

Report of the Leeds Bronze COVID-19 Vaccination Steering Group
Report to the Scrutiny Board (Adults, Health and Active Lifestyles)
Date: 9 February 2021
Subject: Overview of the Leeds COVID-19 Vaccination Programme

Are specific electoral wards affected? If yes, name(s) of ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has consultation been carried out?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Will the decision be open for call-in?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Summary

1. Main issues

- This report provides a high level overview of the Leeds COVID-19 Vaccination Programme and rollout with a 'just in time' presentation to be provided to the Scrutiny Board (Adults, Health and Active Lifestyles) on 9 February 2021 recognising the dynamic nature of the programme. This includes:
 - Arrangements for the Leeds COVID-19 Vaccination Programme
 - Types of vaccination settings
 - Prioritisation of people and staff and tackling health inequalities
 - Workforce implication
- It is a fast moving programme and the information provided in this report is correct as of 7 January 2021. For the latest information please visit the [Government website](#) and the [NHS website](#). For information on the local programme please visit the [NHS Leeds CCG website](#).

2. Best Council Plan Implications (click [here](#) for the latest version of the Best Council Plan)

- COVID-19 continues to have a hugely significant impact on all areas of the Best Council Plan, with the economy, employment, education, community resilience and health and wellbeing all detrimentally affected by the pandemic, which will undoubtedly limit progress towards our ambitions and present long-term challenges for the city.
- While challenging, the vaccine programme is our light at the end of the tunnel. It will save lives, improve health and enable us to gradually re-open the parts of our economy that are currently struggling and/or closed.

3. Resource Implications

- Leeds is awaiting further information about the funding position for the vaccination rollout, as it is clear that this will be a major logistical exercise for local authorities, NHS trusts and their partners.

Recommendations

Scrutiny Board (Adults, Health and Active Lifestyles) is asked to:

- Note and provide feedback on the contents of the report and the update to be provided at Scrutiny Board (Adults, Health and Active Lifestyles) meeting on 9 February 2021.

1. Purpose of this report

- 1.1 To provide an update on the Leeds COVID-19 Vaccination Programme. Due to the dynamic nature of the programme, this paper was correct at the time of writing (7 January 2021), however a 'just in time' presentation will be provided to the Scrutiny Board (Adults, Health and Active Lifestyles) on 9 February 2021. For the latest information please visit the [Government website](#) and the [NHS website](#). For information on the local programme please visit the [NHS Leeds CCG website](#).

2. Background information

- 2.1 Services in Leeds have been working in partnership to respond to the system-wide challenges posed by COVID-19. These challenges are hugely significant and have resulted in radical changes to service delivery and new pressures on staff. The people of Leeds have responded magnificently but we are all too aware, going into the third lockdown, of how keen people are for life to return to a semblance of normality.
- 2.2 The vaccine programme is our light at the end of the tunnel. It will save lives, improve health and enable us to gradually re-open the parts of our economy that are currently struggling and/or closed.
- 2.3 Following extensive trials, the first safe and effective vaccine for COVID-19 was approved by regulators and made available to priority groups on 8 December, initially at 50 hospital hubs across the country. This signalled the start of the largest vaccination programme in the history of the NHS.
- 2.4 Leeds Teaching Hospitals was one of the first 50 'hospital hub' sites chosen to take delivery of the Pfizer vaccine, with NHS staff from across the city providing

vaccinations to the priority groups identified by the Joint Committee on Vaccination and Immunisation (JCVI).

