

Health and Wellbeing Board

Date of Meeting:	27th September 2022
Report Title:	Annual Flu Report 2021/22
Report of:	Dr Matt Tyrer, Director of Public Health
Report Reference No:	AH/04/21-22
Ward(s) Affected:	All

1. Purpose of Report

1.1 This report presents to the Health and Wellbeing Board:

- A summary of the 2021/22 Cheshire East Council workforce Influenza Vaccination scheme and recommendations for the future of the staff programme
- A summary of the 2021/22 NHS-led Influenza Vaccination programme across Cheshire East and a forward look at the 2022/23 Influenza Programme

1.2 The Cheshire East Influenza Vaccination scheme for staff helps to promote robust respiratory protection and reduce staff sickness (particularly over Winter). It firmly aligns with the following priorities within Cheshire East Council's Corporate Plan and Workforce Strategy 2021-25:

- Work together with residents and partners to support people and communities to be strong and resilient
- Commitment to Value People: care for your health and well-being

2. Executive Summary

2.1 Rates of influenza were unseasonably low throughout 2021/22. The continuation of the COVID-19 pandemic and its associated behavioural changes (self-isolation, social distancing and citizens exercising basic infection control) meant that the prevalence of flu and other upper respiratory infections remained low. Slight, incremental increases in flu cases were observed early in the season, and influenza positivity rate peaked at 3.2% in week 13.

2.2 Other indicators for influenza remained low. Flu-related hospital admissions and GP consultations remained below baseline levels between September 2021 and March 2022 and where cases of influenza-like-illness were identified, these were below seasonally expected levels.

2.3 Uptake in Cheshire East has continued to be higher than the national average in most patient groups. Uptake in children (who receive the nasal flu vaccine) was the highest in the Northwest at 61%, as was uptake in the over 65s at 87.2%. As a comparison, please see neighbouring Local Authority data, below.

	Responses	65 & over	Under 65s at risk	Pregnant Women	50-65 not at risk	50-65 at risk	All 50-65
Cheshire East	30/36	87.2%	60.4%	46%	52.9%	72.1%	58.9%
Cheshire West	36/41	85.7%	57.9%	38.4%	50.7%	70.7%	57.4%
Derbyshire	92/97	87%	61.5%	49.7%	54.8%	72.8%	60.8%
Halton	13/14	80.6%	49.8%	31.7%	41.5%	63.2%	49.9%
Staffordshire	92/106	84%	55.9%	39.9%	49.4%	68.6%	55.7%
Stockport	31/36	86.7%	58.8%	56.5%	49.5%	71%	56.9%
Warrington	22/26	81.5%	51.2%	37.5%	45.2%	63%	50.7%

2.4 Targeted television and online media campaigns were run in parallel with COVID-19 adverts to encourage uptake of the influenza vaccine. The Council shared 'Just the flu' adverts across CEC social media platforms, in our internal communications, and disseminated the Cheshire Clinical Commissioning Group (CCG) flu messages to support a pan Cheshire approach.

2.5 The flu campaign is an NHS-led programme, with Cheshire East Council having a specific role in encouraging as many Council employed staff as possible receive their jab. The Council also has a role in identifying cohorts with lower uptake and using this intelligence to target communications engagement.

2.6 Cheshire East Council delivered a two-pronged vaccination programme to ensure ease of access to free flu 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. We support commissioned services such as Change Grow Live (CGL) to promote robust and helpful Flu messaging to their staff. For front-line commissioned staff, it is primarily an employer's responsibility to offer free Flu vaccination to their workforce in order to provide the best protection over Winter.

2.7 Like the previous year, this season we maximised the use of our community pharmacies, with staff needing only their ID badge as proof of eligibility for vaccination. Thirty pharmacies signed up to the CEC scheme. Additionally, and because of our strong working partnership with Local Pharmaceutical Committee

(LPC) colleagues, we maintained our excellent relationship with Andrews Pharmacy in Macclesfield. Andrews Pharmacy ran all our outreach clinics and delivered 97% of staff vaccinations. **698** staff took advantage of the free flu vaccination offer, which compared well with previous years, particularly.

2.8 Following the expansion of eligible cohorts in the previous year, 50–64-year-olds remained eligible for free flu vaccinations. All CEC staff in this age category were invited for vaccination by their GP.

