

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday 16th November 2021 at 10.30 am in Committee Room 'A' - The Tudor Room, County Hall, Preston

Present:

County Councillor David Westley (Chair)

County Councillors

C Haythornthwaite	E Pope
L Collinge	S Rigby
S Jones	K Snape

Co-opted members

Councillor Margaret France, (Chorley Council)
Councillor Julie Robinson, (Wyre Borough Council)
Councillor Viv Willder, (Fylde Borough Council)

Councillor Margaret France replaced Councillor Alex Hilton at this meeting only.

County Councillor Mohammed Iqbal, County Councillor Stuart Morris, County Councillor Jackie Oakes, County Councillor Lian Pate, Councillor Sue Gregson, Councillor David Howarth and Councillor Jennifer Mein attended the meeting virtually, via Microsoft Teams.

1. Apologies

Apologies were received from Councillor Barbara Ashworth (Rossendale Borough Council), Councillor Alex Hilton (Chorley Council) and Councillor Jenny Molineux (Hyndburn Borough Council).

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None.

3. Minutes of the Meeting Held on 14 September 2021

Resolved: That the minutes of the meeting held on 14 September 2021 be confirmed as an accurate record.

4. Increasing vaccination uptake and addressing inequalities

The Chair welcomed to the meeting Paul Havey, Director of the Lancashire and South Cumbria Vaccination Programme, Jamie Sweet, Programme Operational

Lead, Carole McCann, Associate Director and Senior Nursing Support, and Abdul Razaq, Interim Consultant in Public Health at Lancashire County Council.

The committee considered a presentation (circulated to members in advance of the meeting) delivered by Paul Havey, Carole McCann, and Jamie Sweet on Covid-19 vaccination uptake and the steps taken to address inequalities in relation to the vaccination programme. A copy of the presentation is set out in the minutes. It was highlighted that:

- To date, over 80% of eligible Lancashire residents had received a first dose of the Covid-19 vaccination and over 70% had received a second dose. Vaccine uptake amongst 12–15-year-olds was still low, with only 31.2% receiving a first dose.
- Generally, once people received a first dose, they were likely to return for a second dose. Lancashire was making good progress compared to other regions in North West and across the UK.
- Phase 3 of the vaccination programme included the delivery of third doses (or 'boosters') and the evergreen offer for first and second doses. Phase 3 was being delivered by the primary care network, by community pharmacies, by vaccination centres and, on a smaller scale, at hospitals.
- Between May and July 2021, Lancashire and South Cumbria experienced the highest rate of infection nationally. To address the surge, vaccinations were offered hyper-locally. For example, 35,000 vaccinations were delivered in East Lancashire in a 6-week period by pop-up, mobile and existing vaccination sites. Working with local authorities also encouraged people who were hesitant to get vaccinated; the support of staff at Lancashire County Council had been integral to the programme's success.
- Walk-in appointments and the offer provided by mobile vaccination vans were key to reaching communities. The van visited schools, supermarkets, shopping centres, homeless shelters, places of worship and Gypsy Roman Traveller communities, for example, to deliver roughly 100,000 vaccinations since the end of May 2021.
- Some groups were harder to reach or underrepresented compared to others. Work with the Caribbean and African Health Network (CAHN) helped to promote the vaccine among Lancashire's Black Caribbean and African populations. Home visits were organised for young people with serious underlying health conditions who struggled to attend vaccination centres. Partnering with football clubs to promote the programme through player vaccinations, social media and match-day messaging was also effective.

