

## **Adults Wellbeing and Health**

### **Overview and Scrutiny Committee**

**15 November 2019**

### **County Durham and Darlington Flu Prevention Board**



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## **Report of Amanda Healy, Director of Public Health**

### **Electoral division(s) affected:**

All.

### **Purpose of the Report**

- 1 The purpose of this paper is to provide information and assurance on the progressing work of the County Durham and Darlington Flu Prevention Board ("Flu Board") to increase uptake of the flu vaccination in the local area.

### **Executive summary**

- 2 Influenza (flu) is a viral infection affecting the lungs and airways. The symptoms can appear very quickly and include headache, fever, cough, sore throat and aching muscles and joints. Complications include bacterial pneumonia and can be life threatening especially in older people and those with certain underlying health conditions. Vaccination to prevent transmission and infection is an important public health intervention.
- 3 Uptake of vaccination amongst eligible groups in County Durham in 2018/19 was varied, and highest for people aged 65 years and above, pregnant women and children aged 2 years in a clinical risk group, and for patients with diabetes. It was lowest for patients not in clinical risk groups, including carers, children aged 2 years and patients with morbid obesity. As such, there is room for improvement in increasing uptake in the local area.
- 4 The Flu Board met for the first time in July 2019 and was chaired jointly by senior leads from Durham County Council (DCC) Public Health and the Clinical Commissioning Group (CCG)s covering the local area. Membership was subsequently extended to Darlington Borough Council Public Health.

- 5 Alongside DCC leads from Public Health, Adults and Health, commissioning and communications, membership includes representation from commissioners and providers involved in the local delivery of the flu immunisation programme: CCG including Medicines Optimisation, Foundation Trusts, General Practice and Pharmacy.
- 6 Terms of Reference (ToR) and a long-term plan have been drawn up.
- 7 Key actions overseen by the Flu Board so far this year include:
  - (a) Responding to a call from the Director of Public Health, Health and Wellbeing Board (HWB) members agreed to become Flu Champions;
  - (b) Engagement with members of the public through Healthwatch and use of the early findings to promote insights through volunteer networks and the DCC programme;
  - (c) Improvements in the DCC Staff scheme, such as the extension to an additional 300 staff working in integrated teams with the NHS, the introduction of an opt-out policy, and the promotion of the UNICEF *Get a Jab, Give a Jab* campaign;
  - (d) Extensive promotion of the vaccination programme through multiple routes, including health and social care and educational settings, the internet and public transport;
  - (e) Identification of priority groups, including pregnant women, children aged 2-3 years, people with respiratory conditions and people aged 65 and over, and using available opportunities to promote and improve uptake amongst these groups;
  - (f) Engagement and data sharing with GP practices and County Durham & Darlington Local Pharmaceutical Committee;
  - (g) Targeted work to improve vaccination uptake amongst people who access local services, including care homes, substance misuse and stop smoking services.
- 8 Members of the Flu Board have agreed that they should meet over the course of the whole year, recognising that activity does not and should not cease after the winter.
- 9 They have also agreed that they should be recognised as the County Durham and Darlington Flu Prevention Board, affirming their role in overseeing the immunisation programme rather than managing outbreaks and epidemics.

- 10 Whilst recognising existing links providing assurance on the protection of the health of the local population, the Flu Board wishes to be accountable to the Integrated Care Board.

**Recommendation(s)**

- 11 The Adults, Wellbeing and Health Overview and Scrutiny Committee is recommended to:
  - (a) Note the contents of this paper.

