

Report To:	COVID-19 RECOVERY SCRUTINY PANEL
Date:	4 NOVEMBER 2021
Heading:	VACCINATION PROGRAMME
Portfolio Holder:	NOT APPLICABLE
Ward/s:	ALL
Key Decision:	NO
Subject to Call-In:	NO

Purpose of Report

The purpose of this report is to present the COVID-19 Recovery Scrutiny Panel with further information regarding the vaccination programme in Ashfield, as requested by the Panel at the previous meeting. This report includes details of latest COVID figures on the UK Coronavirus Dashboard, latest efforts to promote vaccination uptake in Ashfield, and details of the School Age Immunisation Service.

Recommendation(s)

COVID-19 Recovery Scrutiny Panel Members are recommended to:

- Discuss the progress of the vaccination programme in Ashfield.
- Discuss the challenges involved in reducing vaccine hesitancy and improving vaccination uptake in Ashfield.
- Consider ways in which the Council could assist with improving vaccination uptake in Ashfield.

Reasons for Recommendation(s)

The COVID-19 Recovery Scrutiny Panel was established to ensure the Council has robust recovery arrangements in place. Members of the Panel have identified the vaccination programme in Ashfield as a key area of interest in the wider recovery process of Ashfield. The Panel are particularly interested in how the Council can work with key partners to promote vaccination and improve vaccination uptake.

Alternative Options Considered

No alternative options have been considered.

Detailed Information

COVID FIGURES

Please see below some key statistics detailed on the Government's UK Coronavirus Dashboard, as of 27 October 2021.

Between 21 October 2021 and 27 October 2021, 541 people had a confirmed positive test result. This shows a decrease of -19.5% compared to the previous 7 days.

93,947 people have been given a first vaccination dose by the end of 25 October 2021.

86,520 people have given a second vaccination dose by the end of 25 October 2021.

There has been a total of 19,488 positive cases of COVID-19 in the Ashfield District since the pandemic began.

There were 428 coronavirus related deaths registered to 15 October.

Work is ongoing to increase vaccination rates across the Ashfield District. Members of the COVID-19 Recovery Scrutiny Panel are in touch with the Clinical Commissioning Group (CCG) and the NHS to explore more ways of improving vaccination rates. This includes increasing visits of the vaccination bus.

There are heat maps available that are being used to target resources in areas with low vaccination levels such as Carsic and Stanton Hill. These heat maps can be viewed through the following link: <https://coronavirus.data.gov.uk/details/interactive-map/vaccinations>.

Since colleges re-opened for the new academic year, the NHS and CCG have worked with colleagues to provide additional onsite locations for local young adults to access the vaccination as part of the school age immunisation service (SAIS). 12 sessions have been delivered to local colleges and universities and it remains a priority to offer the vaccine to 12 – 18-year-olds. This priority continues to be included in planning moving forwards and new initiatives are developed continuously as government guidance and supply allows.

In relation to access, there is now a much wider provision of vaccination location options for the Ashfield population with a focus on significantly increasing local provision during phase 3 of the vaccination programme, moving from 1 local vaccination centre at Ashfield Health Village to a greater range of options for Ashfield communities with more vaccination sites delivered by GPs and community pharmacies.

These sites include:

- Ashfield Health Village
- Brierly Park
- Asda, Sutton in Ashfield
- Well Pharmacy

Residents can also access vaccinations at Mansfield and Pinxton Community Centre.

School Aged Immunisation Service

Within the Ashfield District, there are 7 Schools and 2 Special Schools. To date, vaccination activities have been delivered at all Secondary Schools and 1 of the Special Schools, resulting in 2368 children in the Ashfield District receiving the vaccination in a school setting.

Ashfield School was the first school within Nottinghamshire to welcome the SAIS vaccination team, with vaccinations administered on day 1 (22 September) and day 2 of the programme.

Children within Ashfield will be given choice in terms of where they can access a vaccination with the offer being extended to Vaccination Centres and Hospital Hubs.