- To engage the younger population, the vaccination van attended college enrolment days to offer the vaccine conveniently. Despite the focus of Phase 3 of the programme on delivering a third dose to the older and more vulnerable population, the programme continued to target younger cohorts. Social media, such as the #AskAuntieCarol campaign, was used to myth-bust and promote the vaccine to this audience.
- Lancashire and South Cumbria covered approximately 40 Gypsy Roma Traveller community sites. 3 sites in Lancashire had been identified as pilot sites to begin discussing the vaccination and educating residents about its benefits. Initial engagement was conversational, but later visits provided the vaccine through the mobile van and pharmacy teams. In addition to increasing vaccine uptake, this engagement with Gypsy Roma Traveller communities promoted access to other local health services, which this group often failed to engage with until the point of emergency. 20 vaccinations were delivered across the 3 pilot sites, with a return visit planned in 8 weeks' time to administer first and second doses.
- The CAHN were commissioned to engage with Black African and Caribbean residents, working with community and faith leaders. Efforts to promote the vaccine culminated with the Windrush Event at Preston Cricket Club in September 2021, to which a mobile vaccination unit attended to offer the vaccine and have educational conversations with attendees. Engagement with this community group was ongoing, including awareness raising about the impact of the pandemic.
- Lancashire County Council had drawn attention to the vulnerability of Lancashire's migrant workforce. Accordingly, the programme engaged with three of the largest employers in the area – plants and factories which were susceptible to covid outbreaks. Initially, educational visits provided leaflets in the workers' native languages and subsequently two sites accepted the offer of a mobile vaccination unit to facilitate vaccinations for all staff during working hours. Although vaccine uptake was slow, important educational work was carried out.
- The 'in school' vaccine offer was to be completed by the end of November 2021; however, 12- to 15-year-olds were now able to book a vaccination appointment through the national booking system. Information on walk-in appointments was also available on the Lancashire and South Cumbria ICS website.
- As part of Phase 3, all eligible care homes had received a visit by 31 October 2021 to offer the third dose of the vaccine to residents. The vaccine offer (for both Covid-19 and flu) for housebound patients also continued, possibly to be delivered by an additional workforce in the future.

In response to questions and points raised by members, the following information and assurances were provided:

- The reasons for non-vaccination were multifaceted, however with colleagues in Public Health it was possible to identify groups and geographical areas where uptake was especially low. Sometimes individual conversations with people were the best approach to myth-busting, and in other circumstances it was necessary to engage with an entire community.
- It was acknowledged that communication to pregnant people about the vaccination across the whole country had been poor. Some targeted programmes had been delivered, such as the vaccination van visiting antenatal clinics in East Lancashire. More information on the availability of third doses to pregnant people would be provided to the committee after the meeting.
- Work was ongoing to understand why people struggled to access third doses of the vaccine and to streamline the information provided to each community and town. The discussed case of a walk-in centre in Burnley turning residents away if they did not have an appointment would be investigated by officers.
- In relation to confusion about eligibility, residents were encouraged to visit a vaccination centre for their third dose as soon as they became eligible, rather than waiting for a letter or text invitation. More work was needed to reinforce the message that it was possible to book online for a third dose 26 weeks after receiving the second dose.
- Some people had not accessed the vaccination programme at all, which caused concern because community transmission would put them most at risk of contracting Covid-19. Lesson could be learned from a programme in the North East of England which had recently tried to reach this group through doorstep visits and individual phone calls. The data available during Phase 3 of the programme to identify where vaccine uptake was slower was far richer than the information available during Phases 1 and 2; this would help to identify ways to encourage vaccination. It was also possible to use those negatively impacted by Covid-19 within their communities to highlight the importance of the vaccine locally, such as through telling their stories. Ultimately, the message about the evergreen vaccination offer needed to be clearly and simply conveyed – something that elected members could support with.
- The national programme was aware of the need to include the third dose of the vaccine on the NHS app so that people could demonstrate they were fully vaccinated.