## **Background**

### **Local authority role in Health Protection**

- 12 The local authority, and the Director of Public Health (DPH) acting on its behalf, play a critical role in ensuring relevant parties discharge their roles effectively for the protection of the local population.
- 13 Durham County Council (DCC)'s responsibilities for public health include ensuring that local arrangements to protect the health of the population are robust and fit for purpose. This includes assuring the delivery of screening and immunisation programmes.
- 14 In addition to the Flu Board, there are existing arrangements for the broad local oversight of immunisations programmes delivered to the local population, and planning for winter preparedness:
  - (a) DCC Public Health is linked with NHS England (NHSE) and Public Health England (PHE) meetings of the regional Public Health Oversight Group and local Screening and Immunisations Oversight Group. These meetings provide updates on the screening and immunisations programmes on relevant footprints and an opportunity to identify issues and discuss the potential for making improvements.
  - (b) The DPH chairs the quarterly Durham Health Protection Assurance and Development Group, which aims to enable the Director of Public Health to fulfil the statutory role in assuring the Council and Health and Wellbeing Board that satisfactory arrangements are in place to protect the health of the local population.
  - (c) DCC Public Health is represented at monthly meetings of the County Durham and Darlington Local A&E Delivery Board (LADB). The LADB acts as a forum where partners from across the health and social care system come together to agree a co-ordinated and integrated response to the provision of services that impact on the demand for emergency health and social care.
  - (d) DCC has an internal Employee Health and Wellbeing Group, and a Health, Safety and Wellbeing Strategic Group into which the Flu Board feeds, particularly on the planning and implantation of the DCC staff vaccination programme.

## **Aims of the Seasonal influenza immunisation programme**

- 15 The national flu immunisation programme aims to provide direct protection to those who are at higher risk of flu associated morbidity and mortality. Groups eligible for flu vaccination include people aged 65 and over, pregnant women, and those with certain underlying medical conditions. From 2019, all children aged 2 to 10 are offered the vaccine.
- 16 Medical conditions indicating clinical risk for flu infection includes chronic respirator, heart, kidney, liver and neurological diseases, diabetes, dysfunction of the spleen, and problems with the immune system. From 2017/18, morbid obesity was included as a qualifying factor for those eligible for free flu vaccination.
- 17 Vaccination is also recommended for frontline health and social care workers for the prevention of the transmission of flu to help protect both staff and those that they care for.

## **Commissioning arrangements**

- 18 The commissioning landscape for the flu programme is complicated.
- 19 At a national level, the responsibility for commissioning and quality assuring the parallel Seasonal influenza immunisation programmes for children and adults is delegated to NHS England by the Secretary of State (SoS) under section 7A of the National Health Service Act 2006. Within the region, this responsibility is discharged by the Cumbria and North East Screening and Immunisation Team comprising both NHSE and embedded PHE staff.
- 20 GPs are contracted to provide much of the programme through the Directed Enhanced Service (DES) specification for seasonal influenza and pneumococcal immunisation. Under the DES, people eligible for flu vaccination are those patients aged 65 and over on 31 March 2020, pregnant women, those aged six months to 64 years (excluding patients aged two and three on 31 August 2019) defined as at-risk, and carers. The DES also includes eligible health and social care workers and health care workers in the voluntary managed hospice sector.
- 21 There is a separate enhanced service specification for the childhood seasonal influenza vaccination programme delivered by GPs, covering the vaccination of children aged two and three years on 31 August 2019.
- 22 From 2015, all community pharmacies could register to provide flu vaccination to eligible adult patients (i.e., those aged 18 years and over, including those within clinical risk groups).

- 23 In the local area, Harrogate and District NHS Foundation Trust (HDFT) school-aged immunisation team are the providers of flu vaccination to primary school aged children (aged 4 to 10) across County Durham and Darlington local authorities.
- 24 For the first time in 2018/19, NHS England commissioned all local midwifery services across Cumbria and the North East to administer the flu vaccine to pregnant women (several Trusts delivered this service prior to 2018/19). County Durham and Darlington NHS Foundation Trust (CDDFT) began delivering this service in 2014/15 season. They utilise a GP-practice-based model of delivery, whereby midwives administer vaccines in clinics at GP practices. Each GP practice has a named midwife responsible for delivering the programme to its pregnant women. For the 2019/20 season CDDFT planned to extend their offer of vaccination to pregnant women to include via antenatal clinics at several secondary care settings.
- 25 Vaccination is also recommended for frontline health and social care workers, to be provided by their employer.

