Borough Level Vaccination Plan

12/03/21

NHS England and NHS Improvement

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1. Current performance

Please could you add in a summary table for the cohorts, the change in the last 4 weeks and comments on what has driven this change over this period

The table below indicates the current vaccination figures based on the NWL WSIC data until 14/03/21 with a comparison of the same data to 14/02/21 for the 80+, 75-79, 70-74 and CEV cohorts. The higher cohorts have seen incremental gains where time has been invested to tackle those who had initially expressed hesitation in receiving the vaccine. This has been complemented by increasing numbers of vaccinations in the CEV and below cohorts as vaccine supplies have increased. This increase in lower cohorts is recognised as an important step in increasing vaccination in the priority groups as family and community leaders increasingly receive vaccines and build confidence in the vaccination programme.

JCVI	Category	Eligible Pts	1st Vaccine	% vaccinated (to 15/03/21)	% vaccinated (to 15/02/21)
1	Care Home Resident	517	403	77.9% (coding issue – actual figure closer to 92%)	
2	Age 80+	5094	4052	79.5%	74.5%
3	Age 75-79	3975	3135	78.9%	77.7%
	Age 70-74	5709	4428	77.6%	76.9%
4	CEV	5568	3953	71.0%	54.2%
5	Age 65-69	5897	4077	69.1%	
6	Age 16-64 with underlying conditions	15732	6031	38.3%	
7	Age 60-64	6219	3541	56.9%	
8	Age 55-59	9505	3890	40.9%	
9	Age 50-54	12476	2148	17.2%	

2. Description of in-borough delivery model 1/2

Query	Data points	Approach
How have you built up your delivery model from your assessment of your population's and individual community's needs and preferences	**E.g. how the cohorts were segmented** Practices have worked collectively to work through the JCVI priority cohorts and where possible identified those at higher clinical risk. We have been data driven and used the intelligence from Wisic and power BI to track the take up and understand at ward level the variances and the socio economic factors that are affecting take up. With the mobilisation of a mass vaccination site within the borough and a pending request for additional pharmacy sites to be designated the delivery model has been adapted. The revised model continues to provide geographical coverage including the addition of sites in areas with lower vaccination rates but releases capacity at PCN sites to allow them to focus on engaging more hesitant individuals. Data is monitored on a bi weekly basis at the local Gold meeting, likewise the vaccination programme is subject to CEO, MD and political oversight every fortnight.	**E.g. how you went about focusing on different groups** The delivery model has been iterated to reflect the balance between the scale and pace of vaccination alongside effective prioritisation of the population and community groups. Progress through the cohorts has therefore been based on inviting those at highest clinical risk followed by periods of on-going engagement with more 'planned' invitations to provide the time to give information and support to those with additional needs. Subsequently additional delivery models have been organised to address specific individual and community needs through roving and pop-up clinic models to access those areas with lower vaccination rates. This revised approach will see an overall increase in vaccination capacity but see a shift to 75%+ of vaccinations being undertaken through the mass site rather than PCNs. The remaining vaccinations based at PCN sites will be continue to make use of roving, 'pop-up' or satellite models as preferences and engagement activities dictate to meet the current needs.

2. Description of in-borough delivery model 2/2

Query	Data points	Approach
Who are you “targeting” for delivery at each site and how is uptake in each community being tracked	**E.g. expected numbers at each site type versus actual** To date the vaccinations in H&F have all be planned through PCN sites due to the lack of a mass vaccination site within the borough. Moving forwards the majority of vaccinations are planned to take place through the mass vaccination setting as the cohorts become increasingly mobile. Additional models of delivery have been organised to make effective use of the workforce across the system ‘targeting’ vaccination based on individual and community needs including roving models and pop-up clinics in different wards within the borough or utilising community settings.	**E.g. communications used to encourage vaccination at a certain site type** **E.g. systems / meetings used to capture data and work out solutions** Vaccination invitations have been organised through practices to utilise the trusted relationships that exist within their local communities. This has been complimented by text invites to ensure that practice capacity is retained to support those who need additional information and those parts of the community where vaccination rates remain lower. PCN grouping and borough level meetings have been used to review take up across different groups and settings and identify different delivery approaches appropriate to those areas with lower vaccination rates.

