

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Cheshire East Council Annual Influenza Report: 2017/18
Date of meeting:	24 th July 2018
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Health & Wellbeing Board Lead:	Fiona Reynolds

Executive Summary

Is this report for:	Information <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
Why is the report being brought to the board?	To summarise the actions taken in the 2017/18 influenza season, the impacts of influenza on the health economy and the recommendations for the 2018/19 influenza season		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Starting and Developing Well <input type="checkbox"/> Living and Working Well <input type="checkbox"/> Ageing Well <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	1 Bid for NHS England communications grant to extend the scope and duration of our television, radio and social media communications in the 2018/19 influenza season 2 Repeat the vaccination programmes that were undertaken in the 2017/18 influenza season to maintain consistency and increase uptake 3 Support general winter wellness campaigns to reduce the impact on the workforce of minor illnesses		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	Corporate Leadership Team meeting		

Has public, service user, patient feedback/consultation informed the recommendations of this report?	No
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	<p>Raised awareness of the start of influenza season and the need to be vaccinated</p> <p>By protecting our frontline care staff our vulnerable and older residents who are receiving care will have increased protection from influenza and a reduced likelihood of an interruption in care.</p>

1 Report Summary

- 1.1 The 2017/18 influenza season has been a busy flu season. There have been high levels of both influenza A and influenza B circulating this year. Hospital admissions due to influenza have been higher than usual this year and there have been outbreaks across the UK most of which have been in care homes. This season has also seen high levels of other respiratory illnesses such as colds.
- 1.2 The flu vaccine was moderately effective this season, but for the 2018/19 season new, more effective vaccines have been recommended for the over 65s and those at increased risk.
- 1.3 Generally in East Cheshire flu vaccine uptake has been higher than the national average in all groups and was particularly high amongst the over 65s.
- 1.4 Cheshire East Council has worked with Cheshire West and Chester Council and NHS England to produce targeted television adverts to increase uptake of the influenza vaccine and we intend to use these adverts again during the next influenza season. We have also had adverts on local radio, across social media and throughout our internal communications.
- 1.5 Cheshire East Council ran two vaccination programmes to provide access to free vaccination for our frontline staff. We provided vaccination clinics with bookable appointments in sites throughout the council and also provided a vaccination voucher scheme, where managers could print and issue vouchers for their staff to redeem at one of the 61 participating pharmacies across East Cheshire. 167 staff took advantage of one of these schemes.

2 Recommendations

- 2.1 Bid for funding from NHS England for our influenza communications ahead of the 2018/19 influenza season so that we can increase the scope and range of our television adverts, radio adverts and social media communications.
- 2.2 Repeat and extend the vaccination programmes that we offered last year. We recommend repeating the influenza vaccination clinics and the voucher scheme that we ran last year in

order to maintain a consistency of approach. We will support managers to encourage front line staff within their teams to access flu vaccination either through clinics or through the voucher scheme. This will require funding from occupational health to ensure that we can pay for the vaccines that we are providing so that no cost is borne by our eligible staff.

- 3.3 Undertake broader health and hygiene work throughout the organisation linking in with work plans around winter wellness to emphasise measures such as hand hygiene, but also an evaluation of and investment in measures to improve hygiene and reduce the spread of minor illnesses.

3 Reasons for Recommendations

- 3.1 We made use of a £10,000 grant that was available from NHS England last year to support our communications. This was invested to develop animations suitable for use in targeted advertising to raise awareness of flu vaccination. Most of the grant for 2017/18 went into the development and distribution of these advertisements with the remainder being spent on radio and social media campaigns. In the 2018/19 season, if we are successful in our bid we expect to use the grant to extend the length and reach of our campaigns as the materials that have been developed can be reused.
- 3.2 We have an obligation to ensure the wellness of our front line staff and the individuals for whom they are providing support and care. We achieved a good uptake of 21% during the first year of the scheme and with further work and consistency in our approach we believe that this uptake can be increased further, offering protection to staff working with our most vulnerable residents so that they stay well through winter and can continue to provide the best possible care.
- 3.3 The 3 main causes of short term absence recorded through the winter within Cheshire East Council were colds, respiratory illnesses and flu. The spread and impact of these illnesses can be reduced and prevented through effective hygiene and wellness approaches.

4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 Starting and developing well: the communication approaches that we have taken include targeted messages for pregnant women to ensure that they remain well throughout their pregnancy and during the first months and years of their child's life. Also by protecting our frontline staff that work with families and children we reduce the risk of transmission of influenza.
- 4.2 Living and working well: this is where the majority of our internal schemes are targeted. The approaches that we are recommending are geared towards keeping our workforce fit and well through winter whether or not they are working on the frontline or are office based.
- 4.3 Aging well: our targeted communication is also aimed at our older residents.

