



**North East and
North Cumbria**

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	
Official: Sensitive Commercial		Provides assurance	✓
Official: Sensitive Personal		For information only	

BOARD	
27 September 2022	
Report Title:	Vaccination Plan
Purpose of report	
To update the Integrated Care Board (ICB) on current status and future delivery strategy for all vaccination activities with a particular focus on Flu, COVID and Monkeypox.	
Key points	
<ul style="list-style-type: none"> • Vaccination background • Flu vaccination autumn plan • COVID vaccination autumn plan • Monkeypox status update • Future vaccination delivery plan • All providing the ICB with the necessary assurance regarding our vaccination plan 	
Risks and issues	
<ul style="list-style-type: none"> • Risk of low vaccination uptake • Risk posed by complex vaccine supply chains • Risk of limited capacity/workforce to deliver 	
Assurances	
<ul style="list-style-type: none"> • Historic good performance with respect to flu uptake • Excellent COVID uptake enabled by multiple delivery models, strong system leadership, effective engagement and communications; including population insights and a focus on inequalities • System Vaccination Operations Centre (SVOC) coordination working closely with place leads on vaccine logistics 	

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<ul style="list-style-type: none"> Excellent system engagement to deliver across the complex North East and North Cumbria (NENC) geography, using multiple delivery models to meet the needs of the population. 						
Recommendation/Action Required						
Receive the report for assurance; we will update regularly on vaccine performance at future board meetings.						
Sponsor/approving director	Dr Neil O'Brien, Executive Medical Director					
Report authors	Stephanie Klein, COVID Programme Director, NuTH Neil Watson, COVID Programme COO, NuTH Rachel Chapman, Head of Commissioning & Contracting (Public Health & Secondary Dental), NHS England and NHS Improvement – North East & Yorkshire Region					
Link to ICB corporate aims (please tick all that apply)						
CA1: Improve outcomes in population health and healthcare						✓
CA2: tackle inequalities in outcomes, experience and access						✓
CA3: Enhance productivity and value for money						
CA4: Help the NHS support broader social and economic development						
Relevant legal/statutory issues						
Note any relevant Acts, regulations, national guidelines etc						
Any potential/actual conflicts of interest associated with the paper? (please tick)	Yes		No			
If yes, please specify						
Equality analysis completed (please tick)	Yes		No			
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken? (please tick)	Yes		No			
Key implications						
Are additional resources required?	Current delivery to 31 December 2022 is fully funded. Future delivery will require a fully costed business case.					
Has there been/does there need to be appropriate clinical involvement?	On-going proactive clinical involvement through regular engagement sessions across NENC.					
Has there been/does there need to be any patient and public involvement?	Communications and campaign development based on insight and involvement with target communities.					

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Has there been/does there need to be partner and/or other stakeholder engagement?	Vaccination programme engages with key partners including local authorities, public health teams, primary care networks and community pharmacy representatives.
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Vaccination Plan

1. Introduction

This report updates the ICB on our vaccination plan and future delivery strategy for all vaccination activities with a particular focus on Flu, COVID and Monkeypox.

2. Background

For the last two years during the coronavirus (COVID-19) pandemic 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. This has been delivered alongside an extremely successful COVID vaccination programme which has seen an average spring booster uptake of 84% of the eligible population across the North East and North Cumbria Integrated Care System.

As a result of non-pharmaceutical interventions in place for COVID-19 (such as mask-wearing, reduced social interactions and international travel) influenza activity levels were extremely low globally in 2020 to 2021. 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. This has been the reality in southern hemisphere countries such as Australia where, in their winter season (July 2022), a large wave of flu cases eclipsed pre-pandemic levels. 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. Consequently, in the North East and North Cumbria Integrated Care System there is an immediate focus on the delivery of an effective Autumn Vaccination campaign for both flu and COVID vaccination, utilising the learning, operations centre approach and engagement platforms built for the deployment of the COVID vaccine.

3. Flu Vaccination – Summary of 2021/22 Delivery and 2022/23 Delivery Plan

The 2021/22 flu season saw improved uptake of the flu vaccine for clinical at-risk groups and those aged 50 years and over, with uptake for the 65 years and over cohort at the highest level ever, achieving the ambition target of 85%. Insights projects were subsequently completed with the intention of supporting increased uptake for the 2022/23 flu season for those in clinical at-risk groups, pregnant women, care home staff and 2+3 year olds. In addition, service improvement initiatives were conducted with school-age immunisation services to support and enhance flu and other school vaccination uptake.

