

# Cheshire East Council

## Health and Wellbeing Board

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**Date of Meeting:** 29<sup>th</sup> November 2016

**Report of:** Lucia Scally – Senior Manager Public Health

**Subject/Title:**  
1. Promoting population influenza (flu) vaccination  
2. Arrangements for vaccination of front-line Council staff

**Portfolio Holder:** Cllr Paul Bates - Communities and Health

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### 1. Report Summary

- 1.1. This report provides a summary of the Councils work to raise awareness of the Department of Health (DOH), Public Health England (PHE) and NHS England (NHSE) winter Flu Vaccination Programme 2016/17.
- 1.2. This work fits with the Councils Corporate Plan 2016 - 2020:  
  
Health – Safeguarding the vulnerable and providing appropriate care that helps people live well and for longer.
- 1.3. The eligible vulnerable groups for this programme are identified in section 4.2 of this report and some of the local initiatives to raise awareness of this national programme across the life course are set out in Appendix 1.
- 1.4. The report also describes how the flu vaccine is being offered to front-line staff in 2016/17, and suggests a review of this and the wider promotional work to inform next years approach.

### 2. Recommendation

- 2.1. To acknowledge the Directorates work and that of the Health and Safety Team.
- 2.2. All staff who work in children's and adult's services should be encouraged and empowered to endorse and promote flu vaccination.
- 2.3. To advise of any further areas of awareness raising that are required.
- 2.4. To support a review of learning from this years work to develop proposals for the 2017/18 Flu Vaccination Programme and Council vaccination scheme for reporting to Peoples DMT.

### **3. Other Options Considered**

- 3.1. No alternative considerations are identified, as this is a national programme and is of importance to the local Health and Care economy (ensuing that the vaccination programme is accessed by vulnerable groups would minimise the risk of health complications which may lead to additional health or care interventions being required).

### **4. Reasons for Recommendation**

- 4.1. In 2015/16, over 93,000 residents of Cheshire East received their annual free flu vaccination, with more than 1,000 jabs being given every day. Most flu vaccines are given between late September and early November to provide people with protection in case the flu season arrives early in December.
- 4.2. In 2016/17, the following individuals are advised to have flu vaccination:
- All children aged two to seven on 31 August 2016 (This includes all children of appropriate age in school years 1, 2, and 3, even if their age falls outside the birth cohorts specified. This also includes all children in the relevant age cohort irrespective of whether they attend school).
  - 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
  - Frontline health and social care workers should be provided flu vaccination by their employer. This includes general practice staff.
- 4.3. Most flu vaccinations are delivered by the NHS in general practices, community pharmacies and other settings. Although vaccine uptake in Cheshire East among people aged 65 and over was 76.0% last year (5% higher than England), fewer than half of pregnant women and young children were vaccinated. (See Appendix 3)
- 4.4. Pregnant women have a seven times higher risk of dying from flu than non-pregnant women. This is why all pregnant women should be offered the flu vaccination including those who become pregnant during the flu season. Flu is the most frequent single cause of death in pregnancy.
- 4.5. A recent Joint Strategic Needs Assessment has identified the following priorities for enhancing public protection through vaccination:
- Maintain the high levels of annual flu jabs in people aged 65 and over
  - Increase uptake among those who are at-risk from pre-existing health problems - their uptake in Cheshire East was only 50.8% last year
  - Particular initiatives are needed in the town of Crewe to increase flu vaccination uptake among pregnant women and pre-school children
  - Increase flu vaccination uptake among people who are very old, particularly those who are aged 85 and over

- Increase uptake in people with dementia, Alzheimer's disease, or with respiratory disease
- 4.6. The Council's main role is to oversee the influenza vaccination programme and ensure that the NHS has robust arrangements to vaccinate the target groups. Some flu vaccines are given in schools and fall under the jurisdiction of local government even though the NHS is responsible for their provision.
- 4.7. The role of the Council also includes the promotion of flu vaccination, supporting national campaigns designed to encourage all those eligible to be vaccinated. Staff, particularly those working in adults and children's services, should endorse and promote flu vaccination among their service users.
- 4.8. Together with partners in the NHS, the Council also helps to address health inequalities by promoting vaccination in hard-to-reach groups, and works with schools and communities to improve awareness about the importance of vaccination.
- 4.9. The Department of Health, Public Health England and NHS England have produced information leaflets and other materials for the 2016/17 campaign, including posters for GP surgeries and community pharmacies.
- 4.10. Locally we have sent out these promotional materials as outlined in Appendix 2.
- 4.11. Front line social care workers have a duty of care to protect vulnerable service users from infection. The Health flu vaccination programme helps to prevent transmission of influenza in this group of staff.
- 4.12. The Corporate Health and Safety Team have purchased 300 Flu Vaccination vouchers from Boots chemist for Council employees who work with vulnerable clients. The identified key managers have received a briefing about how this process will be administered by the Health and Safety Team. The availability of these vouchers has also been promoted through Team Voice. Guidance on how to access the flu vaccination independently with approximate attributable costs has also been included. These can be accessed from local pharmacies, and some GP Practices.
- 4.13. Although the flu voucher scheme is convenient to administer, managers may find it time-consuming to track which staff have used their vouchers, and it is difficult to measure the overall vaccine uptake. When staff uptake was last measured in 2013/14, it was only 14.5% among eligible employees. We will undertake a review of this years scheme, and explore other options for the delivery of the staff vaccination programme in 2017/18 for consideration.