- 2.5 Tuesday 15 December 2020 saw a further landmark event in Leeds as three primary care networks became the first to deliver the COVID-19 vaccine in a primary care setting. GP practice staff in Leeds joined GP practices in more than 100 locations in England in offering the vaccine to patients on this day.
- 2.6 Wednesday 30 December 2020 marked a further important step in the country's efforts to tackle the coronavirus pandemic, as the Medicines and Healthcare Regulatory Agency approved the Oxford-AstraZeneca vaccine.
- 2.7 This is a major development and will mean the vaccination programme can be expanded to reach significantly more people as supplies become available. There is still a lot of detail to be confirmed before we will be able to finalise the plans for West Yorkshire as the Oxford AstraZeneca vaccine is much easier to store and transport than the Pfizer BioNTech vaccine, it will be able to be offered from a much wider range of locations.
- 2.8 We are part of a regional, West Yorkshire programme, with the lead provider being Leeds Teaching Hospitals NHS Trust. Dr Phil Wood, Chief Medical Officer, Leeds Teaching Hospitals NHS Trust is the SRO for the Vaccine Programme, West Yorkshire and Harrogate Health and Care Partnership. Sam Prince, Chief Operating Officer, Leeds Community Healthcare NHS Trust is the SRO for the Leeds Vaccination Programme
- 2.9 Locally, we have set up a Steering Group that is rooted in the 'Team Leeds' approach. This involves the full range of local partners including all NHS Trusts, Leeds City Council and the third sector, as well as HR, intelligence and communications leads. A series of subgroups are in place, covering key areas such as logistics, workforce and comms. We have also developed a plan to tackle health inequalities and ensure an equitable roll out of the vaccine. Leeds University is working with the Council and NHS to build on the knowledge from our flu and other local programmes and to understand the evidence for best practice in mass vaccination programmes. This includes insight into what works in communities.
- 2.10 Healthwatch Leeds is conducting regular public surveys to understand public opinion and build knowledge of the vaccine programme.

3. Main issues

Roll out of the Leeds COVID-19 Vaccination Programme

- 3.1 There has been ongoing extensive planning to deliver the largest vaccination programme in our history, providing four different delivery methods:
 - Hospital Hubs
 - Local Vaccine Services – provided by GPs and Pharmacies
 - Vaccination Centres – large sites convenient for transport networks and accessible for our communities
 - Roving or “pop-up” models aimed at specific communities where take-up of the vaccine is lower than the general population
- 3.2 Our hospital hub sites, at the time of writing, are at St James's University Hospital, hosted by the Thackray Medical Museum (Leeds Teaching Hospitals NHS Trust), and The Mount (Leeds and York Partnership NHS Foundation Trust).

- 3.3 Local vaccination services are being provided by our 18 Primary Care Networks and two pharmacy sites, offering citywide coverage following a phased approach and has already started vaccinating over 80s and care home staff and residents.
- 3.4 In Leeds, Elland Road was agreed as a vaccination centre and was opened on 20 Jan with national agreement. In the first instance it will open as an extension of the Hospital Hub at the Thackray Medical Museum allowing more health and social care workers to be vaccinated. The site will become a Community Vaccination Centre on 8 February (provisional) and priority will be given to those groups directed by the JCVI (see below). As a health and care system, lots of work has taken place and is ongoing to ensure that the needed infrastructure is in place for the site (e.g. workforce, parking, traffic flow, completing road works, signage, enhanced capacity for public transport, etc.).
- 3.5 The MHRA and JCVI have also advised that the second doses of both vaccines can now be given up to 12 weeks after the first dose. The JCVI and UK Chief Medical Officers have also recommended that as many people on the priority list as possible should be offered a first dose of the vaccine and that this should be prioritised over second vaccinations. This is to protect the greatest number of at risk people overall in the shortest possible time and to achieve the greatest impact on reducing mortality and hospitalisations and protecting the NHS. This is a significant change from the initial roll out where patients and staff were being asked to attend for their second dose between 21 and 28 days after their first dose.
- 3.6 To support a wider roll-out, a national booking system has been developed which will help make sure people are aware of all the places they can get their vaccine locally and enable them to choose the centre that is most convenient for them.