Uptake figures for 2021/22 can be found in appendix I and II.

The expanded flu programme is now aligned with COVID vaccination (50 to 65y and some secondary school year groups) to allow for co-administration, where possible, the eligibility groups and aspirational targets are detailed in the table below. Flu vaccination is delivered across general practice and through community pharmacy. Across the North East and North Cumbria Integrated Care System community pharmacy, last season, delivered over 270,000 flu vaccines. This was an increase of over 60% compared to 2020/21 when 160,000 flu vaccines were delivered. There is a potential for the system to see a further increase in 22/23, we are promoting collaboration across general practice and community pharmacy to improve access and therefore uptake of the vaccine.

3.1 Flu Vaccination Uptake Ambition for Autumn 2022

Eligible Cohort	Ambition Uptake
65 yrs and over	85%
6 months - <65 yrs in Clinical Risk Groups	75%
Children age 2–10 years on 31st August 2022 (up to primary school year 6) Secondary School Years 7,8 & 9, delivery from 5th December 2022	70%
Pregnant Women	75%
50 – 64 year olds (NOT in a Clinical risk group) from 15th October 2022	75%
Long-Stay Residential Care Homes	> previous years uptake
Frontline HCW (by employer) – all to be offered	70 – 90%

Preparatory work for the Autumn Flu campaign has included a test and challenge session held in August 2022 to give assurances that plans are aligned to this year's anticipated delivery requirements. Workstreams have been established and engagement work undertaken with target groups (incl. Maternity, Data/Digital, School Age Immunisation Services, Inequalities, Learning Disabilities & Autism Network, Social Care Workers) to address lessons learnt, problem solve and forecast 22/23 issues. There has been a particular focus on clinically at risk, pregnant women and 2-3 year olds.

Communication and engagement plans are aligned to include both flu and COVID-19 which has streamlined planning and stakeholder management at

locality level. This also ensures a clear and cohesive public messaging and media campaign can be developed regarding the importance of vaccination.

Operational support regarding flu vaccine supply and system coordination, including opportunities for co-administration where feasible, is being provided. All GP practices have been surveyed to establish supply status and to ensure that mitigations are in place to manage any risk to delivery. Provider plans are in place to deliver the School-Age Immunisation Flu Programme. As an ICB we have agreed a mechanism to redistribute vaccines across the North East and North Cumbria to areas of greatest need but we are confident we have enough vaccine to offer the eligible population.

4. COVID Vaccination Autumn Plan

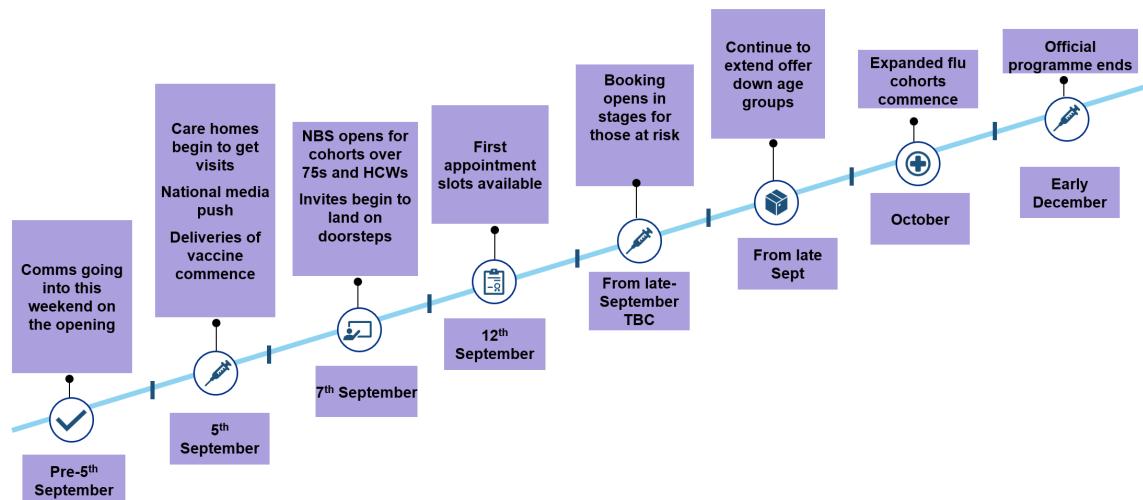
COVID-19 is more serious in older people and in some groups with underlying health conditions. This winter it is expected that many respiratory infections, including COVID-19 and flu may be circulating at high levels, putting increasing pressure on hospitals and other health care services. For these reasons, people aged 50 years and over, those in care homes, and those aged 5 years and over in clinical risk groups are being offered an autumn booster of Bivalent COVID-19 vaccine. A booster will also be offered to front-line health and social care staff, those who care for vulnerable individuals and families of individuals with weakened immune systems. The eligibility for a COVID autumn booster vaccination has been aligned with flu to support co-administration where possible. The key message being to have both and 'double your defence'.