### **DCC staff programme**

- 26 DCC has an ongoing targeted annual staff vaccination programme, which is led by the Public Health Pharmacy Adviser working in the Public Health Team. This is part of a 3-year plan for the Council, which was agreed in July 2018.
- 27 This programme targets staff who work with service users who are at risk of the complications of flu. Eligible staff are those employed staff members who routinely provide up close and personal care (i.e. assisting or prompting people with eating / drinking / toileting / bathing / dressing) to clients.
- 28 The two main elements of the programme are
- (a) Onsite flu vaccinations to be provided by Occupational Health, and
  - (b) Provision of a voucher for staff unable to attend an onsite clinic or not located at a staff base.
- 29 The local evaluation of the 2018/19 flu programme in County Durham recommended that a local Flu Board be established to oversee the delivery of the flu programme to the whole eligible population (including the DCC staff scheme) in the local area. The evaluation identified priority areas including strengthened communications, and closer working across the health and social care system to promote and improve uptake amongst those most at risk.

## County Durham and Darlington Flu Prevention Board

- 30 The Flu Board is co-chaired by a Consultant in Public Health from DCC and a Medical Director representing the Clinical Commissioning Groups covering the local area.
- 31 Due to cross-overs in the commissioning and delivery of the immunisation programme, membership has been extended to Public Health in Darlington Borough Council.
- 32 In October 2019, members agreed to name the group as the County Durham and Darlington Flu Prevention Board. The decision was taken to reflect the Board's role in overseeing the vaccination programme, and to recognise that activity is continuous and does not cease during the winter.
- 33 At the initial meetings of the Board, detailed data were shared on uptake amongst eligible groups, which supplemented the previous year's evaluation paper. The dataset included the number of eligible patients who did not receive the vaccine<sup>1</sup>, and highlighted key issues such as:
- (a) Uptake amongst pregnant women with a clinical risk (66.9%) rose far above those without (52.5%), and over 2,000 pregnant women in County Durham remained unvaccinated. The national ambition for uptake amongst pregnant women was 55%.
  - (b) Uptake amongst children aged 2-3 years old was as low as 40.3% for children aged 2 without a clinical risk, and over 3,000 children aged 2-3 years in County Durham were unvaccinated. The national ambition for uptake amongst children aged 2-3 years was 55% for those with a clinical risk and 48% for those without.
  - (c) Around 17,000 patients with chronic respiratory disease in the local authority area did not receive the vaccine. The national ambition for uptake amongst patients in this group was 55%. On the other hand, uptake amongst patients with diabetes was 65.4%.
  - (d) Although uptake amongst registered patients aged 65 and over was as high as 71.4%, over 30,000 people in this group were unvaccinated. The national ambition for uptake amongst patients aged 65 and over was 75%.

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<sup>1</sup> The reporting system providing this data does not yet record the number of patients in clinical risk categories who did not wish to receive the vaccine.

- 34 A copy of the dataset provided, summarised at Locality Level for the sake of readability, is included at **Appendix 2**.
- 35 The evaluation of the DCC Staff campaign showed that uptake at on-site clinics amongst staff identified as eligible for vaccination at flu clinics was 17.7% (127 out of 717 identified).
- 36 Terms of Reference (ToR) and a long-term action plan were tabled at a meeting on the Board in October 2019 and are being finalised. This describes that the role of the Flu Board is to provide systems leadership in the oversight and assurance of flu programme delivery in the local area. The most recent version of the ToR is given in **Appendix 3**.
- 37 Membership includes representatives from a wide range of organisations from the health and social care system including those involved in the commissioning and delivery of the programme in the local area.
- 38 With respect to governance, it has been agreed that the Flu Board should be held accountable to the Integrated Care Board.
- 39 Members of the Flu Board will receive regular, detailed updates on uptake in order to highlight areas of good practice and opportunities for improvement. It is expected that these datasets will complement those prepared by NHSE and provided to CCG leads and LADB.
- 40 The Flu Board has so far overseen a number of important improvements to the implementation of the local flu programme, which are captured within the Board's developing action plan.
- 41 With regards to engagement and communications, this includes:
- (a) Engagement with the public by Healthwatch during summer 2019. Although the full report is awaited at the time of writing, early access to data has enabled the DCC Pharmacy Adviser to:
    - (i) use volunteer networks to support with the dissemination of key messages around flu to vulnerable groups, and
    - (ii) stress the message in the DCC programme that healthy front-line workers also need the flu jab.
  - (b) Promotion of flu, pneumococcal and shingles vaccinations within the Stay Well This Winter campaign distributed online and through Durham County News;
  - (c) Promotion of flu vaccination on buses operating within County Durham;