Prioritising our patients and staff

- 3.7 The phased vaccination programme initially prioritised care home staff and residents, patients aged 80 and above frontline health and social care staff. The priority group has now been expanded to cover over 70s and Clinically Extremely Vulnerable. We will continue to broaden out the priority groups as advised by the JCVI.
- 3.8 JCVI advises the order of vaccine delivery, in order to prevent mortality and maintain health and social care systems is as follows:
- residents in a care home for older adults and their carers
 - all those 80 years of age and over and frontline health and social care workers
 - all those 75 years of age and over
 - all those 70 years of age and over and clinically extremely vulnerable individuals
 - all those 65 years of age and over
 - all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
 - all those 60 years of age and over
 - all those 55 years of age and over
 - all those 50 years of age and over

- 3.9 In Leeds we are considering the needs of those who are affected by significant health inequalities that may fall outside the priority groups identified by the JCVI such as those with a learning disability. This follows the JCVI guidance that “Implementation should also involve flexibility in vaccine deployment at a local level”.
- 3.10 We are taking a similar approach to vaccinating health and social care staff across the city. We recognise the importance and value that our third sector colleagues bring to promoting health and wellbeing in the city so the staff vaccination programme includes third sector colleagues in frontline roles as well as those working for the NHS and social care.
- 3.11 With a sustained and steady national roll out of the vaccine we are looking to prioritise staff in a similar way to the wider population. This priority list currently is as below, subject to change:
- Clinically Extremely Vulnerable staff
 - Over 50s in front line patient facing roles
 - 16-49s in in front line patient facing roles
 - All other over 50s
 - All other 18-49s

Tackling health inequalities

- 3.12 The Leeds Health and Wellbeing Strategy has a focus on reducing health inequalities and has a bold ambition that people who are the poorest improve their health the fastest. There is currently considerable focus on addressing health inequalities within the Leeds health and care system, which was highlighted at the Leeds Health and Wellbeing Board on 30 Sept 2020 through the report, ‘[Working in Partnership to Tackle Health Inequalities](#)’ and through key plans such as the Leeds Left Shift Blueprint.
- 3.13 Local experience and insight from communities as well as national evidence shows that certain population groups and communities have been disproportionately affected and impacted by COVID-19. There have been a number of national reports describing these impacts, most notably ‘[Build Back Fairer: The COVID-19 Marmot Review](#)’ by Public Health England and Sir Michael Marmot. This highlighted the risk of broadening health and social inequalities as a result of COVID-19, particularly those related to mental health, poverty, education, employment and housing status, all of which have been impacted by both the pandemic and our necessary response (lockdown etc.).
- 3.14 The Leeds COVID-19 Vaccination Programme has been clear from the outset that we have a duty to address the existing and emerging inequalities.
- 3.15 To help us understand the views of local people, we’ve worked on an insight piece - led by Healthwatch Leeds - to establish if there any differences in views and perceptions in Leeds compared to nationally available data. This will help inform our approach to actively engaging our communities using well-established routes in the city.
- 3.16 A partnership group is drafting an inequalities plan that will factor in considerations about how to improve access to the vaccination programme (for example by

ensuring community languages are used, that people with learning difficulties are supported and that disabled people can access vaccination centres). It will use local insight from communities and take an asset based approach to maximise uptake and reduce vaccine hesitancy while accepting that a very small minority will continue to be outright resisters for any number of reasons.

- 3.17 The inequalities work will be complemented by existing mechanisms set up during the COVID-19 pandemic, led by our third sector partners. This includes using community champions and ambassadors and networks such as the communities of interest group and Local Care Partnerships.
- 3.18 Elected members have deep knowledge of their communities as well as established relationships and community connections. We will seek to use these routes to further encourage people to have the vaccine by providing trusted and credible information. Leeds Health and Wellbeing Board on 20 January 2021 had a focused meeting on the vaccine rollout (which can be watched online [here](#)), and regular members briefings have taken place.
- 3.19 We are aware that there is a plethora of misinformation about the vaccine. Our comprehensive communications and community engagement approach will ensure the correct information is circulated and will focus on community leaders and influencers being the conduits for reliable information and community conversations. We will ensure that this uses the full range of community languages and involves a wide range of people across Leeds.

