

Local Government Vaccine Engagement Programme

Purpose of report

For direction.

Summary

The Local Government Association and Association of Directors of Public Health (ADPH) have developed an improvement programme to support the Demand Team of the national NHSE Vaccination Deployment Programme (VDP). It draws on local government expertise to encourage and promote vaccine take-up, including for underserved populations. It aims to:

- a. Contributing to an effective delivery model tailored to local community needs;
- b. Provide more opportunities for engagement with councils; and
- c. Stronger engagement and insight to encourage vaccine uptake

Recommendation

The Community Wellbeing Board is asked to support the development of the Programme and provide direction and comment on the proposals contained in this report.

Contact officer:	Andrew Hughes
Position:	Director of Health and Wellbeing Systems Improvement
Phone no:	07909 534 185
Email:	andrew.hughes@local.gov.uk

Background

1. The Covid-19 Vaccination Deployment Programme (VDP) has had successes so far, but there is more to do, particularly in reaching underserved populations. Phase 1 was predominantly delivered through general practice and Phase 2 has seen an increased participation from community pharmacy and vaccination centres, as well as pop-ups, walk-in and roving models. These models have thus far been tailored to local community needs in partnership with local authorities that have played a critical role in reaching underserved communities.
2. From 6 September 2021 the vaccination programme moved into Phase 3. This phase will need to continue to build on the strengths of joint working between the NHS and Local Authorities to ensure that the booster programme has successful local operating models that work to support underserved communities to access vaccinations, remove barriers, and encourage continued uptake. In addition to this, close working between the NHS and Local Authorities will need to continue to take place to support the vaccination roll out in Social Care settings.
3. The LGA has had two people seconded to the VDP to ensure that the Programme has access to local government issues, concerns, and expertise. They have helped to provide help and support on issues such as:
 - 3.1. which councils have good experience of working with faith groups to promote uptake in communities – how did they do it and what can be shared with others?
 - 3.2. what is the best practice in establishing vaccination hubs within schools, what do head teachers need to know to support this and how do you counter misinformation within school age populations?
 - 3.3. running webinars/sessions for elected members to increase awareness of the vaccine, access to and the use of uptake data, working with community champions, providing information and FAQs and allow elected members who have been out on the beat encouraging uptake to share their work and 'what works'
 - 3.4. How to access to council buildings and facilities for use as vaccine centres now that they are open again to deliver services
4. This approach has worked well and now the LGA, with the Association of Directors of Public Health (ADPH), has been approached by the Demand Team within NHSE/I to scale up the approach considering recent changes in the pandemic. We aim to encourage greater engagement between local government and the VDP, to develop understanding of the role of local government and its potential within the programme, and to support a clearer role in supporting the delivery of Phase 3 and next steps,

including embedding Covid-19 vaccinations into a new business as usual as and when guidelines and policy are produced to guide this.

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5. LGA and ADPH have developed a proposal to support the Demand team within NHSE/I. The proposal has the following overarching principals:

- 5.1. support the continued uptake of vaccination for cohorts remaining to be vaccinated, and
- 5.2. establish a way of working between the NHS and local government fit for 'business as usual' health care/ public health pathways and community engagement

Objectives

6. The Programme would seek to achieve the following objectives in support the VDP:
- 6.1. contributing to an effective delivery model tailored to local community needs
 - 6.2. provide more opportunities for engagement with, council Chief Executives and Directors of Public Health, Directors of Adult Social Care, Directors of Education and care providers
 - 6.3. local engagement and insight to encourage vaccine uptake of eligible individuals
 - 6.4. support the VDP with the delivery of Phase 3 and work with other stakeholders to embed covid-19 vaccinations into business-as-usual arrangements in the longer-term
 - 6.5. support the uptake of vaccination of eligible children and young people, and in the social care workforce as well as uptake of underserved groups
 - 6.6. use LGA and ADPH resources and expertise to support evaluation, the exchange of learning, good practice and emerging ideas which improve impact for residents and communities
7. To deliver these objectives, as well as support the VDP Demand Team, we are proposing to:
- 7.1. integrate a small team of credible local authority and Public Health expertise through staff linked into the Demand Team through a strategic public health advisor role
 - 7.2. provide engagement through established networks – ensuring engagement of council chief executives and directors of public health as well as engagement with future policy and legislative changes.

- 7.3. co-produce communications materials between ADPH, the LGA and the NHS and regional systems and disseminate these through established channels
 - 7.4. utilise public health networks to support the rapid-evaluation and improvement and collate good practice to share with systems using the LGA's Covid-19 Learning Exchange.
8. The virtual LGA/ADPH team will work with the VDP to understand the current uptake challenges and broaden the engagement of national initiatives to involve relevant stakeholders through LGA and ADPH networks and other stakeholders to strengthen the impact of the initiatives and ensure they are shaped effectively by local government, developing new initiatives where necessary. The team will also use existing 11x ADPH networks to strengthen the links between local authorities and integrated care systems to increase uptake in under-represented groups.
9. The programme will work with the Demand Team to develop a plan for supporting directors of public health and local systems with rapidly evaluating these models and working with ADPH regional networks to disseminate and share good practice to inform ongoing improvement. ADPH, and its networks, will take a leading role in shaping and sharing the work from this programme and through the ADPH networks understand the strength of the links between local authorities and integrated care systems (ICSs) in increasing uptake in underserved groups.

Scope of the Programme

10. The programme includes the following:
- 10.1. a sector support programme for the vaccination programme to improve its engagement with local government in England only
 - 10.2. estimated duration 12 months commencing January 2022 with a mobilisation phase over 6 to 12 weeks. NHSE/I have initially committed to six months, with an extension planned from the new financial year
11. LGA and ADPH specifically specify that:
- 11.1. they cannot provide assurance on local innovations, interventions, or activities
 - 11.2. reserves the right to continue its lobbying activities on behalf of its members and participation in this programme does not compromise those activities
 - 11.3. responsibility for vaccination uptake and achievement remains with NHSE/I
12. In return LGA and ADPH also expect the following from NHSE/I and the VDP:
- 12.1. the National Public Health Adviser to have a place on the VDP's Senior Leadership Team
 - 12.2. promotion of this team and its role from the highest levels of the programme, to ensure early traction and continued influence
 - 12.3. shared intelligence and insight with the vaccination programme to ensure joint priorities lead to the same goals

- 12.4. access to appropriate data from the VDP and NHSD to support local engagement and evaluation of best practice and shared learning

Implications for Wales

13. There are no implications for Wales. This proposal relates to work with NHS England only

Financial Implications

14. The costs of the programme are covered by a grant from the Vaccine Deployment Programme within NHSE/I.

Next steps

15. Recruitment to the roles within the programme team and the establishment of the networks is underway. While the broad outline of the programme and method of operation has been established it is highly likely that the focus and ways of working will develop over time as the nature of the work clarifies and good practices emerges.