- (d) Identification of a photo opportunity with the chair of the HWB and Corporate Director of Adult & Health at one of the DCC staff flu vaccination clinics;
- (e) Verbal presentations to GPs attending the four Locality Prescribing Groups within County Durham by the DCC Consultant in Public Health, Pharmacy Adviser, and facilitated by the CCG Flu Leads. This provided an opportunity to highlight eligible patients, opportunities to improve uptake amongst priority groups and vaccine supply issues;
- (f) The Childhood Immunisation Team sent out letters to parents highlighting impact of flu and visited every primary school, and attended summer fairs including Saturdays, sports days, parents' evenings and community events;
- (g) Distribution of regular updates and key messages to GP Practices by the CCG Lead through Durham Flu News;
- (h) Sharing of locality-level uptake data and key messages with County Durham & Darlington Local Pharmaceutical Committee to promote opportunities to improve uptake amongst eligible groups accessing community pharmacies (e.g., those accessing Nicotine Replacement Therapy);
- (i) Distribution of NHSE/ PHE letters jointly signed by the DPH to promote uptake and infection control measures amongst early years, nursery and school settings;
- (j) Strengthening links between the Regional Flu Board led by NHSE through DCC Public Health and CCG leads;
- (k) The Flu Board also has oversight of partner organisations' staff vaccination campaigns.

42 For the DCC staff programme, key actions taken this year include:

- (a) With the support of CDDFT, the extension of the programme to around 300 staff working in integrated teams with the NHS;
- (b) The establishment of a steering group within the Employee Health and Wellbeing group to drive the programme forward;
- (c) The introduction of an Opt-Out policy whereby staff members are approached on an individual basis by their managers / service leads with an offer for the flu vaccination;
- (d) The introduction of an incentive scheme;

- (e) Comprehensive promotion of the programme, including through Durham Buzz magazine;
  - (f) Promotion of the UNICEF *Get a Jab, Give a Jab* campaign to staff.
- 43 In addition to improved communications, specifically for priority groups, key actions include:
- (a) Encouraging GP practices to promote uptake amongst pregnant women throughout the season up until 31st March 2020. The key message has been shared through the practice flu newsletter that if ladies present at the practice January to March 2020 then it is requested that the practice administer the flu vaccine as patients may not see the midwife before the 31st March 2020;
  - (b) For patients with respiratory conditions, giving consideration to asking community nurses to extend their current role to the hard to reach respiratory patients who did not attend following three invite letters;
  - (c) Consultants in hospital settings directly promoting vaccine uptake to patients under their care within clinical risk groups.
- 44 As regards vaccine supply, the Flu Board has sought assurance from NHSE and was informed that 80% of the flu vaccines ordered will be in England by 31<sup>st</sup> October 2019. In order to mitigate potential risks in the future, practices have been advised to order a mix of vaccines available for adults rather than from a single supplier.
- 45 Responding to a call from the Director of Public Health in September 2019, members of the HWB agreed to become Flu Champions within their organisations. Highlights from responses received so far are:
- (a) Clear senior leadership of organisational flu programmes, including communisations;
  - (b) Commissioning for Quality and Innovation (CQUIN) indicators set by NHS England and NHS Improvement to incentivise Trusts to achieve 60-80% of staff uptake;
  - (c) Recruitment of peer vaccinators within Trusts to promote and provide flu vaccination, and
  - (d) Development of incentive schemes for individual members of staff.
- 46 An evaluation of the success of the flu immunisation programme delivered locally will be undertaken in Spring 2020.

## Options

- 47 There is no legal duty to convene a local Flu Prevention Board and membership is voluntary.

## Main implications

- 48 The establishment of a local Flu Board represents clear willingness amongst local partners to improve uptake and provide assurance to the DPH and local authority on the delivery of the flu immunisation programme in the local area.