- There was a limit to the programme's capacity to prevent anti-vax protesters gathering outside vaccination sites. There had been a limited number of incidents to date involving the police, but generally incidents were hard to prevent and therefore required reactive actions. The programme continued to work with the police to protect citizens.
- Future plans for the mobile vaccination units, including over the Christmas period, would be determined by the data available and each situation or event would be individually assessed. Feedback to date suggested that offering the vaccine at social events, such as Christmas markets, was not always well received. Instead, these events were best utilised as educational opportunities. However, the team remained open-minded about attending any future events that would increase vaccination uptake.
- Data relating to number of eligible residents who had not received a second dose of the vaccine would be made available to the committee after the meeting. It was noted that the numbers were slightly reducing as a result of the legacy programme.
- The indicators of success were distinct to each group or cohort of the population. For instance, among the older population, based on historic uptake, it was expected that 90-95% would eventually be fully vaccinated. For the school-aged population, the proportion of vaccinated people may only reach 50%. The biggest, current concern was with so-called Cohort 6, people aged less than 50 who were considered high risk due to serious health vulnerabilities. It was possible that emerging technologies, such as an oral tablet, would help to reach people in this cohort who were unwilling to receive the vaccine. Work was ongoing nationally to get new, alternative therapies approved for use.
- The vaccination programme for winter 2022-23 was unlikely to match the scale of the 2021-22 programme. Ultimately, however, the government would determine the level of vaccination for future years and at this stage it was unknown what it would look like.
- The NHS collected data on the number of unvaccinated people in hospital and intensive care with Covid-19, but it was difficult to publish due to its personal nature. It was noted that sharing related figures might persuade people to get vaccinated. It was agreed for the most part that people's decision to receive the vaccine should come from willingness and education, rather than by compulsion. Decisions on mandatory vaccination and vaccine passports, for example, would be made by government based on the incidence of Covid-19 nationally.

- It was important to stress that the term 'fully vaccinated' now described people who had received their first, second and third doses of the vaccine. It was anticipated that changing the narrative to include the third dose would encourage people to come forward for their second and third doses.
- Lessons could be learned from the county council's internal audit of Phases 1 and 2 of the vaccination programme and the future audit of Phase 3. The NHS also had its own audit and assurance processes. Local and national data would drive the future of the vaccination programme, including the best approach to engage with communities. The programme also benefitted from Abdul Razaq's position on the NHS England Vaccine Equalities Board, which facilitated shared learning and insight on a national scale about vaccine inequalities.
- It was likely that Covid-19 would become endemic and the risk of Covid-19 alongside other viruses was important to consider. Whilst vaccination was the main line of defence against Covid-19 and flu, it was equally important for people to take non-pharmaceutical measures to limit transmission, such as regular hand washing and wearing a mask in public places.
- Delivery of the third dose of the vaccine to under-40s was planned to begin in the following week, but people would only become eligible to receive it 26 weeks after their second dose. As such, there would be a gradual increase in eligibility.

The committee thanked the NHS and county council officers for their ongoing work to deliver the vaccination programme. The Chair thanked officers for their presentation and responses to members' questions.

Resolved: That

- i) The presentation on Covid-19 vaccination uptake and actions to address health inequalities, presented by the Lancashire and South Cumbria Integrated Care System, be noted;
- ii) The summary of the Lancashire County Council audit assurance report and plans for a follow-up audit in 2022-23 following Phase 3, as presented at Appendix A, be noted; and
- iii) NHS and county council officers be asked to take on board the comments and feedback of the Health Scrutiny Committee.

5. Report of the Health Scrutiny Committee Steering Group

The committee considered the report of the Health Scrutiny Steering Group following its meetings held on 22 September and 13 October 2021.

Following a query about the complaints received from consultant pathologists regarding the proposed Lancashire and South Cumbria Pathology Collaboration, it was noted that the Chair had discussed the need for further staff consultation with the programme lead, Mark Hindle, and provided an email reply to the consultants on behalf of the county council's Health Scrutiny function.

Resolved: That the report of the Health Scrutiny Steering Group be noted.

6. Work Programme 2021/22

The committee reviewed the Health Scrutiny Work Programme for 2021/22.

It was noted that an update on the New Hospitals Programme would be provided at a future meeting of the Health Scrutiny Committee once the longlist of options had been shortlisted and when more information could be provided on available funding. The Health Scrutiny Steering Group had considered the longlist, which was also available to the public, at its meeting held 22 September 2021 and had provided feedback to NHS officers during the meeting.

