



**Havering**  
LONDON BOROUGH

## Notice of KEY Executive Decision (Special Urgency)

<b>Subject Heading:</b>	Approval to submit funding application to the local Clinical Commissioning Group to cover the Council's costs related to supporting the ongoing rollout of the national COVID-19 vaccination programme and to implement the Council's support activities
<b>Cabinet Member:</b>	Councillor Damian White, Leader of the Council
<b>SLT Lead:</b>	Barbara Nicholls, Director for Adults Social Care and Health
<b>Report Author and contact details:</b>	Ben Campbell, Commissioning Programme Manager. Ben.campbell@havering.gov.uk
<b>Policy context:</b>	Requirement from Government for local government to lead on the local roll out of the national vaccination programme
<b>Financial summary:</b>	Requesting CCG funding for LA support to vaccination roll out programme. An initial sum to cover three months April to June £196k  Plus for staff cost costs already incurred a maximum sum of approximately £81.5k for the period December 20 – end March 2021

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	<p>Provisional sum to be put aside of £50k to cover potential additional items required</p> <p>Maximum Total: £246k for three months to June.</p> <p>Agreement to allow for further three month period (July-September) without a further decision which would escalate the total sum to £573.5k or £623.5 if the £50k contingency is used</p>
<b>Reason decision is Key</b>	<p>Expenditure of £500,000 or more</p> <p>Significant effect on two or more Wards</p>
<b>Date notice given of intended decision:</b>	<p><i><b>This is a decision pursuant to para 11 of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, made under "special urgency" with the consent of the Chair of the Overview and Scrutiny Board.</b></i></p>
<b>Relevant OSC:</b>	<p>Individuals</p>
<b>Is it an urgent decision?</b>	<p><b>Yes</b></p>
<b>Is this decision exempt from being called-in?</b>	<p><b><i>Yes, due to Special Urgency.</i></b></p> <p>It is necessary to implement support for the vaccination programme as soon as possible from April. In the context of needing to support the national effort to roll out the vaccine programme and enable the continued relaxation of the restrictions currently in place, any delay likely to be caused by the call in process would seriously prejudice the public interests.</p>

### **The subject matter of this report deals with the following Council Objectives**

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>

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Connections making Havering

[]

### **Part A – Report seeking decision**

#### **DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION**

The Leader of the Council is asked to approve the request for funding from the Clinical Commissioning Group for unfunded costs solely in support of Covid-19 vaccine deployment.

#### **AUTHORITY UNDER WHICH DECISION IS MADE**

Havering Council's Constitution:

Part 3

2.1 General functions of Cabinet

(q) To approve applications for the submission of bids for grants and other financial assistance which require the provision of additional finance or match funding or are likely to lead to residual costs or implications for the Council or where the amount of the grant application exceeds £500,000.

#### **STATEMENT OF THE REASONS FOR THE DECISION**

This decision is required under "Special Urgency" to allow the Council to plan and undertake effective strategies for working and service delivery during the current Covid 19 outbreak.

1. The Secretary of State for Health and Social Care and the Secretary of State for Housing, Communities and Local Government have set out in a letter how the NHS has risen to the challenge of vaccinating the population and local authorities have stepped up to support this national effort.
2. In the letter the Government recognise that being able to manage the vaccination programme alongside other response elements of the pandemic will require additional resources. Councils can access funding for costs arising from the vaccine rollout, recognising that these are additional to the activities for which existing Ministry of Housing, Communities and Local Government grant funding for Covid-19 expenditure pressures is already available.
3. Local authorities are to agree in advance appropriate, proportionate, additional and unfunded costs at a local level with their respective Clinical Commissioning

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Groups (CCGs). In turn CCGs can draw down eligible funding centrally via the national programme. Appropriate, proportionate, additional and unfunded eligible costs already incurred at a local level in agreement with CCGs can also be drawn down from central funding. Material historical costs (over £50,000) not previously agreed with the CCG and which are entirely and solely in support of Covid-19 vaccine deployment will be considered on a case by case basis.