Staff and volunteer recruitment

- 3.20 Our partnership approach to delivering the vaccine through a range of settings is dependent on redeploying existing colleagues as well as recruiting new people into our workforce.
- 3.21 Our recruitment strategy is designed to offer paid clinical and non-clinical roles as well as a range of volunteering options.
- 3.22 We are committed to a recruitment process that aligns with the Leeds Inclusive Growth Strategy as well as one that recognises the impact COVID-19 has had on people's employment and future job opportunities.
- 3.23 As a result we will look to encourage applicants from our diverse communities into paid and volunteer roles. We feel this approach will also help us tackle some of the wider health inequalities and give us access to some new community ambassadors that can promote the safety and efficacy of the COVID-19 vaccine.
- 3.24 Our initial focus for the recruitment campaign, prior to Christmas, was on students in Leeds before they left the city. The campaign, supported by the three larger universities in the city, has resulted in a number of students applying for a range of roles. At the time of writing we had started an online training programme for the first cohort of students.
- 3.25 We are determined to celebrate the efforts of all our staff and volunteers and will look to issue every person joining the vaccination programme with a certificate to highlight that they are history makers.

Key messages

- 3.26 The NHS has a clear process for vaccine approval. It cannot offer any COVID-19 vaccinations to the public until experts have signed off that it is safe to do so. The MHRA, the official UK regulator, has confirmed that both vaccines are very safe and highly effective, and further vaccines are undergoing clinical trials followed by assessment and possible authorisation. COVID-19 vaccines build on our existing knowledge gained in flu and other long-standing vaccine programmes.
- 3.27 People will only be able to book an appointment when they receive an invitation so should wait for this rather than contacting their GP practice or any other NHS services.
- 3.28 The public also has an important part to play. Our message to the public is therefore:
- please don't contact the NHS to seek a vaccine, we will contact you;
 - when we do contact you, please act immediately, and attend your booked appointments;
 - and please continue to follow all the guidance – hand hygiene and social distancing in particular - to control the virus and save lives.

Team Leeds

- 3.29 The vaccine programme has been a team effort that once again demonstrates how close working with all our partners (the #TeamLeeds approach) means getting the best outcomes for the people of Leeds. We have worked at pace to set up the programme in very challenging circumstances.
- 3.30 This has encompassed work to identify and rapidly retrofit the interiors and flow of public buildings to use as vaccination centres, recruiting new staff, flexibly redeploying staff from all sectors, setting up brand new teams and training the workforce whilst developing an approach that focuses on the needs and assets of our Leeds communities and tackles inequalities.
- 3.31 Subject to COVID-19 vaccine supply, Leeds is 100% ready to deliver the programme and scale it up across the city. Our staff across the NHS, Council, third and independent sectors have worked flat out to be ready and our plans are ambitious to ensure that the safe and swift delivery of the vaccine programme can point towards a better future for all of us.

4. Corporate considerations

4.1 Consultation and engagement

- 4.1.1 Given the fast-moving pace of change throughout the pandemic and particularly in recent weeks, it has not always been possible to consult about service change in the usual way, and indeed there has often been no choice about changes due to the need to comply with regulations, often with little time to prepare. Every effort continues to be made to keep the public informed of changes, using our full scope of communication methods. Elected members continue to play a key role in engaging the public, particularly in encouraging neighbourliness, volunteering to help the vulnerable, and encouraging people to play their part in minimising spread of the virus.

4.1.2 Engagement with stakeholders has continued and in many cases has been strengthened and work led by Healthwatch Leeds has been central in capturing and responding to citizen voice on the impact of the COVID-19 pandemic and vaccination programme.

