

## **TELFORD & WREKIN COUNCIL**

**HEALTH & WELLBEING BOARD:** 13<sup>th</sup> November 2013

**TITLE:**

Health & Wellbeing Priority Update: Life expectancy and health inequalities

**REPORT OF:**

Helen Onions, Consultant in Public Health

**Contributing authors:**

Neil Adams, Screening and Immunisation Lead, NHS England, Area Team  
Michael Bennett, Stephen Mayo, Nicky Wilde, Telford & Wrekin CCG

**HEALTH & WELLBEING BOARD PRIORITY SPONSOR:** Richard Overton, Deputy Leader Telford & Wrekin Council, Health & Wellbeing Board Chair

### **PART A) – SUMMARY REPORT**

#### **1. SUMMARY OF MAIN PROPOSALS**

The focus for this priority has been agreed as the prevention, early detection and treatment of cardiovascular disease (CVD) and cancer. Immunisation against seasonal 'flu' is also acknowledged as a key contributor. This report aims to give an overview of the programmes of work which will impact most significantly on life expectancy and related health inequalities.

#### **2. RECOMMENDATIONS (AND TO WHOM ACTIONS APPLY e.g. CCG, Council)**

The Board is requested to:

- Recognise that life expectancy in Telford & Wrekin in males and females remained worse than the national average during the period 2010-2012.
- Note the recent developments which will contribute most significantly to improving life expectancy and reducing health inequalities, in particular the:
  - agreement of a detailed action plan to improve seasonal 'flu immunisation uptake across all at risk groups for 2013/14;
  - further development of the NHS Health Check programme;
  - important contribution that work led by the NHS England Area Team in collaboration with the CCG to improve the management and treatment of patients with cardiovascular disease by GPs makes to this priority;
  - processes which the CCG are leading to improve cancer treatment and the experience of cancer care in collaboration with Shrewsbury & Telford NHS Hospitals Trust; and
  - successful establishment of the local Abdominal Aortic Aneurysm Screening programme and also the approval of plans to extend bowel screening to cover 70-74 year olds in Telford & Wrekin.
- Acknowledge that a local approach to deliver the requirements of the national cardiovascular disease outcomes strategy needs to be agreed for Telford & Wrekin as it will significantly impact on improving local life expectancy in the Borough.

#### **4. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to a specific HWB Priority -	
	Yes	Improving life expectancy and reducing health inequalities
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	To improve the health and wellbeing of our communities and address health inequalities
	Will the proposals impact on specific groups of people?	
	Yes	See equality and diversity section below
<b>TARGET COMPLETION/DELIVERY DATE</b>		
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	Yes	Evidence-based cost effective services are commissioned according to national clinical guidelines across care pathways for cancer, cardiovascular disease and immunisation programmes.
<b>LEGAL ISSUES</b>	Yes	<p>The Public Health Outcomes Framework 2013-16 was published under section 73B(1) of the NHS Act 2006 (inserted by section 31 of the Health and Social Care Act 2012) as a document that local authorities must have regard to in the exercise of their public health functions.</p> <p>The two high level outcomes are:</p> <ul style="list-style-type: none"> <li>• increased healthy life expectancy; and</li> <li>• reduced differences in life expectancy and healthy life expectancy between communities.</li> </ul> <p>On 4 September 2013 Public Health England published the first data release since responsibility for the NHS Health Check programme moved from Primary Care Trusts to local authorities in April 2013 under the Health and Social Care Act 2012.</p>
<b>EQUALITY &amp; DIVERSITY</b>	Yes	<p>The JSNA clearly demonstrates inequalities relating to life expectancy in Telford and Wrekin, including:</p> <ul style="list-style-type: none"> <li>• Geographical hot spots where early death rates are significantly worse than average</li> <li>• Variations in the treatment of cardiovascular diseases across general practice, for example the management of</li> </ul>