5 Background and Options

National and Regional Summary

- 5.1 In the 2017/18 influenza season moderate to high levels of influenza were seen with the highest number of weekly cases since the 2010/11 flu season. There were higher than average levels seen of both influenza A and influenza B compared to the average of the last 9 years, with influenza B cases being particularly high this season. However the most common strain was influenza A H3.
- 5.2 Nationally, the majority of those affected by this co-circulation were older adults, with care homes being particularly vulnerable. A very high number of older adults who were admitted to intensive care or high dependency units during the 2017/18 influenza season tested positive for influenza. All cause mortality in older adults was higher this influenza season than in the 2016/17 season, though it was lower than the 2014/15 season.
- 5.3 Across North West Region there were 1,738 laboratory detections of influenza A and 1,493 laboratory detections of influenza B. These were the highest number of laboratory detections of both strains since the 2010/11 season.
- 5.4 There were 343 reported outbreaks of respiratory illness across the North West Region, 97 (28%) of these were in Cheshire and Merseyside. Of the 343 outbreaks 298 (87%) were in care homes. 61% of outbreaks were confirmed as influenza A and 42% confirmed as influenza B (4% of confirmed outbreaks had both A and B identified). Additionally high rates of laboratory detection of other respiratory illnesses was seen throughout the season with parainfluenza, rhinovirus (colds) and metapneumovirus all being seen at higher than average levels.

Figure 1 Influenza A 2017/18 with median and upper quartile based on previous 8 seasons, Public Health Laboratory, Manchester, data

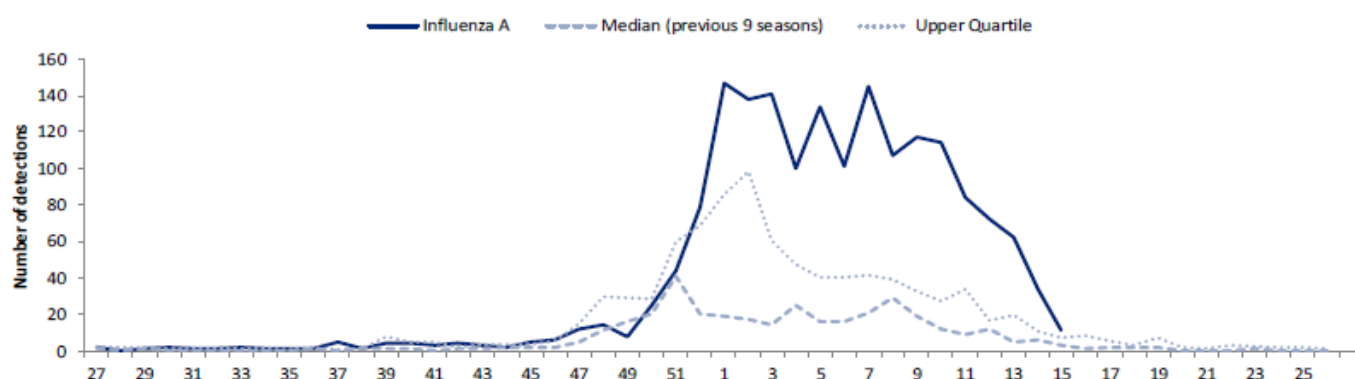


Figure 2 Influenza B 2017/18 with median and upper quartile based on previous 8 seasons, Public Health Laboratory, Manchester