## Conclusion

- 49 The Flu Board has overseen and facilitated much coordinated activity to promote and improve vaccination uptake in its first year and first few months of existence.
- 50 The Flu Board wishes to be held accountable to the Integrated Care Board.
- 51 Representatives see the work of the Flu Board as part of a longer-term plan to improve the effectiveness and equity of the flu vaccination programme.
- 52 The forthcoming evaluation of the Flu Programme in the Spring 2020 will help inform discussion on its effectiveness, added value and future direction.

## Background papers

- None

## Other useful documents

- The national flu letter, and included reference material:  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/788903/Annual\\_national\\_flu\\_programme\\_2019\\_to\\_2020\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/788903/Annual_national_flu_programme_2019_to_2020_.pdf)

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## **Appendix 1: Implications**

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### **Legal Implications**

The local Flu Board does not hold statutory status. One of its core roles is to provide assurance on the delivery of the flu immunisation programme locally, as part of the local authority's shared responsibility (with the Secretary of State) for the protection of the health of the local population (discharged by the Director of Public Health).

### **Finance**

There are no direct financial implications for the Council. There are indirect costs associated with representation and provision of secretarial support by DCC.

### **Consultation**

The Flu Board does not directly consult with members of the public. However, its work has been and will be informed through local engagement activity, led by Healthwatch.

### **Equality and Diversity / Public Sector Equality Duty**

The Flu Board aims to promote the equitable delivery of the flu vaccination programme in the local area.

### **Climate Change**

There are no clear and obvious links between the work of the Flu Board and climate change.

### **Human Rights**

There are no clear and obvious links between the work of the Flu Board and Human Rights. Consent is required for patients to receive the vaccination and the Flu Board is not involved in direct delivery.

### **Crime and Disorder**

There are no clear and obvious links between the work of the Flu Board and Crime and Disorder.

### **Staffing**

There are no staffing implications for Flu Board, as it makes use of existing staff.

## **Accommodation**

There are limited implications for accommodation, as meetings of the Flu Board have been convened on DCC premises.

## **Risk**

Improved uptake of flu vaccination in the local population has the potential to reduce the burden of morbidity and mortality associated with flu infection. Communications and engagement activity undertaken on behalf of the Flu Board provide an opportunity to enhance the reputation of the Council with partners and the public.

## **Procurement**

There are no procurement implications linked to the work of the Flu Board. It is directly involved in the procurement of products or services.

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## Appendix 2: Uptake and number unvaccinated amongst eligible groups within County Durham during the 2018/19 campaign

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Uptake	Dales	Easington	Sedgefield	CLS	Derwentside	Durham	County Durham
Chronic Heart Disease	48.12%	48.83%	49.64%	49.21%	51.04%	48.97%	49.29%
Chronic Respiratory Disease	49.27%	48.43%	49.17%	49.74%	50.24%	48.48%	49.18%
Chronic Kidney Disease	59.22%	47.28%	56.40%	58.52%	53.76%	60.29%	54.53%
Chronic Liver Disease	40.22%	43.53%	48.69%	42.64%	41.88%	47.55%	44.15%
Diabetes	67.47%	64.65%	65.57%	62.74%	65.13%	66.75%	65.54%
Immunosuppression	53.41%	48.83%	57.04%	57.04%	57.72%	58.79%	55.30%
Chronic Neurological Disease	52.72%	52.49%	54.03%	51.39%	55.44%	53.11%	53.34%
Asplenia or dysfunction of the spleen	46.71%	41.13%	46.50%	46.12%	41.31%	34.67%	42.41%
Morbid obesity AND in one or more clinical risk group	58.68%	57.24%	58.81%	58.65%	59.25%	58.53%	58.48%
Morbid obesity NO clinical risk group	20.60%	13.26%	22.95%	22.84%	23.92%	18.36%	19.93%
Pregnant and NOT IN a clinical risk group	44.29%	38.76%	55.36%	58.74%	59.66%	55.90%	52.32%
Pregnant and IN a clinical risk group	63.10%	46.39%	66.36%	78.26%	74.79%	72.62%	66.61%
Aged 2 years and NOT in a clinical risk group	44.77%	31.25%	41.80%	47.18%	34.14%	49.79%	40.68%
Aged 2 years and IN a clinical risk group	48.57%	47.37%	51.35%	57.14%	29.73%	68.18%	48.09%
Aged 3 years and NOT in a clinical risk group	49.01%	37.09%	50.10%	50.35%	44.98%	56.41%	47.52%
Aged 3 years and IN a clinical risk group	57.89%	52.78%	58.33%	38.89%	57.14%	45.10%	53.06%
16 years to under 65 years not at-risk who fulfil the 'carer' definition	40.00%	37.21%	42.29%	42.60%	34.07%	36.70%	38.87%
Total Combined - 6months to under 65 years: At-risk	49.44%	47.53%	49.89%	48.60%	49.88%	48.37%	48.97%
65 and over	71.69%	70.47%	72.40%	71.60%	70.67%	72.13%	71.51%

