DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in the **Council Chamber, County Hall, Durham** on **Wednesday, 24 November 2021** at **1.30 pm**

Present:

Councillor P Sexton (Chair)

Members of the Board:
Councillors R Bell and T Henderson and Chris Cunnington-Shore, Joy Evans, Dr Stewart Findlay, Keith Forster, Mike Forster, Jennifer Illingworth, Phil Innes, Michael Laing, Wendy Quinn, Marie Smith, Dr Jonathan Smith, Peter Sutton and Stephen White.

1 Apologies for Absence

Apologies for absence were received from Nicola Bailey, Julie Gillon, Lynn Hall, Amanda Healy, Steve Helps, Sue Jacques, Feisal Jassat, John Pearce and Jane Robinson.

2 Substitute Members

Keith Forster for John Pearce, Joy Evans for Amanda Healy, Wendy Quinn for Sue Jacques, Phil Innes for Steve Helps and Marie Smith for Lynn Hall.

3 Declarations of Interest

There were no declarations of interest.

4 Minutes

The minutes of the meeting held on 1 September 2021 were agreed as a correct record and signed by the Chair.

5 Health and Social Care Integration

The Board received an update from the Corporate Director of Adult and Health Services and the Director of Integrated Community Services on Health and Social Care Integration progress (for copy see file of minutes).

The Director of Integrated Community Services, Michael Laing explained that the Heath and Care Bill had had its second and third readings in Parliament and recommended changes to partnership arrangements, with the Durham Clinical Commissioning Group (CCG) being abolished by April 2022, and with new arrangements being set up. He added that there was a requirement on the Integrated Care System (ICS) for the North East and North Cumbria to come forward with a proposed constitution, to be approved or otherwise by NHS England by the end of December 2021. He noted that subsequent to the agenda pack being finalised, a letter had been received from Sir Liam Donaldson, Chair of the ICS, noting that those discussions relating to structures were coming to their conclusion and that he was able to submit to NHS England a proposal of what the board would look like at the North East and North Cumbria level. The Director of Integrated Community Services noted that the Board would have representation from four Local Authorities, statutory posts of Medical Director, Chief Executive and Director of Finance, representation from Primary Care and patient groups, such as Healthwatch. He noted that place-based arrangements for County Durham were not yet finalised, with work ongoing, and noted Members had previously stated that there should be as much decision making and finance for County Durham as possible, with Officers working hard in that regard.

The Director of Integrated Community Services explained that the Chief Executive of the ICS Board had been appointed, Sam Allen, and once in post with Sir Liam Donaldson continuing as Chair, the Board would start to take shape with the appointment of non-executive Board Members. He noted that after that, information around place-based arrangements would come forward and added that at the County Durham level, the Health and Wellbeing Board had expressed its desire to integrate services more closely, and Officers continued to work on nine workstreams. He noted focus on discharge from hospital and crisis response, with those workstreams now having come to an end. He reported that, in respect of crisis response the CCG had allocated additional funding to create a crisis response service, within two hours, to avoid hospital admissions from April 2022. He added that how patients were discharged would also change in April in line with national requirements with staff on wards, predominantly Therapists, being able to access Local Authority care and would carry out an assessment on behalf of the Local Authority and the more complicated assessments that often held up a patient would then be carried out in a community setting.

Councillor R Bell noted the number of representatives from Local Authorities would be four and asked whether they would be Officers or Elected Members on the IC Board, and with the North East and North Cumbria encompassing around eight or nine Local Authority areas, he asked how the four Local Authorities would be chosen.

The Director of Integrated Community Services explained guidance from NHS England was clear that Local Authority representatives would be an Executive Officer level, i.e., a Chief Executive or an Executive Director. He noted that in Local Authorities it was usual for Members to have primacy and therefore there would need to be discussions as regards arrangements. He added that in terms of the four representatives it was being proposed to look at the broad areas of Tees Valley, the centre of the area, the north of the area and Cumbria, with those decisions yet to be made and negotiated. Councillor R Bell noted that including Tees Valley would increase the number of potential Local Authorities to around 13 to 15.