The COVID vaccination programme continues to be managed through the Lead Provider Model with Newcastle Hospitals having a Management and Coordination Organisation (MCO) role, with oversight by the ICB. It provides senior leadership expertise, stakeholder management and system coordination through System Vaccination Operations Centre (SVOC). This MCO lead provider functions ceases at the end of the autumn programme (31 December 2022).

To date over 6.9 million COVID vaccinations have been delivered by the NENC providers, which includes 255,000 spring booster doses. See Appendix III for cohort uptake data.

There has been extensive planning with 71 PCN's, 130 community pharmacies, 19 hospital hubs and 15 roving services engaged to provide COVID vaccinations between September and December 2022. The campaign commenced on the 5 September with care homes and housebound first. The target being to complete care home visits by mid October. There is a national incentive payment scheme to support this work.

Key milestones in campaign launch



From 12 September bookings for over 75's and self-declaring H&SC (health and social care) workers will commence and vaccination can be accessed via both local booking systems and the national booking system (NBS). Thereafter, activity will be stepped up and open to the over 65's and then over 50's by mid October 2022. The whole campaign will be complimented by strong communications and engagement plan encompassing both the public and providers.

Key public messages

- ✓ Importance of having both flu and COVID vaccination – 'Double your Defence'
- ✓ Don't contact your GP you will be invited through local booking systems.
- ✓ Letters will also be sent out which will invite people to book on the national booking system

Key provider messages

- ✓ Co-promote and co-administer vaccinations where possible to improve patient experience and uptake
- ✓ Deliver opportunistically in a permissive way whenever we can (incl. hospital inpatients)
- ✓ Regions/systems and sites to maximise uptake amongst eligible populations with focus on underserved communities
- ✓ Flexibility for ICSs to go at their own pace

In addition to the Autumn campaign plan, we also have a system wide surge plan, which will allow for rapid increase in capacity, should it be required.

New bivalent vaccines will be used in the autumn campaign which provide protection against the both the original and the new Omicron version of COVID-19. These give dual protection. All patients will be provided with an information leaflet when they attend a vaccination clinic.

4.1. COVID Autumn Booster Eligibility

JCVI advises that for the 2022 autumn booster programme, the following groups should be offered a COVID-19 booster vaccine:

- 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,
- persons aged 5 to 49 years who are household contacts of people with immunosuppression
- persons aged 16 to 49 years who are carers.

5. Monkeypox

Monkeypox infection is caused by the monkeypox virus and is endemic in some countries in West Africa. There has been a recent increase in cases of monkeypox in the UK as well as other parts of the world where it has not been seen before; unrelated to travel to endemic areas. The symptoms of monkey pox begin from 5 to 21 days (average 6 to 16 days) after exposure. Treatment for monkeypox is mainly supportive. The illness is usually mild and most of those infected will recover within a few weeks without treatment. The virus can spread if there is close contact between people and the risk to the UK population is low. Recent cases are predominantly in gay, bisexual and other men who have sex with men (GBMSM), most commonly aged 31 to 44 years. These groups are being advised to be alert to any unusual rashes or lesions on any part of their body, especially their genitalia, and to contact a sexual health service if they have concerns. The majority of cases have been seen in London with 47 cases in the North East of England. There have been a number of hospital admissions in our region.

Vaccination is available with the smallpox vaccine (modified Vaccinia Ankara (MVA) vaccine). This is authorised for protection against monkeypox and is likely to be effective at preventing around 85% of infections. MVA is stored between 2-8C and given by sub-cutaneous route at a dose of 0.5ml; JCVI have recently suggested a lower 'fractional' dose of 0.1ml could be given intradermally. This would require further training of vaccinators but would mean more doses can be administered per vial.

Pre-exposure vaccination is recommended for healthcare workers who are due to care for patients with confirmed monkeypox (these people are identified within the health care setting and vaccination is being delivered by occupational health), gay, bisexual and other men who have sex with men at high risk of exposure. It

may be that these vaccines could be delivered in services such as sexual health services who see people in these risk groups, however it is important that other models are looked at to ensure efficient delivery of vaccine and that those who are high risk who do not attend sexual health services have the opportunity to be vaccinated when it becomes available.

