Havering
LONDON BOROUGH

COUNCIL, 20 January 2021

REPORT OF THE CHIEF EXECUTIVE

SUBJECT: The importance of COVID-19 vaccination

SUMMARY

The emergence of a new, more transmissible variant has contributed to very high rates of coronavirus infection that threaten to overwhelm the NHS.

In response, the Government has enforced a third lockdown to bring infection rates down and thereby relieve pressure on the NHS.

A number of effective vaccines are now available, adding a powerful new tool to complement such non-pharmaceutical interventions.

The immediate priority is to vaccinate the most vulnerable and those that care for them so that the pressure on the NHS can be relieved, enabling the current lockdown to be relaxed sooner than might otherwise be the case.

Vaccination on this scale represents a massive operational challenge to the NHS.

Inequitable resourcing and vaccine hesitancy may impede progress locally and leave residents and the NHS unnecessarily vulnerable.

Information regarding progress will be needed to ensure the efficiency, equity and effectiveness of the programme for local residents

In the short term at least i.e. this side of summer, vaccination must be seen as a complement to, not replacement for non-pharmaceutical interventions.

RECOMMENDATIONS

Note the contents of the report.

REPORT DETAIL

1 **The emergence of a new, more transmissible variant has contributed to very high rates of coronavirus infection that threaten to overwhelm the NHS**

1.1 In late November 2020, PHE first linked high and increasing infection rates in north Kent during the second lockdown to the spread of a new variant of coronavirus. Subsequently, rates of infection in Havering and S W Essex, and then North East London, London and S E England as a whole have followed a similar path as the new variant has come to predominate[1].

1.2 For a number of weeks, rates of infection in Havering and adjacent areas have been amongst the highest in the country and the highest recorded anywhere in the UK since widespread community testing for coronavirus became available[2].

1.3 The high and sustained infection rates have resulted in a rapid increase in the number of patients requiring hospital treatment. Approaching two thirds of beds at Queens and King Georges Hospitals, operated by Barking, Havering and Redbridge University Hospitals NHS Trust are now occupied by patients with COVID-19[3].

1.4 The Trust has redeployed staff and resources to maximise capacity to care for patients severely unwell with COVID-19 effecting 'business as usual' services including the postponement of non-urgent surgery and outpatient appointments[4].

1.5 A 'major incident' has been declared in London due to the rapid spread of the coronavirus across the capital and the increase of Covid-19 cases in hospitals, which has left the NHS at risk of being overwhelmed.

1.6 All cause death rates are already higher than the historical average, with COVID-19 contributing to a significant proportion. Further increases in death rates are inevitable and would increase dramatically if the NHS is indeed overwhelmed affecting the care of

[1] https://www.gov.uk/government/news/covid-19-sars-cov-2-information-about-the-new-virus-variant
[2] https://www.havering.gov.uk/covid19havering
[3] https://www.bhrhospitals.nhs.uk/covid-19-data-for-our-hospitals
[4] https://www.bhrhospitals.nhs.uk/our-services-during-covid-19

patients severely unwell with both COVID-19 and other life threatening conditions.

2 The Government has enforced a third lockdown to bring infection rates down and thereby relieve pressure on the NHS.

2.1 On January 4th 2021, the UK's four Chief Medical Officers jointly endorsed a recommendation from the Joint Biosecurity Centre that the UK COVID-19 level should move from level 4 to level 5 because rates of infection were high or rising exponentially and there was a material risk of healthcare services being overwhelmed[5]. Subsequently, Government introduced national lockdown measures requiring people to stay at home except where necessary[6].

2.2 It is too soon to be sure that these measures will be enough to bring infection rates down and reduce pressure on the NHS. In the short term, rates of infection have continued to increase.

