

Report To:	CABINET
Date:	7 DECEMBER 2021
Heading:	COVID-19 RECOVERY SCRUTINY PANEL UPDATE
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 Cabinet with recommendations formulated at the previous meeting of the COVID-19 Recovery Scrutiny Panel held on the 4 November 2021. At this meeting, the Panel focused on the vaccination programme in Ashfield and held discussions with representatives from the Nottingham and Nottinghamshire Clinical Commissioning Group (CCG).

Recommendations:

Cabinet is recommended to:

- a. 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. 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. Undertake a wider communications exercise to share relevant case studies relating to COVID-19 vaccinations and booster jabs.
- d. 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.

Recommendations Continued:

- e. Recognise the challenges in vaccination uptake present in Summit, Abbey Hill, Leamington, and New Cross wards and consider how the Council can use its position to improve take-up in these areas.
- f. Along with recommendation e, Councillors representing the above wards be consulted and engaged in any activities to target vaccination uptake.

Reasons for Recommendation(s)

The COVID-19 Recovery Scrutiny Panel was established to ensure the Council has robust recovery arrangements in place. Panel Members identified the vaccination programme in Ashfield as a key area of interest in the recovery process, with a particular focus on how the Council can work with key partners to improve vaccination uptake.

Alternative Options Considered

Members of the COVID-19 Recovery Scrutiny Panel could have chosen not to present any recommendations to Cabinet following the previous meeting focused on the vaccination programme. However, following discussions with representatives from the CCG, Members felt it would be most appropriate to formulate recommendations and present them to a meeting of Cabinet.

Detailed Information

COVID-19 RECOVERY SCRUTINY PANEL MEETING – 4 NOVEMBER 2021

At the previous meeting of the COVID-19 Recovery Scrutiny Panel, Members welcomed attendance from two representatives from the Nottingham and Nottinghamshire Clinical Commissioning Group; Rosa Waddingham, Chief Nurse and David Ainsworth, Mid Notts Locality Director.

At this meeting, Members were presented with information regarding the vaccination programme in Ashfield including latest COVID figures, efforts to promote vaccination uptake, and details of the School Age Immunisation Service.

Members were asked 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.

Members considered some of the key challenges involved with vaccination uptake. This included factors such as the main causes of vaccine hesitancy, measures that have been proven to reduce hesitancy, and what steps can be taken to improve uptake.

To aid discussions, Members examined a report published by Public Health England in February 2021 titled *Strategy to Increase Uptake and Equity of Access to the COVID-19 Vaccine*.¹

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 deciding 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.

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:

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

- 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 influencers, including trusted community figures.
- Using social networks and volunteer health roles.

Members were also delivered a presentation by the representatives in attendance from the CCG.

Presentation from CCG Representatives

As part of the presentation, reflections on phase 1 and 2 of the vaccination programme were presented to the Panel, highlighting key areas of focus moving forward. These reflections included:

- Engagement with community and religious leaders
- Support for wider partners – community champions and volunteers
- Trusted venues and pop-up clinics – particularly for deprived communities
- Mobile clinic – the vaccination bus could flex its timetable and visit areas with low take up in a short planning window
- Direct engagement and bespoke appointments for particularly vulnerable cohorts – for example protected time for learning disabilities
- Support from employers
- Making every contact count
- Targeted vaccination materials

- Partnership working – with all health, social care, local government, and wider partnerships consistent with the vaccination message
- Practise-based clinics – clinics at the patient’s surgery for those who cannot travel and need a familiar setting
- Community safety support – consistent approach to anti-vaccination activity and support from police colleagues

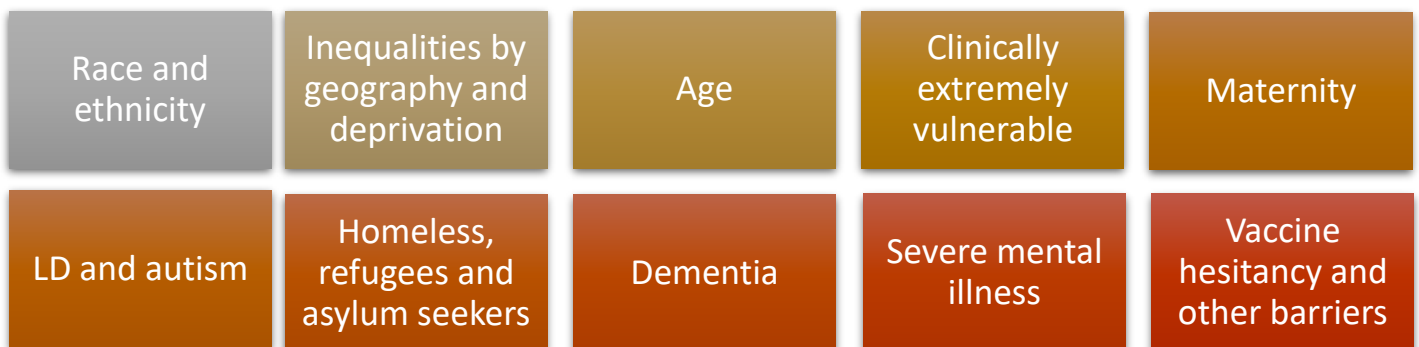
Members were also presented with statistics on phase 1 and 2 vaccination take-up rates separated into the following areas:

- Sutton, Skegby, and Huthwaite
- Kirkby and the Villages
- Hucknall

The data was broken down into 12 to 15-year-olds, 16 and 17-year-olds, 18 to 49-year-olds, and 50+ years age groups with further details on health and social care workers as well as the clinically vulnerable.

Furthermore, the Panel viewed live vaccination sites in the area as of 27 October 2021 and had the opportunity to view planned vaccination sites during phase 3 of the vaccination programme.

The presentation also set out next steps as part of phase 3, with the ten key areas identified below by the Mid Notts Health Inequalities Oversight Group:



RECOMMENDATIONS

Members formulated the following recommendations for Cabinet to consider for approval:

- 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.*

The importance of all key agencies and local leaders working together in a co-ordinated approach was highlighted by both the Clinical Commissioning Group and the Members of the Panel. Ensuring that all information is shared between partners in a timely manner and that published information such as times and locations of the vaccination bus is kept up to date is a key priority.

Members of the Panel engage with local communities daily and are often best placed to understand area specific need. Therefore, effective consultation between the key local leaders on locations and times of the vaccination bus will ensure that maximum promotion and attendance can be achieved.

- b. Release a series of posts through social media and the Council's website designed to reduce vaccine hesitancy; this could include debunking misinformation, sharing updates on the vaccination programme, and continuing to advertise the vaccination bus.*

Throughout the work of the Panel, Members have highlighted the importance of combining several engagement methods to encourage people to receive vaccinations. This should include social media, the Council's website, leaflets, posters, and face to face engagement amongst other methods. During consideration of the topic, concerns were also raised that social media, whilst being a valuable tool to keep people informed, was also being used to scaremonger and circulate mistruths. Members agreed that part of any co-ordinated approach should also be used to combat misinformation. Finally, Members stressed the importance of utilising a wide variety of engagement methods and not solely relying on social media and the Council's website.

- c. Undertake a wider communications exercise to share relevant case studies relating to COVID-19 vaccinations and booster jabs.*

Members agreed that an important exercise in combatting misinformation and encouraging take up of vaccinations could be the sharing of case studies. These could be targeted case studies focusing on key demographics such as age, gender, ethnicity, and disability.

- d. 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.*

The Panel highlighted that some residents with mental health or learning difficulties may be deterred from vaccination locations or sessions that are crowded or noisy. Consideration could be given by the CCG and partners to developing some sessions to accommodate people who do not like to be in environments that are noisy or overly attended. These could be promoted as "quiet" vaccinations and could help reduce anxiety and ultimately increase take up.

- e. Recognise the challenges in vaccination uptake present in Summit, Abbey Hill, Leamington, and New Cross wards and consider how the Council can use its position to improve take-up in these areas.*

The representatives from the CCG highlighted some areas across the District that had a lower-than-average uptake of vaccinations. Members of the Panel agreed that the Council could use its community leadership role to target those areas.

- f. Along with recommendation e, Councillors representing the above wards be consulted and engaged in any activities to target vaccination uptake.*

Members of the Panel agreed that it is a key priority for Councillors to be kept informed on what is happening within their wards regarding vaccinations, uptake, and targeted approaches. Councillors have a key role within their communities and are often the first point of contact for residents on issues of concern.

Implications

Corporate Plan:

The COVID-19 Recovery Scrutiny 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 legal implications identified by the recommendations. [RD 17/11/2021]

Finance:

Budget Area	Implication
General Fund – Revenue Budget	No direct financial implications arising from this report [PH 22/11/2021]
General Fund – Capital Programme	Not applicable
Housing Revenue Account – Revenue Budget	Not applicable
Housing Revenue Account – Capital Programme	Not applicable

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 are prepared and implemented.

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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