The Chair noted that the information was aimed at professionals and asked if it could be made accessible to members of the public. The Director of Integrated Community Services noted that as part of the overall engagement of the ICS, the next step would be for the new Chief Executive and Chair to engage more deeply with communities, an important role for Healthwatch and Primary Care Clinical Directors as representatives of Primary Care and being well connected to their communities. He added that Local Authorities could help with that process and he noted that Sir Liam Donaldson and his team were keen to explain to the public in the North East, once approved, the role of the Board, the differences it would make to health outcomes, and how it would work with partners in the process.

Resolved:

That the presentation be noted.

6 County Durham Commissioning and Delivery Plan 2020-25 Update

The Board received an update report of the Head of Integrated Strategic Commissioning on the County Durham Commissioning and Delivery Plan 2020-25, presented by the Director of Integrated Community Services (for copy see file of minutes).

The Director of Integrated Community Services noted the County Durham Commissioning and Delivery Plan was in its third edition and focused on ‘starting well’, ‘living well’ and ‘aging well’ and was administered by the County Durham Care Partnership Executive which consisted of the CCG, the NHS Trust, the Local Authority, the Mental Health Trust and other partners.

He noted it had been delayed until autumn as a result of the pandemic and explained that the plan helped to shape commissioning decisions, understand where there was need, in respect of communities and individuals, and to use the collective resources and staff to meet that need. He added that it was a complicated document, however, it was very comprehensive, and picked up all of the health and social care sector.

Resolved:

That the content of the plan be approved.

7 Overview of the Domestic Abuse Act 2021

The Board received a report and presentation of the Director of Public Health giving an overview of the Domestic Abuse Act 2021, presented by the Strategic Manager, Public Health, Jane Sunter (for copy see file of minutes).

The Strategic Manager gave a detailed presentation, noting she was also Vice Chair of the Domestic Abuse and Sexual Violence Executive Group (DASVEG). She noted changes to the statutory definition of domestic abuse, to include children and young people in their own right, new statutory requirements for Local Authorities to provide support to those arriving from another Local Authority area, a range of accommodation options and broader wrap around support. She explained as regards opportunities in terms of a new Domestic Abuse Strategy, funding that was available and the timeline for the implementation of the legislative changes.

Councillor R Bell noted the Council had received £50,000 to employ a Domestic Abuse Coordinator and £1.61 million in terms of New Burdens Fund from the Department of Levelling Up, Communities and Housing (DLUCH) and asked how far the £1.61 million would go in terms of commissioning services and whether that was a one-off payment, whether it would be received annually, or if the Local Authority would be expected to manage funding ongoing. The Strategic Manager noted that alongside the introduction of the Safer Accommodation Strategy and the development of the Domestic Abuse Strategy, there was also ongoing work with partners to identify more long-term mainstream funding.

She noted that senior leaders across the Partnership had noted that in the past funding had come from a number of one off funding pots and therefore a commissioning strategy relating to domestic abuse work was being developed that would allow for the New Burdens funding to be taken on, as well as being able to set out a long-term vision in terms of funding. She added that it would not just be in terms of what had been done historically, it would look at needed to be done to progress the agenda.

Councillor T Henderson asked as regards how the Authority and partners were promoting what a healthy relationship was to children and young people to ensure that they understood that domestic violence and abuse was unacceptable. The Strategic Manager noted it was a priority area and explained that all school age children and young people had access to work that supported healthy relationships through the introduction of statutory relationship, sex and health education. She added that colleagues in Public Health also worked very closely with Education Durham to ensure that schools had access to quality resources that tackled all aspects of domestic abuse, including the impact of coercion, control, emotional abuse and financial abuse in an age appropriate way. She explained that the Local Authority was also working with partners in a more targeted way in terms of identifying vulnerable groups, especially children and young people, so that they had access to appropriate support, including enhanced support in safer accommodation. She added that, as part of the Safer Accommodation Strategy, there was work looking at opportunities for: more dispersed accommodation; sanctuary schemes, where the perpetrator moves out of the family home, not the potential victim and/or children; and move-on accommodation. She noted the work with colleagues from Housing Solutions and other housing partners and was part of the 'Think Family' approach in terms of addressing the issues around children and young people.