		<p>hypertension (high blood pressure)</p> <ul style="list-style-type: none"> <li>• Variations in the uptake of cancer screening</li> <li>• Variations in the uptake of seasonal 'flu immunisation, for older people aged 65 years and over and people in risk groups with chronic diseases</li> </ul> <p>Nationally, there is clear evidence that people from Black and Minority Ethnic Groups have a lower life expectancy</p>
<b>IMPACT ON SPECIFIC WARDS</b>	Yes	<p>See equality and diversity section above.</p> <ul style="list-style-type: none"> <li>• Male life expectancy is 7.0 years lower for men in the most deprived areas of Telford and Wrekin compared to the in the least deprived areas.</li> <li>• Female life expectancy is 2.8 years lower for women in the most deprived areas of Telford and Wrekin compared to the in the least deprived areas.</li> <li>• The highest rates of early death (before age 75) are seen in the following wards: <ul style="list-style-type: none"> <li>○ Woodside, Brookside and Madeley in South Telford</li> <li>○ Hadely and Leegomery, St Georges and Donnington in North Telford</li> <li>○ Malinslee and Lawley &amp; Overdale in Central Telford</li> </ul> </li> </ul>
<b>PATIENTS &amp; PUBLIC ENGAGEMENT</b>	Yes	<p>Issues regarding the results of the cancer patient experience survey have been identified by the CCG.</p> <p>As part of the CCG Long Term Conditions (LTCs) incentive scheme, GP practices are expected to engage with their respective patient groups and gain feedback as they develop the management of patients with LTC's. This will involve patients with respiratory disease, diabetes, hypertension (high blood pressure) and dementia.</p> <p><b>NHS Health Check Programme:</b> Exploring ways to effectively encourage patient engagement to understand people's experience of the Health Check process is a key priority for the remainder of 2013/14. In addition, there will be engagement with harder to reach groups at GP practice locations with lower uptake rates.</p>

<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	Yes	<p>There are key interdependencies with the improving life expectancy and reducing health inequalities priorities and several other HWB strategy priorities. For example the strong influence the lifestyle risk factors: smoking, alcohol misuse and obesity have on the development and progression of both CVD and cancer is well recognised. These three risk factors are HWB priorities in their own right and as such action to tackle these is not repeated as part of this priority.</p> <p>Deaths from suicide and accidental deaths also have the potential to make a significant contribution to reduced life expectancy due, despite their number being small. This is because these causes of death tend to affect younger adults disproportionately, so the younger age at death of people dying from these impacts on life expectancy figures. Suicide prevention is included in the improving emotional health and wellbeing priority work stream.</p>
---	-----	--

## **PART B) – ADDITIONAL INFORMATION**

### **1. INFORMATION**

#### **1.1 Background**

Male life expectancy in Telford & Wrekin has been worse than the national average over the past five years. Clear inequalities in life expectancy related to socio-economic deprivation have been highlighted through the JSNA, this gap is wider for men compared to women.

The focus for this priority has been agreed as the prevention, early detection and treatment of cardiovascular disease (CVD) and cancer. These areas have been chosen as the JSNA and the Annual Public Health Report indicate that cancer and CVD make the most significant contribution to reduced life expectancy and associated inequalities.

Protecting vulnerable people, who are aged over 65 years or have chronic health problems through immunisation against 'flu', also contributes to improving life expectancy.

#### **1.2 Life expectancy figures update**

In October 2013 the Office for National Statistics published updated life expectancy information for the period 2010-2012, in summary:

- Male life expectancy in Telford & Wrekin remained significantly worse than the England average, 77.9 years compared to 79.2 years (1.3 years below the national average) – see Appendix I for updated trends.
- Females life expectancy in Telford & Wrekin deteriorated and was significantly worse than the England average, 81.6 years compared to 83.0 years (1.4 years below the national average) - see Appendix I for updated trends.

### **1.3 Cancer: Early detection and treatment**

The Be Clear on Cancer programme is a national campaign aimed at raising awareness of the signs and symptoms of cancer and prompting those with relevant symptoms to visit their doctor. To date campaigns have focused on encouraging people to visit their GP if they are experiencing key symptoms:

- Lung cancer - targeting men and women aged 50 and over with a persistent cough;
- Bowel cancer - encouraging those passing blood for more than three weeks; and
- Bladder and kidney cancer – for people who notice blood in their pee.