4. Specific areas where local authorities, particularly with their public health responsibilities, can support the national vaccine programme, are listed. These include:
  - Complete ongoing work to review current capacity model for area and identify any potential barriers or gaps in population having access to vaccination within 10 miles of their home.
  - To support the vaccination of cohorts 1-4 by 15 February and 5-9 by late Spring, develop a locally appropriate, tailored communications plan that fosters and maintains a high level of vaccine confidence in the general public and increases confidence amongst the vaccine hesitant.
  - Support the roll out and ongoing operation of the vaccination centres to ensure they are safe, accessible and supported with the necessary infrastructure to maximise their capacity.
  - In support of the arrangements outline in the relevant SOPs, ensure that eligible frontline health and social care workers across the area are identified and offered a vaccination.
  - To support the high take-up of the vaccine beyond those in the first 1-9 cohorts, lead a locally appropriate, tailored communications programme that fosters and maintains a high level of vaccine confidence in the general public and increases confidence amongst the vaccine hesitant.
  - Work with health colleagues to test the resilience of the model for vaccinating cohorts 5-9 by late Spring and continuing through the summer, particularly in terms of ongoing workforce and resources needed to manage public expectations and engage hard to reach groups.
  - Begin planning to enable the deployment programme to move from a central incident response to a core part of local infrastructure within local authorities' responsibility for public health.
5. The resources that are required to meet the demands on Havering can be broken down into the following general categories:
  - i. Programme and project management support
  - ii. Communications
  - iii. Community Resilience Support
  - iv. Public Health support
6. The funds to support the work will vary depending on the demand and the progress of the vaccination programme. We have therefore set out an initial funding request covering 3 months from April to the end of June. At the end of May an assessment of needs beyond June will be undertaken and a further request for resources based on needs at that time will be produced.

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7. The requirement to support vaccinations was not started in 2021/22 however. There has already been a substantial resource input diverted from business as usual resources to the vaccination programme from December up to the end of February. Analysis of input from individuals indicates a sum of approximately £81k incurred so far (see appendix 1)
8. The Council is seeking authorisation to request, in addition to the above figure a three-month funding envelope up to the end of June of £176,000 in unfunded costs from the CCG solely in support of Covid-19 vaccine deployment. Detail of the tasks and roles involved in programme and project management is at appendix 2. The summary of the costs follows:

<b>Summary table of 3 month costs items</b>		
	<b>Detail</b>	<b>Cost</b>
<b>Programme and project management</b> (See Appendix 2)	Programme Manager	£36k
	G9 x3 Project Management/ data management of vaccine roll out	£72k
	PMO support	£18k
<b>Comms support</b>	Recruitment of specialist in community engagement comms Other comms expenses re: Rolling out 'Better Days Are Ahead' Campaign Continually Update website with new information Build and deliver engagement plan to reach different communities	£30k
<b>Public Health</b>	<ul style="list-style-type: none"> <li>• FAQs written, signed off and published</li> <li>• Comms Materials for public and targeted groups i.e. Faith Groups, BAME</li> <li>• Voluntary Ambassador programme mobilised</li> <li>• Health Champions and Havering Citizen Promotions Complete</li> <li>• System in place to compile and maintain prioritised list for Surplus Vaccines</li> </ul>	10k

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	<ul style="list-style-type: none"><li>Vaccine ambassadors trained by public health (recruit instructor specialised in behaviour)</li></ul>	
<b>Community Resilience</b>	Procurement of support to engage with community groups	30k
Costs for 3 months March to May		£196k

There are also provisional costs identified for potential future needs that may be required within the next 3 months. These are detailed below:

<b>Provisional cost items</b>		
<b>Miscellaneous PH comms</b>	Groups identified that need more support – ramping up public health messaging	£10k
<b>Vol sector transport to centres</b>	Potential need for sourcing transport from voluntary sector to convey people to and from centres to maximise take up	£10k
<b>Pop up costs</b>	Potential need for 'pop up' centres to maximise take up	£10k
<b>Contact centre - direct bookings</b>	Potential use of council contact centre to start to take direct bookings for vaccinations	£20k
<b>Provisional costs</b>		<b>£50k</b>

If it is possible to set aside funding for any of these eventualities then it will allow for rapid mobilisation of any additional services required.

## Recommendations

- Authority is delegated to the Director for Adults Social Care and Health in consultation with the Cabinet Member for Health and Adult Care Services to:
  - Submit an application to the CCG to recover costs incurred by Havering Council from the Clinical Commissioning Group during the period January to March 2021.
  - Submit an application to secure funding required for Havering Council to support the roll out of national vaccination programme for the period April to June 2021

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- iii) Submit if necessary an application to secure funding required for Havering Council to support the roll out of national vaccination programme for period July to September 2021

### **OTHER OPTIONS CONSIDERED AND REJECTED**

#### **Option 1 – Use existing resources**

This option was considered and rejected as it would leave the Council with insufficient resources to manage other parts of the pandemic and maintain existing services for residents. The Government has recognised Councils require additional funds to support the vaccine programme.

#### **Option 2**

This option was considered and rejected as it is vital that all sectors of government contribute as appropriate to the roll out of the national rollout of the COVID-19 vaccination programme.