## **5 Background/Chronology**

- 5.1 We have noted that there is no national information for Care settings for vulnerable adults. Locally we have developed this information, and sourced referenced consent advice for such care settings. This information is set out in

Appendix 1, and will be circulated electronically to settings through Commissioners within the Peoples Directorate and CCGs.

5.2 We propose to undertake a review of the work undertaken to promote the Flu Vaccination programme this year. This will inform the approach for 2017/18 to both promotion and the voucher delivery scheme for council staff that support vulnerable people.

## **6 Wards Affected and Local Ward Members**

6.1 All Wards.

## **7 Implications of Recommendation**

### **7.1 Policy Implications**

7.1.1 There are no policy implications.

### **7.2 Legal Implications**

7.2.1 The main legal implication is that of seeking vulnerable adults consent to receive the vaccination, or where an individual lacks capacity that a best interest assessment and decision is taken in relation to receiving the vaccination. The guidance included in the leaflet for care settings has been sourced from the Medical Defence Union website who have provided advice for GP practices: <https://www.themdu.com/guidance-and-advice/latest-updates-and-advice/flu-vaccinations---assessing-capacity-to-consent> .

### **7.3 Financial Implications**

7.3.1 NHS England have made available a funding stream that local authorities can apply to, to support the promotion of the vaccination programme locally. We have submitted an application for a total of **£1725**: £1100 for 200,000 information cards, £300 for postage (81 pharmacies), and £325 for leaflet design for care homes.

If we are successful all of the above costs will be covered by this NHS England funding. Should we need to, we will cover these costs within the ring fenced Public Health Grant for 2016/17.

### **7.4 Equality Implications**

7.4.1 An equality impact assessment has not been completed, as we are following the national programme and promoting its availability to the identified vulnerable groups.

### **7.5 Rural Community Implications**

7.5.1 The geography of Cheshire East poses no specific challenge in relation to accessing this vaccination programme, as local GP practices and local pharmacies are delivering the programme.

### **7.6 Human Resources Implications**

7.6.1 The promotion of this vaccination programme is being led by Public Health and therefore there are no wider work implications for colleagues

within the Council. The Councils Health and Safety Team are administering the employee voucher scheme, there will be work implications here for managers of staff who work with vulnerable clients.

7.6.2 The benefit of promoting the availability of the scheme for the wider Health and Social Care system is that service sustainability during the flu season would positively benefit from vulnerable individuals taking up the vaccination programme.

## 7.7 Public Health Implications

7.7.1 Individuals aged six months to under 65 years in clinical risk groups, pregnant women and those aged 65 years and over are all at particular risk of becoming very unwell from flu and flu-related illness. They are then at a higher risk than the general population of having a flu-related death. Influenza is the main contributor to excess winter deaths in Cheshire East.

7.7.2 The Excess Winter Deaths JSNA can be downloaded from:

[http://www.cheshireeast.gov.uk/social\\_care\\_and\\_health/jsna/jsna.aspx](http://www.cheshireeast.gov.uk/social_care_and_health/jsna/jsna.aspx)

## 7.8 Implications for Children and Young People

7.8.1 Children are the main transmitters of the flu virus in the general population. Vaccinating children every year means that they are protected and there will also be reduced transmission across all age groups, lessening levels of flu overall and reducing the burden of flu for the whole population.

## 8 Risk Management

8.1 The risks of flu are covered in sections 7.7 and 7.8. The consequences of significant levels of influenza within the borough would realise increasing demand on Health & Social Care system at a critical period (winter months). Therefore this flu vaccination promotional work is important to mitigate this risk.