The vaccine is also given as post exposure for people who have had close contact with a patient who is confirmed to have monkeypox. It needs to be given within four days but can be given up to 14 days after exposure in those considered at high risk of further exposure.

So far, over 25,000 people have been vaccinated in the UK. Additional stocks of vaccine will be arriving for use in the UK across September 2022.

There is an opportunity to utilise the Systems Vaccination Operations Centre (SVOC) and the COVID vaccination leadership approach to support and co-ordinate monkeypox vaccination, alongside NENC UKHSA team.

6. Other vaccinations

The system continues to deliver a range of other public health vaccinations to protect against infectious disease. Childhood immunisation has continued as usual, and delivery has remained a priority. Adolescent booster programmes commence early 2023, this includes catch-up for 2022 cohorts where uptake is low.

An immunisation toolkit has been developed to support improvement in uptake across childhood immunisations and reduce inequalities, through local Immunisation working groups and working with GP practices. There has been low uptake (<95%) for the 5-year-old pre-school boosters (Dtap/IPV and dose 2 MMR) seen across most localities. Plans have been put in place to improve uptake which include the development of a MMR Elimination Focus Strategy and focused work with GP practices and Child Health Information Services.

Adult immunisations such as pneumococcal and shingles continue to be delivered through primary care.

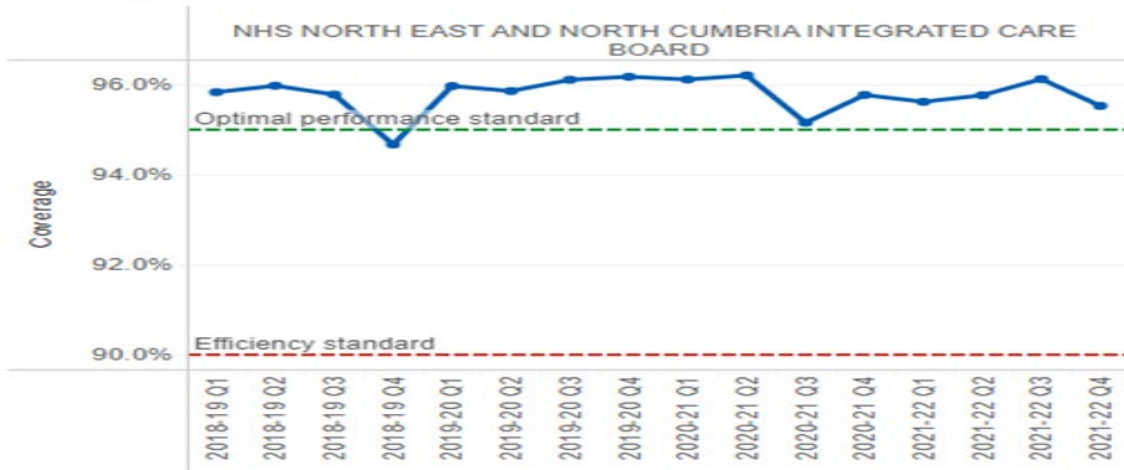
We have access to data on childhood immunisations, 0-5 yrs, ICS, local authority and GP practice level, which is used to assess uptake and generate work for improvement working with local partners and practices. For the purposes of this paper for the ICB, the following data is illustrative of the main issues for uptake across the ICB area.

The North East and North Cumbria consistently achieves the overall highest rates in England across all the 0-5 vaccinations and has done for several years. However, we are aware of significant variation at practice and local authority levels and are seeking to improve this.

The chart illustrates “primary” childhood vaccinations and the rates are good and generally above 95% for herd immunity. However, underlying this is local authority level and GP practice variation which we seek to address.

