

## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **8 JULY 2022**

## **UPDATE ON THE COVID VACCINATION PROGRAMME**

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### **Summary**

1. The Health Overview and Scrutiny Committee (HOSC) has requested an update on the COVID Vaccination Programme, with particular focus on Worcestershire.
2. Representatives from NHS Herefordshire and Worcestershire Integrated Care Board (ICB) (which has from 1 July 2022 replaced the NHS Herefordshire and Worcestershire CCG), Worcestershire County Council Public Health Department and West Midlands Public Health team have been invited to the meeting.

### **Background**

3. Vaccination uptake and compliance with requests to receive a booster dose are a critical tool in preventing serious illness due to COVID.
4. Uptake rates have been high in Worcestershire (84% of eligible population have had 2 doses), with a comparatively low gap in uptake between the most and least deprived communities when compared to the regional position. (12.5% compared 19%).
5. Learning from the vaccination programme is being used to support the system in designing / transforming wider service offers in the most underserved communities.
6. Planning is underway for the Autumn booster programme, running concurrently with the flu vaccination programme.

### **Issues for the HOSC to consider**

#### **Programme update**

7. The COVID vaccination programme has been operating since December 2020.
8. Over this time there have been 1,911,316 COVID vaccines delivered across Herefordshire & Worcestershire:
  - 1,364,464 are in Worcestershire, of which:
    - i. 474,700 first doses (87.1% of over 12s)
    - ii. 452,036 second doses (83.9% of over 12s)
    - iii. 377,222 booster doses (86.1% of eligible cohort)
    - iv. 60,348 second booster doses (immunosuppressed / compromised)

9. Uptake in Worcestershire compares strongly with regional uptake:

	Worcestershire	System (H&W)	West Midlands
First dose	87.1%	87.4%	80.2%
Second dose	83.9%	84.1%	75.9%
booster	86.1%	86.2%	58.7%

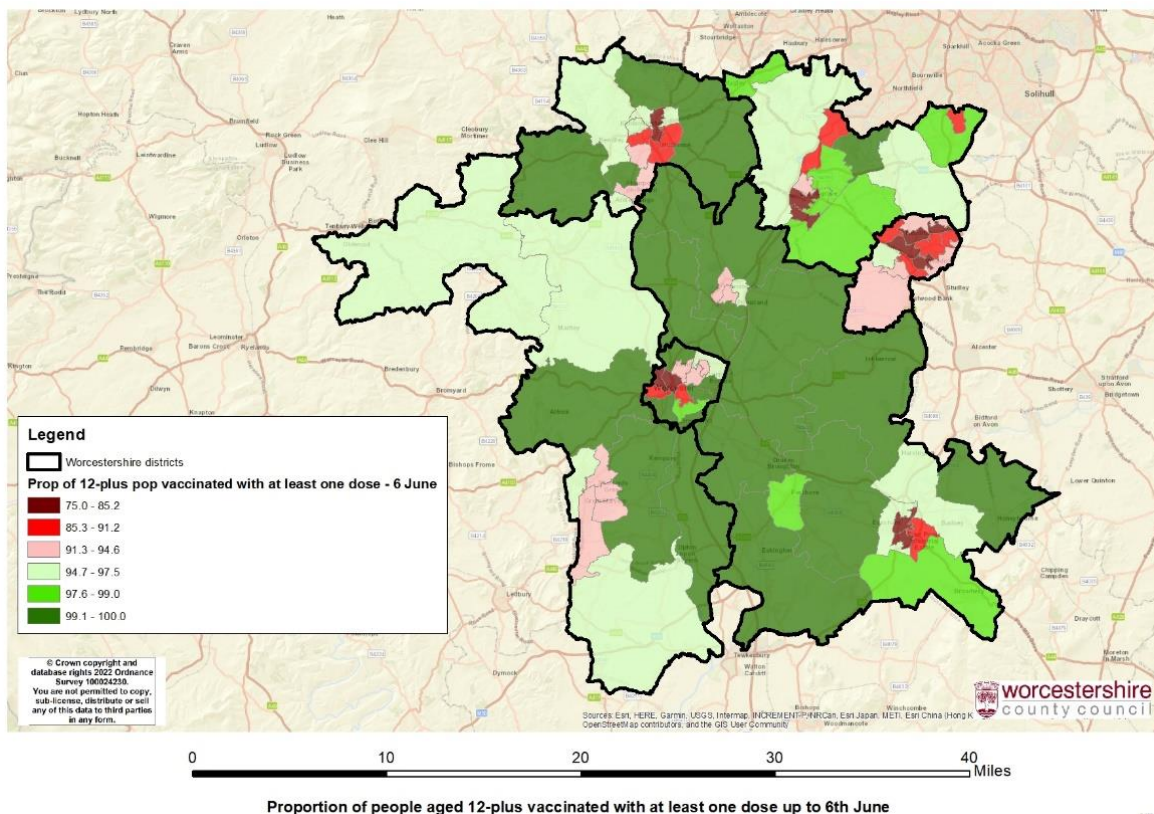
10. As at 6 June 2022, Herefordshire and Worcestershire had the 7<sup>th</sup> highest booster uptake performance in the NHS England area (out of 42 systems).