County Councillor Stuart Morris, Champion for Mental Health, suggested he could provide the committee with an update about activities in Lancashire related to mental health at a future meeting.

Resolved: That

- i) The Health Scrutiny Work Programme for 2021/22 be noted; and
- ii) The suggested update on mental health activities in Lancashire be considered by the Health Scrutiny Steering Group for inclusion on the Health Scrutiny Work Programme 2021/22.

7. Urgent Business

None.

8. Date of Next Meeting

It was noted that the next meeting of the Health Scrutiny Committee was scheduled to be held on Tuesday 14 December at 10.30 am, at County Hall, Preston.

L Sales
Director of Corporate Services

County Hall
Preston



LSC Vaccination Programme

LCC Health Scrutiny Committee – 2nd November



Lancashire and South Cumbria
Health and Care Partnership

LSC Vaccination Programme Headlines

- Over 2,627,148 vaccinations have been administered on the programme to date to Lancashire & South Cumbria residents over the age of 12.
- Over 100 fixed and mobile vaccination sites have been in place since start of the programme.
- Approximately 450 staff and 1500 volunteers have worked at our Mass Vaccination Sites across the footprint.

Lancashire County Council Specific Data

- The following data has been sourced from NHS Foundry and reflects all activity recorded on point of care systems as of 27th October 2021.
- The data presented here relates to patients identified as being registered at a GP Practice aligned with one of the five Clinical Commissioning Groups (CCGs) that can broadly be classified as falling within the boundaries of Lancashire County Council.
- This means uptake proportions are based on GP-registered populations and not uptake by place of residence that local authorities will be more familiar with in other population-based metrics.
- For any further data at UTLA and LTLA (upper and lower tier LA) please visit - [Vaccinations in the UK | Coronavirus in the UK \(data.gov.uk\)](#) And [Download data | Coronavirus in the UK](#)

1st & 2nd Dose Uptake

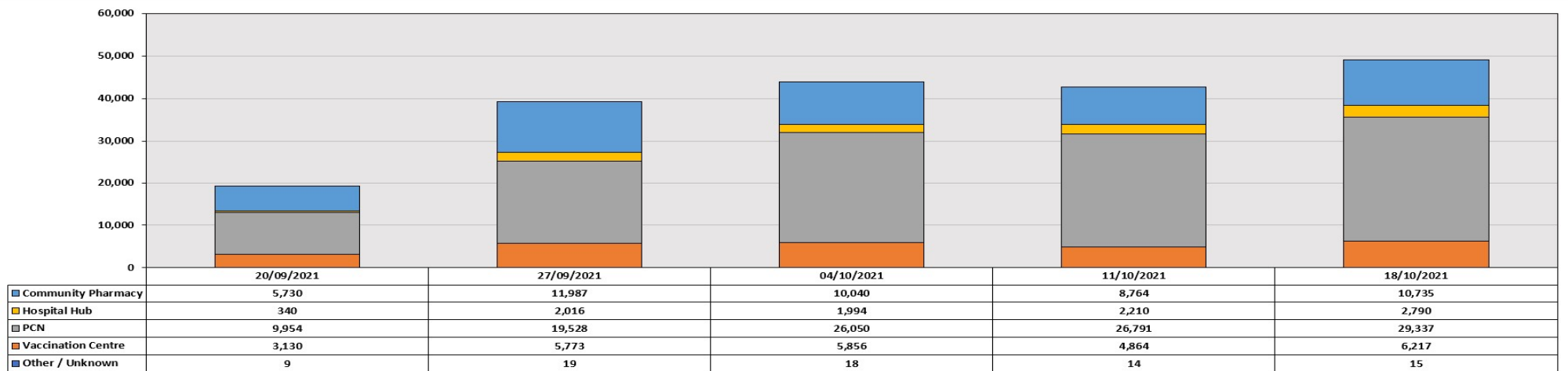
Area Type	Area Name	Cohort	Population	First Dose	First Dose Coverage	First Dose Coverage 7 Day % Change	Second Dose	Second Dose Coverage	Second Dose % of First Dose	Second Dose Coverage 7 Day % Change
LA	LANCASHIRE	Cohort 1 to 9	546,927	501,170	91.6%	0.0%	486,634	89.0%	97.1%	0.1%
LA	LANCASHIRE	Cohort 10	95,653	76,913	80.4%	0.1%	72,633	75.9%	94.4%	0.2%
LA	LANCASHIRE	Cohort 11	110,889	77,760	70.1%	0.2%	69,164	62.4%	88.9%	0.4%
LA	LANCASHIRE	Cohort 12	151,673	98,638	65.0%	0.4%	74,404	49.1%	75.4%	0.7%
LA	LANCASHIRE	Cohort 13	52,182	16,304	31.2%	4.4%	136	0.3%	0.8%	0.2%
LA	LANCASHIRE	Total	957,324	770,785	80.5%	0.4%	702,971	73.4%	91.2%	0.2%

