

HSI21/066

GOVERNING BODY

Title of paper	Hampshire and Isle of Wight (HIOW) Covid 19 Vaccination Programme		
Agenda item	5	Date of meeting	3 November 2021
Exec lead	Helen Ives Director of Workforce	Clinical sponsor	Derek Sandeman Chief Medical Officer
Author	Jane Ansell – Flu & Covid Vaccination Senior Responsible Officer		

Purpose	For decision	<input type="checkbox"/>
	To ratify	<input type="checkbox"/>
	To discuss	<input type="checkbox"/>
	To note	<input checked="" type="checkbox"/>

Link to strategic objective	<p>This paper has links to Objectives:</p> <ul style="list-style-type: none"> • 1 – Operational Delivery • 4- Strategy and Planning
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<p>Executive Summary</p> <p>This report provides an overview of the Hampshire and Isle of Wight Covid-19 (HIOW) Vaccination Programme, prepared on 26th October 2021, providing a current view of key areas of focus, uptake across the population and risks.</p> <p>Key areas of focus are delivery of vaccine to those newly eligible to receive first doses, second doses and boosters. The priority remains to protect those at most risk of harm from Covid, particularly as immune response reduces over time and infection rates of Covid-19 increase.</p> <p>Key areas of focus are:</p> <ul style="list-style-type: none"> • Increase uptake by those aged 16 – 17yrs • Third primary dose for immunosuppressed • Booster vaccination of Care Home residents by 1 November • Fully vaccinate care home staff – 2 primary doses by 11 November • Booster for people who are housebound by 1 December • Increasing uptake in people who are pregnant • Vaccination of healthy children aged 12-15 yrs • Booster campaign for Joint Committee on Vaccination and Immunisation (JCVI) cohorts 2-9 <p>At 26 October 82.9% of Hampshire and Isle of Wight’s eligible population (all over 12yrs) have had a first dose of Covid Vaccine. Over 48.9% of people have had a booster dose as they have become eligible, and the offer of a vaccine continues to be available to all members of the public through Vaccination Centres, Primary Care settings and Local Community Pharmacies.</p> <p>The key risks concern vaccine hesitancy; identification of people who are especially vulnerable and capacity to vaccinate 12-15yrs within mandated timeframes due to competing clinical priorities within Primary Care.</p>
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Recommendations	The Governing Body is asked to note the contents of the report, achievements of the programme to date and work progressing.
Publication	Include on public website ✓

Please provide details on the impact of following aspects	
Equality and quality impact assessment	An Equality Impact Assessment exists for the Covid vaccination programme and maintained in line with national directives and local delivery objectives.
Patient and stakeholder engagement	N/A
Financial impact, legal implications and risk	A risk register has been maintained for the programme. Top line risks relate to risks to public health if the programme is not delivered effectively.

Governance and Reporting- which other meeting has this paper been discussed		
Committee Name	Date discussed	Outcome
HIOV Covid Vaccination Programme Oversight Group	27/10/21	Noted for information

Covid-19 Vaccination Programme Update

1. Introduction

- 1.1 The Hampshire and Isle of Wight Vaccination Programme continues to progress well with more than 2.85m doses delivered to the population in accordance with nationally prescribed parameters and timeframes. As one of the systems with highest uptake in NHS South East Region with 82.3% of our population having had both doses, our ambition to offer and deliver Covid-19 vaccinations continues to remain high; protecting the health of our population and reduce the likelihood of increased pressure on our local NHS and social care services.
- 1.2 Phase 3 of the programme commenced in September which saw the programme review its delivery models, estate and workforce requirements in relation to new national objectives*:
- *to spread vaccination capacity across community pharmacy, vaccination centres and general practice,*
 - *to consider the best delivery access for your population requirements.*
- 1.3 The continued success of the programme arises from parts of the system working together to share information and insights, understanding and capitalising on the interdependencies, and proactively responding to the ever-changing nature of this national programme.

2. Performance and uptake

Covid Vaccination – Phases 1 & 2

- 2.1 A blended delivery model comprising Primary Care Networks (PCN), Community Pharmacies, Vaccination Centres, Roving / Mobile Services, Hospital Hubs across the footprint of Hampshire and the Isle of Wight were all used as points of delivery. At 26 October, of the adult population (18yrs+), 86.2% have received a first dose, 95.5% a second dose.

Covid vaccination – Phase 3

- 2.2 The national transition from Phase 2 to Phase 3 of the programme occurred through August and September, with the objectives of offering:
- vaccine to 16 and 17 year olds
 - booster doses (as people become eligible, including health and social care staff)
 - single dose of vaccine for healthy children aged 12 -15 yrs
 - first and second doses to those under/ unvaccinated.
- 2.3 Learning from Phase 1 and 2 has informed improvements that have been taken forward and embedded into Phase 3; capturing innovation and new ways of working.

