

<b>Subject:</b>	<b>COVID-19 vaccination programme</b>
<b>Presented by:</b>	Melanie Craig, Chief Officer, NHS Norfolk and Waveney CCG, and Executive Lead, Norfolk and Waveney Health and Care Partnership
<b>Prepared by:</b>	Chris Williams, Special Projects Manager, NHS Norfolk and Waveney CCG
<b>Submitted to:</b>	The interim Integrated Care System Partnership Board
<b>Summary:</b>	
<p>Our local vaccination programme continues to progress well, with over 65% of adults in Norfolk and Waveney having received their first vaccine already. In the coming weeks there will be a significant increase in giving second doses, to ensure that they are delivered within twelve weeks of the first dose.</p> <p>As we move through the cohorts set out by the Joint Committee on Vaccination and Immunisation (particularly related to age), people's needs, expectations and lifestyle habits will be different. It is with this in mind that we are changing how we deliver the vaccination programme to include more choice and targeted clinics to provide easier access for harder to reach and more vulnerable groups.</p>	
<b>Recommendation:</b>	
<p>The interim Integrated Care System Partnership Board is asked to:</p> <ul style="list-style-type: none"> <li>Note the report.</li> </ul>	

## Main body of report

The COVID-19 vaccination programme is rapidly developing, with regular announcements about different aspects of the programme. This report provides a summary of the programme and progress to date – further details will be presented at the meeting.

### A. Progress with the vaccination programme

We continue to make strong progress with the vaccination programme in Norfolk and Waveney. The latest data published by NHS England and Improvement shows that up to Sunday, 28 March:

- 65% of adults in Norfolk and Waveney had received their first dose, compared to 57% of adults in England.
- 609,005 doses of vaccine had been given locally since the start of the vaccination programme.
- In the week to 28 March, 60,064 doses of vaccine were given in Norfolk and Waveney (38,338 were first doses and 21,726 were second doses).
- 95% of over 50s in Norfolk and Waveney had received their first dose of vaccine.
- 33% of our over 80s had also received their second dose of vaccine.

## **B. Joint Committee on Vaccination and Immunisation priority groups**

As with all areas of the country, we are now offering the vaccine to everyone in priority groups 1-9, which are:

1. residents in a care home for older adults and their carers
2. all those 80 years of age and over and frontline health and social care workers
3. all those 75 years of age and over
4. all those 70 years of age and over and clinically extremely vulnerable individuals
5. all those 65 years of age and over
6. all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
7. all those 60 years of age and over
8. all those 55 years of age and over
9. all those 50 years of age and over

The aim is to have offered and given the first dose of vaccine to everyone in priority groups 1-9 who wants it by 15 April 2021.

## **C. Vaccine supply**

Despite the announced reduction in vaccine supply, from 1 to 30 April 2021, local COVID-19 vaccination services will continue to provide second doses at pace. Second dose supply remains unaffected – enough doses will be delivered to ensure that everyone who is due to have their second dose will be invited forward and receive theirs within 12-weeks.

In line with the national steer, we continue to focus our attention on cohorts 1-9 and encourage people to accept their invitation. We will not be vaccinating any individuals in cohort 10 (those under 50 without underlying health conditions) until vaccine supply is resumed for first doses at the end of April. It is important to note that 99% of mortality from COVID-19 can be reduced by vaccinating those in cohorts 1-9, so these groups were always a priority, both nationally and locally.

## **D. Delivery of the programme**

As we move through the cohorts set out by the Joint Committee on Vaccination and Immunisation (particularly related to age), people's needs, expectations and lifestyle habits will be different; it is with this in mind, that we continue to look at where and how people can and want to access COVID-19 vaccinations.

From our own experience across Norfolk and Waveney, and in line with national trends, we know that some people prefer late afternoon/early evening/weekend appointments and others benefit from a more bespoke model. So how we deliver the vaccination programme going forward will include more choice and targeted clinics at specific locations to provide easier access for harder to reach and more vulnerable groups.