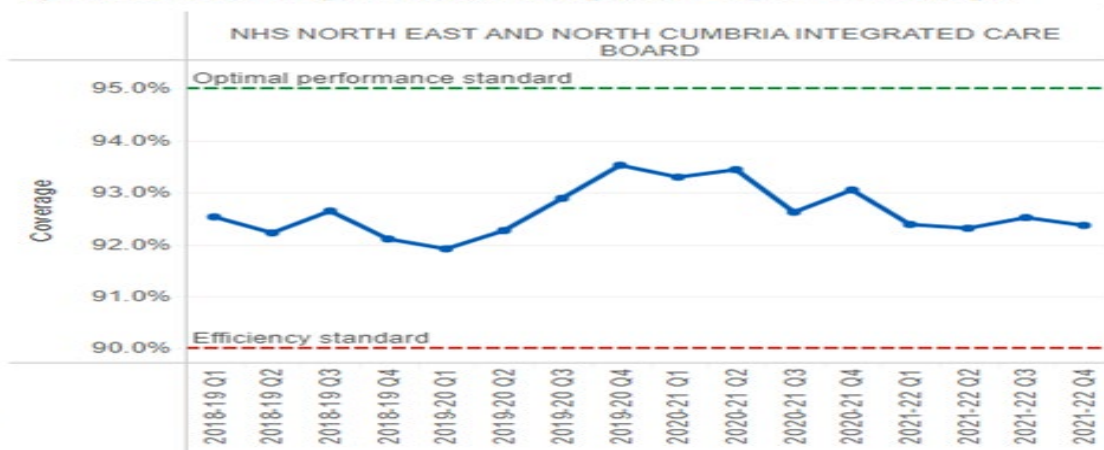
Source: [Cover of vaccination evaluated rapidly \(COVER\) programme: annual data - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-annual-data)

12m DTaP/IPV/Hib3 coverage time series against England coverage:



The chart below shows that the ICB does not achieve 95% for the second MMR and, for information, this is in line with the pre-school boosters which are administered at the same time age 3 years and 4 months. Again, underlying this statistic is local authority and GP practice variation.

5yr MMR2 coverage time series against England coverage:



Through the North East and North Cumbria Vaccination Board the following is recommended on childhood vaccinations 0-5 years:

- GP practices supported by local partners should actively review vaccination status for completeness and catchup
- GP practices supported by local partners be aware of their rates and seek to achieve 95%.

The current priorities are:

- MMR and pre-school boosters – in light of concern about increasing incidence of measles and nationally declining MMR rates
- Polio containing vaccinations – in light of the current National Incident for polio, where, while there are no cases in the UK, there are sewage samples in London indicating possible presence of the virus in the population
- We have identified local authority areas in which enhanced work to address uptake is needed and we are working with local partners to do this.

7. Communications & Engagement

The North East and North Cumbria ICB are working with NHSE, local authorities and a wider range of other partners to run a region wide campaign to promote up take of COVID and flu vaccine this autumn. This will help the public understand what vaccinations they are eligible for and how to access them.

The ICB are in the process of commissioning a new campaign building on the previous #DoYourBit campaign. The primary objective is to enhance immunity in those at higher risk of COVID and therefore optimise protection against, hospitalization and death over winter 22/23. Campaign strap line 'Double your Defense, Get Vaccinated' - get protected, protect yourself, protect your family. A toolkit and social media will begin from 12 September.

8. Risks and issues

8.1. Risks

- Risk of low vaccination uptake
- Risk posed by Complex Vaccine supply chains
- Risk of limited capacity/workforce to deliver.

8.2. Mitigations of risks

- Historic good performance with respect to flu uptake. Excellent COVID uptake enabled by multiple delivery models, strong system leadership, effective engagement and communications; including population insights and a focus on inequalities
- SVOC coordination working closely with place leads on vaccine logistics
- For COVID there is a successful lead provider/employer model – support and sign posting of volunteers. Excellent system engagement to deliver across the

complex NENC geography, using multiple delivery models to meet the needs of the population.

9. Future Delivery

A cohesive and well organised vaccination and immunisation programme is fundamental to health protection and there is a real opportunity to use the learning from the successful deployment and management of the COVID vaccination programme brought together with the knowledge and established processes for flu, childhood immunisation and other schemes.

Structured management and coordination of services should be sponsored at an executive level by the ICB with oversight and performance management through the ICS Vaccination Board, which is inclusive of all commissioners and providers. Strong delivery at an operational level should be led by a Senior Responsible Officer (SRO) for vaccination, who can work with operational leads and place based leads to support implementation across the whole ICS. Each place has its own vaccination board to enable local delivery – with each place having representation at the ICS Vaccination Board.

A key success of the COVID vaccination programme was the establishment of a System Vaccination Operations Centre (SVOC). The SVOC team deliver seamless working between organisations and place leads, are a conduit for national policy and guidance, manage and monitor vaccination uptake data, ensure coordination of processes around site assurance and vaccine supply chain to support the deployment of vaccine to the right place at the right time to minimise cold chain incidents and waste. Working with the COVID senior leadership team and a dedicated communications team, the SVOC have been able to deliver effective vaccine deployment for all phases of the COVID vaccination programme. It is recommended that this functionally be retained to support delivery of the whole vaccination programme and has the potential to support a broader range of population health challenges.