Resolved:

(i) That the report be noted.
(ii) That the Board acknowledge the statutory requirements placed on the Local Authority and its Partners.

8 Better Care Fund

The Board received a report of the Strategic Programme Manager, Integration, Adult and Health Services relating to the Better Care Fund Policy Framework and Planning Requirements 2021-2022 (for copy see file of minutes).

The Strategic Programme Manager, Integration, Paul Copeland noted the report gave a summary of the policy framework and planning requirements for the Better Care Fund (BCF). He added that the Board would be aware that it was a national initiative for driving health and social care integration, in a way that supported person-centred care, sustainability, and sought to improve outcomes for people and their carers. He explained that the BCF was launched in 2015 and established pooled budgets between the NHS and Local Authorities, with the aim to reduce the barriers often created by separate funding workstreams.

The Strategic Programme Manager noted that in 2021/22 there were minimal changes for the BCF, given the ongoing pressures associated with the pandemic. He explained the policy framework outlined a 3.5 percent national uplift, with some variation on that figure in parts of the country, as in previous years. He added that in County Durham it had been agreed by the Health and Social Care system for a 5.3 percent uplift.

The Strategic Programme Manager noted the main policy requirements for the BCF 2021/22 were largely unaltered and addressed at paragraph 12 of the report. In relation to the Plan, he explained that considered of a narrative plan and a BCF planning template which outlined income and expenditure and national metrics. He noted national metrics were outlined at paragraph 18 of the report and included: effectiveness of re-enablement of people at home 91 days after being discharged from hospital in receipt of re-enablement; permanent admissions of older people to residential or nursing home care; and three new metrics. He added those three new metrics related to: avoidable hospital admissions; reducing length of stay for those in hospital longer than 14 and 21 days; and the proportion of people discharged home to their usual place of residence.

The Strategic Programme Manager noted that the BCF planning template and assurances did not coincide with the Health and Wellbeing Board schedule of meetings and as a result there was a request made for delegated authority for sign-off by the Chair and Vice-Chair of the Board, which was subsequently agreed. He concluded by noting that the Plan was submitted to NHS England on 16 November 2021, with scrutiny to be via regional assurance by 7 December, followed by cross-regional assurance by 9 December and with final approval by NHS England by 11 January 2022.

The Chair asked if we could guarantee that County Durham would not lose any of the Better Care Fund and asked what we were doing to influence decisions at the regional level. The Strategic Programme Manager noted he could not guarantee that County Durham would lose any of the BCF in the future, noting that while nothing would change for the 2022/23 year, he noted beyond that was not known. He noted that the BCF had been one of the most protected integration initiatives of recent times and would be difficult to unpick. He noted that in terms of influencing decisions at a regional level, he understood that Senior Officers of the Council were involved in regional discussions and that the previous item relating to Health and Social Care Integration presented by Michael Laing had provided an overview of future developments.

Resolved:

(i) That the report be noted.

(ii) That a full copy of the BCF Plan was available from the Strategic Programme Manager be noted.
(iii) That the Board receive further BCF updates at future Health and Wellbeing Board meetings.

9 Winter Planning Arrangements

The Board received a report from the Director of Integrated Community Services which provided an update on Winter Planning Arrangements (for copy of see file of minutes).

The Director of Integrated Community Services gave a detailed presentation in terms of the demand pressures being faced, along with the measures being put in place to respond to these. It was noted this included information as regards: surge and cold weather plans; increased demand in comparison to 2019; higher influenza infections and child RSV infections; social care; primary care; community services; acute care; mental health, the North East Ambulance Service (NEAS); Public Health; the Council's Technical Services in relation to highways; vaccination; and working together.