There are national cancer screening programmes for cervical, breast and bowel cancer. NHS England took over responsibility for commissioning screening programmes in April 2013. The Area Team Screening Leads are working closely with Shrewsbury and Telford NHS Hospitals Trust to age expand the local breast and bowel cancer screening programmes locally. There has unfortunately been delays to these extensions due to workforce issues in the radiography service and capacity issues in the endoscopy service. However, Department of Health approval to expand to bowel screening programme to cover 70-74 year olds is expected imminently.

#### **1.3.1 Cancer Referral and Treatment Waiting Times**

The CCG are responsible for commissioning high quality treatment and care for the majority of people with suspected or diagnosed cancers.

The CCG Board has been closely monitoring the performance of the Shrewsbury and Telford Hospital Trust against waiting time targets for Cancer after observing inconsistencies in compliance. For example one month achieving one target and missing another – the next month missing the first and achieving the second.

Commissioners and the Trust have been working through a Joint Investigation to analyse the causes of this and this will conclude in early November. A Remedial Action Plan will then be agreed to rectify the problems and we expect delivery of performance targets to improve.

#### **1.3.2 Cancer Patient Experience**

Shrewsbury & Telford Hospitals NHS Trust was one of 155 hospital trusts in England which participated in the National Cancer Patient Experience Survey in 2012. A total of 1,200 eligible patients who attended the trust during the period

September to November 2012 were surveyed. The trust response rate was 69%, compared to national average response rate of 65%.

Patients were asked 70 questions and in eight of the areas questioned the SaTH fell within the bottom 20% nationally, specifically in the following areas:

- Patients finding it easy to contact their Clinical Nurse Specialist (CNS);
- CNS definitely listened carefully the last time spoken to by the patient;
- Patient got understandable answers to important questions all/most of the time from their CNS;
- At the time of operation, staff gave a complete explanation of what would be done;
- Patient had confidence and trust in all doctors treating them;
- Always given enough privacy when discussing condition/treatment;
- Always treated with respect and dignity by staff; and
- Patient offered written assessment and care plan.

In two areas the trust had improved its score since 2011 and had come out of the bottom 20% nationally:

- Patient felt they were told sensitively that they had cancer; and
- Doctor had the right notes and other documentation with them

The Trust is coordinating the formulation of care group multidisciplinary responses and action plans from the various tumour specific clinical teams. There is particular concern from Telford & Wrekin CCG regarding the lung cancer and urological tumour specific teams. Additionally, Telford & Wrekin CCG have formally requested the 2012 survey action plans through the contractual process as part of its assurance processes due to the overall decline in the patient satisfaction rate of the Trusts cancer services.

## **1.4 Cardiovascular Disease**

The 2012/13 Annual Public Health Report included a recommendation aimed at tackling cardiovascular disease:

*“The Telford and Wrekin Health and Wellbeing Board should lead local implementation of the national Cardiovascular Disease Outcomes Strategy. This will depend on a close partnership approach between the Council, Telford and Wrekin Clinical Commissioning Group, the NHS England Area Team and a range of provider organisations.”*

Discussions need to take place between the CCG, Area Team and the Council regarding proposals for taking this strategy forward locally to ensure improvements in outcomes related to life expectancy. The following sections summarise programmes currently underway led by the CCG, Area Team and the Council.

### **1.4.1 Risk assessment and early detection: NHS Health Check**

In April 2013 local authorities took over responsibility for the NHS Health Check programme as part of their new public health role. Health checks have been

identified as one of the top ten actions which will reduce avoidable premature mortality in the national cardiovascular outcomes strategy.

The programme identifies people at risk of developing preventable illness including heart disease, stroke, diabetes and kidney disease so they can take action to prevent or delay ill-health. The seven main causes of preventable mortality i.e. high blood pressure, smoking, cholesterol, obesity, poor diet, physical inactivity and alcohol are targeted through the programme.