2.9 This year, to gain a more thorough understanding of the number of staff vaccinated via any scheme, we published a staff survey by email to ask:

- Where did colleagues receive their vaccination (GP / Pharmacy / CEC Clinic)?
- Were they vaccinated as an NHS patient or as a member of CEC staff?

We received 661 responses to the survey overall. Of these, 541 (82%) had the flu vaccine: 34% through the Cheshire East staff programme, with 48% having it at their local GP practice / pharmacy as an NHS patient. The uptake of Flu vaccination across our workforce has increased incrementally over the last two years, despite obvious challenges with COVID restrictions limiting clinic space.

2.10 We are committed to provide a strong start for children through a robust Child Nasal Flu Programme. We will continue to be led by local intelligence. We remain committed to our strong partnership with health colleagues across the system and collectively strive to ensure our residents and workforce are immunised against flu. We will utilise trusted communication channels such as the Education Newsletter to share helpful updates and reminders for schools to promote flu vaccinations for eligible children.

2.11 Initially, a national decision was made to remove the 50-64 cohort from the NHS eligible list for the coming year. However, this patient group has been reinstated. Patients in this cohort will only be able access (or be invited by their GP/pharmacy) starting from mid-October, this is so at-risk groups can be offered vaccination first. If a patient is in this age group and have a long-term health condition that puts them at risk from flu, they do not have to wait until mid-October. All Cheshire East Council staff are invited to be vaccinated at any of our corporate clinics and we will be supporting managers of front line and social care staff to cascade regular messaging to our colleagues working close in the community.

The 2022/23 flu vaccine is given free on the NHS to adults who:

- are 65 and over (including those who will be 65 by 31 March 2023)
- have certain health conditions
- are pregnant

- are in long-stay residential care
- receive a carer's allowance, or are the main carer for an older or disabled person who may be at risk if you get sick
- live with someone who is more likely to get a severe infection due to a weakened immune system, such as someone living with HIV, someone who has had a transplant, or is having certain treatments for cancer, lupus or rheumatoid arthritis
- are frontline health workers
- are social care workers who cannot get the vaccine through an occupational health scheme at work.

All NHS eligible patients will be contacted to receive vaccination at their GP practice or local pharmacy. We will support this message to staff who may be eligible.

Primary Care Network (PCN) and Central Cheshire Integrated Care Partnership (CCICP) colleagues are commissioned to deliver Flu vaccinations to Care Home staff across the borough.

3. Recommendations

3.1 Continue to offer free flu vaccination for all CEC staff, in a way which is most accessible. As the Corporate Management Team consider future ways of working, Council ID badges will be used as proof of eligibility in participating pharmacies. These pharmacies will record vaccines administered on PharmOutcomes, enabling us to steer appropriate messaging to staff.

3.2 There was very little engagement with this year's 'A conversation with' sessions (Q&A led by a Consultant in Public Health to address concerns about flu), so we will develop an interactive alternative to provide education and information linked to the 2022/23 flu Programme.

3.3 We will build on our positive working relationship with the Local Pharmaceutical Committee (LPC) to engage a robust provision of pharmacies; and hold clinics in targeted areas to meet staff needs. We will continue to inform initiatives, communications and learning in collaboration with NHS and Cheshire West and Chester Council (CWaC) colleagues.

3.4 Engage the Community Voluntary Sector, Healthwatch and Change Grow Live (CGL) to establish vaccination routes for underserved communities who may not be registered with a GP. This winter is expected to present additional challenges on top of the usual winter pressures, with the potential re-emerging respiratory infections – It is critical we reach our most vulnerable residents to prevent illness and hospitalisations. CWP colleagues have expressed challenges in accessing Flu vaccine supplies at this time. We will monitor availability and work with

commissioned services to deliver pop-up vaccination clinics as a mobile offer, in geographies identified by local intelligence.

