



TRAFFORD COUNCIL

AGENDA PAPERS MARKED 'TO FOLLOW' FOR TRAFFORD PANDEMIC SCRUTINY COMMITTEE

Date: Tuesday, 22 September 2020

Time: 4.00 p.m.

Place: Virtual

The meeting will be streamed Live at

<https://www.youtube.com/channel/UCjwblOW5x0NSe38sgFU8bKg>

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|----|---|---------------|--------------|
| 2. | MINUTES | | 1 - 10 |
| | To receive and, if so determined, to approve as a correct record the Minutes of the meeting held on 19 August 2020. | | |
| 9. | PUBLIC HEALTH UPDATE | | 11 - 32 |
| | To receive an update from the Executive Member for Health, Wellbeing, and Equalities. | | |

SARA TODD
Chief Executive

Membership of the Committee

Councillors D. Acton (Chair), S.B. Anstee, Dr. K. Barclay, Miss L. Blackburn, G. Coggins, J. Dillon, J. Holden, J. Lamb (Vice-Chair), J. Lloyd, J.D. Newgrosh, A. New, B. Shaw, R. Thompson, D. Western, A.M. Whyte, A.J. Williams and B.G. Winstanley.

Further Information

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Trafford Pandemic Scrutiny Committee - Tuesday, 22 September 2020

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This agenda was issued on **Monday, 14 September 2020** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH.

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1.

TRAFFORD PANDEMIC SCRUTINY COMMITTEE

19 AUGUST 2020

PRESENT

Councillor D. Acton (in the Chair).

Councillors Dr. K. Barclay, Miss L. Blackburn, G. Coggins, J. Dillon, J. Holden, J. Lamb (Vice-Chair), J. Lloyd, J.D. Newgrosh, R. Thompson, D. Western, A.M. Whyte, A.J. Williams and B.G. Winstanley.

In attendance

| | |
|-------------------|---|
| Councillor Ross | Executive Member for Finance and Investment |
| Councillor Slater | Executive Member for Health, Wellbeing and Equalities |
| Councillor Wright | Executive Member for Housing and Regeneration |
| Richard Roe | Corporate Director of Place |
| Jill McGregor | Corporate Director of Children's Services |
| Diane Eaton | Corporate Director of Adult Services |
| Eleanor Roaf | Director of Public Health |
| Jane Le Fevre | Corporate Director of Governance and Community Strategy |
| Claire Ball | Specialist Commissioner |
| John Addison | Governance Manager and Statutory Scrutiny Officer |
| Alexander Murray | Governance Officer |

APOLOGIES

Apologies for absence were received from Councillors S.B. Anstee, A. New and B. Shaw

29. MINUTES

RESOLVED: That the minutes of the meeting held 29 July 2020 be agreed as an accurate record.

30. DECLARATIONS OF INTEREST

No additional declarations were made.

31. QUESTIONS FROM THE PUBLIC

No questions had been received.

32. HOMELESSNESS

The Executive Member for Housing and Regeneration introduced the item. The Committee were told that there had been a significant increase in homeless applications since mid-June when the lockdown came to an end. The executive member stressed the need for the Council to lobby government to extend the eviction ban to avoid a homelessness crisis. A bed every night was working well and funding was secured until the end of the year. Through the next steps

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accommodation fund Trafford was bidding for capital funds to bring an empty property into use to support homeless people with complex needs.

The Corporate Director for Place added that during the early days of the COVID 19 pandemic there had been a reduction in homelessness applications, which then increased when lockdown ended. There was continued concern of a potential backlog of evictions and repossession action. There had been a significant reduction in the turnover of social housing stock, which the council used to house homeless people, and available affordable housing. Due to the lack turnover it was likely that the Council would see demand increase throughout the year.

Councillor Lamb asked about people being placed at the Amblehurst in sale and the number of people being placed in Trafford from other authorities. The Councillor noted that some people who had been placed at the Amblehurst had taken part in anti-social behaviour. The report stated that the Council did not always receive the section 208 notification from other Councils and the Councillor wanted to know why that was and whether anything could be done about it. The Councillor also asked what Trafford could do to ensure that the people placed in the borough but then took part in antisocial behaviour were addressed by the local authority that placed them in Trafford. The Executive Member for Housing and Regeneration responded that Trafford had performed two days of action Sale town centre recently and had found that the majority of those taking part in antisocial behaviour were not from the Amblehurst.

The Executive Member stated that many of the people placed at the Amblehurst were particularly vulnerable people with drug, alcohol, and mental health issues. The Executive Member noted that Manchester City Council could have performed better when placing the residents in the Amblehursts and asked the Committee to take into consideration that Manchester was a hub for homelessness and had more homeless people than the rest of the GM authorities. Manchester had some responsibilities for the individuals placed in other areas although anti-social behaviour and similar issues were not part of those duties.

The Corporate Director of Place added that Trafford were working with GMP, the community strategy Team and the Housing Team to address issues. With regards to section 208 notices work was ongoing across the GM authorities on how to manage placements better. The vast majority of authorities had a poor performance on the completion of 208 notices and authorities could not refuse a person that an authority wanted to place in their area, even without a 208 notice.

The Chair noted the response from The Executive Member for Housing and Regeneration and the Corporate Director of Place and requested that the Council continue to work on the completion of 208 notices for people placed in Trafford to ensure that the Council could meet their responsibilities to those people.

Councillor Williams informed the Committee that Trafford did not have as many people placed in the borough as other areas due to the high cost of accommodation and that Trafford also placed people in other authorities when trying to house homeless applicants. Councillor Williams noted that Salford Council had started work with registered providers of social housing to implement

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additional pre action protocol where they contacted the authority whenever a case went to court and not just when a warrant was issued. Councillor Williams then asked whether this was something the Council could consider. Councillor Williams noted that the Council had been excellent at sharing performance data with the Committee and elected members during the pandemic and asked that information be shared regularly on this issue so that members were aware of the situation.

Councillor Winstanley supported the statements made by Councillor Williams and asked whether there was anything that the Council could do to support residents when the suspension on evictions came to an end.

Councillor Blackburn asked for clarification as to whether support needed by people placed within Trafford was provided by Trafford or the placing authority. The Corporate Director of Adult Services responded that the responsibility lay with the placing authority for any ongoing social work activity. Councillor Blackburn asked whether that support was being provided. The Director of Adult services responded that support was being provided for all the people that Trafford were aware of and if it was found that a placing authority was not providing support Trafford would approach the authority to ensure support was provided. The Corporate Director of Children's services added that the responsibility did lay with the placing authority but if a safeguarding issue arose Trafford had a duty to act and make sure that safeguarding was in place. If such an event occurred then the case management would then be passed back to the placing authority.

The Corporate Director of Place responded to Councillors Williams' and Winstanley's points. Trafford had something similar Salford's approach in place and were working with registered providers at a GM level around protocols and understanding the current position around rent arrears within the stock to enable forward planning. The Council's greatest concern was around private landlords and the issuing of section 21 notices rather than seeking rent arrears. Using a section 21 notice a tenant could be evicted within two months of the notice being granted so it was expected that there would be an increase of evictions two to three months after the end of the suspension. Work was ongoing at the GM level with representatives of private landlords but unfortunately not all private landlords were represented by those groups. The Executive Member for Housing and Regeneration added that the solution to the problem was in Central Governments hands and that the Council would continue to lobby for action to be taken.

Councillor Coggins supported the comments made by Councillor Williams and the Executive Member for Housing and Regeneration. Councillor Coggins welcomed that Trafford had gone a number of nights with no rough sleepers and hoped this would continue. Councillor Coggins also noted that a further suspension of evictions would only be a temporary solution and that the Council and Government needed to consider long terms solutions to these issues.