Local authorities have a statutory obligation to make arrangements for everyone eligible aged 40 to 74 years (who is not already diagnosed with a relevant condition or being treated for certain risk factors) to be invited for an NHS Health Check once every five years, and recalled if they remain eligible. At the check people undergo a risk assessment to determine the level of risk associated with alcohol consumption, and the risk of having or developing vascular disease in the next 10 years. This is followed by appropriate risk management and lifestyle intervention, as well as clinical intervention and treatment where necessary.

NHS Health Checks in Telford & Wrekin are carried out in GP practices by nurses and health care assistants, using a one stop shop model including a fingerprick blood test to provide immediate cholesterol results. Combined with other clinical measurements this enables a person's risk to be assessed and appropriate advice given at a single visit. The programme is very well embedded from an initial start-up in 2009/10 and all practices now delivering NHS Health Checks. Telford & Wrekin has exceeded national targets for both Health Checks offered and carried out. In 2012/13 29.9% of the eligible population were invited (against a target of 20%). A total of 6,129 people attended a health check and 860 of these (14%) were found to be at high risk of developing vascular disease.

Public Health England has published a number of key documents for the health check programme in recent months. Taken together, these represent a wealth of learning from the programme so far and also a clear plan to upscale the programme. The best practice guidance aims to support local authorities in understanding their legal duties. It is also intended to ensure close working between local authorities and their partners, particularly in primary care. This is paramount so that different elements of the programme link together to ensure delivery of a safe, high quality service.

The next steps and development priorities for the local health check programme for the remainder of 2013/14 include:

- Exploring ways to effectively encourage patient engagement such as post check interviews to gain feedback on patients experience
- Engaging with harder to reach groups through targeted support at GP practices with lower uptake rates
- GP engagement to consult on local authority commissioning intentions
- More robust data gathering to inform future commissioning plans

#### **1.4.2 Risk assessment and early detection: Abdominal Aortic Aneurysm Screening (AAAS)**

Abdominal aortic aneurysms (AAAs) develop most commonly in males and are associated with risk factors such as smoking, high blood pressure and also genetic predisposition. Aneurysms are often asymptomatic until they rupture and then they can often be fatal. AAAs are an important cause of death in men aged 65 years but detected early they can be repaired through planned surgery with much lower associated mortality.

To detect aneurysms before rupture the NHS Abdominal Aortic Aneurysm Screening Programme (NAAASP) commenced phased roll-out across England in the spring of 2009. The programme invites all 65 year old men to attend for ultrasound screening to determine their risk of developing an aneurysm. Men over 65 years are able to refer themselves into the programme and be screened.

The Shropshire, Telford & Wrekin programme was developed by PCT public health leads and the vascular service at Shrewsbury and Telford Hospital Trust. Screening began in April 2012 and during 2012/13 1,015 men aged 65 in Telford & Wrekin were invited to screening appointments at their GP practice. A total of 856 men attended for screening, giving a screening uptake of 84%. Aneurysms were detected in fifteen 65 year old men in Telford & Wrekin during 2012/13. Fourteen had small-medium aneurysms, these men are now being followed up annually or quarterly depending on their aneurysm size to detect any further growth. One gentleman had a large aneurysm detected and he has now recovered well following successful repair surgery.

#### **1.4.3 Cardiovascular Disease: identification, management and treatment in General Practice**

The JSNA highlights variations in the treatment of cardiovascular diseases across general practice in Telford & Wrekin, for example the management of hypertension (high blood pressure). At a CCG-level the management of patients with hypertension in Telford & Wrekin has been significantly worse than the national average consistently over a number of years.

The NHS England Area Team is now responsible for commissioning GPs and improving the quality of primary care, in collaboration with the CCG. A series of work streams have been established by the Area Team Director of Commissioning, as part of the development of the primary care quality strategy across Shropshire & Staffordshire. This includes the Securing Excellence work stream and the Primary Care Quality Group. See HWB agenda item for further information on the NHS England

The CCG have produced a draft Long Term Conditions Strategy (reported to the HWB in May 2013). This includes elements aiming to improve the identification, management and treatment of people with cardiovascular disease. As part of this strategy CCG commissioning leads have been working with GPs to develop a Long Term Conditions (LTCs) incentive scheme. The scheme includes diabetes and hypertension (high blood pressure) work streams.