## **E. Drop-in and mobile vaccination clinics**

While the take-up of the vaccination programme has been very good, we are now in a position where a number of vaccination sites across Norfolk and Waveney are able to temporarily offer 'drop-in' vaccination clinics where no appointment is needed.

Drop-in clinics are being held across Norfolk and Waveney. They are for patients over the age of 50 who have not already booked or received their first dose. The drop-in clinics are being held on specific days and times, and people just need to attend with a valid form of ID to confirm their age, and where possible, their NHS number. Patients attending the drop-in clinics also need to live in Norfolk and Waveney and within a 20-mile radius of the site they are attending. We will be evaluating the success of the drop-in clinics and then planning next steps.

Work also continues to develop mobile vaccination clinics, with Norfolk Community Health and Care as the lead provider. The Norse Group is currently preparing a bus for use, this includes removing seats to make space for two vaccination pods, an area for patients to lie down should they need to, adding WiFi so clinicians can record people's vaccinations and making the necessary adaptations to ensure the buses meet clinical and safety requirements.

We expect that the bus will be ready to be piloted in April. Work is underway to plan where the bus will visit, our aim is to reach communities with specific health inequalities, where there is vaccine hesitancy or uptake is lower so far.

## **F. Protect NoW**

Our Protect Norfolk and Waveney (Protect NoW) team are running a project to encourage people in JCVI priority groups 1-4 that have not yet had their COVID-19 vaccination to come forward. Protect NoW is our team that uses data to proactively identify and contact groups of patients so we can offer them care and support, rather than waiting for people to ask for help.

The Protect NoW team has written a letter and/or texted patients in these priority groups asking them to go online and indicate if they would like an appointment to be vaccinated. If someone says they would like an appointment this information is sent to their nearest vaccination site for them to contact the patient. Follow-up calls are being made to those that do not self-serve online. We are initially contacting a group of c12,000 people in JCVI priority groups 1-4, if it proves successful we will look to expand it to cover other groups.

## **G. Addressing inequalities**

Our system is doing a significant amount of work to make it easier for everyone to get vaccinated. Our work is led by a group with oversight of COVID-19 vaccine inequalities, made-up of a wide range of statutory and voluntary sector partners. It covers health inclusion groups, those with protected characteristics and socio-economic areas of deprivation. Tracy Williams, Queen's Nurse and CCG Governing Body member, chairs the group.

We are using our experience of delivering the flu vaccination programme to vulnerable people and high risk communities to inform our planning and delivery of the COVID-19 vaccination programme. This includes working with 'trusted communicators' who are well placed with their local communities to help address vaccine hesitancy and encourage take-up.

We have held sessions with different groups and encouraged people to share their questions and concerns with us about the vaccines. We have used what people have told us to create a 'myth buster' and to write the information on the vaccination programme on

the CCG website. We have also produced information in other languages and in EasyRead which can be found on the CCG website.

Here are some examples of how we are delivering the vaccination programme:

## **H. People with learning disabilities, autism and severe mental illness**

We are now prioritising people with learning disabilities (LD), autism and severe mental illness. These people can struggle in noisy or busy environments, so going to a large vaccination centre, even where people are socially distanced, can be daunting and difficult.

This is why the JPUH has opened an accessible vaccination clinic for people with LD and autism. All the screening questions are done in advance before the patient gets there and at the appointment it is just the vaccinator and the patient, who can be accompanied by a family member or carer. This is an example of best practice and we will be offering all of these groups of people appointments in alternative settings.

## **I. Gypsy Roma and Traveller communities**

We are working in partnership with the Norfolk and Suffolk Gypsy, Roma and Traveller Service to reach communities across Norfolk and Waveney to support the uptake of COVID-19 vaccinations. We have mapped all our GRT sites in Norfolk and Waveney (county council run, private and any encampments) against their nearest vaccination sites, as well as the number of people at each GRT site, including information about who is eligible for vaccines and when, to ensure targeted communications.