Councillor Barclay thanked officers for the report and the work that was being done. Councillor Barclay noted the report stated Trafford met with Manchester and other local authorities on a regular basis. The Councillor asked given this regular contact why it had taken so long to provide support for people placed at

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Amblehurst. The Executive Member for Housing and Regeneration responded that Trafford had been working with the Ambelhurst and Manchester throughout the pandemic and issues around the Ambelhurst had come up on a number of occasions during that time. Trafford were committed to supporting the residents placed at the Ambelhurst and would continue to work with Manchester to identify and resolve any further issues that may arise.

RESOLVED:

- 1) That the update be noted.
- 2) That the Committee request that the Council work alongside other Local Authorities to ensure 208 notices are completed before a person is placed within the borough.
- 3) That the Committee requests information on homelessness in Trafford be shared regularly with Councillors so they are aware of the Council's position.

33. CHILDREN'S MENTAL HEALTH SERVICES

The Corporate Director of Children's services gave a brief introduction to the report that had been circulated with the agenda. The Committee were informed that there were a number of services which provided support for Children and Young people's mental health and wellbeing and that the report was focused mainly upon the Council's CAMHS service, which was a commissioned service. During the Pandemic there had been increased demand for mental health and wellbeing support both among children and young people's services and adult services.

Following the Corporate Director of Children's Services introduction the Specialist Commissioner provided a response to the questions that had been received in advance. The Committee were informed that the CAMHS service had been functioning as usual during the pandemic taking new referrals and continuing to meet with children and young people on a face to face basis where clinically necessary. Telephone and video appointments were used where appropriate and the services had linked in with schools to ensure appropriate support was available. Duty workers had contacted all new referrals to ensure that they were going to the most appropriate service. The Council had seen a reduction in the number of referrals compared to the previous year; this reduction had been seen across all mental health services the council provided. While the number of referrals had decreased the level of activity within the service had increased as staff strove to contact service users to ensure they were coping. Waiting times had reduced from the previous year and as of July no child had waited longer than 5 weeks to receive an appointment. The level of referrals had increased to normal levels in recent weeks and the referrals that were coming through were more complex, which had been seen across all mental health services.

In relation to recovery and surge planning the Royal Manchester Children's Hospital, who provided Trafford's CAMHS service, had set up two groups. One group was developing the surge plan to cope with the expected increase in referrals as children returned to school after summer. The other group was reviewing the work done throughout the COVID 19 pandemic to see what the

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service would keep in place as it was unlikely that the service would go back to the way it was before. The service was likely to become a blend of the pre COVID service and the current service with increased provision of telephone and video based support on top of face to face support. The service had found that there were children and young people who preferred to access the service via telephone and video support and others who preferred to meet face to face with their clinician.

Another piece of work within the service was to employ a five subject matter expert who would be a key link for schools. A specific contact had been created for that worker so schools could go to them directly for advice and sign posting. All mental health services had been involved in the virtual mental health hub where a number of sub groups had been set up to ensure that services had plans in place for when schools reopened in September 2020. The support provided included videos schools could access which explained the range of services available to them. Schools welcomed the mental health toolkit that the Council had created to be provided to children when they returned to school.

Following the update Committee Members were given the opportunity to raise any questions. Councillor Winstanley asked for clarification around the terminology in the report and what constituted a first assessment. The Councillor also asked what a booked appointment was. The Specialist Commissioner responded that both appointments could be via telephone, video, or in person depending on the need. When a referral came in it was triaged and a first appointment made with a timescale dependent upon urgency and availability of the service and young person. The first assessment was not always carried out by a clinician and so the Council also measured the waiting time between the referral and when the young person received treatment.

Councillor Dillon asked what the qualifications of the triage team were, whether any children and young people had been hospitalised during the COVID 19 period, what the response time for children who had been hospitalised was, and whether the child or young person would be seen in hospital. The Specialist Commissioner responded that there had been hospital admissions during the pandemic and the route for those children and young people was the crisis care pathway. Trafford Commissioned the all age mental health service which delivered services at Trafford General, Wythenshawe, and Manchester Royal Infirmary. The standard waiting time for someone accessing this pathway was 1 hour to be seen by the all age mental health liaising team. The latest data showed that they had achieved that standard in June but had missed it in April and the exact data would be shared with the Committee following the meeting. The CAMHS team then performed a seven day follow up appointment with the child or young person. Again the data on the seven day follow up was not available at the meeting but would be provided afterwards. The Committee were informed that there had been an increase in the number of children and young people who had been hospitalised during the period. Regarding the qualification levels of staff the Specialist Commissioner needed to check with the service for the exact information but the Committee were assured that all staff were qualified mental health practitioners.

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Councillor Thompson asked whether the Committee could receive monitoring data on the outcomes that children and young people achieved through the service. The Specialist Commissioner responded that monitoring data could be provided for both the CAMHS service and the other mental health services. The Committee were informed that services used different methods of assessment with some using goal based outcomes, some used strength and difficulty questionnaires, and the CAMHS used CHIESQ which was Children's Experience of Service questionnaire. All services also recorded case studies and the Specialist Commissioner informed the Committee that an in depth report on performance data could be provided for all mental health services. The Commissioning Team ran an annual questionnaire with children and young people and stakeholders as part of the local transformation plan. Following the survey a "you said we did" plan was created to show respondents the impact that their feedback had on the service. The Specialist Commissioner told the Committee that she would prepare a document with all of the information in it.

The Corporate Director of Children's Services added that while the Council did not provide the service directly they were committed to understanding what the service was like for Trafford's children and young people. Trafford worked closely with providers to ensure that a robust performance framework was in place. The framework did not just look at waiting times but Children and Young People's experience of the services from first contact through to treatment.

RESOLVED:

- 1) That the report be noted.
- 2) That the Committee are to receive performance data on the 1 hour waiting time for the crisis care pathway and seven day follow up be sent to the Committee.
- 3) That the qualifications of the triage team be provided to the Committee.
- 4) That the Committee are to receive monitoring data for all children and young people's mental health services.

34. TREASURY MANAGEMENT ANNUAL PERFORMANCE REPORT

The Executive Member for Finance and Investment introduced the budget outrun report that had been circulated to the committee prior to the meeting. The Committee were informed that the projected shortfall for the year was £17.7M which comprised of £23.2M COVID 19 related costs and £5.5M underspend on the delivery of the Council's Corporate Services. There was an explanation on pages 16 and 17 within the report of the impact of COVID 19 on the budget. Since that report was written a third tranche of funding had been announced which consisted of £1.8M from central government. It had also been announced that the Council were able to spread the Council Tax and Business rates collection fund deficit over the next three years and support was being provided around lost fees and charges. The exact detail around this support had not been provided but the Council estimated that the Council would receive around an additional £4M. Together with an increase in Council tax collection the Council were looking at an in year gap between £1M and £6.4M. The Executive Member for Finance and Investment stressed that these figures were estimates and could all change during

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the course of the rest of the year. While the in year deficit had reduced since the last update the Executive Member for Finance and Investment drew the Committee's attention to the forecasted deficit in 2021/22, which was estimated at around £35M. The Executive were looking at possible plans to address that gap and a report was to go to the Executive in October. The Corporate Director of Finance and Systems added that the figures that had been presented would undoubtedly be wrong due to the early time in the year and the unpredictable nature of the COVID 19 pandemic.

The Chair requested that an update be provided for the Committee which laid out what may happen and what actions the Council were taking so that both Committee Members and the public understand the position. The Executive Member for Finance and Investment agreed with the Chair and assured the Committee that both the Committee and the public would continue to receive updates on the work of the Council going forward. The report going to the Executive meeting in October would lay out the Council's plans in greater detail.

