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Update on Leeds Vaccination Programme

Date: 15 December 2021

Report of: Chief Executive

Report to: Executive Board

Will the decision be open for call in? ☐ Yes ☒ No

Does the report contain confidential or exempt information? ☐ Yes ☒ No

What is this report about?

Including how it contributes to the city's and council's ambitions

- This report provides an update on the Leeds Covid-19 Vaccination Programme and asks Executive Board to note the many initiatives that are part of the programme. It also asks Executive Board to endorse the approach taken by city partners under the leadership of the NHS and includes a wide range of Council services, third sector and community partners.

- Executive Board received a paper in June 2021 with the Health and Wellbeing Board and Adults, Health and Active Lifestyles Scrutiny Board receiving subsequent papers and presentations. There have also been numerous online briefings as well as regular updates and email briefing updates for MPs and Elected Members.

- This paper provides an update of the current position in Leeds particularly noting the plan to scale up the Covid-booster programme whilst continuing to focus on areas with lower vaccine uptake and those people most vulnerable to Covid-19 related morbidity and mortality. Originally the timetable for the booster programme was for all adults over 18 years of age to be vaccinated or at least offered a vaccine by the end of January. However, this deadline has now been brought forward to 31 December. This places considerable pressure on the City to mobilise staff, resources and vaccination sites at short-notice and at a time when health and care system is already under significant strain.

- The vaccination programme has delivered over one million jabs in Leeds, saving lives and protecting people from the worst impacts of Covid-19. It has had to operate with a high-level of flexibility, responding to changing needs, fluctuating government guidance and differing approaches from ministers as well as adapting to the emergent evidence base about Covid-19 and the vaccines themselves. In total 75% of the eligible population have been vaccinated with 50% of these subsequently receiving a booster dose (see 4 below).

- Since the first jab was delivered in December 2020, the programme has been rooted in an understanding that vaccinating the most vulnerable and those that experience the greatest health inequalities should be front and centre of the vaccine programme. This includes people with particular long-term conditions who are clinically extremely vulnerable (CEV) or clinically vulnerable (CV), older people and people with greater exposure to the virus or who work with or care for these groups.

Recommendations

a) Consider the paper, note the current position and endorse the approach taken by NHS vaccine programme leaders and partners in Leeds working together as 'Team Leeds'.

b) Continue to support a balanced programme that scales up booster delivery whilst working to reduce health inequalities and overcome the barriers including access and increasing confidence in the vaccination, promotion of first and second doses and work with people and communities through the 'no-one left behind' inequalities programme.

c) Consider how best to ensure continued support from elected members to act as the conduit of information to and from their communities including help to manage expectations and sign-post people to online and community resources.

Why is the proposal being put forward?

1 The vaccine programme has been operational since November 2020, with 9 December 2021 being the anniversary of the first jab in the first arm. Over a million jabs have been delivered since then, and with NHS leadership this has been a huge system-wide undertaking involving hundreds of staff and volunteers many of whom were recruited specifically for the vaccine programme. The programme prioritised working as #teamLeeds and understanding the impact of structural disadvantage on vaccine uptake from the start.

2 Health Inequalities and addressing inequity of access has remained core to the NHS vaccine programme through the 'Leaving no one behind' workstream in Leeds. The programme is framed around three priority workstreams: **Primary Care Network** health inequalities booster plans; the **Evergreen offer** focusing in deprived areas with low uptake, culturally diverse groups and high occupational risk groups; the third approach focuses on those who are **immunosuppressed** offering the third dose. This partnership approach has been data driven and evidence based making best use of limited resources and evaluating impact of these approaches locally. We need to continue to be data driven to ensure we are targeting those most at risk, particularly those who are yet to receive a first dose (evidence recommends this is the best form of defence against Omicron).

3 All of the health inequalities programme interventions are informed by what local people are telling us through the many channels and we have built in evaluation of each of the programmes. We are working with both Leeds University and York St Johns on research programmes evaluating barriers to accessing and most effective interventions to overcome.

4 Through the Primary Care Network Health Inequalities plans and Evergreen plans we need to continue to prioritise those most at risk of severe illness/hospitalisation who are yet to receive a vaccine. Priority work is focusing on increasing access and removing barriers for those communities living in areas of deprivation with lowest uptake including culturally diverse groups (up to 40% lower uptake than the Leeds average in Black African and Caribbean, people where English is not their first language) and high-risk occupation groups such as taxi drivers, retail and factory workers).

5 The role of general practice staff, working through PCNs, has been central. GPs and practice nurses have been particularly important in delivering vaccines in outer city areas and care homes. The booster programme includes all primary care networks, and the majority of boosters will be delivered by practice staff.

6 Early decisions to prioritise all people with learning disability (evidence shows far higher mortality for people with learning disability), homeless people and sex workers and to work intensively with carers is reflected in the data that shows these groups having high levels of vaccination.

7 Current data shows:

a) Over 591,000 people have had a 1st vaccination (75.3% of eligible GP registered, leaving almost 25% unvaccinated)
b) 89.6% of CEV and 85.6% of 'at-risk' have been vaccinated leaving c.3,000 CEV unvaccinated.
c) Half of 16-17s have now been vaccinated (50.2%)
d) Over 543k people have had a 2nd vaccination (69.2%)
e) Over 254k people have had a 3rd / Booster vaccination, half (50.1% of the eligible population).

8 The most significant recent change has been the scaling up of the booster programme. This has meant the programme has had to balance on-going inequalities work (No-one Left Behind Programme) with continuing to deliver first and second jabs (Evergreen Programme) with increased focus on the booster.

