

## **Adults and Health Committee**

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<b>Date of Meeting:</b>	13 July 2021
<b>Report Title:</b>	Annual Flu Report 2020/21
<b>Report of:</b>	Dr Matt Tyrer, Director of Public Health
<b>Report Reference No:</b>	AH/04/21-22
<b>Ward(s) Affected:</b>	All

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### **1. Executive Summary**

- 1.1** Throughout 2020/21, rates of influenza were unseasonably low. With the onset of the COVID-19 pandemic and with it: strict isolation, social distancing and basic infection prevention methods; prevalence of flu and other upper respiratory infections was very low. Hospital admissions and GP consultations remained below baseline levels between September 2020 and March 2021 and where cases of influenza-like-illness were identified, these were below seasonally expected levels.
- 1.2** The nasal spray flu vaccine used in the children's programme achieved 78.8% uptake (highest in the North West), with the 65 and over cohort reaching 84.9% (second highest in the North West). NHS E&I guidance for the 2021/22 influenza season states there are two different vaccines advised for use in both adults at risk and adults over 65 years of age. To date, there have been no confirmed changes to the eligible school-age vaccination programme.
- 1.3** Generally, uptake in Cheshire East has continued to be higher than the national average in most patient groups. Uptake for each of the 8 school years that were included in this year's programme (Reception to Year 7) was high and the overall uptake in Cheshire East children in these year groups, was the highest in England.
- 1.4** Targeted television campaigns have run in parallel with COVID-19 adverts to increase uptake of the influenza vaccine, enforcing the message of 'get

protected' at a time when hospital admissions have been unprecedentedly high. We have shared 'Just the Flu' adverts across CEC social media platforms, throughout our internal communications and supported the Cheshire CCG Flu comms messages to support a pan Cheshire approach.

- 1.5** The National Flu campaign is an NHS England and Improvement led programme, with health colleagues influencing vaccination uptake in the general population. We, as a local authority, weigh into the wider occupational health programme – ensuring as many Cheshire East employed staff receive their jab. Moreover, where data implies a lower uptake in a cohort(s), for example BAME residents, we can use this intelligence to shape staff engagement. Whilst the responsibility of overall uptake for eligible cohorts is held by the NHS, it is our duty to support targeted communications and protect staff wellbeing.
- 1.6** In 2020 Cheshire East Council delivered a two-prong vaccination programme to ensure ease of access to free vaccination for our frontline staff, including maintained school staff. We arranged vaccination clinics with bookable appointments in Westfield offices, alongside satellite clinics in community premises across the borough. Whilst this wasn't set out in the original planning (with a view to reducing staff footfall in Council buildings at a time when social interaction was discouraged), it was later felt that providing COVID-secure clinics was a better offer for staff for accessibility purposes. In recent years, we have employed the voucher scheme for staff to redeem at a participating pharmacy. In the interests of reducing the need for staff to collect/print their voucher from a corporate building, we eased access to vaccines with staff needing only their ID badge as a reference point.
- 1.7** Flu vaccine availability for anyone *not* in an NHS eligible cohort (i.e. occupation health schemes) only became available in late December 2020 and as a result of both the constraints of COVID-19 on pharmacy services and significant challenges in Flu vaccine procurement and supply, only four pharmacies signed up to the CEC scheme despite excellent relationships with pharmacy providers in previous years. 183 staff took advantage of the free flu vaccination offer, which in light the obvious challenges linked to ongoing pandemic, we believe this to be a good uptake based on the uptake in previous years (highest 228 in 2017/18). We believe that the uptake was lowered as a result of travel restrictions and a widening of the NHS eligible cohorts.
- 1.8** 50-64 year olds were a new addition to the NHS eligible cohorts for free flu vaccination. Any CEC staff in this age category would have been invited for vaccination by their GP. We do have an ageing workforce and we were not able to routinely collect evidence of these staff accepting vaccination from their GP, however both anecdotally and as a result of the generally high flu

vaccine uptake in eligible cohorts compared to previous years, we believe a good portion did.