Councillor Coggins asked for clarification around a number of points raised within the update including the spreading of the deficit across years, what the £4M reduction in the deficit related to, and whether the worst case scenario regarding Manchester Airport had been updated. The Executive Member for Finance responded that around £2M of the current year's deficit was being spread to next year and that the main increase in the 2021/22 deficit was due to expected recurring COVID 19 pressures. The £4M was an estimate of the support that Trafford would receive from the Government in relation to the loss of income. The Corporate Director of Finance and Systems added that some of the recurrent costs were around the increased social care costs which the Council were predicting as well as the spreading of the deficit over the next three years. The Corporate Director of Finance and Systems stated that the Council welcomed the ability to spread the deficit and would welcome further ability to spread other parts of the deficit to deal with the substantial in year budget gap. The Council had split costs related to COVID 19 into recurrent and none recurrent and it was hoped that the Pandemic would not continue into further years, but this was something that could not be predicted. The Executive Member for Finance informed the Committee that an IFS report had recommended that local authorities be allowed the use of short term borrowing facilities which would be welcomed by the Council. The Corporate Director of Finance and Systems informed the Committee that Manchester Airport were meeting regularly with stakeholders and were monitoring their income closely. It was currently predicted that the airport would get back to usual levels within two years but this was very difficult to predict.

The Chair thanked the Executive Member for Finance and Investment and the Corporate Director of Finance and Systems for attending the meeting and answering the Committee's questions.

RESOLVED:

- 1) That the report be noted.
- 2) That an another report on the Council's position and action's being taken at the Committee's next meeting.

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35. PUBLIC HEALTH UPDATE

The Director of Public Health gave a brief update on the position within Trafford. Trafford had seen a sharp rise in cases followed by a drop and now the number of cases was starting to rise again. Trafford had the 22nd highest rates of cases in England with 66 new cases since the 14th August with a rate of 27.9 per 100,000 population. Cases were spread across the borough and there did not appear to be any clustering with cases often being the only one within their household. In Trafford there were more cases among men than women and 18 – 40 year olds were the age group that had the highest number of cases. There had started to be some cases in the over 70 and over 80 population, which were the most at risk age demographics.

The Director of Public Health then answered questions that had been provided in advance. The first question related to the increased lockdown, why this had been done at a GM level rather than locally, and why Trafford had been locked down when the figures were below the 50 cases per 100,000 trigger. The Director of Public Health responded that it had been a national decision by the Government that the lockdown would be across GM and at the time when the lockdown was implemented Trafford had the second highest rates across GM. Germany had a national trigger of 50 cases per 100,000 people for lockdown but England did not have a national trigger level. The Chair stated that the lockdown had come as a surprise given the information that had been provided at the Committee's previous meeting and through national communications. The Director of Public Health agreed with the Chair and it had come as a surprise for everyone involved.

The next question was whether the lockdown restrictions would be lifted by local authorities or be done at the GM level. The Director of Public Health responded that it was unlikely that it would be done at a local level especially for an area like Trafford where a large number of residents from other areas came into the borough to work among other dependencies. Given the dependence of each local area upon the other parts of the conurbation it was very likely that a GM wide approach would be taken.

Councillor Lamb asked that if infection was spreading mainly within households would that mean that lockdowns would be lifted locally. The Director of Public Health stated that the pattern in Trafford showed that cases were not being spread among households with around 50% of cases being the sole case in their household. This may change going forward but was not what was currently being seen.

The Director of Public Health then responded to a question about the levels of infection among the BAME community. Within the most recent data there had been 286 positive cases of which 32 did not put their ethnicity. Out of the remaining 254 cases 70% were white (Compared to 85.5% of the population), 15% were from the Asian/Asian British (Compared to 7.9% of the Population) 6% in Black/Black British (Compared to 3% of the Population), 3.5% Mixed ethnicity (Compared to 2.9% of the population), and other nearly 5% (Compared to 1% of the population). These figures showed that people of Asian/Asian British and Black/Black British were over represented within the number of positive cases

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compared to their demographic of the population but the majority of positive cases were from the white population.

The next question that the Director of Public Health answered was why the Hale Barns ward consistently had some of the highest number of cases. The Director of Public Health stated that there was no definitive answer to this question but that the higher number of cases could result from the wards close proximity to a testing site or that it could be due to social or economic factors within the ward.

Councillor Barclay asked whether there was a way to measure compliance within the borough and whether Trafford were able to backwards trace infections to understand how it was being spread. The Director of Public Health responded that the Council only heard about people not abiding by the rules was when the police were called out to an incident. In the last week the police were called out around 38 times in Trafford. Other than those incidents the Council had no way of measuring compliance. With regards to backwards tracing the Council had not been able to do much of this so far due to not having sufficient data. The following week the Trafford's local contract tracing would start which would enable backwards tracing to be conducted.

Councillor Barclay enquired as to whether there were any trends in the number of incidents where the police had been called out. The Director of Public Health responded that this was not data that Public Health Held but that it could be gained from another team and could form part of the next update to the Committee.

Councillor Newgrosh asked what levers were within the power of the Council to combat the spread of the virus. The Director of Public Health responded that at the GM level work was ongoing to identify what measures would work across the area as there was not a consistent pattern of spread across the conurbation. There were a number of measures that would work across GM but it was then a matter of how to implement them locally. One such measure was the closure of bars that had been running as night clubs and other establishments breaking the social distancing rules. Trafford had not had to close down any establishments yet but had been working very closely with bars and businesses to ensure that they knew and understood the rules. Some businesses had closed temporarily while they implemented sufficient measures to ensure the safety of staff and customers with the help of Trafford's Environmental Support Officers.

Councillor Lloyd welcomed the local contact tracing and stated that the rules were vague and confusing which was leading to people not following them. The restrictions on people being able to see family members was particularly difficult for people especially when they felt that others were not following the rules. The Director for Public Health agreed with the Councillors points and added that as it did not appear that the pandemic would be over before winter and people had to start thinking about how they were going to live in a way that did not negatively impact their physical and mental health and wellbeing during those times with the restrictions in place.

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The Executive Member for Health, Wellbeing, and Equalities added that police officers were going out on weekends with enforcement officers visiting premises to make sure that people were following the rules. The Executive Member for Health, Wellbeing, and Equalities noted the excellent work that the Public Health Team had done throughout the pandemic and that the Council would have been in a much worse situation without their work and support. The Director of Public Health thanked the Executive Member for the feedback and support and added that the work of the health protection colleagues from Public Health England had been of great help throughout the pandemic.

The Chair thanked the Director of Public Health the Public Health Team and everyone else who had worked with them during this crisis.

RESOLVED:

- 1) That the update be noted.
- 2) That the Director of Public Health and the Public Health Team be thanked for all of their work throughout the pandemic.
- 3) That the next update to the Board is to include figures of the number of incidents the police are called out to.

36. ITEMS FOR FUTURE MEETINGS

The Chair noted that the Committee only had one more scheduled meeting left and while the Council may decide to continue the arrangements they also may decide to revert to the standard Scrutiny arrangements. The Chair informed the Committee that if anything was not covered within the next meeting it would either be covered in the additional meetings of the Committee or would be passed onto the most relevant Scrutiny Committee.

The Chair proposed that the meeting in September should cover the Council's finances, schools reopening, active travel, and public health. Committee Members raised possible issues with having a schools update on the 9th September due to the proximity to the schools re-opening and the lack of opportunity to gather meaningful information. Councillor Lloyd suggested that the update on public health should look at winter pressures and Councillor Barclay added that the Committee could ask for the Council's preparations for flu vaccinations.