The delivery model for Phase 3 has been extended to include the school age immunisation services (SAIS) to vaccinate healthy 12-15 yrs in schools alongside the national childhood immunisation programme.

Specific time-limited projects have been stood up by the programme to provide additional support and guide delivery to specific cohorts included in Phase 3 as described below.

2.3.1 Increasing uptake in 16- 17year olds – Eligible to receive the vaccine since July, the programme continues to encourage 16 and 17 year olds to come forward for their first dose. Motivation to get the vaccine when the programme opened up to this age cohort was high in July. At 24 October, in Hampshire and the Isle of Wight, 67.2% 16-17 have had their first dose (above national average of 59.2%) and work continues with Education Leads to identify and re-offer on-site vaccination at Higher Education establishments in addition to existing provision at Vaccination Centres and via PCN/ General Practice.

2.3.2 Third primary Covid dose for immunosuppressed people –There are many patients where it is clear that the medical condition they have or the treatment they are receiving would cause the individual to be severely immunosuppressed. This group are being contacted now and invited for a 3rd primary dose, or if they have already had a booster dose, told that this should be considered to be a 3rd dose and a booster dose would be required in 6 months.

People who might be severely immunosuppressed will be identified by a number of routes, normally via their hospital or GP records. There are a significant number of patients where it is less clear, for example those who have been prescribed steroids or where a specific treatment causes temporary immunosuppression.

Shortly people will have the opportunity to self-identify as being immunosuppressed but there will need to be a process of clinical assurance that the individual would benefit from an addition dose of Covid vaccine. Joint work between clinicians in NHS Trusts and General Practice, commenced in September and continues to identify those who would meet the nationally defined criteria.

2.3.3 Booster vaccination of Care Home residents -The target date for completion is 1 November. Visits by PCNs have been scheduled for all older adult care homes by this date, and to all Learning Disability Homes that have residents and staff who are eligible 6 months after their second dose. At 26 October uptake is at 53.5% (of those who are due a booster dose).

2.3.4 Fully vaccinated Care Home staff – The Department of Health and Social Care (DHSC) mandated that all care home staff would need to have 2 primary doses by 11 November. Uptake has been closely monitored by Local Authorities and CCG health quality leads. Care Homes with a low percentage uptake have been supported with educational materials and a range of access routes. Six care homes have reported that this may lead to operational difficulties and are being supported to ensure any impact to residents is averted.

2.3.5 Booster to people who are housebound – Learning from the lessons in Phase 1, the local identification of this vulnerable group has commenced in Primary Care. The extended delivery window (of 15 mins post vaccination observation) means that on average only 2 individuals can be completed within an hour, placing an increased demand on Primary Care workforce. Plans are underway to support

PCNs with community services to co-deliver to this population within the required timeframe.

2.3.6 Increasing uptake in people who are pregnant – Increasing evidence shows the risk to people who are pregnant and their unborn child are significant if they contract Covid-19. Pregnant women are currently not included within ‘at risk’ groups defined by the Joint Committee on Vaccination and Immunisation (JCVI) and data to monitor uptake is of poor quality. A pregnancy ‘Task and Finish’ group has been established with representatives from all maternity service providers, Primary care and Public Health, to arrange and encourage uptake by way of localised communications, webinar, outreach work by midwives and dedicated clinics at Vaccination Centres.

2.3.7 Support to vaccinate healthy children aged 12-15 yrs - The delivery of Covid-19 vaccine to healthy 12 – 15yrs was originally mandated through School Aged Immunisation Services (SAIS), with the requirement to have offered to all 12-15yrs before Autumn half-term, and to achieve 75% uptake by mid November without compromising the delivery of influenza vaccine to eligible children in schools.

In keeping with other areas in England this model of exclusive provision via SAIS proved extremely challenging to deliver across Hampshire and Isle of Wight. On 15 October NHS England amended the delivery model by way of ‘supplementary’ offer of a vaccine at PCN sites and Vaccination Centres if booked via the National Booking Service (NBS) commencing on 22 October. The national delivery model was further refined on the 21 October to invite PCNs to set up local booking services to increase uptake during half term and to support parents who are choosing to have their children vaccinated in Primary Care.

At 26 October 30% of all 12-15yrs have received their first dose and we expect a significant increase in the next 10 days as parents and children take up the ‘supplementary / out of school offer’ at PCN sites or Vaccination Centres via NBS. A verbal update on progress will be provided at the Governing Body on 3 November.