The Chair noted that the Government had published guidance with extra funding to support additional capacity however, given the demand on services that the Director of Integrated Community Services outlined, he asked what Partners could do to ensure residents used the most appropriate care, for example promoting the use of local pharmacies instead of presenting to secondary care and Accident and Emergency.

The Director of Integrated Community Services noted that the first step was self-care, one looking after oneself and utilising the local pharmacy or GP where one felt unwell in the first instance. He added that only then utilising acute services such as Accident and Emergency as appropriate. He noted there were many services available to help care and keep people safe over the winter period without having to attend Accident and Emergency. He noted one area for improvement was communicating with the public the options that were available in terms of staying well over winter and support such as urgent care, extended GP hours and mental health support were available.

The Associate Director of Operations, County Durham and Darlington NHS Foundation Trust, Wendy Quinn explained that, in terms of managing demand on Accident and Emergency, it was very important to note that the discussion around people not needing to attend Accident and Emergency had been had by many people and that spot checks had shown that a lot of sick people, that needed to be seen, were attending Accident and Emergency.

She added that while it would be preferable if they were not in Accident and Emergency for as long a period, those people needed to be seen. She noted, however, that there was a number of people that could receive services elsewhere and that the Acute Trust worked closely with Primary Care and Community Care colleagues in terms of alternatives being offered, including signposting people to different areas. She added that was an area that was worked on very hard, to create capacity to see people, albeit not providing additional physical capacity, i.e., bed spaces. She noted one of the alternative services, currently operating at Darlington, with work ongoing to create capacity at Durham, was same day emergency care. The Associate Director of Operations noted that it had proven to be very successful, and it was accepted that while continuing to communicate as regards when to go to Accident and Emergency, a number of people would still attend Accident and Emergency that may not need to. She added that, building on the learning during the pandemic, the service was looking at how to better deal with those slightly less sick people outside of Accident and Emergency to free up capacity.

The Vice-Chair, Dr Stewart Findlay noted that there were more sick people attending Accident and Emergency that ever before and added that the CCG were looking at the reasons why that should be. He explained that the most likely explanation was that the management of chronic disease which, by and large, stopped during the pandemic. He noted that those with chronic disease were the last people you would wish to be in a waiting room with the potential to catch COVID-19. He added that a lot of the monitoring that would have taken place via Primary Care had virtually stopped or was being carried out online or on the phone, and there was some evidence that was having an impact on people's health and so more acutely ill people were presenting at Accident and Emergency. He reiterated that Accident and Emergency should be reserved for those that are critically ill and that the first choice for those feeling unwell should be their local Pharmacist, their GP, the 111 helpline and then to attend Accident and Emergency as a last resort, of course unless one had an obvious emergency. He explained that GPs had been busier over the last few months than they had been at anytime since records began around five years ago. He noted that there had been a higher number of contacts and there was the additional pressure of delivering vaccinations, however, the number of face-to-face contacts with GPs was starting to increase, though the number of telephone contacts had increased hugely.

Dr Stewart Findlay explained that many GP telephone systems were unable to cope with the volume and added that the CCG were looking as to whether they could help GPs in terms of improving their telephone systems and also looking at increasing the number of administrative staff to ensure calls could be answered with either a solution or a promise of an appointment or a call back. He reiterated that it was a whole system approach to winter, which included vaccinations against COVID-19 and influenza.

The Chair noted that Elected Members would be happy to send out communications to their communities on the appropriate services to access to help alleviate pressures on the system.