- As of data recorded on 27th October, 770,785 (80.5%) of the 957,324 patients had received a first dose, including 501,170 (91.6%) of the 546,927 patients identified as being in JCVI Cohorts 1 to 9.
- In terms of second doses, 703,971 (73.4%) of the identified population had received a second dose, including 89% of those identified as being in JCVI Cohorts 1 to 9.
- As of 27th October, 16,304 (31.2%) of patients aged 12 to 15 had received a first dose, with 63% of schools across the Lancashire and South Cumbria Integrated Care System having received at least one visit from a commissioned vaccine administration service.

Covid Booster Update – Progress so far

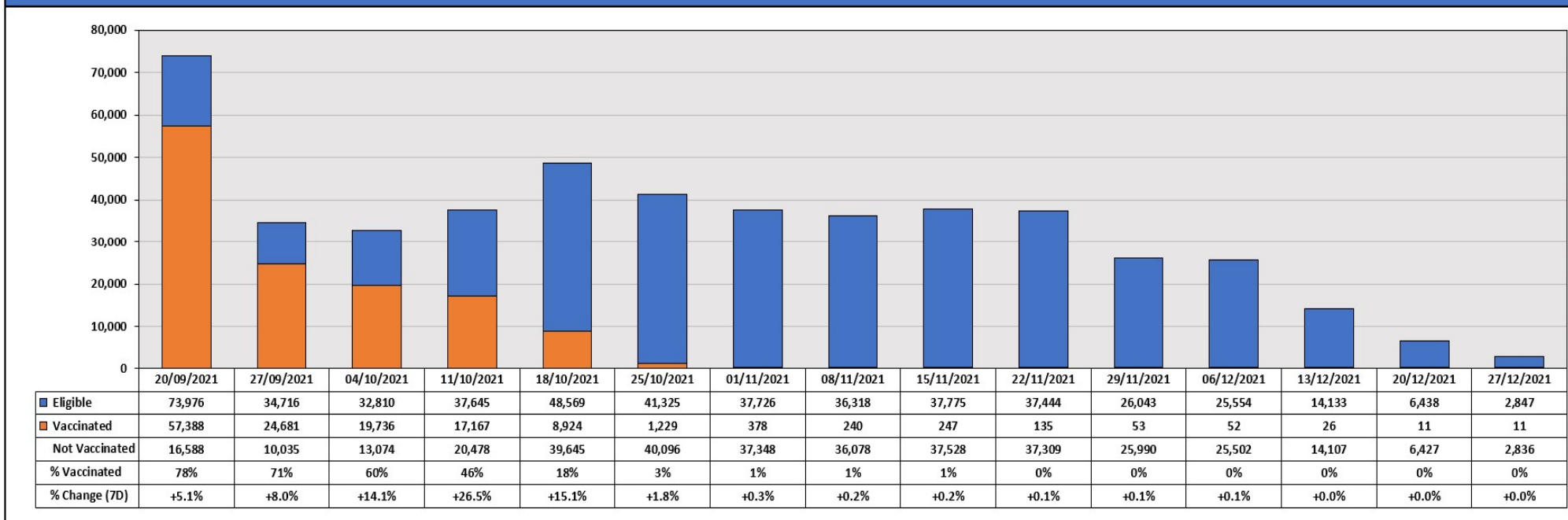
Area Name	JCVI Cohort	Current Booster Eligible (Had)	Current Booster Eligible (Not Yet Had)	Total Current Booster Eligible	Current Booster Eligible Coverage %	Current Booster Eligible Rate per 1,000
LANCASHIRE	1: Care Home Residents & Residential Care Workers	3,982	1,730	5,712	69.7%	697
LANCASHIRE	2: 80+ & Health and Social Care workers	48,314	23,622	71,936	67.2%	672
LANCASHIRE	Other: Assumed HSCW	4,163	13,571	17,734	23.5%	235
LANCASHIRE	3: 75-79	26,509	13,024	39,533	67.1%	671
LANCASHIRE	4: 70-74 & CEV	25,421	34,591	60,012	42.4%	424
LANCASHIRE	5: 65-69	6,636	12,787	19,423	34.2%	342
LANCASHIRE	6: At Risk	6,418	13,370	19,788	32.4%	324
LANCASHIRE	7: 60-64	2,364	2,827	5,191	45.5%	455
LANCASHIRE	8: 55-59	2,624	2,357	4,981	52.7%	527
LANCASHIRE	9: 50-54	2,302	2,209	4,511	51.0%	510
LANCASHIRE	Stage 1	108,389	86,538	194,927	55.6%	556
LANCASHIRE	Stage 2	20,344	33,550	53,894	37.7%	377
LANCASHIRE	Total	128,733	120,088	248,821	51.7%	517