- 1.9 We are driven to provide a strong start for children through a robust Child Nasal Flu Programme. We will make better use of data and digital technology utilising PharmOutcomes and Public Health England surveillance; And we will continue to work with health partners to ensure our residents and workforce are immunised against flu to enable them to live well.

## **2. Recommendations**

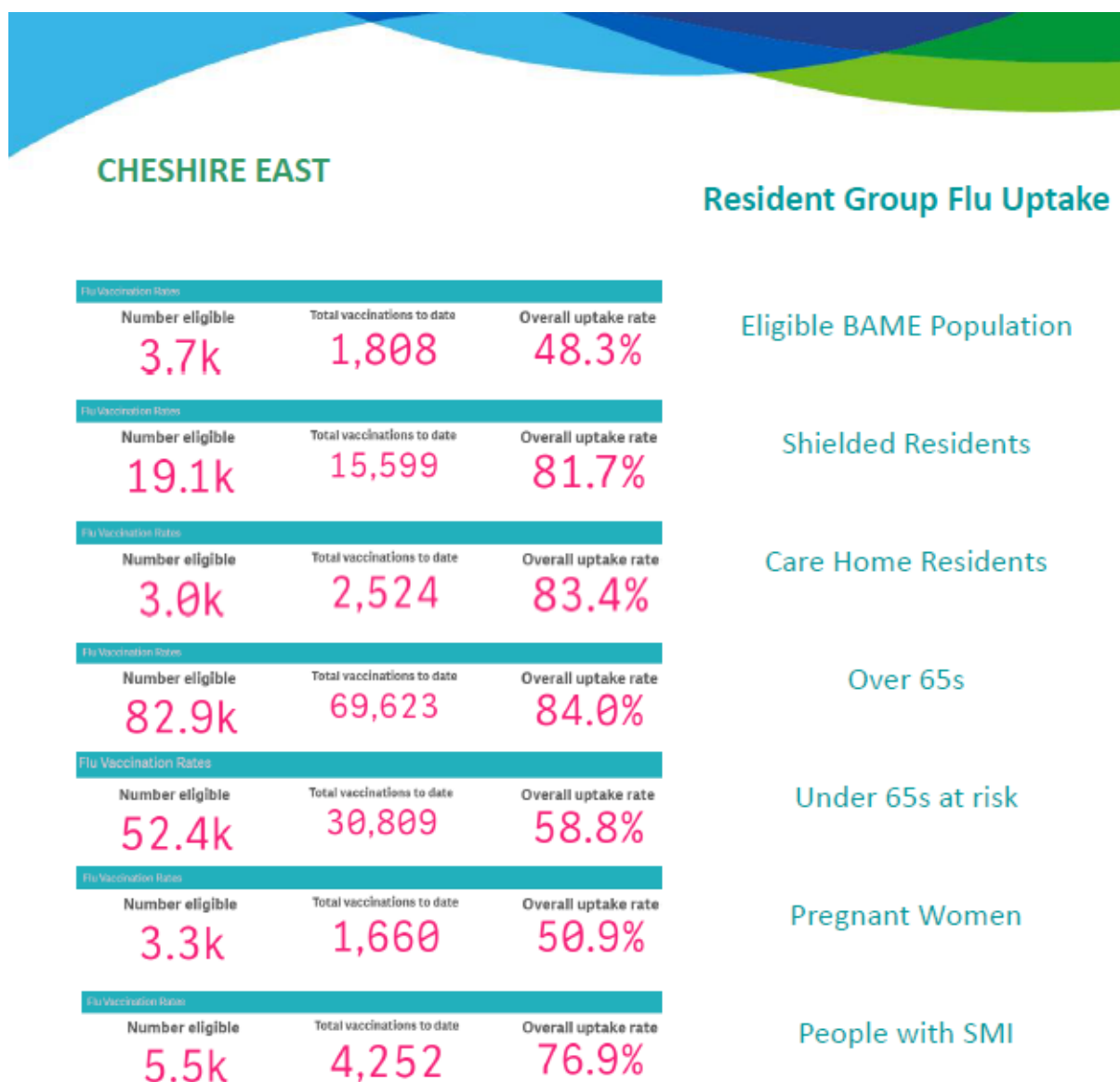
- 2.1. Continue to offer free flu vaccination to all CEC staff, in a way which is most accessible and COVID-secure. This is most likely to continue the use of ID badges rather than vouchers, but this is flexible depending on how staff return to the office.
- 2.2. Deliver 'A Conversation With' sessions with the director of public health and/or health protection lead to dispel concerns and myths about Flu; but also, to educate and inform about details of the 2021/22 Flu Programme.
- 2.3. Engage managers to identify staff in the 50-64 cohort and front-line health and social care (as defined), before the start of the next Flu Season. Whilst we are committed to vaccinating these staff, they will be invited by their GP, therefore it is critical this is communicated to minimise uncertainty.
- 2.4. Engage the Community Voluntary Sector and the commissioned service Change Grow Live (CGL) to establish vaccination routes for underserved communities who may not be registered with a GP.
- 2.5. Emphasise and reinforce key infection prevention and control messages (hands, face, space) throughout the winter season.
- 2.6. Target at risk and underserved population groups to increase uptake working collaboratively with our partners in the NHS.

