

COVID-19 RECOVERY SCRUTINY PANEL

Meeting held in the Committee Room, Council Offices, Urban Road, Kirkby-in-Ashfield,

on Thursday, 4th November, 2021 at 7.00 pm

Present: Councillor Will Bostock in the Chair;

Councillors Dale Grounds, Kevin Rostance,
Dave Shaw, John Smallridge (substitute for Jim
Blagden) and Caroline Wilkinson.

Apologies for Absence: Councillors Jim Blagden and David Hennigan.

Officers Present: Lynn Cain, Sarah Daniel, Ruth Dennis, Mike Joy
and Shane Wright.

CP.5 Declarations of Disclosable Pecuniary or Personal Interests and/or Non-Registrable Interests

Councillor Dale Grounds declared a Non-Registrable Interest in respect of agenda item 4 (Vaccination Programme). His interest arose from the fact that he had been volunteering and assisting the NHS vaccination programme at the Ashfield Health Village since its commencement at the start of 2021.

CP.6 Minutes

RESOLVED

that the minutes of the meeting of the Panel held on 27 July 2021, be received and approved as a correct record.

CP.7 Vaccination Programme

The Chairman welcomed everyone present to the meeting and introduced Rosa Waddingham, Chief Nurse and David Ainsworth, Mid Notts Locality Director from the Nottingham and Nottinghamshire Clinical Commissioning Group (CCG). The guests were in attendance to deliver a presentational update to Members regarding implementation of the vaccination programme.

David Ainsworth and Rosa Waddington briefly explained their role within the CCG and their responsibilities for ensuring delivery of the Covid-19 vaccination within Nottinghamshire whilst bringing all elements of the programme together. They took the opportunity to thank Ashfield District Council and the Chief Executive, Theresa Hodgkinson for all the support they had received with delivery of the programme thus far and were of the belief that the Council had been absolutely instrumental in ensuring take up within Ashfield.

Phase 1 and 2 Programme Reflections

To endeavour to give the Panel some background to the current position, phases 1 and 2 of the programme had been reviewed by the Mid Notts Health Oversight Group, supported by Ashfield partners, and the following reflections had been established:

- Positive engagement with community and religious leaders particularly Gypsy, Roma and traveller communities and acknowledgement of the sterling work undertaken by certain community leaders (leafleting, busting myths and encouraging vaccinations)
- Substantial support from wider partners, community champions and local volunteers
- The need for venues and pop-up clinics to be trusted places, particularly for deprived communities
- Ability for the mobile clinic/vaccination bus to be flexible with its timetable and visit areas with low take up in a short planning window
- The need for direct engagement and bespoke appointments for particularly vulnerable cohorts i.e. protected time for learning disabilities
- Acknowledgement of support from local employers i.e. vaccination activity seen at Amazon.

Over 87,600 Ashfield residents had now received their two vaccination doses and this achievement had been very much due to the following:

- Making every contact count from maternity focus across pharmacy, to health visitors, midwives and all other health care professionals
- The use of targeted vaccination materials including 'EasyRead' invitation letters for Learning Disabilities and autism and a focused local approach for dementia sufferers
- Excellent partnership working with all health, social care, local government, police and wider partnerships broadcasting a consistent vaccination message
- Practice-based clinics at local surgeries for those who could not travel and needed a familiar setting
- A continuous level of community safety support with a consistent approach to anti-vaccination activity and ongoing support from police colleagues.

Vaccination Take Up Rates

Members received information regarding take up for Ashfield residents in all areas of the District and it was acknowledged that walk-in centres were now encouraging younger adults to receive their vaccinations. The take up within Ashfield had been pleasing overall and over 90% of the over 50s and the vulnerable were now vaccinated.

It was noted however that vaccination rates were lower (and under 70%) in the following wards and all assistance to increase these rates would continue to be appreciated:

Greenwood and Summit
Abbey Hill
Leamington
Sutton Central and New Cross.

Booster Programme

Members were shown maps which highlighted current vaccination sites for the booster programme and planned sites to be operational by the end of October 2021. The booster programme had adopted a slightly different approach with more use of local pharmacies and GP surgeries within designated areas to ensure ease of access and a more local footprint.

Booster Programme Take Up Rates

Eligible residents were already being invited to access their booster jabs and to date around 44-46% had been vaccinated across the four areas of Ashfield. The data however only included those registered with a Nottingham and Nottinghamshire GP practice.

Eligible citizens (182 days after their second dose) were currently categorised as follows:

- Those living in residential care homes for older adults
- All adults aged 50 years or over
- Frontline health and social care workers
- All those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19
- Adult carers, aged 16 to 49 years
- Adult household contacts of immunosuppressed individuals.