The GRT Service has received some funding from the Contain Outbreak Management Fund. The funding is being used for the service's outreach teams to support site managers, who are members of the community, to provide information on sites about COVID-19 vaccinations, and to share our tailored communications about how to access, book and travel to vaccinations centres. The GRT team are also supporting GP registrations, which will help us to provide other health services to this community in future.

## **J. Carers**

All carers receiving Carer's Allowance and marked as a carer on their GP record were contacted automatically to make an appointment as we have contact details for them on our systems. But it is estimated there are up to 100,000 carers in the Norfolk and Waveney area based on most recent census data. Only around 10% of these are thought to be identifiable via GP records, LA support, carers allowance claims and VCSE organisations.

We know that some of our 'unknown' carers will have been vaccinated because they happen to also be in the initial priority groups to get vaccinated. However, we wanted to make sure that all carers were given the opportunity to be vaccinated sooner rather than later. This is why we ran a campaign to ask 'unknown' carers to register with us to receive a vaccine. Eligible carers included:

- anyone who is the sole or primary carer of an older or disabled person who is clinically vulnerable to COVID-19
- parents or primary carers of children and young people who are disabled and clinically vulnerable to COVID-19
- young carers (aged 16 or over) of people who are elderly or clinically vulnerable

- people caring for someone with severe mental illness

## **K. People experiencing homelessness or rough sleeping**

The Joint Committee on Vaccination and Immunisation (JCVI) recognises that many people experiencing homelessness or rough sleeping are likely to have underlying health conditions, which would place them in priority group 6, and that these are likely to be under-diagnosed or incompletely recorded in GP records.

For these reasons, in line with the approach that many areas have already adopted, the JCVI now advises that local teams should consider a universal offer of the COVID-19 vaccine to people experiencing homelessness and rough sleeping, alongside the delivery of the vaccination programme to priority group 6, where appropriate. The JCVI also advises flexibility around the second dose schedule if there is a likely risk that people may not return for second dose at 12 weeks, and be lost to follow up.

We had already been working with local partners to vaccinate rough sleepers in the first JCVI priority groups. We have been working with a wide range of statutory and voluntary sector partners, including St Martins Housing Trust, Herring Housing Trust, the Purfleet Trust, the Magdalene Group, the YMCA, the Matthew Project and MAP.

Working with the senior housing leads at the district councils and the VCSE organisations who directly support homeless people and rough sleepers, we have mapped out all the appropriate settings, including hostels, supported housing and night shelters. In total the cohort is just over a thousand people.

VCSE partners and hostel providers are actively supporting people to register with a GP, helping people to get their NHS number and encouraging people to get vaccinated by our PCNs. We are providing information to support workers in a range of formats to help with this. While people don't need to be registered with a GP to be vaccinated, if we can take this opportunity to register people then it will enable us to better care for them in future.

In addition to vaccinating people in our PCN sites, we are now starting to use outreach vaccination clinics to reach this group. Following a successful pilot with St Martins Housing Trust at Bishopbridge House Hostel in Norwich, which helped us to develop risk assessments and processes for running pop-up clinics, we are now visiting other hostels. We are rolling out our plans across Norfolk and Waveney, particularly in areas where there are more homeless people and rough sleepers, including Great Yarmouth, Lowestoft and King's Lynn, as well as in Norwich.

This approach is building on our successful flu campaign that used a roving model to reach our homeless community. It does make a difference having experienced clinicians who are already working and known to homeless communities who can undertake this role. Having the support of trusted staff that the clients know in hostels and other settings also really helps when there are challenges to overcome.

<b>Governance</b>	
Meetings that this report has been, or is going to be, discussed at:	This report has not been discussed at any other boards, committees or meetings.