Councillor R Bell noted the comments relating to vaccination against COVID-19 and influenza and recalled hearing that around 20 percent of those admitted to hospital had not had a COVID-19 vaccination. He added that if that was correct then it must present a significant risk to staff working in hospitals. He asked if those people would be offered a vaccination while attending hospital or challenged as regards why they were not vaccinated. The Associate Director of Operations explained that if a person attended Accident and Emergency and was to be admitted, they would receive an ID NOW test which would show if they were COVID-19 positive or not and they would be isolated accordingly. She noted that if a person had not received a COVID-19 vaccination it would not affect that person being admitted and treated, however, there were challenging conversations with people as regards the risk of catching COVID-19 in hospital. She reiterated that admission would never be refused, however, information as regards the risks would be given and some people then may wish to take up the opportunity to be vaccinated and some still may not. Dr Stewart Findlay added that if a person had caught COVID-19 they were unable to receive a vaccination for 28 days, and therefore it was often too late at that stage to vaccinate and sadly of those dying in hospital, many were unvaccinated. The Strategic Manager Outbreak Control, Joy Evans noted in relation to those testing positive for COVID-19 that were unvaccinated, that they would receive a text after 28 days to inform them they could access the vaccine.

The Chair asked what support mechanisms were in place for the staff within these health and care roles, as they must be under extreme pressure. The Director of Integrated Community Services noted staff across all areas of health and social care had been working very hard over the last two years of the pandemic and noted there were four elements. He noted one was leadership, letting staff know that it was alright to say that they were not alright and needed support, and explained that was best when leaders were visible and available to listen. He gave examples of the Chief Executive of Durham County Council, John Hewitt, having ‘Ask John’ sessions with staff and the Executive within the Trust having regular Facebook sessions with staff.

He noted an example of a day specifically for health support workers and the Chief Executive of the Trust, along with other senior staff, having attended Richardson Hospital at Barnard Castle to give thanks and support, and to listen and say it was alright not to be alright. He added other practical services and steps had been put in place, such as TRiM (Trauma Risk Management) which allowed for self-referral, offered peer support and options for both psychological and physical support. The Director of Integrated Community Services noted a third element was support via terms and conditions, an example being care home staff that had been supported via funding for additional payments. He noted other examples with the Local Authority and Trust offering wellbeing days. He added that the thanks of the public were also important, with cards and support helping to make a positive difference and provide a boost for morale. He noted that many care staff were not based within buildings and worked out in the community and there was therefore a need to focus on their health and wellbeing, with processes in place.

The Chair noted the thanks of the Board to all those health and social care workers.

Resolved:

That the report and presentation be noted.

10 Health and Wellbeing Board Campaigns

The Board noted a presentation from the Director of Public Health, presented by the Strategic Manager Outbreak Control, on the following public health campaigns (for copy of presentation see file of minutes):

- Covid-19, including
    - Overarching messages e.g., hands, face, space / testing / vaccinations
    - Areas of enhanced response to support the community engagement work
    - Beat Covid North East campaigns
    - Ongoing advice and information for children, young people and schools
- Health harms
    - Tobacco
    - Breastfeeding
    - Physical activity
    - Mental health
    - Painkillers call to action
    - Better health at work

- Autumn/Winter Covid 19 activity
    - Vaccine support
    - Testing
    - Covid Champions / Junior Champions
    - Outbreak support
    - Beat Covid North East
- External campaigns
    - Stoptober
    - Alcohol awareness
    - Mental Health / Mental Health at Scale
    - Domestic Abuse
    - Flu
    - Physical Activity
    - Painkillers
- Internal campaigns
    - Employee health and wellbeing
        - Staff wellbeing portal
        - Domestic Abuse champions recruitment
        - Menopause awareness
        - Better health at work
        - Staff wellbeing survey

Councillor T Henderson noted, in relation to the Painkillers campaign, that it was a hard message to get across to residents. He asked how we were aligning agendas, for example with physical exercise, healthy weight etc to support those who are in regular or constant pain. The Strategic Manager Outbreak Control noted there was a system wide response to the issue and noted the campaign that was highlighted within the presentation. She added that one of the key objectives within the OGIMs (Objectives, Goals, Initiatives and Measures) as part of the County Durham Commissioning and Delivery Plan was to address and drive down the prescribing for painkillers and to have those discussions with Primary Care and GPs when prescribing painkillers as regards the potential addictiveness. She noted the potential for co-referral into 'Wellbeing for Life' and working with the social prescribing link workers so that there was a holistic view of the person. She added that prescribing reviews are in place with the Medicines Optimisation Team and through Primary Care services. The Strategic Manager Outbreak Control noted that the Drug and Alcohol Recovery Service was also addressing the issue through their work, raising awareness, talking through issues of pain management with those see themselves as dependant upon the medication and where their story began and to look to address the wider health behaviours for that individual and potential options.