2.3 SAGE – the Government's scientific advisory group stated it is not known whether measures with similar stringency and adherence as the initial lockdown in spring 2020, with both primary and secondary schools closed, would be sufficient to bring R below 1 in the presence of the new variant[7]. It seems likely therefore that R will remain close to, rather than drop well below 1. If so, infection rates will remain close to their current levels i.e. very high for an extended period, as will pressure on the NHS.

3 A number of effective vaccines are now available, adding a powerful new tool to complement non-pharmaceutical interventions.

3.1 A small number of treatments have now been demonstrated to reduce the risk of death from COVID-19 and are being made available on the NHS[8]. However, they improve outcomes for patients who are already severely ill. So, whereas they will improve outcomes and reduce pressure on intensive care, they will have only a modest impact on hospital capacity as a whole.

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[5] https://www.gov.uk/government/news/covid-19-alert-level-update-from-the-uk-chief-medical-officers
[6] https://www.gov.uk/guidance/national-lockdown-stay-at-home
[7] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/948606/s0991-sage-meeting-74-covid-19.pdf
[8] https://www.gov.uk/government/news/nhs-patients-to-receive-life-saving-covid-19-treatments-that-could-cut-hospital-time-by-10-days

3.2 The NHS urgently needs interventions, like effective vaccines that, together with lockdown, will prevent people becoming severely ill in the first place.

3.3 A variety of organisations have a role in vaccination. The Medicines and Healthcare products Regulatory Agency (MHRA) approves vaccines for use. The Joint Committee on Vaccination and Immunisation (JCVI) advises the government on vaccine policy, including on what vaccines to commission and provide for the population. Vaccinations are commissioned by NHS England and delivered by a variety of providers such as GP surgeries and pharmacies.

3.4 Thus far the MHRA has approved 3 coronavirus vaccines, having received evidence that they are safe and effective, manufactured by Pfizer/BioNtech[9], AstraZeneca[10] and Moderna[11]. The first two vaccines are available for use now but supplies are limited. Supplies of all three vaccines are expected to increase in coming weeks and months and further vaccines may be approved and come on line through the coming year.

3.5 The Joint Committee on Vaccination and Immunisation (JCVI) has advised[12] that the first priorities for the current COVID-19 vaccination programme (using the currently available Pfizer /BioNtech and AstraZeneca vaccines) should be the prevention of COVID-19 mortality and the protection of health and social care staff and systems by immunising the groups listed in the table below that account for 99% of preventable mortality from COVID-19.

Priority	Description
1	residents in a care home for older adults and their carers
2	all those 80 years of age and over and frontline health and social care workers
3	all those 75 years of age and over
4	all those 70 years of age and over and clinically extremely vulnerable individuals
5	all those 65 years of age and over
6	all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality

[9] https://www.gov.4uk/government/news/uk-medicines-regulator-gives-approval-for-first-uk-covid-19-vaccine 5
[10] https://6www.gov.uk/government/news/oxford-universityastrazeneca-covid-19-vaccine-approved
[11] https://w7ww.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-moderna
[12] https://ww8w.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-t9he-jcvi-30-december-2020/joint-committee-on-vaccination-and-immunisation-advice-on-priority-groups-for-covid-19-vaccination-30-december-2020

7	all those 60 years of age and over
8	all those 55 years of age and over
9	all those 50 years of age and over

Moreover, given high rates of infection; intense pressure on the NHS; evidence that both vaccines offer significant protection against severe disease a few weeks after administration of the first dose; the JCVI has advised that the NHS should focus on inoculating as many people as possible with a first dose, with the second booster dose needed to maximise and prolong protection, given up to 12 weeks after the first.

The JCVI further recommend that secondary priorities could include vaccination of those at increased risk of hospitalisation and at increased risk of exposure, and to maintain resilience in essential public services.