Unvaccinated	Dales	Easington	Sedgefield	CLS	Derwentside	Durham	County Durham
Chronic Heart Disease	1255	1353	1264	646	1083	943	6544
Chronic Respiratory Disease	3082	3440	3247	1634	2949	2705	17057
Chronic Kidney Disease	168	388	177	112	258	137	1240
Chronic Liver Disease	217	240	196	113	186	150	1102
Diabetes	880	1082	991	576	993	783	5305
Immunosuppression	287	351	287	186	249	265	1625
Chronic Neurological Disease	696	763	702	367	627	520	3675
Asplenia or dysfunction of the spleen	178	166	176	118	179	245	1062
Morbid obesity AND in one or more clinical risk group	383	496	416	196	414	294	2199
Morbid obesity NO clinical risk group	1106	1636	1205	608	1256	1036	6847
Pregnant and NOT IN a clinical risk group	434	414	416	222	361	314	2161
Pregnant and IN a clinical risk group	31	52	36	15	30	23	187
Aged 2 years and NOT in a clinical risk group	412	715	561	281	654	479	3102
Aged 2 years and IN a clinical risk group	18	20	18	6	26	7	95
Aged 3 years and NOT in a clinical risk group	360	665	496	282	548	408	2759
Aged 3 years and IN a clinical risk group	16	17	25	11	18	28	115
16 years to under 65 years not at-risk who fulfil the 'carer' definition	621	756	891	345	660	545	3818
Total Combined - 6months to under 65 years: At-risk	6150	7025	6361	3701	5997	5562	34796
65 and over	5999	5237	5601	3403	5457	4985	30682

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## **Appendix 3: Terms of Reference for the County Durham and Darlington Flu Prevention Board**

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### **County Durham and Darlington Flu Prevention Board**

#### **Terms of Reference**

##### **1. Introduction**

The role of the Flu Board is to provide systems leadership in the oversight and assurance of flu programme delivery in the local area. The Board will facilitate the sharing of good practice; ensure compliance with national guidance and effective scrutiny and feedback on uptake against ambitions.

##### **2. Aim and Objectives**

- I. Oversee the effective and equitable implementation of flu vaccination in the local area;
- II. In line with national and regional flu planning, agree priorities for action and incorporate these within a local flu plan;
- III. Monitor and coordinate the local response to emerging issues with the implementation of the flu vaccination programme, such as vaccine supply;
- IV. Escalate issues as appropriate to commissioners of the joint flu programmes for children and adults;
- V. Review the implementation of the local flu programme annually, providing recommendations to improve the work of the Board and the flu programme.

Within the following aspects of the seasonal flu immunisation programme, the Board will:

##### **Quality**

- Ensure that the programme is safe and quality assured
- Provide comment and feedback to service providers

##### **Performance**

- Monitor uptake within local populations and support delivery against national and local ambitions
- Ensure that all those eligible for immunisation are identified and invited for immunisation in a timely way and that they are recorded

##### **Development**

- Provide professional leadership and support



## Addressing health Inequalities

- Work with commissioners and providers to support the immunisation programmes and reduce health inequalities