11. Throughout the programme, Herefordshire and Worcestershire has delivered top quartile performance in all cohorts, with some being nationally top uptake levels.

**Addressing variation by deprivation and ethnicity**

12. The Herefordshire and Worcestershire Vaccination Programme has won the NHS Parliamentary Award 2022 (Midland’s region) for Health Equality and has now progressed to the national finals.

13. There is a variation across Worcestershire with lower uptake predominantly in areas of higher deprivation as represented in the chart below



14. The current gap in uptake (fully vaccinated and booster) between the most and least

deprived communities in Herefordshire and Worcestershire is 12.5%. The variation at regional level is 19%. Whilst the Herefordshire and Worcestershire gap is lower, the programme continues to focus on further closing this gap.

15. The approach to reducing the uptake gap between the least and most deprived areas has been as follows:

- Clear understanding of uptake down to street level, allowing clarity on geographical areas of focus. This is drawn from the GP record and understanding of where GP registration is lower.
- A partnership approach, set in the local Incident Management Team and District Collaboratives, with partners sharing understanding of the communities, how to engage, advising on the best setting for vaccination, ensuring clinics are set-up to meet cultural needs etc.
- Ahead of vaccination, all district councils have supported door knocking initiatives to raise awareness, have produced materials in a range of languages, and carried out engagement with local community groups.
- Vaccination resources have been deployed to relevant locations, either using vaccination vans or local community buildings, on the advertised days with clinicians and others there to support discussion and addressing concerns.
- Over the past 18 months there have been over 400 clinics which have been delivered locally in non-clinical settings, with a range of adaptations to meet the needs of groups or communities. (e.g. women-only clinics, assisted clinics for homeless, quiet clinics, children-only clinics, maternity clinics, sessions for farm and seasonal workers, targeted clinics at sports venues, religious centres, family days, high street events, sessions in workplaces and areas of high footfall (e.g. factories and bingo nights etc.).

### **Summer 2022 and Autumn Booster Programme**

16. During the Summer of 2022, the Spring Booster Programme will have ended, so focus will be on encouraging those who have not had a vaccine at all to come forward. This is 11.1% (55k people in total, 4k of which are over the age of 65) of the Worcestershire population, with younger age groups less likely to have come forward.

17. The approach described in the previous section of attending local locations to offer vaccination will continue, backed by communications and engagement activities.

18. The planning for the Autumn campaign is underway and this is due to be completed during July as final cohort is confirmed via NHS England, based upon the advice of the Joint Committee on Vaccination (JCVI). The plan will be received and signed off through the Integrated Care System governance structures.

### **Embedding learning**

19. Whilst the system continues to strive to increase vaccination uptake, the overall achievement in Worcestershire stands up well on all metrics when compared to other areas across England. The core success of the programme is based upon the partnership between health, local authority and wider partners, with delivery being based flexibly upon the needs of all populations and groups. This learning is being

taken into the wider Integrated Care System Health Inequalities Strategy with examples of the work provided here:

20. Primary Care Networks have developed delivery plans, in partnership with the district collaboratives, focused on addressing the variation seen in their local area. The elective care list is being reviewed for variation based upon both ethnicity and deprivation. Vaccination vehicles supporting the most underserved communities will also be offering basic health checks and support to register with a GP.

### **Purpose of the Meeting**

21. The HOSC is asked to consider and comment on the information provided on the impact of the COVID vaccination programme within all communities, and agree:

- whether any further information or scrutiny is required at this time
- whether there are any comments to highlight to the Cabinet Member with Responsibility.

### **Contact Points**

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### **Background Papers**

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 9 July and 10 March 2021

[All agendas and minutes are available on the Council's website here.](#)