Vaccinations are due to commence in the Mansfield Vaccination Centre and Kings Mill Hospital Hub week commencing 25 October and at the Forest Recreation Vaccination Centre week commencing 2 November. The SAIS in school vaccination programme will continue until week commencing 15 November.

VACCINATION UPTAKE

Panel Members should consider some of the key challenges with vaccination uptake, such as what issues cause vaccine hesitancy, factors that reduce hesitancy, and what works in increasing vaccination uptake.

Strategy to Increase Uptake and Equity of Access to the COVID 19 Vaccine was published in February 2021 by Public Health England South West Centre that sets out some of the main groups with lower vaccine uptake, key causes of vaccine hesitancy, and effective measures to counter hesitancy.¹ Although the strategy is aimed at areas in the South West of England, Members may consider some information within the strategy to be relevant.

Vaccine Hesitancy

As defined by the World Health Organisation, vaccine hesitancy is defined as 'a behaviour, influenced by a number of factors including issues of confidence (level of trust in vaccine provider), complacency (do not perceive a need for a vaccine, do not value the vaccine) and convenience (access). Most common reasons for not to have the vaccine includes not enough time to see what the side-effects might be or to test if the vaccine really works.

Listed in the strategy, factors that have been shown to improve vaccine uptake and reduce hesitancy include:

- Tackling negative misconceptions about vaccines including misinformation
- Utilising trusted healthcare professionals and community champions to address concerns about vaccine safety, side effects, and effectiveness.
- Improving access to vaccination clinics by utilising different settings and locations.
- Consideration of commonly cited reasons not to attend vaccination sessions such as language barriers, difficult appointment times, travel costs, and childcare needs.

¹ Public Health England South West Centre, *Strategy to Increase Uptake and Equity of Access to the COVID 19 Vaccine*, February 2021.

What works in increasing vaccination uptake?

The strategy continues to list some approaches to increasing vaccination uptake.

Tackling barriers to access:

- Limiting barriers to accessing vaccinations including providing a range of appointment times, locations, making venues easy and affordable to access
- Providing vaccinations in safe and familiar environments with the support of community leaders

Invites and reminders:

- Ensuring people receive timely invites, and appropriate reminders including text messaging where appropriate
- Ensuring IT systems flag when patients have been missed and these individuals are followed up

Trusted advice:

- Strong recommendations from healthcare professionals are effective in increasing uptake.
- Showing that healthcare professionals are being vaccinated helps to build trust
- Signposting to reliable online resources where people can learn more
- Utilising community champions and respected community leaders to promote the vaccine

Communications:

- Communications need to be clear and credible, increasing knowledge and correcting misinformation
- There should be open and transparent discussion about the safety, risks, and benefits of vaccinations
- Dialogue about the vaccination programme needs to manage expectations

Local leadership and engagement:

- Local engagement is key. Local systems should work with communities including faith groups, businesses, schools, and the third sector.
- Using social influences, including trusted community figures
- Using social networks and volunteer health roles

Implications

Corporate Plan:

The Panel continues to review the Council's response and recovery plans in line with the objectives set out within the refreshed Corporate Plan.

Legal:

There are no direct legal implications resulting from the recommendations in this report. Panel Members will be examining changes in legislation regarding COVID-19 restrictions.

Finance:

There are no direct financial implications resulting from the recommendations in this report. Details of collection rates and COVID-19 funding are included within the report.

Budget Area	Implication
General Fund – Revenue Budget	None.
General Fund – Capital Programme	
Housing Revenue Account – Revenue Budget	
Housing Revenue Account – Capital Programme	

Risk:

Risk	Mitigation
Failure to ensure robust and effective COVID-19 recovery plans are prepared and implemented.	The COVID-19 Recovery Scrutiny Panel will work with key officers and partners to ensure such plans.

Human Resources:

There are no direct HR implications resulting from the recommendations in this report.

Environmental/Sustainability:

There are no direct environmental or sustainability implications resulting from the recommendations in this report.

Equalities:

There are no direct equalities implications resulting from the recommendations in this report.

Other Implications:

There are no other implications resulting from the recommendations in this report.

Reason(s) for Urgency

None.

Reason(s) for Exemption

None.

Background Papers

None.

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