4 Vaccination on this scale represents a massive operational challenge to the NHS.

4.1 Government has stated that everyone in the top four JCVI priority groups – some 13.9 million people - will be offered a first dose of vaccine by the 15th February. Thereafter people in groups five to nine will be offered a first dose by the end of April. All adults aged 18 and over will be offered vaccination by 'the autumn', with those at greater risk of exposure and / or contributing to essential services being prioritised. Everyone will receive a second dose within 12 weeks of the first.

4.2 To meet the initial mid-February milestone, the NHS will need to deliver 2 million jabs a week. To do so, a number of obstacles will need to be overcome. Manufacturers must supply the vaccine at the required volume. Preparation of individual doses is separately dependant on the supply of needles and vials. Independent inspectors must check the production process used and samples of vaccine in every batch. Only then is the vaccine available for distribution.

4.3 A nationwide network of at least 1000 vaccination sites is being established including 70 hospitals, 50 mass vaccination centres and large numbers of GP surgeries, community centres and community pharmacies.

4.4. The detail of the local infrastructure has still be confirmed. The first mass vaccination in London will operate from the ExCeL Exhibition centre. BHRUHT has been offering vaccination at Queens Hospital

and Havering Primary Care Networks (collectives of local GPs) have been vaccinating from Victoria Hospital and Hornchurch Library, as well as taking the vaccine to larger care homes within the borough.

4.5 Inoculation will be undertaken by existing healthcare staff including GPs, practice and community nurses and pharmacists; with some impact on business as usual services likely. In addition, a campaign is underway to encourage health professionals that have recently left practice to return. It also envisaged that volunteers will contribute in a variety of non-clinical roles.

5 Inequitable resourcing and vaccine hesitancy may impede progress, leaving individual residents and the NHS less protected.

5.1 The population of Havering is relatively old. As such proportionally more Havering residents will fall in high-risk groups prioritised by the JCVI for early vaccination. Havering will need to receive proportionally more vaccine than other boroughs in NE London to keep pace with the trajectory required to offer everyone in groups 1-4 a first dose of vaccine by mid-February.

5.2 Primary care services in Barking, Havering and Redbridge are under-resourced and under-developed in comparison with those in inner N E London. Without additional support, staff constraints are likely to limit the pace of vaccination and / or disproportionally affect the delivery of business as usual health care.

5.3 There is no guarantee that all residents will respond positively to the offer of vaccination. Obvious practical barriers to uptake need to be addressed. Invitations should provide clear and specific information, including where to go and how to get there, and offer a variety of convenient times and locations. A domiciliary service will be necessary for the housebound. Some residents may find visiting a mass testing centre a daunting prospect making adequate local provision essential. Historically, uptake of seasonal flu vaccination by at-risk working age adults has been well below the national aspiration[13]. Uptake this year has been better but a significant proportion of eligible patients remain unimmunised. Convenient options for working adults are essential and employers should positively encourage and enable uptake.

5.4 Over and above direct barriers to access, further work will be necessary to tackle vaccine hesitancy. In recent years, public

[13] https://fingertips.phe.org.uk/search/influenza#page/0/gid/1/pat/6/par/E12000007/ati/302/are/E09000016/cid/4/page-options/ovw-do-0

acceptance and uptake of vaccinations has fallen, both in childhood and adult vaccination programmes with significant implications for public health. Data suggests that many of the groups in society who have already been disproportionately affected by COVID-19 e.g. the socially disadvantaged and BAME groups, are those that are least likely to say they will be vaccinated[14]. The risk therefore is that the vaccine roll out further exacerbates these inequalities. Targeted, locally led communications, using local insights and interventions to engage vulnerable and marginalised groups will reduce the likelihood of this occurring[15].

6 **Information regarding progress will be needed to ensure the efficiency, equity and effectiveness of the programme for local residents.**

6.1 If the right data systems are not in place, or health records are incomplete, people will be missed from the vaccination programme or invited later than they ought to be. Systems need to be in place to identify both individuals who have ignored initial automated invites to enable more personalised approaches and communities with low uptake requiring more targeted communication and engagement.