There is an opportunity for the ICS to build upon the lessons learnt from the system leadership approach adopted to deliver the COVID vaccination programme and to build a “business as usual” plan to deliver routine vaccination to its population, whilst retaining the ability to respond to any future pandemic.

10. Recommendations

The Board is asked to note the assurance provided in this report for autumn vaccination delivery.

Additionally, it is recommended that a full review of vaccination and immunisation is undertaken following an initial scoping exercise, to build a business as usual ICS plan for vaccination. This includes consideration to utilise SVOC and the system leadership approach for all vaccination and immunisation co-ordination. Furthermore, to consider the opportunity presented by using this approach for other population health challenges.

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Dr Neil O'Brien, Executive Medical Director

Date: 9th September 2022

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Appendix I

2021-22 flu uptake data for eligible cohorts

Data source: [Seasonal flu vaccine uptake in GP patients: monthly data, 2021 to 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-monthly-data-2021-to-2022)

CCG	65 and over	Under 65 (at-risk only)	Pregnant	All aged 50 to under 65 years	Age 2	Age 3
	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake	% Uptake
North East and Yorkshire Commissioning Region	84.8	56.0	41.0	57.2	48.6	51.5
NENC Average Uptake	85.5	57.9	43.3	59.2	52.6	55.6
NHS Northumberland CCG	87.6	63.4	41.2	64.4	60.4	62.8
NHS South Tyneside CCG	83.6	55.4	38.0	53.2	48.6	51.3
NHS Sunderland CCG	83.5	53.3	38.5	52.7	50.6	52.7
NHS North Cumbria CCG	86.9	64.8	44.7	65.3	50.8	56.0
NHS Newcastle Gateshead CCG	84.8	56.5	43.9	57.5	50.6	54.9
NHS Tees Valley CCG	84.2	53.6	44.1	55.8	47.8	49.2
NHS County Durham CCG	86.0	59.9	45.2	60.8	57.8	61.8
NHS North Tyneside CCG	86.5	58.8	44.7	61.4	57.5	60.1
England Average Uptake	82.3	52.9	37.9	52.5	48.7	51.4

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Appendix II

School aged flu uptake data 2021-22

Data Reference: Seasonal flu vaccine uptake in children of school age: monthly data, 2021 to 2022 - GOV.UK (www.gov.uk)

Local Authority	4 - 11 years	11 - 16 years	All years
	% Uptake	% Uptake	% Uptake
Hartlepool	43.8	32.8	39.1
Middlesbrough	41.6	25.8	35.5
Redcar and Cleveland	45.1	32.3	39.5
Stockton-On-Tees	52.2	27.3	42.3
Darlington	47.6	35.7	42.5
County Durham	52.4	35.7	45.3
Northumberland	69.3	43.8	58.8
Gateshead	69.2	58.0	64.6
Newcastle Upon Tyne	58.4	23.1	43.6
North Tyneside	63.4	34.8	51.6
South Tyneside	62.3	56.7	60.0
Sunderland	68.8	50.4	60.9
Cumbria	74.9	60.1	68.6
England Average	57.2	43.3	51.5

Appendix III

North East and North Cumbria: COVID-19 Vaccination Uptake by JCVI Cohort as at 4th September 2022

JCVI Group	Popn	1st Uptake	2nd Uptake	Booster Popn (All)	Booster Uptake (All)	Booster Popn (Eligible)	Booster Uptake (Eligible)	Spring Booster Popn *	Spring Booster Uptake
1 - Care Home	15,716	97%	96%	15,126	97%	15,106	97%	14,695	81%
2 - Aged 80+ & Frontline	362,355	97%	96%	347,815	92%	347,689	92%	142,553	88%
3 - Aged 75 - 79	127,927	97%	96%	123,446	98%	123,434	98%	121,198	87%
4 - Aged 70 - 74 & High-Risk	157,660	96%	96%	150,800	97%	150,841	97%	4,076	81%
5 - Aged 65 - 69	170,126	95%	94%	160,290	96%	160,341	96%		
6 - Mod Risk Aged 16 - 64	483,441	88%	85%	413,032	84%	412,462	84%		
7 - Aged 60 -64	103,536	92%	91%	94,683	94%	94,698	94%		
8 - Aged 55 - 59	120,898	90%	89%	107,851	91%	107,876	91%		
9 - Aged 50 - 54	123,015	87%	86%	105,716	88%	105,732	88%		