Next Steps

To conclude and to continue with Phase 3 of the programme, a task and finish group had been established with oversight from the Mid Notts Health Inequalities Group to further develop the vaccination bus schedule and to particularly focus on the ten key inequality areas:

- Race and ethnicity
- Inequalities by geography and deprivation
- Age
- Clinically extremely vulnerable
- Maternity
- LD and autism
- Homeless, refugees and asylum seekers
- Dementia

- Severe mental illness
- Vaccine hesitancy and other barriers.

Following on from the presentation, Panel Members discussed the update and asked the following questions:

Question/Comment:	Response from Rosa Waddingham and David Ainsworth:
The vaccination bus should have been at Hucknall last week but the bus broke down. Has this issue now been sorted? (Councillor Dave Shaw)	We have been experiencing some technical hitches with the bus but are working with the provider to sort these. I will send over the bus schedule to you as soon as possible (Rosa)
<p>Congratulations on the vaccination programme thus far. I have volunteered at the Ashfield Health Village since the start of the programme and it has worked extremely well.</p> <p>Can you tell me anything about the school vaccination programme and parental consent? (Councillor Dale Grounds)</p>	<p>We are currently still delivering the vaccinations in schools for a few more weeks and then we will start moving into clinics with bookable and walk-in slots. Then run a mop-up mini programme as required. Delivery provision will of course increase if needed.</p> <p>At the moment parental consent is for 12-16 year-olds and we are seeking this as required. Parents are also welcoming the chance to talk more about the vaccine. 17 years-olds and above do not require parental consent (Rosa)</p>
The level of ward information regarding the vaccine uptake is great but do you have any ideas as to why the four wards mentioned earlier are lagging behind in the vaccination uptake and how could the Council assist with tackling this issue? (Scrutiny Research Officer)	<p>Yes, the level of detail we can access is amazing and going forward it will be invaluable. The difficulties in getting residents to take up their vaccines can be for a variety of reasons with some people having a mistrust of authority (Council, Police), some leading complex and chaotic lives which includes substance dependency, domestic violence and housing issues etc.</p> <p>The Council has been a real community champion so far so all we ask is that they continue to work with us, giving reassurance and support where it is needed (with a target-based approach). (David)</p>

<p>There are some concerns that the vaccination buses are not always able to vaccinate 16-17 year olds and this might be hampering delivery of the programme. (Councillor Dave Shaw)</p>	<p>Specialist staff do have to be available when 16-17 year-olds are vaccinated and this cannot always be accommodated on the mobile bus programme. Due to safeguarding elements, it is also not anticipated that 12-16 year-olds vaccinations will be available on the bus programme at this present time. To offset this and maximise accessibility there will be an increase of sites elsewhere for younger people to obtain their vaccinations.</p> <p>It is however, the CCG's ongoing aspiration to eventually have all vaccinations at all sites. (Rosa)</p>
<p>There are a lot of conspiracy theorists on social media at the moment as to why 12 year-olds and over need vaccinations in the first place and why so many parents are resistant to it. (Councillor Dave Shaw)</p>	<p>The programme is in its infancy at the moment and no second doses have been administered as yet. Healthcare professionals are working with the schools to deliver the programme and obtain the necessary parental consent for the pupils. Uptake for example at Ashfield School has been around 50% so far. The conspiracy theories are a problem and are preventing young people from being protected against the virus.</p> <p>However, the CCG's communications strategy is robust and targeted work has been undertaken to reassure parents and children alike.</p> <p>It is intended that a mop up programme will be initiated further down the line to allow hesitant parents and children to come into trusted places to discuss their issues further. (Rosa)</p>
<p>How has working in partnership with Community Leaders helped? (Chairman)</p>	<p>Community leaders are often seen as trusted sources and can access local residents through a variety of mediums (social media, churches, local radio etc.). They can allay</p>

	<p>fears and bust myths surrounding the vaccination programme by repeating their message regularly.</p> <p>Councillors have also done a great job proactively reinforcing the message as they work within their wards and communities. (David)</p>
<p>Could the CCG target younger people through social media campaigns on the popular Tik-Tok and Instagram sites? (Councillor Dale Grounds)</p>	<p>Yes, definitely but not through the use of adverts as young people do not like them and don't engage! We need to respect the influencers on these sites and work with them to get the messages across. They are more trusted sources and could lead the way. (Rosa)</p>
<p>Young people are often dubious of hearsay and fake news and want to see verified statistics to reassure them. It seems to be the case that many young people think lots of people are dying in hospital as a result of having the vaccine and anti-vaxxers are manipulating the data somewhat to reinforce that? (Councillor Caroline Wilkinson)</p>	<p>Yes, it is possible that statistics can be manipulated to deliver a skewed message. Statistics will show that people have died in hospital, but it doesn't mean that it's always because of Covid and it is often due to many other issues.</p> <p>It does reinforce the fact that it is important to widely circulate the correct message and utilise the most effective mediums for delivering to the desired audience.</p>

(During the discussion, Councillor Kevin Rostance left the meeting at 7.42pm).

