

Report to:	STRATEGIC COMMISSIONING BOARD
Date:	24 March 2021
Executive Member:	Councillor Eleanor Wills – Executive Member (Adult Social Care and Health)
Reporting Officer:	Dr Jeanelle de Gruchy – Director of Population Health
Subject:	FLU VACCINATION PROGRAMME 2021/2022: STRATEGIC COMMISSION WORKFORCE VACCINATION
Report Summary:	<p>The front-line workforce is both at higher risk of contracting influenza (flu) due to the nature of their work, and at risk of passing the illness on to the vulnerable people they work with. Employers in addition have a duty of care to their workforce to protect them against illness. Vaccination against flu gives protection to both our workforce and our most vulnerable residents. As it is likely that covid-19 will still be circulating next Winter, it is again more important than ever that we offer our staff the opportunity for protection against flu.</p> <p>This report sets out the aims, ambitions and rationale for a flu vaccination programme for all staff in the Local Authority and CCG workforce. It goes on to recommend a model for the provision of staff vaccination.</p>
Recommendations:	<p>That Strategic Commissioning Board be recommended to:</p> <ul style="list-style-type: none"> (i) Approve the model proposed in section 7. (ii) Commit to supporting and funding staff employed by the Strategic Commission to receive a vaccination. (iii) Support the offer to schools to access vaccination through this model, as a chargeable service while vaccine is available.
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	<p>The proposal is to offer vaccinations to all frontline staff through on-site clinics. As described at 6.1, several options for delivery of the previous annual programme were considered, with vouchers being cheaper on a 'per head' basis compared to clinics but more difficult to procure and less effective in ensuring take-up. The final cost of the scheme to the Strategic Commission is estimated to be £11,000 - £16,600 depending on take-up and engagement by schools, as set out at 8. It may be practical to control costs by limiting clinic days, if this can be achieved without reducing take up. There is currently no budget for this expenditure. All costs will be recharged to individual directorates to cover the cost of vaccination of their own staff. Directorates need to be informed of this and are then able to set aside a provision for this expenditure. Should schools opt to participate, costs will be met from their own budgets.</p>
Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark	<p>Per 2.1.3, it may reasonably be expected that the costs of the programme will be justified by reducing the direct cash costs of influenza to the Council, in the form of cover for staff absence and demands upon social care and health services. There may also be an indirect financial benefit to the population health and social care economy in the local area.</p>

Legal Implications: (Authorised by the Borough Solicitor)	The advantages this project offers to both services users and staff are set out in the main body of the report. Whilst the employer cannot insist that staff have to be vaccinated it is advisable that this programme is accompanied by a communications strategy to encourage all staff to take up the opportunity of being vaccinated. The project officers have already engaged with STAR which should ensure that a compliant procurement route is followed and that best value is achieved.
How do proposals align with Health & Wellbeing Strategy?	Supports the delivery of the corporate plan; in particular ambition 7: Longer and Healthier Lives
How do proposals align with the Commissioning Strategy?	Aligns with national policy to vaccinate front line health and social care staff
Public and Patient Implications:	This will support public health by protecting the most vulnerable members of the community who are supported by front-line staff.
Quality Implications:	Provider quality will be assessed prior to the award of the contract.
How do the proposals help to reduce health inequalities?	All front-line and office-based staff will be offered the opportunity to take up their flu vaccination. Access will be offered through the workplace and a communications plan will encourage all staff to take up the offer.
What are the Equality and Diversity implications?	All front-line and office-based staff will be offered the opportunity to take up their flu vaccination. Access will be offered through the workplace and a communications plan will encourage all staff to take up the offer.
What are the safeguarding implications?	Informed consent will be a requirement of vaccination
What are the Information Governance implications? Has a privacy impact assessment been conducted?	Any data will be obtained and stored according to regulations. A privacy impact assessment has not been conducted.
Risk Management:	Risks will be identified and managed by the Flu Vaccination Steering Group, through continued monitoring of outcomes.
Access to Information:	The background papers relating to this report can be inspected by contacting the report writer Dr Sarah Exall, Consultant in Public Health.



Telephone: 07971 547 980



e-mail: sarah.exall@tameside.gov.uk

1. INTRODUCTION

- 1.1 Front line health and social care workers are at higher risk than most of the population of contracting seasonal influenza ("flu"), due to the number of people they are in contact with through their work and the nature of these contacts. In addition, there is a risk of them transmitting flu to the vulnerable people they care for. Health and social care employers therefore have a duty to offer flu vaccinations to their staff.
- 1.2 More broadly, employers have a duty of care to their workforce and can offer them protection against a disease which brings with it a relatively high risk of serious illness and even death. Finally, influenza costs employers millions of working days lost across the UK, many of which can be avoided by the flu vaccine.
- 1.3 It is difficult to predict what the situation will be in Winter 2021/22, but it is likely that covid-19 will still be circulating to a greater or lesser extent. Therefore, flu vaccination will be once again even more critical than in previous years.