## **3. Reasons for Recommendations**

- 3.1. We have responsibility as an employer to ensure the wellness of our front-line staff and the individuals for whom they are providing support and care. Of the 183 staff vaccinated during the 2020/21 season, 45% occupy front-line roles. Maintaining the momentum of staff engagement (through regular COVID surveillance reporting) and robust partnership working across the health and social care economy, we believe this uptake can continue on the upward journey, to ensure staff working with our most vulnerable residents are protected. Running parallel with the potential challenges of COVID

mutations, we must ensure staff stay well through Winter and can continue to provide the best possible care.

- 3.2.** Three of the main causes of short-term absence recorded through the winter within Cheshire East Council are common colds, respiratory illnesses, and flu. The spread and impact of these illnesses can be reduced and prevented through effective hygiene and wellness approaches, all of which we have individually become accustomed to throughout the ongoing health crisis. Adopting these behavioural and cultural changes will also see the reduction in diarrhoea and vomiting incidents, in the workplace.
- 3.3.** NHS England have decided to centralise their communications funding to a sub-regional level due to difficulties around evaluation of monies allocated to individual authorities. Health and social care workers promotional campaign is to be available via the PHE Campaigns Resources website. Communications relating to influenza will continue alongside other winter wellbeing messages primarily using social media communications.
- 3.4.** Collaboration across the CCG footprint ensures that there is a cohesive approach across organisations in Cheshire. This will help us to target communications at key staff groups such as frontline NHS staff where we have seen and wish to maintain an increase in the uptake. Both NHS acute trusts have achieved over 90% uptake of the flu vaccine in their frontline staff.
- 3.5.** There is still work to do across the health economy to increase uptake of the influenza vaccination amongst all eligible groups, and in particular those who have additional risk factors or are pregnant; and to maintain the high uptake that we are achieving in those aged 65 and over. Information about uptake amongst the different at-risk groups eligible for the seasonal flu vaccine is collected at CCG level however, for several reasons including the potentially small numbers in certain categories, it is not publicly available. Analysis of this information has provided an insight into which risk groups in our local populations are taking up the flu vaccine and potentially which other may need further encouragement to attend and/or reminders about its benefit.



#### 4. Other Options Considered

- 4.1. Cease the Cheshire East flu campaign – we would not recommend this. The scheme is popular and protects not only the health and wellbeing of our frontline workforce but also the individuals for whom they have a caring responsibility. Increased engagement and reinforcement of basic hygiene measures plays a key role in reducing the likelihood not only of reducing influenza transmission, but associated winter infections such as colds and winter vomiting.