The Chair noted the Committee Members comments and stated that the agenda setting panel was meeting on the following day and would consider the points that had been raised.

RESOLVED:

- 1) That the proposals made by the Committee be noted for consideration by the agenda setting panel.

The meeting commenced at 4.00 pm and finished at 5.57 pm

Trafford Flu Plan 2020/21

Annual planning process

In line with the national Flu programme the CCG has an annual Flu programme to ensure maximum uptake of flu vaccination across all eligible cohorts. Flu planning for the season starts immediately after the start of the previous season, with general practices placing orders for vaccines this year as early as December 2019.

Flu season is officially from 1st September - 31st January although practices will offer vaccinations throughout March.

Trafford CCG has an established Flu group which would normally meet monthly during the flu season. In recognition of the very different landscape for this year preparation for Flu has started earlier than normal.

The first meeting for this season was held on 27th May and subsequent meetings are held every fortnight. Membership including all key stakeholders;

Primary Care Networks (PCNs) on behalf of all participating GP practices, Public Health, LMC, LPC, community and maternity services, Infection Control, Data Quality, Business Intelligence, IntraHealth, Communication Lead and the GM SIT Team.

The group is chaired by Dr Chris, Tower, CCG Clinical Director and Eleanor Roaf is the Deputy Chair.

The group reports to the Primary Care Quality Assurance Group.

The aim of the group is to ensure safe and effective delivery of the flu programme to all eligible cohorts, identify areas for improvement and to improve uptake rates across Trafford, including CCG and Council staff. The group monitors uptake across all cohorts and will target support to practices who may require additional support or resources.

Performance

General practices continue to perform well achieving some of the highest rates across Greater Manchester despite some additional challenges over the last few years. The table below shows the provisional data for 2019/20. Trafford CCG achieved its agreed 2019/20 target to improve uptake rates for 2 and 3 year olds although uptake rates in the at risk group were adversely impacted by the phased and delayed delivery of vaccines for at risk patients.

| Eligible cohort | Uptake rate | GM average | National target | GM Rank |
|--------------------|-------------|------------|-----------------|---------|
| 65 and over | 76.6% | 74% | 75% | 2 |
| Under 65 (at risk) | 46.6% | 46.7% | 55% | 6 |
| Pregnant women | 51.6% | 49.6% | 55% | 4 |
| All aged 2yrs | 53.1% | 43.2% | 50% | 2 |
| All aged 3yrs | 52.5% | 44.1% | 50% | 3 |

Programme for 2020/21

This year practices will face the biggest challenge yet to deliver flu in a timely and safe manner, during what is already a challenging period i.e. winter and when a second outbreak of COVID 19 is anticipated and lockdown measures maybe in place.

Despite this all Trafford practices have signed up to deliver the Seasonal Influenza DES, which provides the CCG with the assurances that we have full provision across the locality.

The programme will take considerably longer to deliver due to a number of significant factors including; safe distancing measures, availability of vaccines, PPE equipment, staff, physical limitations of the premises and also the need to deliver routine work and support deflection away from secondary care.

We have agreed principles, requirements and assumptions in line with national guidance to assist practices and are currently modelling support for the additional capacity, time and resources required to deliver this year's programme.

Principles

1. Each practice has a nominated Flu lead. It is envisaged for most practices this will be the Practice Manager.
2. Delivery of safe and timely flu programme with priority given to previously eligible cohorts.
3. Aspirational target of 75% for all cohorts
4. Commitment to include household contacts of previously shielded patients as and when additional vaccines become available.

Eligible cohorts

The CCG have identified two cohort groups' i.e. existing cohort and expanded cohort. Practices will priority patients within cohort 1 and then at a later stage invite patients in cohort 2, based on vaccine availability and for the 50-64 tear olds confirmation of inclusion in the programme.

Cohort 1. Provision of flu vaccination to all existing cohorts;

- all 2 & 3 year old children
- those aged six 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
- staff employed by a residential care/nursing home, domiciliary care provider, or a voluntary managed hospice provider.

Patients previously shielding

We will ensure that all patients who were previously shielding are included in the eligible cohort although the majority of whom will be included in the at risk group.

-

Clinical Commissioning Group

Delivery to existing cohort will be September – March which the majority completed by the end of November (vaccine supply permitting)

Cohort 2. Provision to expanded cohort;

- people aged 50 to 64 not in an at risk group
- household members of shielded patients

Delivery to expanded cohort will be later; November – March (vaccine supply permitting)

Assumptions

- Average time to vaccinate pre COVID is 2 minutes
- Additional capacity model dependent on rate vaccines can be given in line with safe social distancing measures i.e. 1 vaccination per 5, 7.5 or 10 minutes (please refer to modelling data based on time taken to vaccinate)
- Community pharmacies will deliver 10% although this may alter dependent of pharmacy provision.

Timescales for delivery

Dependent on the delivery dates of vaccines aspirational timescales are detailed below.

| <u>Priority Group</u> | <u>Eligible cohort</u> | <u>Aspirational Timescale</u> |
|------------------------------|--|---|
| 1 | 65s+, under 65s at risk, previously shielded not included in at risk, 2 & 3 year olds, children at risk, care home residents and housebound | Early September - end of November |
| 2 | Close contacts of previously shielded | Opportunistically following priority group 1 when vaccines become available |
| 3 | 50-64s(if programme extended to include) | Following priority group 1 when vaccines become available and national confirmation of inclusion possibly November - December |

Practices will continue to vaccinate opportunistically depending on vaccine availability until end of March 2021.

Delivery model 2020/21

We are working closely with our Primary Care Networks, to understand the impact of the pandemic on the programme this year and how we can support practices to deliver a safe and timely vaccination programme. We have developed a template for practices to complete to identify the impact the pandemic will have on their delivery of the programme. This provides the CCG with assurances that practices are delivering the programme safely and effectively, enables us to understand the impact of the social distancing measures, PPE requirements and the expansion to the cohorts on each practice and help the CCG to determine areas of support to practices.

Based on eligible population, modelling has been produced to illustrate the additional time required to deliver the programme (Appendix A)

All practices and networks have considered the option to deliver the service from alternative sites it is evident that practices have spent a great deal of time, planning the safe delivery of the programme and measures are in place to ensure all patients receive the vaccines as quickly as possible and that the delivery of the programme will take considerably longer this year.

In Trafford we know that;

- all practices will deliver the programme on site,
- 8 practices are providing a walk-in/drive through on-site service, with 2 practices using this for all flu clinics.
- Many practices will deliver clinics outside core hours; in the evenings and at weekend.
- Practices will look to use existing and where possible additional staff.
- All clinics will be planned booked appointments.

An high level summary of practice returns can be seen at Appendix B

Risks

There are a number of risks which may significantly affect the ability of general practice to deliver the programme in a timely manner.

1. Vaccine supplies
 - Delays and phased delivery of vaccines with delay the delivery of the programme
 - Insufficient supply to meet demand – practices currently unable to order more vaccines to meet increase in aspirational target. A number of practices have been informed on 20 August of further delays in the delivery of vaccines which means that planned clinics will have to be re-scheduled. This means practices will be unable to deliver to the aspirational timescales.
 - Potential for insufficient supplies to meet the needs of the expanded cohort

Mitigation – practices may be able to shared vaccines across networks if participating practices agree.
2. PGD Sign off

We are still awaiting the sign off by the national teams of some of the necessary PGDs, which means there may be a potential delay to the delivery of the services to some cohorts of patients.

Mitigation – practices to target cohorts where PGD is available.

3. PPE

- Insufficient supplies of appropriate PPE and we are also awaiting national guidance regarding possible changes to the requirements.

Mitigation – GM approach to securing supply via Mutual Aid process. Modelling has been undertaken to understand possible demand.