### **PRE-DECISION CONSULTATION**

Councillor Jason Frost, Cabinet Member for Health and Adult Care Services, has been consulted.

### **NAME AND JOB TITLE OF STAFF MEMBER ADVISING THE DECISION-MAKER**

Name: John Green

Designation: Head of the Joint Commissioning Unit

Signature:



Date: 15/03/2021

## Part B - Assessment of implications and risks

### **LEGAL IMPLICATIONS AND RISKS**

The proposals in this report to provide support to the roll out of the vaccine programme fall within the scope of the Council's general power of competence as set out in Chapter 1 of the Localism Act 2011. The Council has incurred some expenditure to date and as detailed in the report, the intention is to try to recover those costs as well as future costs from the Clinical Commissioning Group.

### **FINANCIAL IMPLICATIONS AND RISKS**

This report seeks authority to request an initial total of £246k of funding for the period from April to June 2021 from the CCG, in line with the criteria set out in the letter from the Secretaries of State mentioned earlier in this report. The amount of £246k includes £196k of identified expenditure and £50k of further possible expenditure which has also been outlined in this report..

The letter defines the criteria and states that appropriate, proportionate, additional and unfunded costs can be agreed by the Local Authority with the CCG. In addition material historical costs (over £50,000), not previously agreed with the CCG and which are entirely and solely in support of Covid-19 vaccine deployment can also be considered.

Material historical costs of £81.5k covering the period from December 2020 to March 2021 have also been identified for agreement with the CCG. A further £246k is also potentially earmarked to be requested from the CCG and would cover the period from July to September 2020.

It is assumed that any expenditure outlined in this report will be in line with the criteria set out in the letter and will be fully reimbursed by the CCG.

### **HUMAN RESOURCES IMPLICATIONS AND RISKS (AND ACCOMMODATION IMPLICATIONS WHERE RELEVANT)**

Given the Coronavirus outbreak, the paramount consideration of the Council is the health and wellbeing of Members and officers. All employees directly affected by the proposals contained in this report will be managed in accordance with the Council's published COVID-19 Managers Guidance.

### **EQUALITIES AND SOCIAL INCLUSION IMPLICATIONS AND RISKS**

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have 'due regard' to:



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- (i) The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) The need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) Foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex/gender, and sexual orientation.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

The vaccine programme is designed to ensure that those listed as a protected characteristic under the Equalities Act 2010 are not underrepresented in the take up of the COVID vaccine.

## **HEALTH AND WELLBEING IMPLICATIONS AND RISKS**

Additional resources to deliver the vaccine programme will likely have a positive impact on the health and wellbeing of the population by reducing the impact of COVID-19 but there may be a very short term negative impact from side effects from the vaccine, but evidence suggests the long term effects are minimal and far less severe than the long term impact of COVID-19

Delivery of the vaccine programme is one of the key elements of the Governments road map to easing lockdown. Having the vaccine will support overall return to normality, particularly economic activity by allowing return to employment. This will improve the mental health of the population through people feeling they have purpose, social interaction and relieving some of the financial pressures.

Suggest including an outline of plans on how disadvantaged groups and those with higher rates of vaccine hesitancy will be supported to take up the vaccine, particularly BAME communities, those with learning disabilities, older people who may find it harder to access vaccination centres.

As set out in the paper the additional resources will support targeted work to increase vaccine take up from disadvantaged groups and those with higher rates of vaccine hesitancy particularly BAME communities, those with learning disabilities, older people who may find it harder to access vaccination centres. Specifically vaccine ambassadors and targeted communications and information giving sessions

The vaccine programme will impact positively on older people and those disproportionately affected by the pandemic.

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**BACKGROUND PAPERS**

None

For information:

<https://www.local.gov.uk/letter-matt-hancock-and-robert-jenrick-leaders-and-chief-executives-all-local-authorities-england>

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**Part C – Record of decision**

I have made this executive decision in accordance with authority delegated to me by the Leader of the Council and in compliance with the requirements of the Constitution.

**Decision**

Proposal agreed

*Delete as applicable*

Proposal NOT agreed because

**Details of decision maker**

Signed



Name: Councillor Damian White – Leader of the Council

Cabinet Portfolio held:

CMT Member title:

Head of Service title

Other manager title:

Date: 17/03/2021

**Lodging this notice**

The signed decision notice must be delivered to the proper officer, Debra Marlow, Principal Committee Officer in Democratic Services, in the Town Hall.

**For use by Committee Administration**

This notice was lodged with me on \_\_\_\_\_

Signed \_\_\_\_\_