The CCG also have in place a Locally Enhanced Service with GPs LTCs which includes Escalation Management Plans for Diabetes and a best practice template which will review of internal policies/protocols including referral criteria.

#### **1.4.4 Cardiovascular Disease: treatment and care in hospital**

As part of the LTC Strategy the CCG are working with Shrewsbury and Telford Hospitals NHS Trust to improve hospital services for people with cardiovascular disease, this includes:

- The development of cardiac rehabilitation for people with heart failure who had not had a heart attack
- Improvement to the Heart Assessment Team service

### **1.5 Protecting Vulnerable People from Influenza**

The 2012/13 Annual Public Health Report for Telford & Wrekin included a specific recommendation on 'flu immunisation:

*“The Telford and Wrekin Health and Wellbeing Board should receive a report from Public Health England on plans to further improve ‘flu’ immunisation rates in all target groups in Telford and Wrekin during the 2013/14 ‘flu’ season.”*

A detailed report has been prepared for the Board by NHS England Shropshire and Staffordshire Area Team Screening and Immunisation Leads. (Appendix II).

In summary the national seasonal flu programme aims to minimise the health impact of seasonal flu through offering free immunisation to the at-risk groups, including: people aged 65 or over, those with serious medical conditions, all pregnant women, carers and frontline health and social care staff. In 2013/14 the programme was extended to include healthy children aged 2 and 3 years old.

During the 2012/13 winter season in Telford and Wrekin:

- 73.5% people over 65 years received flu immunisation, which was similar to the national average for England (73.4%) but below the 75% target;
- There was a 5% improvement in the uptake amongst patients in clinical risk groups which reached 55% and was higher than the national average (51.3%); and
- Uptake in pregnant women (56.8%) was significantly higher than the England average (40.3%) and a vast improvement on the previous year (40.7%).

The Area Team have lead the development of an action plan across HWB partners Colleagues from the CCG and Council's public health and communications teams have supported the development of the plan and continue to be involved in its implementation. The plan includes a series of actions under the following ten objectives:

- Objective 1:Overall system management of the seasonal flu programme
- Objective 2:Reach or exceed 75% uptake for people aged 65 years and over

- Objective 3: Reach or exceed 75% uptake for people under 65 years in clinical risk groups
- Objective 4: Reach or exceed 75% uptake for pregnant women
- Objective 5: Roll out of the extension for children aged ages 2 and 3 years
- Objective 6: Increase uptake in health and social care workers
- Objective 7: Increase uptake in carers
- Objective 8: Communications and promotional materials
- Objective 9: Responding appropriately to flu incidents and outbreaks
- Objective 10: Undertake performance monitoring and feedback to providers and wider stakeholders

Immunisation uptake at a GP practice level will be monitored on a monthly basis during the 2013/14 season. Any practices in need of support to help improve their uptake rates will be offered a visit from a Public Health England Screening and Immunisation Coordinator. The funding of the seasonal 'flu project in local maternity services has been continued following the success of the project in 2012/13.

## **2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

See summary impact assessment section on pages 2-3 for details.

## **3. PREVIOUS MINUTES**

Health & Wellbeing strategy priority position statement May 2013: improve life expectancy and reduce health inequalities

## **4. BACKGROUND PAPERS**

Report prepared by Helen Onions, Consultant in Public Health  
[helen.onions@telford.gov.uk](mailto:helen.onions@telford.gov.uk)