4.2 Equality and diversity / cohesion and integration

4.2.1 Minimising the impacts of the pandemic on the most vulnerable is central to response and recovery planning and the Leeds COVID-19 Vaccination Programme. There is significant concern about the impacts of the pandemic on exacerbating poverty and inequalities, which is a key focus for recovery from the pandemic as set out in our Response and Recovery Plan and will be central to the COVID-19 Vaccination Programme.

4.3 Council policies and the Best Council Plan

4.3.1 The updated Best Council Plan 2020-2025 reflects the current COVID-19 context, while maintaining the three pillar priorities of inclusive growth; health and wellbeing; and climate change, under the overarching priority of tackling poverty and inequalities. COVID-19 continues to have a hugely significant impact on all areas of the Best Council Plan, with the economy, employment, education, community resilience and health and wellbeing all detrimentally affected by the pandemic, which will undoubtedly limit progress towards our ambitions and present long-term challenges for the city.

4.3.2 Our city ambitions, particularly Leeds Health and Wellbeing Strategy focus on reducing health inequalities and that people who are the poorest improve their health the fastest, will be key to guiding the Leeds COVID-19 Vaccination Programme and our recovery, particularly as we begin to better understand the long-term health, social and economic impacts of the pandemic.

Climate Emergency

4.3.3 In line with our city ambitions, responding to the Climate Emergency is a key priority as we move through our response and recovery, with a focus on continuing to improve air quality and work towards a carbon neutral city by 2030. We continue to work to ensure that the Leeds COVID-19 Vaccination Programme is aligned to this approach working across partners, while recognising the importance of maximising the vaccination uptake.

4.4 Resources, procurement and value for money

4.4.1 Leeds is awaiting further information about the funding position for vaccination rollout, as it is clear that this will be a major logistical exercise for local authorities, NHS trusts and their partners. Leeds health and care system will continue to push for full cost recovery for all spend, and an understanding that all aspects of organisational budgets will be impacted as a result of the COVID-19 pandemic and vaccination programme.

4.5 Legal implications, access to information, and call-in

4.5.1 There are no legal, access to information or call in implications from this report.

4.6 Risk management

- 4.6.1 Risk management for the Leeds COVID-19 Vaccination Programme occurs through the Leeds Bronze COVID-19 Vaccination Steering Group with escalation occurring to Leeds Gold Health and Social Care Group as part of the citywide command and control arrangements.
- 4.6.2 There is also regular reporting through organisational boards and inclusion in their risk registers.

5. Conclusions

- 5.1 Significant progress in developing safe and effective COVID-19 vaccinations provides hope for a return to normal life. Across West Yorkshire there has been extensive planning to prepare for a vaccine rollout and ensure that those most at risk are offered vaccination first.
- 5.2 However, until such a time that enough of the population is immune, restrictions and social distancing will need to remain in place to keep Leeds safe, which will require continued patience and cooperation of people, who have already made considerable sacrifices over the course of 2020.
- 5.3 Likewise, the city will continue to work together. Leeds' response to the COVID-19 pandemic and the vaccine programme represents the best of #TeamLeeds pulling together as partnerships, organisations and as people.
- 5.4 Greater detail on the Leeds COVID-19 Vaccination Programme will be provided at the Scrutiny Board (Adults, Health and Active Lifestyles) meeting on 09 February 2021, recognising of the dynamic nature of the programme and enabling as up to date and accurate information as possible to be shared.

6. Recommendations

- 6.1 Scrutiny Board (Adults, Health and Active Lifestyles) is asked to:
- Note and provide feedback on the contents of the report and the update to be provided at the Scrutiny Board (Adults, Health and Active Lifestyles) meeting on 9th February 2021.

7. Background documents¹

- 7.1 None.

8. Appendices

- 8.1 None.

¹ The background documents listed in this section are available to download from the council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.