## 9 Access to Information/Bibliography

9.1 <https://www.gov.uk/government/publications/flu-vaccination-who-should-have-it-this-winter-and-why>

9.2 <https://www.gov.uk/government/publications/flu-leaflet-for-people-with-learning-disability>

## 10 Contact Information

Contact details for this report are as follows

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**Appendix 1  
Seasonal Flu vaccine promotion**

<b>Age group</b>	<b>Information distributed</b>	<b>Vaccine provided by</b>
<b>2, 3 and 4 year olds</b>	15 posters and 150 leaflets sent for use in Children's Centres and Family Centres. Information also to be added to relevant stops of the "Parenting Journey" and on their Facebook page	GP surgeries
<b>2, 3 and 4 year olds</b>	Electronic versions to be distributed to contracted nurseries and childcare providers. Includes Foster Carers	
<b>2, 3 and 4 year olds</b>	20 posters for display in libraries. 250 leaflets for use in Crewe at Baby Bounce/ Rhyme time/ Story time sessions which reach over 100 parents/ pre-school children. Some libraries also have electronic display screens - information sent as PowerPoint for use. Also 15 posters for display in Leisure Centres	
<b>Years 1, 2 and 3</b>	Information and consent forms via schools to parents. Information also included in Schools Bulletin	School health service
<b>At risk under 65's</b>	200,000 small cards ordered to be added to prescription bags in pharmacies during November. Will need distributing late October. Information for residential & nursing care or other shared living settings for vulnerable people on vaccination. With guidance on ascertaining consent.	GP surgeries
<b>Over 65's</b>	200 leaflets provided for use via Reablement - Shared Lives service. Information for residential & nursing care or other shared living settings for vulnerable people on vaccination. With guidance on ascertaining consent.	
<b>Others</b>	Articles to be included in Team Voice.	Provides guidance on accessing Councils Voucher Scheme for employees working directly with vulnerable people. As well as guidance for those who would wish to purchase the vaccinations direct.

**Note: Communications team are also involved in Winter Wellbeing promotion and will develop press releases alongside the national publicity**

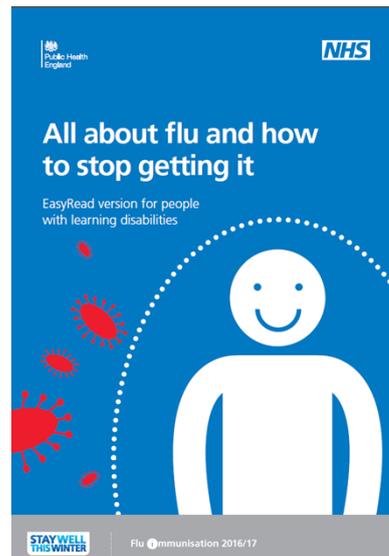
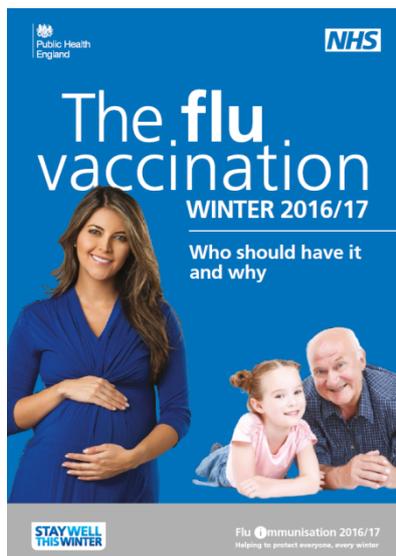
## Appendix 2 Flu vaccination in Care Homes

With the flu season upon us, we've been looking at ways of promoting access to the vaccine across various groups within Cheshire East. Residents in both nursing and residential homes are eligible for a free vaccine.

Flu immunisation is one of the most effective interventions to reduce harm from flu for individuals and pressures on health and social care services during the winter. It is important to increase flu vaccine uptake in clinical risk groups because of increased risk of death and serious illness if people in these groups catch flu. During 2014/15 it was found that 80% more people died with dementia or Alzheimers in the winter than the summer months. By preventing flu infection through vaccination, secondary bacterial infections such as pneumonia are prevented. This reduces the need for antibiotics and helps prevent antibiotic resistance.

If arrangements are not already in place, homes should make contact with their GP surgeries to discuss how vaccination can be provided for their residents. The link below is for the main information leaflet (pictured) that provides information about the illness and who should be vaccinated.

<https://www.gov.uk/government/publications/flu-vaccination-who-should-have-it-this-winter-and-why>



An "easy read" version is also available which can be used for adults with learning disability.

<https://www.gov.uk/government/publications/flu-leaflet-for-people-with-learning-disability>

## Staff

Vaccination of health and social care workers not only protects them but it also reduces the risk of spreading flu to their patients, service users, colleagues and

family members. The vaccine is not available on the NHS, but is an Occupation Health responsibility of the employer.