3. Current plans to vaccinate remaining cohort

Cohort	Completed	Remaining	Specific plans for reaching the remainder
1 – Care Homes	403 (77.9%) WSIC coding issue – other data indicates this is closer to 92%	114 (22.1%)	• **E.g. how are you adapting your model of delivery depending on updates/learnings?** • **E.g. how are we engaging with these communities using a combination of hyper-local approaches?** • **E.g. how are you working with local government, VCSE and employers?** • Practices are continuing to engage with those who have yet to take up the vaccination recognising that a significant number of those who have yet to be vaccinated have indicated that they wished to wait rather than not wishing to be vaccinated. • LBHF are also undertaking welfare checks for a large number of local residents and as part of this process are discussing vaccination to tackle any hesitancy and provide additional information. Lists of those wanting vaccinations following these discussions are then shared with PCN sites to offer a vaccination slot • LBHF also started calls on behalf of PCN to encourage take up ahead of JVCI categories • Both borough and hyper-local discussions with local community groups and community settings to both provide education and information and look at opportunities for pop-up clinics where take up is low.
2 – 80+	4036 (79.4%)	1049 (20.6%)	
3 – 75+	3135 (78.7%)	847 (21.3%)	
4 – 70+	4416 (77.2%)	1301 (22.8%)	

4. A description of changes made locally for the future 1/2

Query	Description
How do you plan to integrate this with community participatory engagement work on testing and outbreak management  Microsoft Word Document	• **E.g. communication links and processes** • An engagement and communication plan has been co-produced with the local authority and regular meetings are in place with council and community health care colleagues to review plans and vaccination uptake. • Communication has been planned to utilise existing channels and routes alongside specific approaches based around joint working informed by data and feedback as part of the COVID-19 response.

4. A description of changes made locally for the future 2/2

Query	Description
Have you got plans to build on this work to tackle other determinants of health inequity both medical (e.g. LTC management) and social **Key priorities arising out of Covid and what we've learned** •Greater focus on earlier intervention and reduction of impact on statutory services •Sustainable community engagement, building on vaccine equality conversations •We need to build on co-operative partnerships within Covid e.g. across primary care, secondary care, and social care and housing (no boundaries-person focussed) •Cause and effect approaches to strategic delivery •To be data driven in planning and decision making e.g. the work we have done using business intelligence to plan use of mobile testing and mass testing centres	• **E.g. longer term planning** • The vaccination programme and wider COVID-19 response has resulted in a strengthening of existing relationships along with the establishment of several forums at operational and strategic leadership across the borough. • The learning from the COVID-19 response has also resulted in a renewed focus on primary care at the centre of the ICP in H&F which will be used a building block to help address unwarranted variation across the borough through a supportive approach to PCNs.

5. Use of improvement support money

Please could you explain how you have already invested local funding to improve uptake and how you be how you plan to allocate this money to improve uptake for example incentivising GPs to have a clinical conversation with each of their patients who hasn't taken up the offer of the vaccine

	Description of investment	Total £	Date start	Date end	Targeted improvement
Already invested	Financial investment has not been committed other than income protection to release capacity in primary care to focus on vaccination and engage individual patients				
	In addition system resource has been used flexibly to provide support and enable an increase in the roving models of vaccination for those unable or unwilling to attend the PCN sites.				
	Similarly significant time has been invested across all partners to promote and carry out community engagement including a financial investment in a social media campaign.	£8k			
Additional funding	NWL Improvement Support Funding	£50k	15/03/21		• Developing plans with LBHF colleagues but will focus on tackling inequalities based on take up within different borough wards and demographics within the local population. • A task and finish group is being established to drive this work and continue to review the progress through a continuous improvement approach linking in with the NWL Vaccine Equity Group through LBHF colleagues.

6. How are you maximising the use of slots (all cohorts) 1/2

Query	Description
How are you managing the use of slots across all delivery types?	• **E.g. targeted approach** • To date local vaccination has been predominantly through the PCN sites with the mass vaccination site within the borough opening in mid-March. • With the opening of the mass vaccination centre the PCN sites have been prioritising the remaining individuals who have not yet received a vaccination within the priority cohorts 1-6. • Where additional vaccine supplies have been confirmed the PCN sites have then moved into the additional priority cohorts in order to avoid stockpiling vaccine. • Pharmacy sites and mass vaccination sites will compliment this approach by providing access to those who are able to travel and allow the PCN sites to work with those who are more hesitant or less able to travel.

6. How are you maximising the use of slots (all cohorts) 2/2

Query	Description
How do you optimise the use of the slots where they become available without going in to other cohorts	• **E.g. Using last minute availability** • PCN sites have generated lists of individuals that are able and willing to attend at short notice to ensure that wherever possible slots are optimised to ensure that vaccination is prioritised for the current target cohorts. • LBHF colleagues have further been supporting this work by a list of Social Care employees still to be vaccinated and undertaking welfare checks for residents and using this as an opportunity to identify individuals who have not received the vaccine and addressing any concerns that they may have preventing them taking this up. These lists are then shared with the GPs to undertake the clinical screening and offer a vaccination slot.