She added there was a ‘waiting well’ service, funded by the COMF within the County Durham and Darlington NHS Foundation Trust, to support those health behaviours such as physical activity and weight management to help address pain and reduce dependence on medication.

Resolved:

That the presentation be noted.

11 Covid 19 Vaccine Inequalities Update

The Board received an update report and presentation from the COVID-19 Vaccine Inequalities Group, presented by the Chief Officer of the County Durham CCG, Dr Stewart Findlay (for copy of see file of minutes).

Dr Stewart Findlay introduced himself and explained in addition to his role as Chief Officer of the County Durham CCG he was also an Associate Medical Director of the County Durham and Darlington NHS Foundation Trust and the Primary Care Director of the COVID-19 Vaccination Programme across the North East and North Cumbria.

He referred the Board to the comprehensive report within the agenda pack and highlighted that the vaccination programme was the most powerful weapon we had to fight against the pandemic. He noted good uptake in general in County Durham and the region, however, there were still some hard to reach groups where special measures had been taken to get out to those groups.

Dr Stewart Findlay noted that it had been shown that there was now a need for three vaccinations, with the first two being eight weeks apart which appeared to be the optimal gap. He added that protection appeared to wane by around 20 percent after around six months and therefore a third dose was needed for full protection, similar to Tetanus and Polio vaccination schedules for children. He emphasised that it was important that people came forward for their boosters to help prevent measures such as further lockdowns, citing Austria as an example where previous low vaccination uptake was now resulting in strict lockdowns.

He explained that a multiagency group had looked at inequalities across the County and noted there had been a number of ways looked at in attempting to address the issue. He noted the rapid development of systems when looking to roll out vaccinations and that there were a number of groups that were picked up including refugees, homeless and Gypsy, Roma and Travellers groups.

Dr Stewart Findlay explained that the aim had been to vaccinate 70 percent across all groups, difficult when dealing with those hard to reach groups. He noted that there still were a large number of unvaccinated across the County and those tended to be more likely to attend hospital and potentially an ITU bed.

Dr Stewart Findlay noted that initially it had been thought the majority of vaccinations would be given via the large vaccination centres, however, that had been quickly changed to a more local level via Primary Care Network sites, and then via individual GPs and community pharmacies. He added that momentum was built upon with pop-up clinics, such as at Durham University, and the roll out of the MELISSA Bus out to help reach the homeless and worked with North Yorkshire to work to roll out vaccinations at Appleby Fair. He noted the success and popularity of the bus, with over 5,000 vaccines delivered via the MELISSA Bus. Members were asked to note the figures in terms of vaccine uptake.

Councillor T Henderson asked if there was any update on whether the Government would vaccinate the under 12s in the coming months. Dr Stewart Findlay noted that some countries, such as the USA had started to look at the under 12s, however, he noted there was no indication yet that the UK would be going down that route, though it was on the list of options the Joint Committee on Vaccination and Immunisation (JCVI) were looking at. He noted that currently the prevalence of COVID-19 in the County was being driven by 4-12 year olds and therefore to protect the public at large it would be a good idea to vaccinate those younger children. He added that it was known the younger the person the more likely it was that they would not be seriously affected by COVID-19. He added that as the risk to those individuals was much less we had to be absolutely sure that for those children the vaccine was safe, though it was thought the risks would be minimal as the vaccine was a very safe vaccine.