2.3.8 Booster campaign for JCVI cohorts 2-9 - The booster campaign is being delivered alongside the above requirements and the need to offer vaccination for any who have yet to come forward for their first or second dose; often referred to as the NHS’s ‘Evergreen’ vaccination offer.

The greatest risk of mortality from Covid increases with age and although ‘call up’ for boosters by age bands is not mandated, eligibility for booster is 6 months beyond the date of second dose. The operational delivery of boosters should therefore mirror the phasing of call up experienced during Phase 1 and 2.

At 26/10 48.9% of those eligible have received a booster dose and uptake across all cohorts is monitored daily and against modelled trajectories.

All local acute NHS Trusts have commenced their booster programmes to protect their workforce, co-administering with influenza where practical to do so.

3. Addressing vaccine inequalities

- 3.1 The programme has made significant progress in systematically identifying low areas of uptake of Covid vaccine. In addition to population groups originally identified as greatest risk of harm from Covid at the start of the pandemic e.g. people living in shared residences, the programme has also responded to evidence and insights around low uptake and emerging risks of harm e.g. low vaccine uptake in some ethnic groups and low uptake during pregnancy.
- 3.2 The Equalities Impact Assessment has been revised for Phase 3 covering the nine protected characteristics/equality groups that are legislated for in the Equality Act 2010, as well as a number of different vulnerable groups including unpaid carers, the homeless and those who are more socio-economically deprived.
- 3.3 At 26th October the geographical areas of lowest uptake continue to be the urban areas of central Southampton and Portsmouth and to a lesser extent north Basingstoke and east Andover. Lowest uptake by age is in years 16-17yrs and by ethnicity is apparent amongst Black/ African / Caribbean, Black British and White other' populations. H10W uptake for all over 18yrs, by ethnicity and deprivation is currently 86.1% compared to NHS England South East Region and NHS England (83.5% and 81% respectively).
- 3.4 Place-based plans to enhance surveillance and targeted interventions with wide community engagement continues to be effective in reaching out to those still to take up the offer of vaccine. This includes those in JCVI cohort 6 (16- 64yrs with underlying health conditions) of which 8k are still to come forward for a first dose.
- 3.5 The 'evergreen offer' of a vaccine continues and the resource requirements of Solent NHS Trust's highly successful 'Roving' service in Phase 1 & 2, is being assessed in preparation to deliver booster doses as people become eligible, and after the current imperative to vaccinate 75% of all 12-15yrs in schools.
- 3.6 The Hampshire and Isle of Wight Vaccine Equalities Oversight Group, comprising representatives of different equality and vulnerable groups, drawn from the voluntary, community and faith sector as well as internal specialists from partner organisations provide local intelligence that makes our communications and actions resonate with the different communities we wish to reach.

4. Management of Risk

- 4.1 Arising risks and issues affecting the vaccination programme have always been considered in the context of the CCG's response to the ongoing Covid-19 pandemic. Controls and mitigations exist for all and are monitored on a daily basis. The keys risk identified in the Hampshire and Isle of Wight Covid Programme are summarised below:
 - vaccine hesitancy exacerbating health inequalities,
 - identification of clinically vulnerable individuals still to be fully protected where national datasets are incomplete,
 - capacity to vaccinate 12-15 yrs by way of a supplementary 'out of school', offer, within mandated timeframes due to competing clinical priorities within Primary Care.

5. Governance

- 5.1 The programme reports into Hampshire and Isle of Wight Flu & Covid Vaccination Programme Oversight group, with escalations to Hampshire and Isle of Wight ICS Executives and NHSE/I South East Region. There are mandated national reporting on uptake of certain elements of the programme e.g. care home residents, in addition to reporting on the whole programme. The programme operates closely with colleagues from NHS England Influenza Immunisation Teams to ensure one programme does not jeopardise the success of the other.

6. Next steps

- 6.1 Continue to direct the deployment of vaccination in accordance with national guidance, remaining agile in response to any future guidance or course correction of this national programme. The programme's approach working collaboratively with system partners, enabling timely resolution and local solutions to the complex challenges and competing priorities of this programme.
- 6.2 The learning from this programme of working collaboratively is a forerunner for systems working across the ICS including a strategic view of how best to deliver a dynamic vaccination programme as part of the prevention agenda to improve health outcomes.

7. Decision required

- 7.1 The Governing Body is asked to note the contents of this report and the continued success of the Covid 19 Vaccination Programme across Hampshire and the Isle of Wight.

* <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/07/C1327-covid-19-vaccination-autumn-winter-phase-3-planning.pdf>

