |
| Social care workers (direct patient/client contact) | 45% | All frontline staff to be offered a vaccine at the earliest opportunity |

Risks and Mitigation

There are a number of risks identified for the proposed delivery plan for the winter respiratory programme which are detailed below:

- Prioritisation of higher risk groups not achieved to realise ambition and gain maximum protection in community
- Dependant on the vaccine supply there could be an impact on the fluidity of programme delivery
- Reduction of the pricing of the PCCSI at a national level which may impact on sign up and taking into account the challenging geography of rural areas and the additional time necessary to vaccinate the eligible cohort
- Potential staffing deficit if COVID-19, Flu or other sickness surges during the surge period or vacancies increase across vaccination team
- Potential risk that patients will choose one or other vaccine and not attend for both, limiting the effectiveness of community immunity to one or both viruses
- Patient communication, if sporadic primary care participation, around appointments/ venues etc leading to deterioration of relationships with contractors and challenging messaging with population

A number of key enablers have been identified to mitigate the risks and facilitate the operational success of the proposed plans for the winter respiratory delivery plan. These are detailed as:

- Robust national discussions on the PCCSI; needs to be an understanding that delivering in a rural area is very different to an urban geography
- Early engagement with GMS and Pharmacy contractors to scope winter respiratory vaccination plan and potential delivery within timescales
- Agreement with the Local Medical Council (LMC) on the model due to potentially contentious issues with 2-3 year old approach to targeting pilot in Nursery class in schools
- Flexible approach to support continued delivery through Primary Care with Health Board vaccination staff outreach
- Structured comms to support the transition into a primary care focused approach in line with National communications and provide clear messaging around each individual component of the overall plan to maximise uptake

- Identify supporting literature for population and Health and Social care staff in relation to benefit of co-administration and maximising overall immunity

Current Actions and Next Steps

Discussion with Primary Care contractors across GP practices and Community Pharmacies are underway. Initial feedback received indicates support for the proposed delivery methods with several GP practices and Community Pharmacies agreeing to deliver despite recent changes to PCCSI pricing.

This initial scoping is being shared nationally with Pharmacy Leads to ensure we have early set up of contractor ordering systems for COVID-19 vaccines.

Review of denominator numbers will be monitored, and any updating will be built into the planning parameters for the winter respiratory vaccination programme required to ensure achievement of programme ambitions as per WHC.

A communication plan is currently underway with clear and concise messages prepared for 2-3 year old and school aged Flu programmes in addition to reaching pregnant women and population groups. This communication will be underpinned by the support of the Command Centre.

All monitoring and governance of actions and delivery will be managed through the existing Winter Respiratory vaccination Group. Work underway to ensure strengthened governance available to align to all vaccination and immunisation programmes.

A workforce review of current Health Board teams has commenced taking into account the workforce and support teams required to facilitate this years winter respiratory vaccination programme, providing support to the school aged children Flu campaign; facilitating pilots for nursery children to receive the Flu vaccine and ensuring in reach into Health Board sites to support peer vaccinators and Occupational Health Team offering Covid-19 vaccines alongside the Flu offer.

Argymhelliad / Recommendation

SDODC is asked to:

- **NOTE** the proposed delivery plan and the opportunity to build on the integration, where possible, of the COVID-19 vaccination programme with our existing Flu programme;
- **NOTE** the work underway to mitigate the risk to programme delivery of proposed approach and receive assurance from the control measures in place through recognition of the key enablers

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:

Cyfeirnod Cylch Gorchwyl y Pwyllgor:

2.4: Provide support to the Board in its role of scrutinising performance and assurance on overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously

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|---|---|
| | <p>improve the performance of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern.</p> <p>3.6 Seek assurances on the development and implementation of a comprehensive approach to performance delivery and quality management, to incorporate all performance requirements set by the Board, WG, regulators and inspectors, that enables all staff with managerial responsibility to strive for excellence whilst effectively delivering the basics (PO 3A).</p> <p>3.12 Seek assurances on the delivery of the requirements arising from HDdUHB's regulators, WG and professional bodies (PO 3B).</p> |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | Not available |
| Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com) | 7. All apply |
| Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com) | 6. All Apply |
| Amcanion Strategol y BIP: UHB Strategic Objectives: | All Strategic Objectives are applicable |
| Amcanion Cynllunio Planning Objectives | 2a Staff health and wellbeing 7a Population Health 6b Pathways and Value Based Healthcare |
| Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022 | 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS |

| Gwybodaeth Ychwanegol: Further Information: | |
|--|--|
| Ar sail tystiolaeth: Evidence Base: | WN (Year) Number (gov.wales) |

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|--|---|
| | Public Health Wales, COVID-19 vaccination data. |
| Rhestr Termiau: Glossary of Terms: | Contained within the body of the report. |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee: | Public Health Directorate Senior Leadership Team Meeting COVID-19 Vaccination Group Operational Planning & Delivery Programme |

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
|---|--|
| Ariannol / Gwerth am Arian: Financial / Service: | Not applicable |
| Ansawdd / Gofal Claf: Quality / Patient Care: | It is important that there are effective plans in place for the 2022/23 COVID-19 Autumn Booster programme, not only to improve overall respiratory health in the population of Hywel Dda but also to protect those at risk, prevent ill-health and minimise further impact on health and social care services. |
| Gweithlu: Workforce: | As for Quality / Patient Care impact. |
| Risg: Risk: | Risks are detailed in the report |
| Cyfreithiol: Legal: | Not applicable |
| Enw Da: Reputational: | Not applicable |
| Gyfrinachedd: Privacy: | Not applicable |

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| Cydraddoldeb: Equality: | Not applicable |
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