9 The latest national announcement issued on Sunday 13 December expands eligibility for the booster programme to all over 18s by the end of December. The NHS National Booking System will shortly be made available to all over 30s and then to 18-30 year olds for their boosters with the intention being that all adults will have received or been offered a booster by 31 December 2021.The six month wait between second jab and booster is being reduced to three months.

10 Expansion of the booster programme will be a significant challenge for city partners. A Quarter of a million booster jabs will need to be given/planned for by 31 December. Current capacity at Elland Road is 17,000 jabs per week with a further capacity across city Primary Care Networks (PCNs) with limited additional capacity in the Bilal Centre, Kirkgate Market and pop-ups in communities.

11 It will be challenging to mobilise the number of qualified and trained vaccinators and support staff required to increase vaccination capacity by the factor required to meet the national targets. There is also a national shortage of staff in the health and care sector and it is important that other parts of the system are not destabilised through shifting resources.

12 Additional work is planned to improve uptake. The 'Leaving No-one Behind' vaccine inequalities programme has a number of new initiatives, framed around the three priority areas, that supplement existing work. These include:

a) A recently recruited NHS clinical lead to work with culturally diverse communities to build links, understand different needs and help co-design interventions which ensure people can make an informed decision and take up the opportunity to have a vaccine

b) Focused work in wards with low vaccine uptake such as Harehills North and South including winter wellbeing events in primary schools with a vaccine offer built into the event, Kirkgate market pop-up and additional pop up clinics with community engagement supported by third sector partners such as Armley Helping Hands and Barca.

c) Work with socially excluded groups and communities of interest and increasing joint work with the Clinically Extremely Vulnerable programme.

d) Work to target high risk occupations with higher exposure to Covid-19 and where measures to reduce the risk of Covid-19 transmission are limited such as taxi drivers and factory workers.

What impact will this proposal have?

Wards affected:		
Have ward members been consulted?	☒ Yes	☐ No

13 The ongoing delivery of the vaccine programme (first and second doses), the expansion of the booster programme to all adults 18+ as well as targeted work with at risk occupations and specific communities will strengthen the resilience of the city and protect more people, particularly those people who are older or clinically extremely vulnerable.

What consultation and engagement has taken place?

14 There have been a number of conversations with elected members and communities throughout the pandemic. This engagement has undoubtedly strengthened the approach of the programme, using local and community knowledge to better target interventions and engage with different groups.

What are the resource implications?

15 A large number of Council staff have worked to support the vaccine programme and lead the wider efforts to reduce the impact of Covid-19. This has involved Public Health, Health Partnerships and social care staff in leadership roles managing different aspects of the programme as well as designing and delivering interventions on the ground. However the work of staff in children's services, human resources, schools, community services, resources, housing, refuse, environmental health, highways and many more have also been central to the effort to keep Leeds safe.

16 The Government have advised that local authorities should be prepared to repurpose public sites to be used as vaccination locations and that any costs associated costs with supporting the vaccine booster programme will be reimbursed.

17 Coordinated city responses are crucial to ensuring resources are being used effectively and efficiently. It is also important that national, regional and local comms and engagement campaigns, messages and advice are linked up, coherent and appropriate for the specific stakeholder groups.

18 An options appraisal is being developed looking at how the Covid-19 vaccination programme can be put on a more sustainable footing, and to more closely align it with other existing vaccination programmes being delivered by NHS and Public Health colleagues e.g. flu and school immunisations etc

What are the legal implications?

19 None – though the vaccine is mandatory for some occupations such as care home staff.

What are the key risks and how are they being managed?

20 The key issue is increasing uptake in all groups but particularly those who are at the greatest risk of severe ill-health, hospitalisation or mortality if they contracted Covid-19 e.g. are older or clinically extremely vulnerable (CEV). This is relevant for the first and second jab but also for the booster, as it is important that at-risk groups get the booster as soon as they become eligible due to waning immunity and impact of variants.

21 Evidence also shows that occupations where it is difficult to socially distance and deploy robust safety measures to minimise exposure have higher incidence of Covid-19 transmission. Some

of these occupations also have higher numbers of black and minority ethnic employees or staff with increased health needs and focused programmes have worked with groups such as taxi drivers and in some factories to improve uptake.

Does this proposal support the council's three Key Pillars?

☒ Inclusive Growth ☒ Health and Wellbeing ☐ Climate Emergency

22 Whilst the vaccination programme improves health and provides protection to communities it also enables people to work through reducing sickness and incidence of Covid-19. This also supports businesses to retain and recruit staff.

Options, timescales and measuring success

What other options were considered?

23 This is a national programme but partners in Leeds have had flexibility to adapt and 'Leedsify' aspects of the programme, particularly the work in neighbourhoods with the greatest economic and social challenges and with communities of interest.

How will success be measured?

24 Vaccine uptake data is collected regularly and updated weekly.

What is the timetable for implementation?

25 Originally the timetable for the booster programme was for the end of January, however, this has now been brought forward by a month but also with the announcement being made half way through December, this places considerable pressure on the City to mobilise staff, resources and sites at extreme short-notice. At a time when health and care system is already under significant strain.

26 The vaccine programme has operated flexibly for over a year and has dealt with issues as and when they emerge. Whilst the priority is to provide a booster for people aged 18 and upwards by the end of December in all likelihood based on previous trends this still mean that this age group will still be having a booster vaccine in January and February especially those at the younger end of the age range.

27 There remain ongoing issues with vaccine hesitancy and 25% of the eligible population in Leeds have not had their first and second jabs yet so it is likely that the booster programme will also need to run for many months. It is also likely that regular boosters will be needed particularly for those people who are immunocompromised and are clinically extremely vulnerable.

Appendices

28 None

Background papers

29 None