4. Staff

- High levels of absences due to self-isolation
- Capacity issues with current level of staffing dealing with increased demands

Mitigation – use of agency/locum staff and budding arrangements between PCN practices. Training available to all appropriate staff to deliver flu including those who may not usually provide the service e.g. HCAs and GPs.

Support available to practices

- Refocusing of 2020/21 QOF requirements to enable delivery of flu vaccination expansion.
- Secure appropriate and sufficient PPE via Mutual Aid service.
- CCG has facilitated the delivery of extended access to enable practices to respond to the Phase 3 response to COVID including dedicating some additional capacity to the delivery of the flu programme.
- Ongoing support from primary care team with Flu support pack including searches, call and re-call systems.
- Production of patient invitation letters from GP practices for; 2 & 3 year olds, 65s and over, under 65s at risk and patients previously shielding not included in the at risk group.
- Fund the use of Docmail to send individual patient letters.

Areas for consideration;

- Step down of non-essential work.
- Utilising Mastercall OOH service to cover some clinical sessions to enable delivery of flu clinics.

Communication

Trafford CCG Communication Lead is working closely with colleagues in the council and in GM to produce a suite of communication to patients and the public and this will be supported by the annual GM and national Flu campaigns.

All CCGs in Greater Manchester, as in recent years have been asked to support the GM Flu campaign with a contribution of £7k.

This year's communication will have to be available in formats that allow for targeted digital messages to patients and the wider population.

Further information about the GM Communication Plan is available in Appendix C.

The draft Trafford CCG plan can be found in Appendix D.

Monitoring performance

The group will monitor performance throughout the season and support practices to achieve targets, where possible. We will continue to liaise with practices regarding expansions to the programme and work with them to identify and where possible resolve issues that impact their ability to deliver the service.

We need to also consider the wider risk and impacts on the system and monitor the impact of any further COVID outbreaks and may need to consider alternative solutions for the delivery of the programme.



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Appendix A

Trafford Flu Planning Data for 20-21 Campaign

| This data does not include eligible numbers of patients that are from shielding households that now need vaccinating as we do not have the numbers available in EMIS | | | | | | | | | | using 5 mins per vaccination assumption | | using 7.5 mins per vaccination assumption | | using 10 mins per vaccination assumption | |
|--|---------|--------|--------------------|--|--|--|--|---|--|--|---|--|---|---|---|
| Organisation | PCN | CDB | Practice List Size | Patients who are recommended by CMO (DES) or QOF to have Influenza Vaccination (2019/20) excl. school children | Current 50-64 yr olds that not already at risk | All eligible patients for 20-21 (based on the 19-20 cohort + 50-64s) | The percentage increase on numbers to vaccinate based on last years eligible | The CCG's aspirational target of 75% uptake based on all eligible for 20-21 | Aspirational target with 10% removed that are completed by pharmacies (estimate) | Hours needed to vaccinate 75% (using 5 mins per vacc assumption) | Full working days required to vaccinate 75% (based on 7 hours in a working day) | Hours needed to vaccinate 75% (using 7.5 mins per vacc assumption) | Full working days required to vaccinate 75% (based on 7 hours in a working day) | Hours needed to vaccinate 75% (using 10 mins per vacc assumption) | Full working days required to vaccinate 75% (based on 7 hours in a working day) |
| Shay Lane Medical Centre (Kelman) | AHA | P91008 | 6111 | 2308 | 1009 | 3317 | 30.42% | 2488 | 2239 | 187 | 27 | 280 | 40 | 373 | 53 |
| PARK MEDICAL PRACTICE | AHA | P91003 | 6370 | 2201 | 844 | 3045 | 27.72% | 2284 | 2055 | 171 | 24 | 257 | 37 | 343 | 49 |
| ALTRINCHAM MEDICAL PRACTICE | AHA | P91004 | 7810 | 2189 | 952 | 3141 | 30.31% | 2356 | 2120 | 177 | 25 | 265 | 38 | 353 | 50 |
| ST. JOHNS MEDICAL CENTRE | AHA | P91604 | 17097 | 5636 | 2620 | 8256 | 31.73% | 6192 | 5573 | 464 | 66 | 697 | 100 | 929 | 133 |
| West Timperley Medical Centre | AHA | P91016 | 8915 | 2785 | 1033 | 3818 | 27.06% | 2864 | 2577 | 215 | 31 | 322 | 46 | 430 | 61 |
| AHA PCN | | | 46303 | 15119 | 6458 | 21577 | 29.93% | 16183 | 14564 | 1214 | 173 | 1821 | 260 | 2427 | 347 |
| BOUNDARY HOUSE MEDICAL CENTRE | Central | P91013 | 10611 | 3602 | 1226 | 4828 | 25.39% | 3621 | 3259 | 272 | 39 | 407 | 58 | 543 | 78 |
| Conway Road Medical Practice | Central | P91035 | 9043 | 3202 | 1058 | 4260 | 24.84% | 3195 | 2876 | 240 | 34 | 359 | 51 | 479 | 68 |
| THE SURGERY (DERBYSHIRE RD SOUTH) | Central | P91032 | 4864 | 1556 | 635 | 2191 | 28.98% | 1643 | 1479 | 123 | 18 | 185 | 26 | 246 | 35 |
| WASHWAY ROAD MEDICAL CENTRE | Central | P91014 | 15786 | 5391 | 1934 | 7325 | 26.40% | 5494 | 4944 | 412 | 59 | 618 | 88 | 824 | 118 |
| BODMIN ROAD HEALTH CENTRE | Central | P91017 | 8310 | 2836 | 1101 | 3937 | 27.97% | 2953 | 2657 | 221 | 32 | 332 | 47 | 443 | 63 |
| FIRSWAY HEALTH CENTRE | Central | P91021 | 15269 | 5473 | 2235 | 7708 | 29.00% | 5781 | 5203 | 434 | 62 | 650 | 93 | 867 | 124 |
| Central PCN | | | 63883.0 | 22060.0 | 8189 | 30249 | 27.07% | 22687 | 20418 | 1702 | 243 | 2552 | 365 | 3403 | 486 |
| North Trafford Group Practice | North | P91629 | 11966 | 3570 | 1267 | 4837 | 26.19% | 3628 | 3265 | 272 | 39 | 408 | 58 | 544 | 78 |
| DELAMERE MEDICAL PRACTICE | North | P91018 | 13640 | 4254 | 1737 | 5991 | 28.99% | 4493 | 4044 | 337 | 48 | 505 | 72 | 674 | 96 |
| Limelight Health and Well-being Hub | North | P91020 | 7887 | 2314 | 778 | 3092 | 25.16% | 2319 | 2087 | 174 | 25 | 261 | 37 | 348 | 50 |
| LOSTOCK MEDICAL CENTRE | North | P91627 | 6989 | 2166 | 869 | 3035 | 28.63% | 2276 | 2049 | 171 | 24 | 256 | 37 | 341 | 49 |
| OLD TRAFFORD MEDICAL PRACTICE | North | P91619 | 4312 | 1279 | 343 | 1622 | 21.15% | 1217 | 1095 | 91 | 13 | 137 | 20 | 182 | 26 |
| North PCN | | | 44794 | 13583 | 4994 | 18577 | 26.88% | 13933 | 12539 | 1045 | 149 | 1567 | 224 | 2090 | 299 |
| THE VILLAGE SURGERY | South | P91623 | 5289 | 1931 | 819 | 2750 | 29.78% | 2063 | 1856 | 155 | 22 | 232 | 33 | 309 | 44 |
| RIDDINGS FAMILY HEALTH CENTRE | South | P91631 | 3412 | 1021 | 453 | 1474 | 30.73% | 1106 | 995 | 83 | 12 | 124 | 18 | 166 | 24 |
| BARRINGTON MEDICAL CENTRE | South | P91603 | 7206 | 2238 | 919 | 3157 | 29.11% | 2368 | 2131 | 178 | 25 | 266 | 38 | 355 | 51 |
| GROVE MEDICAL PRACTICE | South | P91633 | 5375 | 1846 | 755 | 2601 | 29.03% | 1951 | 1756 | 146 | 21 | 219 | 31 | 293 | 42 |
| SHAY LANE MED CTR (PATEL) | South | P91011 | 5804 | 2010 | 967 | 2977 | 32.48% | 2233 | 2009 | 167 | 24 | 251 | 36 | 335 | 48 |
| FAMILY SURGERY | South | P91617 | 2420 | 637 | 341 | 978 | 34.87% | 734 | 660 | 55 | 8 | 83 | 12 | 110 | 16 |
| TIMPERLEY HEALTH CENTRE (WESTWOOD) | South | P91007 | 4389 | 1556 | 562 | 2118 | 26.53% | 1589 | 1430 | 119 | 17 | 179 | 26 | 238 | 34 |
| South PCN | | | 33895 | 11239 | 4816 | 16055 | 30.00% | 12041 | 10837 | 903 | 129 | 1355 | 194 | 1806 | 258 |
| URMSTON GROUP PRACTICE | West | P91006 | 13111 | 4809 | 1800 | 6609 | 27.24% | 4957 | 4461 | 372 | 53 | 558 | 80 | 744 | 106 |
| PRIMROSE SURGERY | West | P91012 | 6252 | 2407 | 963 | 3370 | 26.58% | 2528 | 2275 | 190 | 27 | 284 | 41 | 379 | 54 |
| PARTINGTON CENTRAL SURGERY | West | P91019 | 3687 | 1276 | 408 | 1684 | 24.23% | 1263 | 1137 | 95 | 14 | 142 | 20 | 189 | 27 |
| Davyhulme Medical Centre | West | P91009 | 11586 | 4863 | 1490 | 6353 | 23.45% | 4765 | 4288 | 357 | 51 | 536 | 77 | 715 | 102 |
| FLIXTON ROAD MEDICAL CENTRE | West | P91029 | 10421 | 3634 | 1347 | 4981 | 27.04% | 3736 | 3362 | 280 | 40 | 420 | 60 | 560 | 80 |
| GLOUCESTER HOUSE MEDICAL CENTRE | West | P91625 | 5013 | 1902 | 686 | 2588 | 26.51% | 1941 | 1747 | 146 | 21 | 218 | 31 | 291 | 42 |
| Partington Family Practice | West | P91026 | 5326 | 1882 | 604 | 2486 | 24.30% | 1865 | 1678 | 140 | 20 | 210 | 30 | 280 | 40 |
| West PCN | | | 55396 | 20773 | 7298 | 28071 | 26.00% | 21053 | 18948 | 1579 | 226 | 2368 | 338 | 3158 | 451 |
| Trafford Total | | | 55396 | 82774 | 31755 | 114529 | 27.73% | 85897 | 77307 | 6442 | 920 | 9663 | 1380 | 12885 | 1841 |