3.5 Following the success of the Cheshire East 'Mass Asymptomatic Testing (MAT)' vans, making community testing accessible and responsive to increased COVID-19 prevalence in a given geography, we have re-purposed our fleet of vehicles to deliver vaccination clinics as well as a spectrum of health and wellbeing assessments to underserved communities and areas of low uptake. These are now known as the Health and Wellbeing Bus. Each week, our Stay Well Squad (formerly Swab Squad) in partnership with the CWP COVID vaccination team, deliver hyper-local clinics in an identified geography, providing 1st, 2nd and Booster COVID-19 vaccinations. Providing we can access national Flu stocks, which are limited at this time; we will collaborate with Cheshire and Wirral Partnership (CWP) colleagues to employ the bus as an additional clinic space for Flu vaccinations in our underserved communities. For our staff, we will use corporate spaces (Westfields, Macclesfield Town Hall and Crewe Municipal) to deliver Flu clinics for our staff in an effort to increase accessibility, as well as scheduling clinics at Full Council events and staff conferences.

3.6 The COVID-19 pandemic provided everyone with the knowledge to exercise basic infection prevention and control (IPC) practices: effective hand hygiene, social distancing, and the use of face coverings. These behaviours are critical in minimising the risk of cross-infection and since national measures have lifted, it is essential to encourage staff to maintain these safe practices where appropriate. With support from HR&OD colleagues we will develop a team of 'Flu-perheroes' throughout the organisation, to disseminate updates and champion important messages across the Council.

3.7 Consider sponsored social media content targeted at specific eligible and at-risk groups, including underserved communities. The Test, Trace, Contain and Enable (TTCE) programme highlighted the need for behaviour change through targeted comms to gain 'buy-in' from residents. This communication strategy can front the key IPC messages for flu and other respiratory illnesses. We will work in collaboration with CWaC and the ICB Cheshire East Place to ensure the messages are conveyed from a multi-agency platform to generate greater influence.

4. Reasons for Recommendations

4.1 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 698 staff vaccinated during the 2021/22 season, 63% occupy front-line roles. Maintaining the momentum of staff engagement (through regular flu surveillance reporting) and robust partnership working across the health

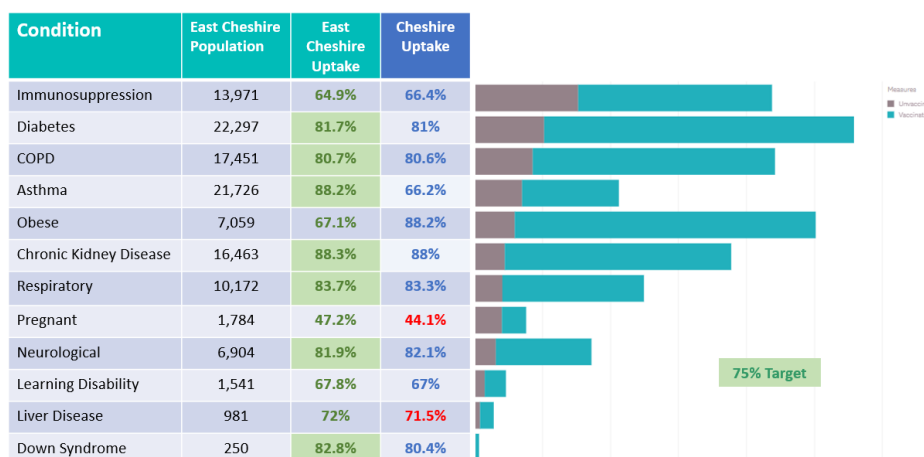
and social care economy, we believe uptake can continue to increase, ensuring staff working with our most vulnerable residents are protected. Running parallel with the likely challenges of winter, we must ensure staff stay well through the colder months and can continue to provide the best possible care.

- 4.2** Respiratory illnesses, including flu, are one of the main causes of short-term absence in the Council through winter. 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 COVID-19 pandemic. Maintenance of these behavioural and cultural changes would reduce the incidence of non-respiratory illnesses, such as diarrhoea and vomiting incidents, in the workplace.
- 4.3** Collaboration across the Place and/or ICS footprints ensures there is a cohesive approach across organisations. This will help us to target communications at key staff groups such as frontline NHS staff, in which we have observed - 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.
- 4.4** There is still work to do across the health economy to increase uptake of the influenza vaccination amongst all eligible groups, 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. Flu vaccination in pregnant women has been identified as a focus area and assurances requested from maternity services. Mid Cheshire services responded with the following actions to be taken to promote the flu vaccination:
- Topic of the month board for September focused on Flu, Whooping Cough and Covid Vaccinations now moved to 'Vaccination board' on permanent display in Antenatal clinic (ANC)
 - Offer vaccination at check in to ANC appointments
 - Questions within electronic maternity record to prompt clinician to ask at each consultation
 - Resources (posters and leaflets) have been obtained and are given out by staff
 - Two Public health support workers have a general wellbeing conversation with women attending ANC and discuss vaccinations