Figure 1 Trends in Male Life Expectancy at Birth

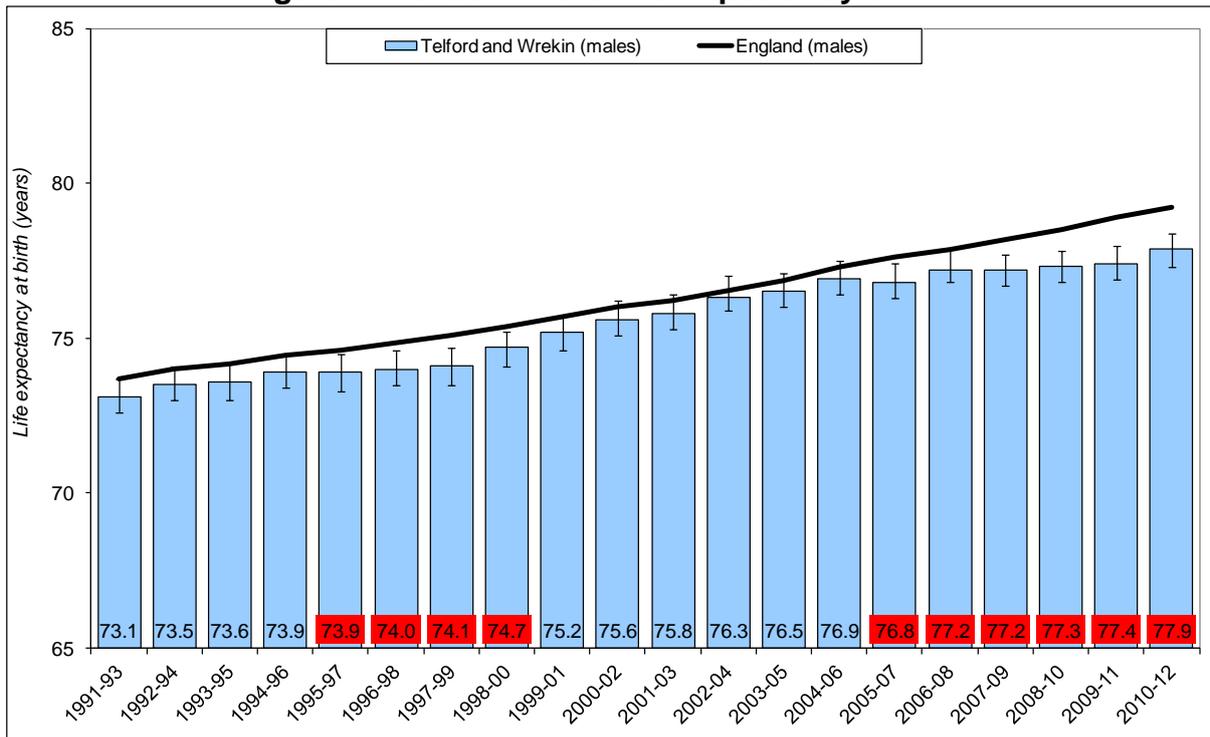
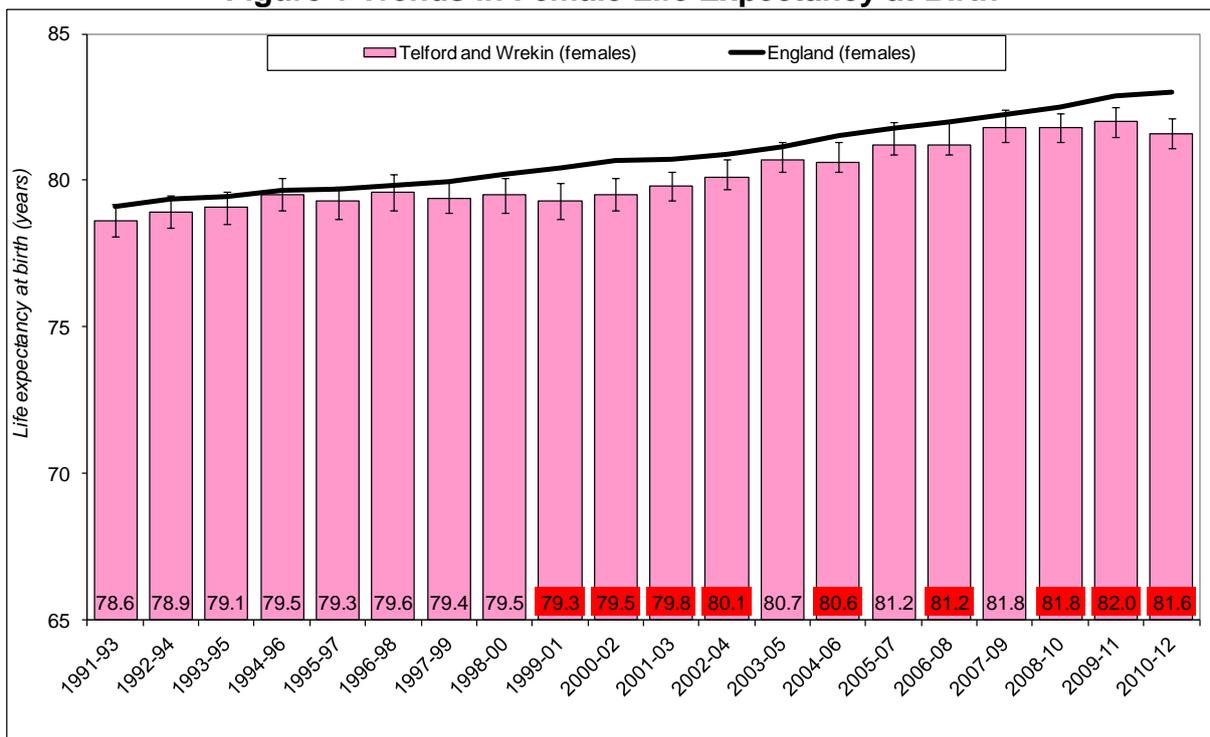