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| | | On site practice | Drive through at practice | Booked appts | Evening appts | Weekend appts | Time | Additional staff | Stepdown | Mastercall | Concerns |
|----------------|----------------------------------|------------------|---------------------------|--------------|---------------|---------------|----------------------------------|------------------|---|-----------------------|---|
| AHA | Park Medical Practice | Y | Y | Y | N | Y | 5 mins | | | | shotage of vaccines, staff self isolating |
| | Altrincham Medical Practice | | | | | | 5 mins adults, 10 mins children | | | | Staff sickness, vaccine shortage |
| | Shay Lane Medical Centre (K) | Y | N | Y | N | Y | | N | | | HEMOCARE SERVICE WOULD BE GOOD, LIMITED NURSE CAPACITY, PPE |
| | West Timperley Medical Centre | Y | Y | Y | Y | Y | | Y | | Y | staff sickness, road safety, vaccines |
| | St. John's Medical Centre | Y | Y | Y & opport | Y | Y | 7.5 mins | | | Y | |
| | | | | | | | | | | | |
| North Trafford | Delamere Medical Practice | N | Y | Y | Y | | 5 mins | | | | PPE, weather |
| | Limelight Health & Wellbeing Hub | Y | Y (as contingency) | Y | | Y | 5 mins | Y | | | |
| | Old Trafford Medical Practice | Y | N | Y | n | Y | 5 mins | N | suspend nurse sessions | | shotage of vaccines |
| | Lostock Medical Centre | Y | N | Y & oppts. | N | N | 5mins | Y | | | shotage of vaccines |
| | North Trafford Group Practice | Y | N | Y | Y | Y | 10 mins | Y | | | |
| | | | | | | | | | | | |
| Sale Central | Washway Road Medical Centre | | | | | | 7.5mins 10mins for drive thru | | | | safety for cars, PPE, vaccines and WIFI |
| | Boundary House Medical Centre | Y | Y | Y & opport | | Y | 7.5-10 week days 5-7.5 weekend | | step down clinical session times, reviews | | |
| | Bodmin Road Health Centre | Y | N | Y | Y | Y | | not available | | yes | vaccine shortage |
| | Firsway Health Centre | Y | N | Y | | Y | 5 mins | No | | Yes | vaccine shortage, housebound service |
| | Derbyshire Road South Surgery | Y | N | Y | N | N | 4 MINS | | | | vaccines |
| | Conway Road Medical Practice | Y | N | Y | N | N | 10 mins | No | suspend nurse & HCAs | | |
| | | Y | N | Y | N | Y | 15 mins | No | | yes, stop wed clinics | overtime rates for sattf |

Appendix C

Greater Manchester Health and Social Care Partnership Flu communications 2020

1. National picture and eligible groups
2. Context
3. How the vaccine will be delivered
4. Recommended communications approach

1. National picture and eligible groups:

The first national seasonal influenza letter identified that the groups outlined below will be eligible for the NHS funded seasonal influenza (flu) vaccination programme this year.

- All children aged two to ten (but not eleven years or older) on 31st August 2020
- Those aged six 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 contact of immunocompromised individuals
- Health and social care staff employed by a registered residential care/nursing home, registered domiciliary care provider, or a voluntary managed hospice provider

It has been reported in the media and on national screening and immunisation calls that the second letter will announce;

Extended eligibility to the programme including:

- All those in education year 7
- A phased introduction of citizens aged 50 years or older and not yet 65 years who are not in an at-risk group
- Household contacts of those shielding

Increased aspirational targets

- 75% aspirational target for the majority of eligible cohorts
- 80% aspirational target for HCW.

Also, a focus on reducing inequalities for;

- BAME communities
- And those with a learning disability.

The national screening and immunisation team have also been reviewing their policy in relation to the offer of an alternative to the nasal flu vaccine and for those healthy children who refuse vaccination due to the porcine gelatine content.

They will provide several resources to support the delivery of the programme. The most significant of these is a national call and recall system. This is not intended to replace the GP systems but to enhance. The national team are also reviewing the national data collection and reporting systems.

2. Context

COVID-19

This year the vaccination programme will potentially run alongside the COVID-19 vaccination programme which will include similar cohort groups. How both vaccines will be delivered at the same time is still being considered.

Screening teams have been advised to prepare for a potential COVID-19 vaccine by 5th October. Although this is unlikely, if it does happen, we will need to communicate how this will work alongside the flu vaccine. It is likely to be a two-dose vaccine with a gap of 28th days. The flu vaccine could only happen at day 14 during this period.