## Influenza immunisation programme

- Plan and oversee the implementation of the local programme, informed by national guidance and local need
- Provide leadership across the local area to improve influenza immunisation uptake, where possible, for the eligible patient and staff groups.
- Ensure a co-ordinated approach to communications and updates on progress; in particular to stakeholders, providers and public where appropriate.
- Ensure appropriate monitoring and reporting systems are put in place to track the level of uptake as a means of ensuring progress is made towards achieving the required level of coverage.
- Sign off reports as required including an interim and final evaluation of the programme and identify lessons learned
- Co-ordinate the necessary expertise to maximise the effectiveness of the campaign in the general local population.
- Co-ordinate the necessary expertise to maximise the effectiveness of the campaign in at-risk groups, health and social care staff and those working in the independent and VCSE sector
- Provide assurance to local Directors of Public Health with regards to the implementation of the programme

### 3. The remit of the group

- The programme board covers the population resident within, and patients registered with GP practices in, County Durham and Darlington.

### 4. Membership

The group is multiagency and multidisciplinary and it is an expert group and not one of representation. It will include the following:

Core membership – attendance or appropriate deputy expected

Consultant in Public Health, Durham County Council (DCC) (Co-Chair)	Chris Allan
Medical Director, Clinical Commissioning Group (CCG) (Co-Chair)	Dr James Carlton
Executive Director of Nursing, County Durham and Darlington NHS Foundation Trust (CDDFT)	Noel Scanlon
Chief Nurse, Harrogate and District NHS Foundation Trust	Jill Foster

Director of Integrated Community Services, CCG/CDDFT/DCC	Lesley Jeavons
Director of Nursing and Governance, Tees, Esk and Wear Valley NHS Foundation Trust	Elizabeth Moody
Darlington Public Health	Jon Lawler
Chief Officer, County Durham & Darlington Local Pharmaceutical Committee	Greg Burke
Flu Lead and Head of Medicines Optimisation, CCG	Kate Huddart/ Joan Sutherland
Practice Nurse Link, CCG	Caryl Bowie
Senior Commissioning Manager, NHS England and NHS Improvement	Kate Birkenhead
Head of Adult Care, DCC	Lee Alexander
Public Health Pharmacy Adviser, DCC	Claire Jones
Strategic Commissioning Manager, Adult and Health Services, DCC	Neil Jarvis
Public Health Practitioner, DCC	Sean Barry
Communications Lead, DCC	Stella Hindson/ Lynsey Fleming

Additional members with specific expertise may be co-opted to the programme board as required to provide specialist opinion e.g. public health analysts.

## **5. Accountability and reporting arrangements**

The Flu Board is accountable to the Integrated Care Board.

Representatives attending the board are required to provide feedback appropriately within their own organisations/peers.

The board chair will collate a brief annual report detailing the overall performance, activity of the programme board, achievements of the immunisation programmes, significant events and learning points and horizon scanning for next year's work programme.

### **Method of Working**

The programme board is chaired jointly by a Consultant in Public Health in County Durham Public Health and a Medical Director from the Clinical Commissioning Group.

All members must keep their contact details up to date and must inform the chair if they wish to withdraw from the group.

Membership of the board will be reviewed annually.

### **Attendance at Meetings**

All core members are expected to make every effort to attend all meetings, and where unable to do so should nominate an appropriate deputy to attend in their place.

### **Frequency**

Meetings will be held monthly. The chair of the group may convene special meetings whenever necessary and appropriate.

### **Roles and responsibilities**

The role of the chair is to set the agenda and arrange for papers to be circulated. Action notes will be circulated one week prior to the meeting being held.

### **Standard Agenda**

The agenda for meetings will include the following standing items:

- a) Welcome and apologies
- b) Action points of previous meeting and matters arising
- c) Communications
- d) Review of local flu plan as appropriate
- e) Review of uptake in the local population and amongst priority groups
- f) Epidemiological surveillance reports
- g) AOB
- h) Next meeting

### **Administration**

Durham County Council will administer these meetings

### **6. Date Approved**

Approved by the County Durham and Darlington Flu Board on 7th November 2019.

### **7. Date for Review**

These Terms of Reference will be reviewed annually in Spring following the evaluation of the previous years' programme.