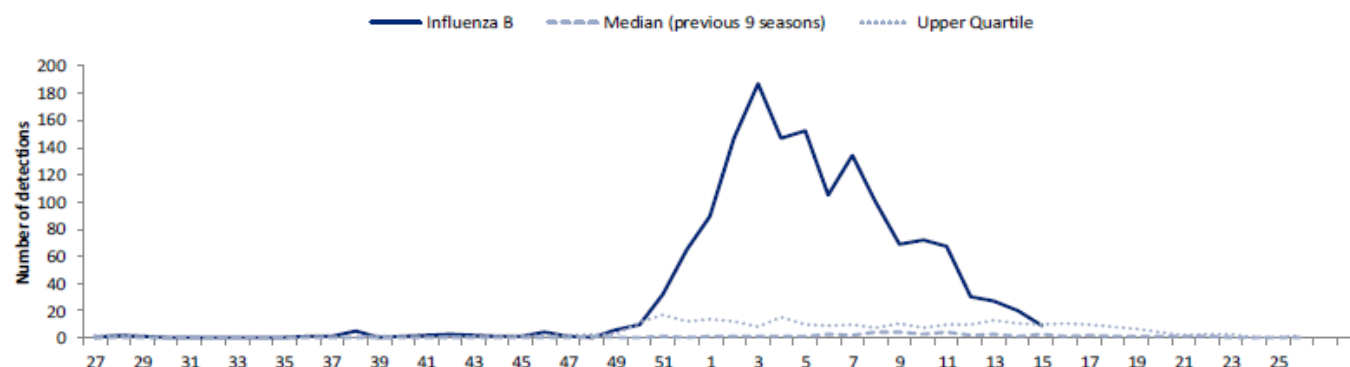


Figure 3 RSV & rhinovirus detections 2017/18 with median based on previous 9 seasons, Public Health Laboratory, Manchester

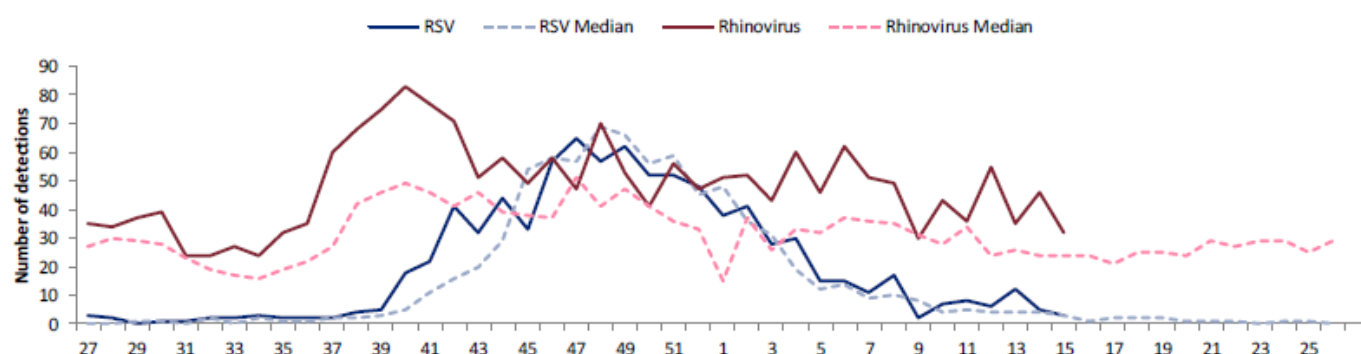
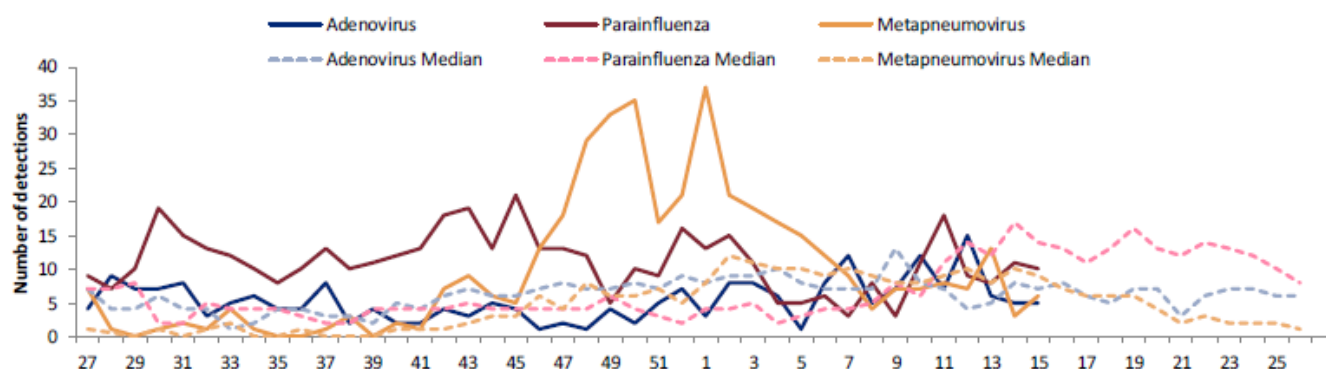


Figure 4 Adenovirus, parainfluenza & metapneumovirus detections 2017/18 with median based on previous 9 seasons, Public Health Laboratory, Manchester



- 5.5 In East Cheshire during the 2017/18 flu season a total of 18 out of our 97 (19%) care homes had a closure due to respiratory illness with a total of 178 days of care home closure across the local health economy, which amounts to nearly 10 days per care home.