Uptake Activity by Week of Vaccination



Phase 3 – Progress so Far

Uptake Activity by Week of Eligibility



- 73,976 patients that were or who became eligible during the week commencing 20th September 2021, 57,388 (78%) have received a third dose, with subsequent weeks also rising sharply over the last 7 days.
- To date, 58% of doses were delivered by a Primary Care Network, 27% by a Community Pharmacy, 10% by a Vaccination Centre and 5% by a Hospital Hub.
- Finally, since 13th September 2021, 43,254 first and second doses have delivered under an Evergreen offer of vaccination.

Surge Activities

- During May-July; LSC experienced some of the highest rates of infections nationally.
- In East Lancashire over 35,000 vaccinations were carried out in a 6-week period using a combination of pop-up, mobile and existing vaccination sites to address the high community transmission.
- A multi agency approach was adopted across the programme, working in conjunction with Local and District councils to increase community engagement and utilize existing community leaders to spread the message about the importance of taking up the vaccine. LCC were integral to this approach.
- The success of the 'walk-in' appointment approach has been repeated for other cohort groups and across the MVS and CP pillars.



Mobile Artic Lorry site in Nelson, preparing to open to members of the public.

Mobile Vaccination Units



Vaccine Van teams at Preston City Centre



During Phase 1 & 2 it became apparent that some members of the community were unable to access vaccination services (lack of access to a car, rural areas, unwillingness to travel).

The Programme adapted its approach to offer pop up services in the form of a vaccination van(s) which accepted walk-ins from members of the public to suit the needs of the population.

The Vaccination Van has now been in operation across the LSC footprint since the end of May and covered over 200 locations delivering an estimated 100,000 vaccinations. Some the sites visited include:

- Schools, Colleges, Universities
- Shopping Centres, Supermarkets
- Football Clubs
- Places of Work (Food processing plants etc)
- Areas of Worship
- Homeless Shelters
- Gypsy Roman Traveler communities

Addressing Hard to Reach Groups



Focusing on harder to reach/ under represented groups

- Working with CAHN (Caribbean and African Health Network) to promote the importance of vaccines among the Black Caribbean and African populations.
- The provision of home visits for 12-15 year olds with serious underlying health conditions who may otherwise struggle to attend an existing vaccine centre due to either physical or cognitive/sensory health conditions.
- Visiting Homeless shelters with the vaccination van; targeting LD and MH settings to reach the most vulnerable groups.