Figure 1 Trends in Female Life Expectancy at Birth



Source: Office for National Statistics © Crown Copyright

<http://www.ons.gov.uk/ons/rel/subnational-health4/life-expectancy-at-birth-and-at-age-65-by-local-areas-in-england-and-wales/2010-12/stb-life-expectancy-at-birth-2010-12.html>

Figures shaded in red indicate that the Telford and Wrekin position is statistically significantly worse than the England average



## Seasonal Influenza 2013/14 Report to Telford & Wrekin Health & Wellbeing Board

### Background

The purpose of the seasonal flu programme is to minimise the health impact of seasonal flu through effective monitoring, prevention and treatment. Seasonal flu vaccinations are currently offered free of charge to the following at-risk groups:

- People aged 65 or over
- Adults and children over 6 months with a serious medical condition / in clinical risk groups
- All pregnant women
- In 2013/14 the seasonal flu programme was extended to include healthy children aged 2 and 3 years old (as part of a phased introduction to include all children aged 2 to 16 years).
- People who are in receipt of a carer's allowance, or those who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill.
- Also recommended to be vaccinated as part of occupational health: frontline health and social care workers.

### Aspirational uptake targets

For 2013/14 seasonal flu uptake targets have increased to:

- 75% uptake for people aged 65 years and over and
- 75% uptake for people under 65 years in clinical risk groups, including pregnant women.
- For healthcare worker vaccinations there is still no nationally set target.

GP practices should strive to achieve this by ensuring that 100% of all those who fall into risk groups eligible for the vaccine are offered it.

### Influenza Vaccination Uptake 2012-13

- In Telford and Wrekin, more than 7 in 10 people (73.5%) over 65 years received flu immunisation during the 2012/13 winter season. This showed continuous improvement from the previous season and was higher than the England (73.4%) and the West Midlands uptake (72.2%).
- Improvements were also made in the uptake of seasonal flu vaccination in patients in clinical risk groups during the 2012/13 season - in Telford and Wrekin uptake was 55.5%. This was a 5% improvement from the previous 2011/12 season and again higher than the England (51.3%) and the West Midlands uptake (51.6%).
- In Telford and Wrekin the seasonal flu vaccination uptake in pregnant women was 56.8%, significantly higher than the England (40.3%) and the West Midlands uptake (44%). This was a vast improvement from the 2012/13 season, from a 40.7% uptake in pregnant women and this appears to be due to the successful intervention at Shrewsbury and Telford Hospital (SaTH) maternity services (funded by the previous cluster PCT).
- Nationally the healthcare worker uptake was 45.9%, locally across the Telford and Wrekin health economy there was a range in uptake - Shrewsbury and Telford

Hospital NHS Trust achieved an uptake of 46.9%, Telford and Wrekin PCT 57.1%, and South Staffordshire and Shropshire Healthcare Trust 70.2%.