Innovation required

The increase in cohorts and targets significantly increases the number of people eligible for a vaccine. This combined with the need for strict infection prevention and control procedures plus social distancing rules means that GMHSCP and CCGs are having to radically re-think the traditional flu delivery model to maximise uptake rates.

Public attitudes

Research has shown that awareness of viruses and how they are passed on has increased. In addition, Australia has seen an uptake in vaccination rates in 2020. This presents an opportunity to reach people who may have previously refused the vaccine.

3. How the vaccine will be delivered in Greater Manchester

Some of this is still unknown but it is expected that it will be a mix of GP surgeries, community pharmacies and some alternative routes that will maximise uptake across the new population demand reduce the need for patients to attend healthcare premises. GMHSC Partnership are assisting and supporting localities to innovate by helping them to address some of the barriers to delivery. For example;

- How we indemnify new ways of delivery when this is outside of the usual place e.g. gazebos.
- Funding flows
- Maintaining the cold chain etc

In addition, GMHSCP have commissioned several flu vaccination services with the aim of reducing inequalities, these include:

- Provision of flu vaccinations across all GMHSCP special schools this includes places of secondary education
- Acute Trusts to devise models of flu vaccine delivery for their eligible patient cohorts, at point of contact. This may include outpatient clinics or at the point of discharge planning
- Tailored service delivery for those with a learning disability
- A domiciliary vaccination service for children and to work with hard to reach groups
- Piloting of opportunistic vaccination in a Manchester A&E department for all 2 and 3-year olds

- Drug and alcohol services to offer the flu vaccination to their eligible populations
- A letter to raise awareness of the flu vaccine programme to all parents /guardians of children aged 2 or 3 years of age across GMHSCP
- Identified key services for homeless and rough sleepers to offer the flu vaccine.

Community pharmacies – all are eligible to provide the service and this year the information about which pharmacies will be running it will be shared.

Pharmacies can not vaccinate anyone under the age of 18 years. Also, community pharmacies can only deliver off site if a GP practice commissions them to do so, under a sub-contracting arrangement.

4. Recommended communications approach

1. Amplify and upweight national messaging with additional messages and materials for the at-risk groups

We know that this year the national messaging will reflect that;

- Every year flu hospitalises and kills 1,000s.
- This is not an average year.
- Flu spreads person-to-person and can be asymptomatic.
- Flu can lead to severe complications.
- The vaccine offers the best protection against flu.

The creative for the public campaign is not ready to be shared yet but it is expected that this will be in line with the help us help you/stay well this winter brand.

It's likely that the range of materials available nationally will draw on universal rather than tailored messaging. In GM we have talked about the need for more tailored and targeted materials for the at-risk groups. Therefore, the proposal is that the Partnership will:

- Develop targeted messages and materials for 'at risk' groups (tba by UEC group) in line with the national branding
- Agree a plan of where to target materials within the 10 localities
- Align a media/press plan for the target groups with national awareness weeks/days and any other 'hooks. Local voice will be more important than ever before in convincing people so using local clinicians, directors of public health and case studies will be key.
- Look at the national outdoor media plan and agree any further amplification in the localities with the UEC group
- Ensure that materials are translated or adapted where there are gaps in the national suite of materials
- Be open to collaboration on some things across the North West if we can achieve better economies of scale and impact

Suggested budget: £25,000

2. Bespoke communication campaigns for learning disabilities

We are aware that people with learning disabilities have been disproportionately affected by COVID-19 and that respiratory disease is the leading cause of death for this group. In fact, its responsible for over half of all deaths among people with learning disabilities.

There are lots of issues about how people with learning disabilities are invited, called and recalled and administered with the vaccine. For example, we know there are roughly 64,000 with learning disabilities in GM however only 25% of these are registered as having LD with their GP. People live within a variety of settings across GM.

We also know that the mass vaccination or drive-through delivery methods will not be appropriate for this group and a tailored approach will need to be adopted.

A GM task and finish group has been set up with the learning disability leads from each of the localities. This group will look at how the service is provided and how clinics are organised in each area. A member of the GMHSC Partnership comms team will sit on this group. There will be a strong link with the humanitarian hubs that were developed for COVID-19.

As part of the flu proposal GMHSCP will:

- Work with learning disability leads to set up a focus group/advisory group to provide insight on appropriate messaging and materials
- Small desktop research piece of work on current barriers, attitudes to the vaccine within this group
- Focus on accessibility, use of language, easy read formats etc and develop a suite of messages and materials that can be used across the localities to aid conversations
- Design messages and campaign that specifically targets and supports people with the right and reassuring information
- Identify the right channels to get messages and materials to this group and their carers
- Target specific media for specialist care community and networks
- Evaluate impact

Suggested budget: £20,000

3. Campaign for 2- and 3-year olds

There are two options for this

- Reinvigorate the campaign and characters from last year's GM campaign
- Use the national campaign resources

Suggested budget:

- £22,000 (comms toolkit, GP packs, above the line activity)
- £15,000 (above the line activity, any additional adapted artwork for local use)

4. Healthcare worker #Jabdone campaign

The Jabdone campaign has been run across several Trusts within GM in the last 2 years. There has been an increase in the uptake of the vaccination in most Trusts where this has been run. The offer to use the pack and order materials has been circulated to Trusts. GMHSC Partnership will organisation distribution and delivery to Trusts and CCGs.

Suggested budget: £2000

Appendix D

Flu communications plan 2020

Overview:

It is essential that as many people as possible have their flu vaccination this year. We have 114,529 people eligible for a free flu vaccination (including 50-64 year olds).

All practices across Trafford intend to deliver vaccines on site, with a small number also using on-site car parking facilities to offer a drive through service.

This communications plan sets out how we propose to manage the communications around flu vaccinations in the borough.

Objectives:

1. Bring GP practices on board
2. Prepare people for flu vaccination season
3. Notify people who are eligible for free vaccination
4. Directly contact the shielding patients to highlight importance
5. Promote the benefits of the flu vaccination and why it is particularly important this year
6. Explain how to get a flu vaccination this year
7. Build trust in alternative arrangements e.g. drive through clinics
8. Amplify national and regional campaign messaging

Audiences:

The first national seasonal influenza letter identified that the groups outlined below will be eligible for the NHS funded seasonal influenza (flu) vaccination programme this year.

- All children aged two to 11 (but not 12 years or older) on 31 August 2020
- Those aged six 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 contact of immunocompromised individuals
- Health and social care staff employed by a registered residential care/nursing home, registered domiciliary care provider, or a voluntary managed hospice provider
- household contacts of those on the NHS Shielded Patient List.
- health and social care workers employed through Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users

The second letter from the DOH dated 4 August 2020 announced an expansion to the cohorts eligible;

Extended eligibility to the programme including:

- All those in education year 7
- Possible phased introduction of citizens aged 50 years or older and not yet 65 years who are not in an at-risk group
- Household contacts of those shielding
- Health and social care workers employed through Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users

Increased aspirational targets

- 75% aspirational target for the majority of eligible cohorts
- 80% aspirational target for health care workers

Also, a focus on reducing inequalities for;

- BAME communities
- And those with a learning disability.

