

Report to :	TAMESIDE HEALTH AND WELLBEING BOARD
Date :	21 September 2017
Executive Member / Reporting Officer:	Angela Hardman, Director of Population Health Anna Moloney, Consultant Public Health
Subject :	SEASONAL FLU IMMUNISATION PROGRAMME
Report Summary :	National Guidance for the seasonal flu campaign 2017/18 has been issued. The success of the seasonal flu programme is dependent on the collaboration of many stakeholders across the Greater Manchester and local health and social care system. The role of targeted communications is pivotal to the success of the flu campaign. The Tameside and Glossop Clinical Commissioning Group performance for the 2016/17 seasonal flu performance is summarised. The main conclusions from the annual seasonal flu debrief are highlighted with the ambition of increasing flu vaccination uptake during the 2017/18 programme.
Recommendations :	Health and Wellbeing Board to note local performance for the 2016/17 seasonal flu programme plus the arrangements for the 2017/18 flu immunisation programme ; and the relationship between programme success and winter preparedness planning.
Links to HWB Strategy :	Health protection is a core foundation programme of the strategy. Seasonal flu immunisation is a national targeted immunisation programme. It makes an important contribution to the health of older and vulnerable groups including those with long term conditions and those living in residential care.
Policy Implications :	<p>It is a national programme commissioned by NHS England.</p> <p>The Local Authority has an oversight role in assuring the delivery of a high quality effective flu immunisation programme and in doing so will have due regard to principles 3 and 5 of the NHS constitution:</p> <p>Principle 3: The NHS aspires to the highest standards of excellence and professionalism</p> <p>Principle 5: The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.</p>
Financial Implications: (Authorised by the Section 151 Officer)	The business case for flu vaccinations is fully supported and while there is no impact on the local authority or on the integrated commissioning fund, the cost of immunisation does impact on delegated primary care budgets which are jointly managed between the Clinical Commissioning Group and NHS England, although the cost of this is insignificant when compared to the potential cost of flu, both in primary care and for hospital admissions.

**Legal Implications: (Authorised
by the Borough Solicitor)**

Local authorities have a statutory duty to have regard to the NHS Constitution (patients charter) when exercising their public health functions under the NHS Act 2006:

<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

In particular, this means that when making a decision relating to public health functions, a local authority must properly consider the Constitution and how it can be applied, in so far as it is relevant to the issue in question. The report author confirms compliance with the NHS constitution in undertaking this programme.

Risk Management :

National programme commissioned by NHS England.

Access to Information :

The background papers relating to this report can be inspected by contacting Dr Anna Moloney by:



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1. OUTLINE

- 1.1 In April 2013 responsibility for commissioning of immunisation programmes transferred to National Health Service England (NHSE). The Greater Manchester National Health Service England (GMNHSE) Area Team has planned and initiated arrangements for this year's Seasonal Flu Immunisation Programme in response to national guidance with the aim of maximising uptake in the targeted populations. Flu is one of the factors that is considered as part of NHS winter preparedness plans.

2. PARTNERS' ROLES AND RESPONSIBILITIES

- 2.1 The successful implementation of the national flu plan is dependent on a range of organisations fulfilling their roles. These responsibilities are summarised below:
- 2.2 Department of Health - Flu policy decisions and oversight of the supply of antiviral vaccines. Hold NHS England and Public Health England to account.
- 2.3 Public Health England - Planning and implementation of the national approach. Surveillance of flu activity and vaccine uptake. Oversight of vaccine supply. Advise NHS England on the commissioning of the flu vaccination programme. Support Directors of Public Health with surveillance data and expert input. Within the Greater Manchester Area Team the Greater Manchester Screening and Immunisation Team have a key role in leadership and co-ordination of the flu plan. Each borough has a named link officer from this team that supports local implementation. The Screening and Immunisation Co-ordinator is a member of the Tameside Health Protection Group, which has a role in coordinating the borough level multi agency flu plan.
- 2.4 NHS England - Commissioning the flu vaccination programme. Assuring that the NHS is prepared for seasonal flu. Working with Directors of Public Health to ensure local population needs are addressed by providers.
- 2.5 Local Authorities – Directors of Public Health to provide oversight, advocacy to ensure good access to flu vaccination. Independent scrutiny to the arrangements of NHS England, Public Health England and employers of front line social care staff and other providers of health and social care. Provide leadership with partners if required to respond to flu outbreaks.
- 2.6 Clinical Commissioning Groups - Quality assurance and improvement of primary care services delivering the flu plan. Commissioning of flu immunisation for pregnant women via is via the Greater Manchester maternity services specification.
- 2.7 GP Practices - Vaccine ordering for eligible practice population. Issuing patient invitations. Prescribing antiviral medication according to Department of Health policy. Facilitate flu vaccination of their own staff.
- 2.8 Pharmacists can choose to deliver the national flu vaccination specification where all eligible at risk adults can choose to receive their vaccination by a participating pharmacist.
- 2.9 NHS and Social Care Employers - Management of flu vaccination for frontline staff.
- 2.10 Within the Greater Manchester Area Team the Greater Manchester Screening and Immunisation Team have a key role in leadership and co-ordination of the flu plan. Each borough has a named link officer from this team that supports local implementation. The Screening and Immunisation Co-ordinator is a member of the Tameside Health Protection Group, which has a role in coordinating the borough level multi agency flu plan.