- Notably while considerable improvements have been made, on past performance the uptake in all eligible groups within Telford and Wrekin still fell short of achieving 75% uptake (this year's targets).

### **Actions to improve the 2013/14 flu vaccination uptake in Telford and Wrekin**

The Shropshire and Staffordshire Area Team have the overall accountability and responsibility for commissioning the national seasonal flu vaccination programme across the wider geography of the Area Team footprint. The Public Health England (PHE) Screening and Immunisation team are embedded with the NHS England Area Team and provide the leadership, public health expertise and system management of the programme (planning, implementation, monitoring and supporting providers to achieve continuous improvement).

#### *Seasonal flu planning and assurance processes*

- The Shropshire and Staffordshire Area Team have been holding internal seasonal flu 2013/14 planning meetings since July 2013.
- In August 2013, the Area Team conducted a brief assurance survey to confirm that GP Practices were planning to implement evidenced based practice regarding maximising seasonal flu vaccination uptake in eligible groups. The overall response rate was 52%, however only 6 out of 22 Telford and Wrekin GP Practices responded to the Area Team (comments from these six practices were positive and gave no cause for concern).
- An assessment of 2012/13 seasonal flu performance data has identified practices with the lowest flu vaccination uptake across the Area Team and they have been offered additional support to enable them to make improvements in their uptake during this 2013/14 flu season. Notably, no Telford and Wrekin practices were highlighted as those with the lowest uptake across the Area Team in 2012/13.

#### *Shropshire & Staffordshire Area Team Seasonal Flu meetings*

- An initial wider stakeholder meeting was held on the 26<sup>th</sup> September 2013 and will continue to meet monthly to implement and monitor a cross Area Team seasonal flu 2013/14 action plan.
- The Telford and Wrekin public health team have additionally convened a small local working group with colleagues from Shropshire, which interfaces directly with the wider Area Team meetings via the support from a nominated PHE Screening & Immunisation Co-ordinator. This Telford and Wrekin and Shropshire seasonal flu working group have also developed a locality based seasonal flu action plan for 2013/14.

#### *Shropshire & Staffordshire Seasonal Flu 2013/14 Action plan*

A Shropshire & Staffordshire Area Team seasonal flu 2013/14 action plan with specific actions for all at-risk groups has been produced and agreed with all wider stakeholders across Shropshire, Telford & Wrekin, Staffordshire and Stoke on Trent, this includes specific actions to meet the following objectives:

1. Overall system management of the seasonal flu programme
2. Reach or exceed 75% uptake for people aged 65 years and over
3. Reach or exceed 75% uptake for people aged under 65 years in clinical risk groups
4. Reach or exceed 75% uptake for pregnant women
5. Roll out of childhood extension (ages 2 and 3 years) to the seasonal flu programme
6. Increase uptake in health and social care workers
7. Increase uptake in carers
8. Communications and promotional materials
9. Responding appropriately to flu incidents and outbreaks
10. Undertake performance monitoring and feedback to providers and wider stakeholders

NOTE: The full 16 page Shropshire & Staffordshire Area Team Seasonal Flu 2013/14 Action Plan is available as an appended document.

*Performance monitoring during the 2013/14 flu season*

The Shropshire & Staffordshire Area Team will be monitoring the uptake of flu vaccination within Telford and Wrekin GP practices on a monthly basis during the 2013/14 season. Any practices that are identified during the current 2013/14 flu season as in need of support to help improve their uptake rates will be offered a support visit via a PHE Screening and Immunisation Co-ordinator.

*Continuation of the SaTH seasonal flu project for pregnant women*

The Shropshire & Staffordshire Area Team has continued the funding of the SaTH maternity services to deliver a seasonal flu project for increasing uptake in pregnant women for the 2013/14 season. The project will be implemented similarly to the 2012/13 season however additional data capture requirements and a patient experience survey will be new improvements to this intervention, in anticipation of building the evidence base to inform the Area Team's future commissioning intentions.

**Report Authors**

Neil Adams – Public Health Consultant (Screening and Immunisation Lead)

Amanda Fletcher - Specialty Registrar in Public Health

29<sup>th</sup> October 2013