4.5 The available data shows uptake figures for the different patient groups, below:

Cheshire CCG, Combined and Published Flu Data

2021/22 East Cheshire Adults by (at risk) condition
 Cheshire BI Data from QlikSense 15/3/22

Cohort	East Cheshire Population	East Cheshire Uptake	Cheshire Uptake
BAME	2,283	54.6%	54.3%
Care Home Residents	3,155	87.1%	87.5%
Aged 65+	86,381	87.8%	87.5%
Aged 50-64	167,942	70%	58.6%
Pregnant Women	1,784	47.2%	44.1%
Patients with Serious Mental Illness	5,264	79%	78.8%

5. Other Options Considered

5.1 Ceasing the Cheshire East flu campaign – we would not recommend this. The scheme is popular and protects not only the health and wellbeing of our staff but also their families and 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.

6. Background

6.1 For the most part of the 2021/22 programme, international travel to and from the UK was heavily dependent on a person feeling well, testing COVID negative and adhering to strict COVID safety regulations during travel and throughout their stay in another country. These and other measures

designed to reduce the spread of COVID-19 pandemic have led to 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 can build on the engagement and education with our residents who are now equipped with basic infection control knowledge. That said, levels throughout 2021/22 were higher than the previous season, when the majority of the world experienced a long period of 'lockdown' measures. As we return to freedom of travel and pre-pandemic activity, we can expect an increase in circulating respiratory viruses, including Flu.

7. Implications

7.1 Legal

- 7.1.1 S73(A)(1) of the NHS Act 2006, inserted by s30 of the Health and Social Care Act 2012, gives the Director of Public Health responsibility for all of the local authority's duties to take steps to improve the health of the people in its area.

7.2 Finance

- 7.2.1 This year saw a far greater uptake in flu vaccination and will therefore surpass expenditure on previous years. Building on the staff engagement we have generated and with the use of the Health and Wellbeing Bus, we hope to reach as many, if not more, CEC Staff. Where outreach clinics are sought, we will endeavour to use low/no cost community venues. The average price per vaccine is likely to remain at approximately £19.00 for the 2022/23 season. It is prudent to engage the NHS eligible cohorts (front line health and social care / pregnant women / At-risk groups) to advise they will be contacted by their GP for vaccination.
- 7.2.2 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.
- 7.2.3 The estimated expenditure for flu vaccinations in 2022/23 is around £18k 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.

7.3 Policy

- 7.3.1 This represents the maintenance and enhancement of policy from previous years to vaccinate council staff against influenza to protect them and the residents they work with.

7.4 Equality

- 7.4.1 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, therefore reducing inequalities.

7.5 Human Resources

- 7.5.1 This intervention is expected to reduce sickness absence.

7.6 Risk Management

- 7.6.1 Despite the national COVID roadmap to reaching our 'new normal', we anticipate winter pressures to present ongoing coronavirus and other respiratory illness challenges. Outreach clinics must be coordinated in a secure way, ensuring all IPC risk mitigators are adhered to. Additionally, we are mindful of the potential COVID booster vaccination programme scheduled to commence rollout from late Autumn. We must deliver clear communications that are timely and effective.

7.7 Rural Communities

- 7.7.1 Our internal employee flu scheme has no specific impact on rural communities beyond the provision of flu vaccinations to those living or providing services in those communities.
- 7.7.2 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.

7.8 Children and Young People/Cared for Children

- 7.8.1 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.

7.9 Public Health

- 7.9.1 This is a key public health intervention and fulfils our statutory responsibility to protect the health of the public, prevent the spread of disease and address health inequalities.

7.10 Climate Change

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

Access to Information	
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Appendices:	None
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Background Papers:	None
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