Resolved:

(i) That the report be noted.
(ii) That the Board acknowledge the significant amount of collaborative work that had been undertaken to increase vaccination uptake in under-represented groups.
(iii) That the Board recognise that work to reduce the gap in vaccine uptake between different population groups was ongoing.

12 Local Outbreak Control Plan Update, including questions from members of the public and stakeholders

The Board received a report and presentation from the Director of Public Health which provided an update on the COVID-19 Local Outbreak Management Plan, presented by the Strategic Manager Outbreak Control (for copy of see file of minutes).

The Strategic Manager Outbreak Control gave a detailed presentation which included: highlighting dashboard information; vaccine uptake information; continuation of the 'hands, space, face' message; information on test and trace being delivered locally; work with care homes and the university; support of local access to lateral flow testing; 77 bids relating to the Contain Outbreak Management Fund, representing £24 million to be spent by March 2022; COVID-19 Community Champions; and single points of contact.

Councillor R Bell left the meeting at 2.51pm

The Chair advised that the following responses to questions from members of the public and stakeholders would be published on the Council's website following the meeting:

Michael Laing

1. **Why is it not a requirement for people to wear masks at both indoor and outdoor events?**

From 19 July 2021, there was no longer a legal requirement to wear face coverings in indoor settings or on public transport. Lifting restrictions does not mean the risks from Covid have disappeared, we have moved to an approach that enables personal risk-based judgements. No situation is risk free, there are actions we can take to protect ourselves and others around us. The public are therefore recommended to continue to wear face coverings in crowded and enclosed spaces where they meet people they don't normally meet.

In respect of businesses, venues and workplaces - employers must complete a risk assessment and take reasonable steps to manage risks to the health and safety of their workforce and customers in their workplace or setting, including the risks of Covid. Businesses can require or encourage customers, clients, or their workers to wear a face covering.

Joy Evans

2. Why is the vaccine I've received for my booster Jab (Pfizer) a different make to the one for the first two doses (Astra Zeneca)?

Most people will be offered a booster dose of the Pfizer/BioNTech vaccine or Moderna vaccine. You will be offered the right vaccine for you, which may be the same or different from those you had before. This can help increase protection and means your booster dose may be different from the vaccines you had for 1st and 2nd doses. Some people may be offered a booster dose of the Oxford/AstraZeneca vaccine if they cannot have the Pfizer/BioNTech or Moderna vaccine.

Dr Stewart Findlay

3. People are getting confused about time periods between booster jabs and the time you have to wait before a Covid vaccine if you have tested positive for Covid. Can you explain this?

These are two separate issues. In terms of the booster jab it must be at least 6 months, 182 days to be precise, between your 2nd jab and the booster jab. However, from 8 November 2021, the National Booking System will allow you to pre-book your booster appointment a month before you are eligible. This means that you can pre-book your jab for the day you reach the 6-month milestone, rather than waiting for a convenient appointment.

In terms of receiving a vaccination after testing positive for Covid, you must wait at least 28 days before any covid vaccinations jabs, be this a 1st, 2nd or booster jab.

Unless you are under 18 and healthy, where it is recommended you wait for 12 weeks. If you are clinically vulnerable and under 18, you should still wait 8 weeks.

Steve White left the meeting at 3.00pm

Dr Stewart Findlay

4. I hear on the news this Flu season is expected to be high. Why? And what are you doing to protect the NHS?

National and local campaigns are underway to encourage those who are eligible to have their Covid booster and flu jabs to do so. This winter, more people are likely to get flu as fewer people have built up natural immunity during the pandemic, and we are faced with the double threat of both Covid and flu. Therefore, it is more important than ever that we do what we can to protect ourselves and those around us, as well as helping to relieve pressure on social care and the NHS.

This year more people than ever are eligible for a free flu vaccine. More information can be found at www.durham.gov.uk/fluvaccine.

We can also minimise the risk of catching flu by using the same measures we deploy against Covid – i.e. masks, social distancing, good ventilation and hand sanitisation.

Resolved:

That the updated Local Outbreak Management plan be noted and agreed.