On conclusion of the presentation and ensuing discussion, the Service Manager, Scrutiny and Democratic Services and the Chairman thanked Rosa and David for their attendance at the meeting and for the update received in relation to the vaccination programme. In turn David and Rosa felt the meeting had been extremely insightful for both parties and would be more than happy to join another meeting in the future.

Members then considered some potential recommendations for presentation to Cabinet as a result of the information they had received.

RESOLVED

that the following recommendations be presented to Cabinet in December 23021 for consideration:

- a) to continue to prioritise partnership working with the Nottingham and Nottinghamshire Clinical Commissioning Group to develop a schedule and identify suitable locations for the vaccination bus;

- b) to undertake a co-ordinated and targeted engagement approach using all communication methods available to the Council designed to reduce vaccine hesitancy; this should include debunking misinformation, sharing updates on the vaccination programme, and continuing to advertise the vaccination bus;
- c) to undertake a wider communications exercise to share relevant case studies relating to COVID-19 vaccinations and booster jabs;
- d) to explore any extra measures that could be implemented to support people with mental health and learning difficulties that may prevent them from accessing the COVID-19 vaccination;
- e) to recognise the challenges in vaccination uptake present in Greenwood and Summit, Abbey Hill, Leamington, and Sutton Central and New Cross wards and consider how the Council can use its position to improve take-up in these areas;
- f) as a result of e) above, if approved, Councillors representing the above wards be consulted and engaged in any activities to target vaccination uptake.

CP.8 COVID-19 Recovery Workplan

The Service Manager for Scrutiny and Democratic Services presented the Panel with a draft 2021/22 Covid Recovery Scrutiny Panel Workplan and emphasised the fact that the Panel's remit had now shifted to recovery as opposed to the initial 'response' to the Covid pandemic back in 2020.

Members acknowledged that the Workplan needed to remain flexible in light of the ever changing national picture regarding recovery from the pandemic and to enable Members to swiftly respond to changing situations as they arose.

The Panel had expressed their desire to speak to local businesses and the voluntary sector, one year on, to have insight into how people and organisations were coping in the current, ever evolving, Covid landscape and to see what support might be available from the Council to assist with any transition or growth. It was suggested that this 'informative two-way session' might be better served in a more informal environment through a Working Group as opposed to a formal Panel meeting. Members agreed with this course of action.

The Scrutiny Research Officer also suggested that a form of questionnaire could be circulated to local businesses to get some feedback in relation to their recovery experiences. It was also mooted that an exercise to evaluate what other local authorities were doing to aid recovery for their local economies would be useful to the Panel's future deliberations.

The Director of Legal and Governance (and Monitoring Officer) advised the Panel that the Local Government Associations (LGA) has arranged a visit, albeit virtually, to the Council during December 2021 to enable Peer Members and Chief Executives to ascertain how the Council had been planning for Covid recovery, what had already been done and how this compared to other local authorities.

It was hoped that the work of the Covid Scrutiny Panel would be demonstrated to the LGA Peer Group and once the visit was completed, the LGA were intending to give reflection and feedback on what had been ascertained and also offer some pointers for future direction. It would therefore be useful to schedule an item for a future meeting of this Panel to enable officers to report the outcomes from the LGA to Members.

Additionally, Members were informed that the Sports and Leisure Management Group (SLM and 'Everyone Active') who had just taken over management of the Council's leisure contract for the next 10 years, had recently given a presentation to management in relation to their focus on health and leisure recovery following the pandemic.

The presentation was inspirational and had charted attendance levels throughout the pandemic and outlined the organisation's aspirational community programmes which included activities for children, food programmes and support for mental health. It would again be useful for the Panel to receive a similar presentation from them at some point during the next 12 months to gain further understanding of their work and to continue to forge good working relationships with the Council's leisure providers in respect of post-Covid recovery.

RESOLVED

that the following Covid Recovery Scrutiny Panel Workplan for 2021/22 be approved:

Date of Meeting:	Focus Theme:	Attendees:	Cabinet Update:
4 November 2021 – Meeting of the Panel	Vaccinations and its role in recovery / Work Programme	Representatives from the CCG	7 December 2022
10 February 2022 – Meeting of the Panel	Organisational update on recovery themes Presentation by SLM – 'Everyone Active' – Covid Recovery	Corporate Leadership Team / Leader of the Council SLM Representatives	22 February 2022

	Programme		
March 2022 - Informal Working Group	Voluntary Sector Organisations	Voluntary Sector Representatives	29 March 2022
21 April 2022 – Meeting of the Panel	Report on LGA Peer Group outcomes	TBC	TBC
	Covid Recovery Plan The Peoples Memorial	TBC	TBC

The meeting closed at 8.20 pm

Chairman.