Local pharmacies may be willing to either offer the vaccine to care staff at the pharmacy, or possibly even come to the home to provide the vaccine to staff, once an agreement has been reached regarding cost between the employer and the pharmacy.

Flu vouchers are also widely available widely and can be purchased on-line a minimum order size usually applies. Two examples are:

<https://www.fluvouchers.co.uk/>

<http://www.boots.com/en/Boots-for-business/Corporate-flu-scheme/>

### **Vaccination and capacity (Medial Defence Union)**

It is important that consent is obtained prior to vaccination. Some information has been provided by the Medical Defence Union regarding capacity, assessment and best interest decisions all of which must be documented in the residents notes.

#### **Key points**

- Consent to vaccination required from patients with capacity
- Act in best interests of patients lacking capacity
- Nursing home patients need special consideration, especially if their capacity fluctuates
- Document in the notes decisions regarding patients without capacity
- Guidance on delegation, patient specific direction and patient group direction.

The Mental Capacity Act 2005 makes clear that all patients should be deemed to have capacity to consent to medical treatment such as vaccination, unless there is evidence to suggest that capacity is limited in some way.

It's important to ensure patients who have capacity have consented to vaccination, or to act in the best interests of those without capacity.

Capacity is time and decision-specific. A decision cannot therefore be based solely on the doctor's prior knowledge of the patient, or on an assumption of capacity based on age, appearance, medical conditions or behaviour.

#### **Assessing capacity**

A patient may need to be assisted to reach a decision, and every effort should be made to support an individual to make a decision, if they are able. If capacity fluctuates, for example if a patient has an inter-current infection, then a decision should be postponed to see if capacity is regained when the patient recovers.

When assessing capacity, it needs to be decided, on the balance of probabilities if the patient is able to:

- understand relevant information about the decision
- retain that information long enough to make the decision required
- use or weigh up (evaluate) that information
- communicate their decision.

If a patient is unable to do any one of these things, then they are deemed not to have capacity.

### **Best interests**

If a patient lacks capacity, it will be necessary to make a decision about vaccination in their best interests. The assessment and the reasons on which the decision was reached should be clearly documented in the patient's records.

Even if the patient has been deemed to lack capacity, they should be encouraged to be involved in the process as far as possible. A decision on best interests should include determining what is in the patient's actual interests at the present time, taking into account any wishes they may have expressed. This is likely to involve a discussion with those close to and caring for the patient, and should include anyone appointed as a Lasting Power of Attorney (LPA), if practical. If a carer, relative or LPA feels that it may not be in the patient's best interest to be vaccinated, then it will be necessary to meet and discuss matters to try and reach a resolution.

If vaccination is felt to be in the patient's best interests, but the patient resists it, then it may be necessary to restrain the patient. The Mental Capacity Act makes clear that restraint must only be used to prevent harm to the patient. Health professionals have a common law right to use restraint to prevent harm to others. You must be able to justify that restraint is necessary, and the restraint must be proportionate and the minimum amount necessary to achieve the vaccination.

### **Advance planning**

In a nursing or residential home, there may be a number of patients who will lack capacity and each needs to be considered individually. Doctors who are responsible for delivering healthcare in nursing homes, or to patients who may have restricted capacity, may wish to ensure the nursing home management team is given enough time before a vaccination clinic so that relatives are informed if appropriate and any concerns or issues can be discussed and documented.

### **Delegating**

In the event that a doctor is delegating the task of vaccination to a practice nurse or another colleague, the GMC guidance on delegation applies (Good medical practice (2013), paragraph 45). When delegating care, doctors must be satisfied that the person providing care has the appropriate qualifications, skills and experience to provide safe care for the patient.

Delegation includes the assessment of capacity and the individual doctor who is delegating the task retains overall responsibility for the care and treatment of the patient.

## **Patient group directions**

The prescription for a flu vaccine can be issued either by a patient specific direction (PSD) or a patient group direction (PGD).

A PGD is a legal framework which allows licensed medicines to be supplied or administered by a named, authorised and qualified health professional to a group of patients who fit the criteria defined in the PGD. It also acts as a protocol for the administration of the medicine or vaccine. The person administering a vaccination or any medication under a PGD will be responsible for selecting appropriate patients and for obtaining each patient's consent or, in the case of patients who lack capacity, assessing and acting in their best interests.

Non-NHS staff, for example nurses employed in a private nursing home, cannot administer vaccines authorised by a PGD. They would need a PSD for each patient. This is a written or electronic instruction from a GP or independent nurse prescriber to supply and/or administer medicine directly to a named patient or several named patients. The prescriber is responsible for assessing the patient(s).