Further subsets of audiences and things we need to consider include:

(Please note that this list is not exhaustive)

| Audience | How to reach | Potential resources |
|-----------------|---|--|
| Over 65s | GP practices Age UK Advertising (online, radio, newspaper) – national and local Trafford community hubs Cllr Jo Harding – Ageing Well Board | Videos Social media Radio ad(?) Newspaper ad Press release Briefing and specific resource pack for community groups |



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| | | |
|---|--|---|
| | | Resource pack for GP practices (texts, webpages, email, letters) |
| Over 50s | Advertising – national and local Trafford community hubs | Videos Social media Radio ad(?) Newspaper ad Press release |
| BAME | Trafford religious buildings (ie. Mosques, synagogues) Public health information officers Community cohesion team Trafford community hubs | Social media Translated – unclear if we have a facility for this locally 'Easy read' resources Resource pack for community groups |
| Eastern European | Eastern European shops Public health information officers Community cohesion team Trafford community hubs | Social media Translated resources Easy read resources Resource pack for community groups |
| Pregnant | Maternity services Pre-natal groups Trafford community hubs | Videos Social media Resource pack for services |
| Carers | Trafford Carers Centre Trafford community hubs Personal Health Budget comms (Merry Leslee) | Social media Resource pack for community groups |
| Medical conditions | Community groups GP practices Specialist teams | Briefing and specific resource pack for community groups Resource pack for GP Practices (texts, webpages, email, letters) |
| Care Home residents Sheltered accommodation? | Joe Slade (Council comms) / Karen Ahmed | Letter Care home briefing |
| Children 2-11 | School and nurseries GP Practice NHS England Letter | Social media re spray Press release Briefing for services and schools Resource pack for GP Practices (texts, webpages, email, letters) |

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| | | |
|---------------------|---|--|
| Deaf | Trafford Deaf Partnership Trafford community hubs | Specific social media resources Signed video Resources pack for community group |
| Blind | Henshaws Trafford community hubs | Audio resources Resources pack for community group |
| Learning Disability | Trafford Community Learning Disability Team (Cheshire and Wirral Partnership NHS Foundation Trust) Via family and loved ones Support services | Easy read resources Video Social media Resource pack for services and community group |
| Shielding | GP practice Trafford community hubs | Letter to those shielding Social media and Leaflet |

Key Messages:

1. The flu vaccination is more important than ever.
 - a. If you are entitled to a free flu vaccination this means you are at more risk of getting a bad bout of the flu and developing pneumonia.
 - b. The flu vaccination reduces the chance that you will get the most common types of flu and makes the symptoms much milder if you do get it.
 - c. If you get a bad bout of the flu, your body will be less prepared to fight Coronavirus.
 - d. You can get the flu and Coronavirus at the same time.
2. Flu vaccination clinics are being run differently this year to make them easier to access and safer.
 - a. You will be safe in our clinics.
 - b. Your health and safety is our number one priority.
 - c. The clinics are being run by local NHS staff.
3. You will receive a letter from your GP practice to attend an appointment or to invite you to contact the practice to make an appointment.
 - a. You must have an appointment to get your flu vaccination.
 - b. You must be entitled to a free flu vaccination to get an appointment
4. Don't turn up to your appointment early.
 - a. You will be asked to wait in your car if you are early.

- b. This is to keep everyone safe.
5. If you were told to shield this year, contact your GP practice as soon as possible to book your free flu vaccination.
6. 114,529 people in Trafford are entitled to a free flu vaccination.
- All children aged two to 11 (but not 12 years or older) on 31 August 2020
 - Those aged six 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 contact of immunocompromised individuals
 - Health and social care staff employed by a registered residential care/nursing home, registered domiciliary care provider, or a voluntary managed hospice provider
7. If you aren't entitled to a free flu vaccination on the NHS, you can pay to get one privately via community pharmacists that are providing the service.

Other Campaigns

There will be supporting flu messages from national and regional sources. This plan intends to keep consistency with those messages as much as possible.

| Campaign | Manageable? |
|--|--|
| National flu campaign – focus currently unknown – likely to start September. | No. Will have to work round and avoid conflicting messages. |
| GM flu campaign – focus on who can have flu vaccination / specific audiences – likely to start September. First draft now available. | Yes. Can influence the campaign and what is within the borough. |
| Local health and social care staff campaigns – focus on staff | Yes. Can influence the campaigns. |
| Astra Zeneca campaign – focus unknown | No. Will have to work around. |
| GP practice messages – ad hoc. | Yes and no. Will appeal to practices to follow Trafford and GM plans |

Proposal

| Objective | Actions |
|-----------|---------|
|-----------|---------|

Clinical Commissioning Group

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| <p>1. Bring GP practices on board</p> <p>Immediate start.</p> | <p>Work with GP Practices to agree the model.</p> <p>Explain what is different this year and why.</p> <p>Provide GP practices with all the tools they need to implement.</p> <p>Make sure that the system links back to GP systems clearly and easily.</p> <p>Regular updates to GP practices on how many of their patients have been vaccinated.</p> |
| <p>2. Prepare people for flu vaccination season</p> <p>Start early in September</p> | <p>Regular press updates on flu vaccination (The Messenger, Altrincham Online).</p> <p>Texts to eligible patients – flu vaccinations are coming.</p> <p>Information on CCG and GP websites.</p> <p>Social media campaign, including videos from Dr Jarvis, Dr Sheikh on why flu vaccinations are important</p> |
| <p>3. Notify people who are eligible for free vaccination</p> <p>Start in mid-September</p> | <p>Press piece on who is eligible.</p> <p>Texts to those eligible.</p> <p>Social media campaign.</p> <p>Target relevant community groups and businesses to target key audiences, e.g. Age UK, etc.</p> <p>Ask hospital and community clinicians to remind patients who are coming through that they are eligible and they should book</p> <p>Website info.</p> <p>Is there a way to send out notifications through AskmyGP?</p> |
| <p>4. Directly contact the shielding patients to highlight importance</p> <p>Start in mid-September</p> | <p>Letter to those shielding – likely to have high impact due to all information on shielding coming through letters.</p> <p>Phone call in mid-October to those who haven't had it or booked on.</p> |
| <p>5. Promote the benefits of the flu vaccination and why it is particularly important this year</p> <p>Start early September</p> | <p>Same actions as objective 2.</p> |

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| <p>6. Explain how to get a flu vaccination this year</p> <p>Start early to mid-September</p> | <p>Local advertising – Wish FM and local papers and Facebook.</p> <p>Websites.</p> <p>Social media.</p> <p>Texts.</p> |
| <p>7. Build trust in the new clinics and system</p> | <p>Videos of:</p> <p>Walk-through the clinics.</p> <p>Staff running the clinics.</p> <p>Nurses manning the clinics.</p> <p>Welcomers on the door on videos.</p> |
| <p>8. Promote the booking system</p> | <p>Same actions as objective 6.</p> |

Timeline:

| | Now | 31/8 | 7/9 | 14/9 | 21/9 | 28/9 | 5/10 | 12/10 | 19/10 | 26/10 | 2/11 | 9/11 |
|---|-----|------|-----|------|------|------|------|-------|-------|-------|------|------|
| 1. Bring GP Practices on board | ■ | | | | | | | | | | | |
| 2. Prepare people for flu vaccination season | | ■ | | | | | | | | | | |
| 3. Notify people who are eligible for free vaccination | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | | |
| 4. Directly contact the shielding patients to highlight importance | | | | ■ | ■ | | | | ■ | | | |
| 5. Promote the benefits of the flu vaccination and why it is particularly important this year | | | ■ | ■ | ■ | ■ | ■ | ■ | | | | |
| 6. Explain how to get a flu vaccination this year | | | ■ | ■ | ■ | ■ | ■ | ■ | | | | |

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| 7. Build trust in the new clinics and system | | | | | | | | | | | | |
| 8. Promote the booking system | | | | | | | | | | | | |

Costs

Much of the campaign has no cost implication but we could spend money on Facebook and radio advertising:

- Trafford CCG comms to investigate costs but, depending on what is decided, this could be anything from £100 up to £4k.

It is possible that we will once again be required to contribute £10k to the GM campaign – will confirm.

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