#### 5. Background

- 5.1. As international travel has been restricted and the UK population endured strict national and local lockdown measures, the 'silver lining' to the ongoing COVID-19 pandemic, is the very low levels of circulating influenza,

flu-related hospitalisations and deaths. Respiratory and hand hygiene have played a critical role in limiting the spread of flu virus and we strive forward with a nation of educated residents who understand basic infection control measures. Regional conclusions for the 2020/21 season are yet to be disseminated to local places. Subsequently, the Cheshire Flu Report is not available to reference.

## **6. Implications**

### **6.1. Legal**

**6.1.1.** We will continue to be equitable when engaging pharmacy services for the CEC Staff Flu offer, giving fair opportunities to providers.

### **6.2. Finance**

**6.2.1.** We can expect the CEC Staff Flu Programme associated expenditure to reflect what we have spent in recent years. Where outreach clinics are sought, we will endeavour to use low/no cost community venues. The average price per vaccine has increased significantly this season (from approximately £13.00 to £19.00) and this will remain static for 2021/22. It is prudent to engage the NHS eligible cohorts (front line health and social care / 50-64 year olds / pregnant women / At-risk groups) to advise they will be contacted by their GP for vaccination.

**6.2.2.** This season, we extended the vaccination offer to maintained schools staff, in light of the high risk environment teachers are subject to. We are working with education colleagues to identify the demand for flu vaccination from this staff cohort – this will be built into our Flu Plan.

**6.2.3.** The estimated expenditure for flu vaccinations in 2021/22 is around £14k, and will be funded by the Public Health ring fenced budget. The nature of the charge per vaccination means that spend in any year can only be estimated, however if expenditure was higher than the estimate there is sufficient funding within the Public Health grant to cover any additional costs, so there would be no impact on the council's Medium Term Financial Strategy (MTFS). Based on uptake from previous years the cost is likely to be lower than this.

### **6.3. Policy**

**6.3.1.** This is the maintenance and enhancement of policy from previous years to vaccinate council staff against influenza to protect them and the residents they work with.

### **6.4. Equality**

**6.4.1.** As our frontline staff work with some of our most vulnerable residents this intervention reduces the likelihood of transmission of flu to those individuals. As deprivation correlates with an increased likelihood of multiple health issues this potentially reduces the number of hospital admissions, morbidity and mortality in these groups reducing inequalities.

## **6.5. Human Resources**

**6.5.1.** This intervention is expected to reduce sickness absence.

## **6.6. Risk Management**

**6.6.1.** Despite the national COVID roadmap to reaching our 'new normal', we anticipate winter pressures to present ongoing coronavirus challenges. Outreach clinics must be coordinated in a secure way, ensuring all IPC risk mitigators are adhered to. Additionally, we are mindful of the COVID booster vaccination programme scheduled to commence rollout from late Autumn. We must deliver clear communications that are timely and effective, so not to confuse the NHS-led initiatives.

## **6.7. Rural Communities**

**6.7.1.** Our internal flu scheme has no specific impact on rural communities beyond the provision of flu vaccinations to those living or providing services in those communities.

**6.7.2.** Collaborative working with our health and delivery partners to ensure a range of accessible and COVID safe locations for flu vaccination will support access for our rural communities through their GPs and community pharmacies as well as planned outreach led by NHS partners.

## **6.8. Children and Young People/Cared for Children**

**6.8.1.** Where vaccination is provided to frontline staff this will reduce potential transmission of influenza reducing the impact on families and the continuity of staff providing support

## **6.9. Public Health**

**6.9.1.** This is a key public health intervention and fulfils our statutory responsibility to protect the health of the public and prevent the spread of disease.

## **6.10. Climate Change**

**6.10.1.** Through provision of a choice of locations for staff to access vaccinations, either near to where they live or their work site, we aim to reduce unnecessary car journeys.

<b>Access to Information</b>	
Contact Officer:	Emily Kindred, Health Protection Officer <a href="mailto:Emily.kindred@cheshireeast.gov.uk">Emily.kindred@cheshireeast.gov.uk</a>
Appendices:	None
Background Papers:	NHS regional annual flu report has yet to be published, but upon publication this will provide a valuable companion paper.