3. NATIONAL GUIDANCE

- 3.1 National guidance was issued in March 2017 for the 2017/18 flu immunisation programme.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/600532/annual_flu_plan_2017to2018.pdf
- 3.2 Groups eligible for the 2017/18 programme are:
- Those aged 65 year or over (delivered by GP practices, pharmacists);
 - Those aged under 65 in a clinical at risk group (delivered by GP practices, pharmacists);
 - Pregnant women (delivered by midwives, GP practices, pharmacists);
 - All 2 and 3 year olds (delivered by GP practice);
 - Children in reception class and Year 1, 2 ,3 and 4.(delivered by Intrahealth);
 - Frontline health and social care workers (delivered by employer);
 - People living in long stay residential care homes or other long stay facilities (delivered by GPs);
 - Carers (delivered by GPs, pharmacists).
- 3.3 Flu vaccination of preschool and school aged cohorts is important for their own protection and also to reduce the risk of transmission in communities.
- 3.4 Compared to the 2016/2017 season the 2017/18 programme now includes reception (4 to 5 year olds), school year 4 (8 to 9 year olds) and morbidly obese people with a BMI of 40 or more.

4. RISKS

- 4.1 Flu is one of the factors that the health and social care system considers as part of winter preparedness. Risks to programme success are mainly related to vaccine effectiveness, disruption to supply networks or a change in the predicted circulating flu strains. Risk mitigation plans are prepared by Public Health England, NHS England and the Department of Health. Local surge and outbreaks plans would need to be activated if there were extra cases placing pressure on care locally.

5. MONITORING

- 5.1 Monitoring will involve immunisers recording activity on the national IMMform system from 1 September until early February 2018. In addition the Single Commissioning Function also monitors this data from October to assess uptake in Tameside and Glossop Practices. Practices are notified of any flu vaccinations administered by third parties such as local pharmacists, midwives and Intrahealth, the school programme provider.

6. COMMUNICATIONS AND PROMOTION

- 6.1 Flu campaign material and training resources can be accessed on;
<https://www.gov.uk/government/collections/annual-flu-programme>
- 6.2 In addition Public Health England's, collaboration with the NHS England and the Department of Health on the Stay Well This Winter integrated campaign will involve this year's seasonal flu marketing campaign which will run from 9 October to 17 December 2017 in two stages:

Phase 1 – Flu vaccination campaign will run from 9 October to 29 October 2017 aiming to:

- 1) Support reported flu vaccination uptake amongst key target groups (pregnant women, children, and those with long term health conditions);
- 2) Improve awareness of the nasal spray among parents of 2–3 year olds;
- 3) Continue to promote reasons to get the flu vaccine to pregnant women.

Phase 2 – Winter (First Signs) will run from 6 November to 17 December 2017, looking to:

- 1) Maintain high levels of awareness of the winter campaign among at-risk groups (Adults aged 65+, LTC and Carers)

National evaluation of the 2016/17 of Stay Well This Winter saw the flu campaign recognition reaching 79% among pregnant women and 71% among parents. 70% of the audience knew that nasal spray is the vaccination method for children, while 78% agreed that “flu is a serious and debilitating illness”. Flu vaccination levels in pregnant women and Long Term Conditions have increased, but the correlation between marketing activity and the increase in uptake remains the subject of further analysis.