## **Articles on Mental Capacity Act & Vaccination**

Griffith, R. (2009) The Mental Capacity Act 2005 in practice: influenza immunisation. *Nurse Prescribing* 7(2) pg.78-81.

Griffith, R. (2009) The Mental Capacity Act 2005 in practice: best interests. *Nurse Prescribing* 7(4) pg. 172-175

## Appendix 3

The tables below illustrate flu vaccination uptake by GP clusters across Cheshire East. Vaccine uptake is higher than the England average and has been over 75% for those aged 65 and over for many years.

	65y and over			6m-64y at risk			Pregnant women		
	Number of 65y+	Number vaccinated	% uptake	Number 6m-64y	Number vaccinated	% uptake	Number pregnant women	Number vaccinated	% uptake
Nantwich and Rural	7654	5554	72.6%	3649	1812	49.7%	331	161	48.6%
Crewe town	13944	10564	75.8%	10427	4963	47.6%	1027	438	42.6%
SMASH	14357	10740	74.8%	7799	3985	51.1%	621	318	51.2%
<b>South Cheshire CCG total</b>	<b>35955</b>	<b>26858</b>	<b>74.7%</b>	<b>21875</b>	<b>10760</b>	<b>49.2%</b>	<b>1979</b>	<b>917</b>	<b>46.3%</b>
Congleton & Holmes Chapel	10560	8085	76.6%	4701	2534	53.9%	406	205	50.5%
Macclesfield	12176	9543	78.4%	6878	3719	54.1%	806	432	53.6%
Bollington, Poynton and Disley	8578	6508	75.9%	3388	1717	50.7%	295	154	52.2%
Chelford/AEdge/Wilm/Handforth	9918	7618	76.8%	4502	2252	50.0%	454	236	52.0%
Knutsford	5468	4166	76.2%	2405	1221	50.8%	219	114	52.1%
<b>Eastern Cheshire CCG total</b>	<b>46700</b>	<b>35920</b>	<b>76.9%</b>	<b>21874</b>	<b>11443</b>	<b>52.3%</b>	<b>2180</b>	<b>1141</b>	<b>52.3%</b>
<b>Cheshire East total</b>	<b>82655</b>	<b>62778</b>	<b>76.0%</b>	<b>43749</b>	<b>22203</b>	<b>50.8%</b>	<b>4159</b>	<b>2058</b>	<b>49.5%</b>
England	9921156	7040630	71.0%	6787958	3063355	45.1%	719142	303928	42.3%

For children aged 2, 3 and 4 years most practice clusters in Eastern Cheshire CCG are achieving higher uptake than the Cheshire East average. Overall Cheshire East achieves 10% to 12% higher uptake than England as a whole, although there are very wide variations in different areas of the borough.

	2 year olds			3 year olds			4 year olds		
	Number aged 2y	Number vaccinated	% uptake	Number aged 3y	Number vaccinated	% uptake	Number aged 4y	Number vaccinated	% uptake
Nantwich and Rural	290	127	43.8%	327	166	50.8%	336	126	37.5%
Crewe town	1004	341	34.0%	1111	448	40.3%	1095	312	28.5%
SMASH	581	260	44.8%	684	312	45.6%	691	262	37.9%
<b>South Cheshire CCG total</b>	<b>1875</b>	<b>728</b>	<b>38.8%</b>	<b>2122</b>	<b>926</b>	<b>43.6%</b>	<b>2122</b>	<b>700</b>	<b>33.0%</b>
Congleton & Holmes Chapel	422	270	64.0%	457	279	61.1%	480	266	55.4%
Macclesfield	666	356	53.5%	745	354	47.5%	675	328	48.6%
Bollington, Poynton and Disley	283	166	58.7%	314	183	58.3%	347	173	49.9%
Chelford/AEdge/Wilm/Handforth	549	273	49.7%	506	263	52.0%	555	197	35.5%
Knutsford	301	150	49.8%	245	143	58.4%	293	149	50.9%
<b>Eastern Cheshire CCG total</b>	<b>2221</b>	<b>1215</b>	<b>54.7%</b>	<b>2267</b>	<b>1222</b>	<b>53.9%</b>	<b>2350</b>	<b>1113</b>	<b>47.4%</b>
<b>Cheshire East total</b>	<b>4096</b>	<b>1943</b>	<b>47.4%</b>	<b>4389</b>	<b>2148</b>	<b>48.9%</b>	<b>4472</b>	<b>1813</b>	<b>40.5%</b>
England total	689648	244142	35.4%	708012	266807	37.7%	710306	213478	30.1%