Influenza Vaccination

- 5.6 In East Cheshire influenza vaccine uptake was higher than the England average in all groups. Uptake increased in adults >65 with 77.7% receiving a vaccination. Uptake in those under 65 who are at increased risk fell slightly compared to last year to 51.6% but this figure has remained fairly stable for the last few years, and this fall does not represent a sustained trend. Uptake of the influenza vaccine in pregnant women was also higher than the England average with 53.5% overall and 64.6% in those with additional risk factors.

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There continues to be an increase in the uptake of Flu vaccine in the 2-4 age group and remain higher than the England average. In Cheshire and Merseyside we achieved one of the highest flu vaccine uptake rates amongst frontline healthcare staff. There is still work to do across the health economy to increase the uptake of the influenza vaccination amongst all groups and to maintain the high uptake that we are achieving in our >65s.

- 5.7 Preliminary reports suggest that vaccine effectiveness against all influenza this season ranged from 25% to 52%. This was in part due to a mismatch between one of the main circulating influenza A strains and the strain included in the vaccine. With this exception vaccine effectiveness was determined to be moderate or moderate to good for the other strains that it offered protection against.
- 5.8 The formulation of flu vaccines offered to the UK population will be changing for the 2018/19 influenza season with those >65 being offered an adjuvanted trivalent influenza vaccine, which will protect them against the 2 most commonly circulated strains of influenza A and the most common strain of influenza B with an added component that will increase the effectiveness of the vaccine on the immune system of the over 65s making the influenza vaccine more effective in this age group. For all other groups a quadrivalent vaccine will be offered that protects against the 2 most commonly circulating strains of influenza A and the 2 most commonly circulating strains of influenza B.

Actions Taken By Cheshire East Council

- 5.9 Within Cheshire East Council we undertook several key approaches to increase flu vaccine uptake both within our frontline staff and across the wider health economy. This included the following activities:
- 5.10 We delivered a targeted public awareness campaign. Animations that had been previously created were adapted to be suitable for television advertising and were broadcast using Sky Adsmart directly to our target audience for several weeks at the beginning of the influenza season. With the remaining money from the NHSE grant we were also able to place ads on local radio and on social media. We also included pre-recorded messages that would be played when residents contacted the council. Internally we also included messages about flu vaccination within Team Voice and encouraged managers to support their team members to get flu vaccinations.
- 5.11 For our frontline staff we created two schemes to enable them to access free flu vaccinations. The first of these was a vaccination clinic lead by occupational health offering booked appointments in Sandbach, Macclesfield, Crewe and Oakenclough. Although 1 of these had to be cancelled 48 members of staff were vaccinated across the 3 days. We also offered a voucher scheme through which managers could print vouchers for their frontline staff to attend participating pharmacies and redeem the voucher to receive a free flu vaccination. 61 pharmacies agreed to participate in the scheme, with 119 vouchers in total being redeemed. This suggests that out of an estimated 800 frontline staff 167 received a flu vaccination via a council scheme (21%). The limitations to this estimate are that we do

not know for certain what our frontline staff numbers are or how many frontline staff accessed the vaccination by other means.

- 5.12 We have worked collaboratively with the commissioning team on the development of new service specifications for both Care at Home and Accommodation with Care to support the collection of information on vaccine uptake in residents, but also to highlight the need for employers and organisations to ensure that they promote and support their staff to access the influenza vaccination. Actions that accommodation with care providers can undertake to support the rapid response to influenza outbreaks to reduce the duration and severity of influenza outbreaks have also been included in the new contract.
- 5.13 For the forthcoming 2018/19 influenza season we make the following recommendations:
- Increase uptake of the influenza vaccine amongst Cheshire East Council frontline staff by building on the successes of the 2017/18 influenza season. Specifically repeat the activities of this year (ensuring that funding is made available), but support this by working with managers and by recruiting Flu Champions to increase access and uptake.
 - Bid for PHE funding to support wider communications strategies. Now that we have the materials to do television and radio advertising we can make more efficient use of the funds available as we will not be paying for the creation of the adverts themselves.
 - Undertake influenza and respiratory illness prevention within the council as minor illnesses (colds, chest infections and flu) account for the most common reasons for short term absence within Cheshire East Council. This would ideally include organisation wide health and hygiene messages in the run up to and throughout flu season ranging from simple handwashing signs in all bathrooms to messages in Team Voice and in team meetings. This could also include measures such as the provision of alcohol hand gel to increase hand washing. These measures would incur small costs, but may reduce the number of days lost to preventable illnesses.

6 Access to Information

- 6.1 The background papers relating to this report can be inspected by contacting the report writer:

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