- 6.3 Throughout the flu season PH England will publish a weekly flu report detailing levels of circulating flu strains.
- 6.4 Locally planned communications will need to be coordinated with the Clinical Commissioning Group Communications Lead Officer. The Primary Care Commissioning Team is seeking a Practice Flu lead for every General practice in line with national recommendations.

7. PERFORMANCE

- 7.1 Table 1 shows that overall Tameside and Glossop Clinical Commissioning Group has attained a very good position within national Clinical Commissioning Group rankings for adult flu vaccination. Locally there has been an increase in uptake in clinical at risk groups under 65 and pregnant women. The picture is less favourable for the pre-school cohort and this picture is seen across the Greater Manchester area. There is considerable practice variation in performance which is most stark in the pre-school cohort.

Table 1: Comparative National / Greater Manchester ranking and flu vaccination uptake for 2015/16 and 2016/17

Ranking	2015/16	2016/17	Target/Ambition	2016/17 % uptake (practice variation)
For those aged 65 or over				
National Rank*	13	18	75%	74.4% ↓0.6%
GM Rank	4	4		(85.6%-65.7%)
Clinical at risk groups aged 6 months to 65 yrs				
National Rank	5	11	55%	55.8% ↑3%
GM Rank	3	4		(71.1%-43.3%)
Pregnant Women				
National Rank	6	11	55%	54.4% ↑2.1%
GM Rank	2	2		(77.3%-38.3%)
2 year olds				
National Rank	61	144	40% -65%	38.5% ↓1.5%
GM Rank	3	6		(91.3%-8%)
3 year olds				
National Rank	61	92	40%-65%	43.7% ↑1.3%
GM Rank	3	6		(73.1%-10.6%)
4 year olds				
National Rank	82	148	40%-65%	29% ↓3.1%
GM Rank	6	8		(65.7%-4.3%)

- National ranking is out of 211 CCGs

(practice variation)

7.2 Tameside Schools Flu Programme Performance (Ambition 40%-65%)

Tameside's local performance for the school based programme compares favourably to the GM average and also approaches the national England average, as shown in Table 2.

Table 2: Tameside schools performance 2015/16 and local, Greater Manchester and national performance for 2016/17

	Tameside 15/16	Tameside 16/17	GM average 16/17	Eng Average 16/17
Year 1	57.5%	56.6%	51.9%	57.6%
Year 2	54.6%	54.1%	50.2%	55.4%
Year 3	N/A	50%	47.5%	53.3%

Glossop schools uptake is reported with Derbyshire data.

7.3 Carers' uptake.

The uptake for Carers was 51.8% in 2016/17 which represents a welcome 8.3% increase in uptake from 2015/16.

7.4 Frontline HealthCare Workers

The Integrated Care Foundation Trust reported 65.5% which represents a 4% increase but fell short of the 75% Commissioning for Quality and Innovation (CQUIN) target. NHS England has published a 2 year CQUIN covering 2017/18 and 2018/19 which includes an indicator to improve the uptake of flu vaccinations for frontline healthcare staff within providers. The previous 2016/17 CQUIN target was 75%, however within the revised CQUIN it is now 70% rising to 75% in the second year.

Locally of the 12 general practices reporting staff uptake data, 73.7% of practice staff received a flu vaccine.

7.5 Performance improvement

An annual flu debrief occurs at the conclusion of the season when Public Health England performance reports are released to localities. The essence of action for all stakeholders involved is effective continuous communication to promote awareness of the vaccination among at risk groups, their carers and frontline health and social care staff. Primary care colleagues have received information on performance at a practice, neighbourhood and locality level. A key strategy is to reduce the variation seen among practices and promote continuous improvement in stakeholder forums. The national change to include children in reception class within the schools programme has been welcomed and it is anticipated this will significantly improve uptake in 4 and 5 year olds

8. GOVERNANCE

- 8.1 The Tameside Health Protection Group oversees the co-ordination of the local seasonal flu campaign. In addition a local monthly teleconference is held with a wider range of stakeholders, including Public Health England to update on performance, national and local communications and agree key actions as the season unfolds.

9. RECOMMENDATIONS

- 9.1 As set out on the front of the report.