Capturing captive audiences

- Working with Football Clubs to promote vaccinations utilising social media content of player vaccinations, match day messaging in the stadiums and also in some cases offering match day clinics.
- Providing mobile vaccination clinics at College enrolment days following A level results. 500 vaccines were delivered at one site over a 2 day period.



Approach to engaging the younger cohort

In LSC we have focused on identifying new and novel ways of engaging with our young people regarding vaccination, recognising that many of the approaches taken during the initial phases don't strike a chord with teenagers.

Engagement with local partners

- Working with with Local Authority Directors of Education /Public Health to secure the inclusion of vaccination literature and clinic signposting information as part of a 'return to college' pack that will be sent to students ahead of the new term.
- PCN discussions with colleges regarding pop-up clinics provision on college sites in areas of deprivation/ low uptake.

Harnessing technology/social media

- Advertising in high traffic online areas for young people e.g. Spotify and Instagram.
- Use of a #AskAuntieCarol campaign targeting myth busting via Youtube video.



Zaydan Akram, aged 16, was vaccinated at a pop up clinic on enrolment day at a local college and said "It was really easy and convenient for me to get the Covid-19 jab. You can just walk-in, no appointment needed."



Case Study 1 – GRT Communities

- Working with the LCC lead; the Vaccination programme adopted an engagement plan for this community group; identifying 3 pilot sites to visit initially to discuss the vaccination programme, understand barriers to administration and educate residents around the benefits of the vaccination.
- Engagement consisted of two initial visits to the sites, before bringing a vaccine van onto site administering vaccines.
- Over the 3 pilot sites, around 20 vaccinations were administered; however the real focus was the engagement and supported conversations with community leaders. The team are now linking in with local PCNs to ensure that this is a long term collaboration and the GRT communities are able to access local NHS services.

Case Study 2 – Black African & Caribbean Residents

- Commissioned CAHN (Caribbean and African Health Network) to carry out vaccine engagement work with community leaders, LCC lead and faith leaders.
- Attended the Windrush Event in September held at Preston Cricket Club; with a mobile vaccination unit offering vaccinations out to all eligible attendees. Alongside this offer CAHN representatives attended the event to hold educational conversations with attendees.
- Ongoing engagement with Community Leaders; developing relationships and raising awareness about impact of pandemic on Black African & Caribbean patients.
- Myth busting material shared via local forums, with social media posts on local events and ongoing vaccination offers.

Case Study 3 – Targeting Migrant Workforce

- Following engagement with LCC colleagues it was identified that certain food and processing plants / factories with high levels of migrant workforce (largely Eastern European) were susceptible to covid outbreaks and potentially had a proportion of unvaccinated workforce.
- The vaccination programme shared myth busting literature and media in native languages with employers who cascaded this to all staff encouraging to get a vaccine.
- Two of the sites accepted the offer of a mobile vaccination unit visiting the workplace to offer vaccinations to all staff.
- Uptake of vaccinations at these two pilot sites when the mobile unit deployed was low; however the information and literature was shared and a number of workers had conversations with the vaccination staff.

Key areas of Focus – Phase 3

- **12 -15s programme:**
 - ‘In school’ offer – visits to schools with SAIS teams – to be completed by the end of November.
 - ‘Out of school’ offer – running in parallel – accessed through NBS now.
- **Care Home Booster offer** – all eligible care homes have received a visit for vaccinations by 31st October to protect residents.
- **Housebound patients Booster offer** – adaptation of resource by development of an outreach model made up of MVS site staff.
- **Encouraging Booster Uptake** amongst all eligible patients; sharing comms messages, utilising local authority contacts, reviewing data to ensure no underserved population.



Any Questions