6.2 As representatives of their community, local authorities should be provided with a regular feed of the rolling immunisation data for each local authority area to ensure efficiency, equity and effectiveness of the programme for local residents.

6.3 Currently the only published information about uptake of vaccination is for the country as a whole and isn't broken down by priority group[16]. In addition, information about provision of vaccination to staff and residents in care homes is self-reported by care homes using the Capacity Tracker system. The most up to date information available at the time of writing this report is provided as Appendix 1.

7. In the short term, vaccination is a complement to, not replacement for non-pharmaceutical interventions

7.1 The speed and extent to which vaccination reduces pressure on the NHS is difficult to predict. The most vulnerable cohort (JCVI groups 1-4) will not all receive their first dose until mid-February, and effective short-term immunity takes three weeks to develop.

[14] https://www.rsph.org.uk/about-us/news/new-poll-finds-bame-groups-less-likely-to-want-covid-vaccine.html
[15] ADPH_Vaccine_Explainer_January_2021_.pdf
[16] https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/

Younger cohorts are less likely to develop severe COVID-19 but if infection rates remain very high, as they are now, high rates of hospital admission could well continue into early summer. As vaccination begins, any messaging must counter the suggestion that non-pharmaceutical measures can be relaxed too far, too soon.

Financial Implications and Risks:

While there were financial implications around the decisions described in this report, there are none directly associated with this report.

Legal Implications and Risks:

There are no immediate legal implications directly associated with this report.

Human Resource Implications and Risks:

There are none directly associated with this report.

Equalities and Social Inclusion Implications and Risks:

There are none directly associated with this report.

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Background paper List

None

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Appendix 1:

East London Health & Care Partnership

NEL Capacity Tracker COVID-19 Vaccination daily report

06th January 2021

COVID-19 Care Home vaccination reporting summary:

East London Health & Care Partnership

COVID-19 Care Home vaccination reporting summary:

East London Health & Care Partnership

Residents

- Currently across NEL 612 residents have been recorded as having received the first dose of the COVID-19 vaccine.
- 197 Residents have been vaccinated in Barking and Dagenham, 115 in Havering and 104 in Redbridge.
- As per Capacity Tracker, on 06th January a total of 18.5% of the NEL Care Home resident population has been recorded as having received the COVID-19 vaccine. This is a 2% increase on the previous working day.

Workforce

- Currently across NEL 701 members of staff have been recorded as having received the first dose of the COVID-19 vaccine.
- The majority of recorded staff vaccination have taken place within BHR, 201 in Havering, 154 in Redbridge and 135 in Barking and Dagenham. 19 recorded staff vaccination have been administered in City & Hackney and 192 in WEL.
- As per Capacity Tracker, a total of 12.38% of the NEL Care Home workforce had been recorded as received the first dose of the COVID-19 vaccine. The greatest uptake of staff vaccinations have been taking place within BHR, where 13.57% of the workforce have received the first dose, in WEL it is 11.22% and C&H 5.56%

* Source: Capacity Tracker COVID-19
* All data is subject to accurate and timely submissions from providers directly.
* Data submissions by providers at weekends and public holidays fluctuate and are inconsistent.

Care Home daily Vaccination report: 06th January 2021

East London Health & Care Partnership

% of Staff and Residents Vaccinated in Care Homes

Sum System	Staff % Vaccinated	Residents % Vaccinated
BHR	13.57%	19.93%
WEL	11.22%	12.46%
C&H	5.56%	35.03%

Administered vaccination in care homes amongst staff and residents

CCG	Residents	Staff
NHS Barking and Dagenham CCG	197	135
NHS City and Hackney CCG	69	19
NHS Havering CCG	115	201
NHS Newham CCG	28	90
NHS Redbridge CCG	104	154
NHS Tower Hamlets CCG	5	10
NHS Waltham Forest CCG	94	92
Grand Total	**612**	**701**