2. FLU VACCINE IMPACT AND VALUE FOR MONEY

- 2.1 Evidence from staff flu vaccination programmes suggests:
 - "During a mild flu season around 25% of frontline (health and social care) staff may become infected with the virus, of which up to 59 per cent may not realise they are infected, so they could infect others, including the patients they care for"
 - Approximately 60% of cases are avoided by the vaccine. This is dependent on the year, and may be higher or lower, depending on how well the flu vaccine is matched to the circulating strains of flu.
 - The net saving, based only on reduction in lost working hours, is around £16-£27 per employee vaccinated. This amounts to a return on investment of approximately £2 per pound invested.

3. SCOPE OF THE PROGRAMME

- 3.1 For the 2021/22 flu season, locally we should ensure that 100% of all front-line staff employed by the strategic commission are offered the vaccination, and that as many as possible take up the offer.
- 3.2 For the 2021/22 flu season, we should also ensure that office-based staff are offered and have the opportunity to take up the flu vaccine, to ensure that our staff are protected against flu and to ensure business continuity.
- 3.3 Each year the Strategic Commission also is asked by schools if their staff are able to have a flu vaccination. This has previously not been possible. However, this could be accommodated by offering schools the opportunity to book appointments as a chargeable service for any vaccine left after the front-line workforce in the Strategic Commission has had the opportunity to have their vaccination. This is offered in other GM boroughs.

4. AIM OF THE PROGRAMME

- 4.1 100% of front-line staff should be offered the vaccination, with the aim of at least 60% uptake.
- 4.2 Once front-line staff have had the opportunity to be vaccinated, any remaining vaccine could be offered to people working in office-based roles for the strategic commission, and to those working in local schools and colleges as a chargeable service.

5. COMMUNICATIONS

- 5.1 We want to protect as many staff as possible. In addition, the model will be more cost effective if clinics are full. It is therefore essential that we have a robust communications strategy and management support. Communications will be via multiple channels including: The Chief Executive's weekly briefing; the Tameside intranet; LiveWire, and posters displayed in key locations.
- 5.2 In particular it is important that the workforce has full opportunity to take up the offer of flu vaccination. It is therefore vital that managers are involved and engaged with the flu programme both by promoting the offer, and by enabling their teams to have time protected to attend appointments.

6. UPTAKE AND DELIVERY MODEL IN 2020/21

- 6.1 In order to widen access and uptake of the flu vaccine, we considered a number of options for staff flu vaccinations for 2020/21. After extensive discussion with the flu steering group and services within the Local Authority and CCG, we explored possible provision of the vaccine by: ICFT; Go to Doc; vaccine vouchers; pharmacies; an occupational health provider; and a centralised GM vaccination procurement system. Due to limited resources within many of these providers as a result of the covid-19 pandemic and pressures on flu vaccine stocks, most of these options were not viable.
- 6.2 The model used for 2020/21 was a clinic-based model run by pharmacists at Dukinfield Town Hall. This was well-received, and saw an increased uptake of flu vaccine compared to the previous year.
- 6.3 In the 2020/21 flu season, all approximately 1000 front-line staff across the Strategic Commission were offered a flu vaccine and around 50% of these staff took up their vaccine through the clinics at Dukinfield Town Hall.
- 6.4 In total, 518 people were vaccinated through the clinics at Dukinfield Town Hall. This was broken down into:
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|----------------------------------|-----|
| • Adults Services | 154 |
| • Operations and Neighbourhoods: | 197 |
| • Children's Services: | 110 |
| • Other: | 57 |
- 6.5 Further staff will have taken up a vaccine through their GP if eligible due to age or clinical history.

7. RECOMMENDED MODEL OF DELIVERY 2021/22

- 7.1 It is the recommendation of this paper that a flu clinic in a central location, like the system used last year is used again, but that enough vaccine is procured for it to be offered to a wider range of staff. This would include staff working in other Strategic Commission roles, and those working in schools and colleges as a chargeable service.

8. ESTIMATED COST

- 8.1 It is difficult to predict exact uptake: previous year's uptake has been variable, some staff prefer to arrange their own vaccination, and demand for 2021/22 is likely to be very different to that in 2020/21 because of the impact of the covid pandemic.

- 8.2 If a maximum of 1500 vaccines are requested with 1000 taken up by the Strategic Commission workforce and 500 taken up by schools and colleges as a chargeable service, this would cost the Strategic Commission an estimated £11,000-£16,600, based on the costs for 2020/21 and depending on the provider.
- 8.3 The total value of the contract would be estimated at between £16,500 and £25,000.
- 8.4 This cost would be reduced if, as this year, some of those vaccinated were eligible for NHS vaccination and were claimed back by the provider rather than charged to the Strategic Commission.
- 8.5 The Commissioner is currently working with STAR procurement to ensure that we are taking all measures necessary to comply with procurement laws.
- 8.6 This report recommends that the cost of this programme is recharged to directorates for vaccine taken up by their own staff, as has happened in previous years.

9. RECOMMENDATIONS

- 9.1 As set out at the front of the report.