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Health and Wellbeing Board Supplementary Agenda

Tuesday 6 April 2021 at 6.00 pm

Online virtual meeting. The link to view the meeting can be accessed HERE.

Membership:

Councillor Farah (Chair)	Brent Council
Dr MC Patel (Vice-Chair)	Brent CCG
Councillor McLennan	Brent Council
Councillor Nerva	Brent Council
Councillor Kansagra	Brent Council
Councillor M Patel	Brent Council
Sheik Auladin	Brent CCG
Dr Ketana Halai	Brent CCG
Jonathan Turner	Brent CCG
Judith Davey	Healthwatch Brent
Carolyn Downs	Brent Council - Non Voting
Phil Porter	Brent Council - Non Voting
Dr Melanie Smith	Brent Council - Non-Voting
Gail Tolley	Brent Council - Non-Voting
Simon Crawford	London North West Healthcare NHS Trust - Non Voting
Basu Lamichhane	Brent Nursing and Residential Care Sector - Non Voting

Substitute Members (Brent Councillors)

Councillors:

Knight, Krupa Sheth, Southwood and Stephens

Councillors:

Colwill and Maurice

For further information contact: Hannah O'Brien, Governance Officer
Tel: 020 8937 1339; Email:hannah.o'brien@brent.gov.uk

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recycle for Brent

The press and public are welcome to attend this meeting. The link to view the meeting can be accessed HERE.

Notes for Members - Declarations of Interest:

If a Member is aware they have a Disclosable Pecuniary Interest* in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent and must leave the room without participating in discussion of the item.

If a Member is aware they have a Personal Interest** in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent.

If the Personal Interest is also significant enough to affect your judgement of a public interest and either it affects a financial position or relates to a regulatory matter then after disclosing the interest to the meeting the Member must leave the room without participating in discussion of the item, except that they may first make representations, answer questions or give evidence relating to the matter, provided that the public are allowed to attend the meeting for those purposes.

***Disclosable Pecuniary Interests:**

(a) **Employment, etc. -** Any employment, office, trade, profession or vocation carried on for profit gain.
(b) **Sponsorship -** Any payment or other financial benefit in respect of expenses in carrying out duties as a member, or of election; including from a trade union.
(c) **Contracts -** Any current contract for goods, services or works, between the Councillors or their partner (or a body in which one has a beneficial interest) and the council.
(d) **Land -** Any beneficial interest in land which is within the council's area.
(e) **Licences-** Any licence to occupy land in the council's area for a month or longer.
(f) **Corporate tenancies -** Any tenancy between the council and a body in which the Councillor or their partner have a beneficial interest.
(g) **Securities -** Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

****Personal Interests:**

The business relates to or affects:

(a) Anybody of which you are a member or in a position of general control or management, and:
- To which you are appointed by the council;
- which exercises functions of a public nature;
- which is directed is to charitable purposes;
- whose principal purposes include the influence of public opinion or policy (including a political party of trade union).

(b) The interests a of a person from whom you have received gifts or hospitality of at least £50 as a member in the municipal year;

or

A decision in relation to that business might reasonably be regarded as affecting the well-being or financial position of:
- You yourself;
- a member of your family or your friend or any person with whom you have a close association or any person or body who is the subject of a registrable personal interest.
-

Supplementary Agenda

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To present to the Health and Wellbeing Board a vaccination programme update.

Brent Vaccination Plan

March 2021

V0.2

Background – changing need and focus

Achievements - A huge amount has been achieved in the first 100 days, in particular:

- 117,984 people vaccinated, with 8,533 patients receiving second doses (as of 27/3/21)
- Mass vaccination centre established
- Run GP pop up vaccination sites, plus 2 community sites in faith and community settings with at least 5 others planned as well as a vaccine bus to support uptake in communities
- Proactive and targeted engagement with residents by council library staff who may be vaccine hesitant to better understand concerns and offer practical support
- Dedicated communications and engagement campaign

Changing need and focus - However, we are learning as we go and we will need to ensure this plan is regularly reviewed to ensure we continue to deliver the core priorities for Brent. In particular:

- Reduction in variation of uptake between different communities, providing support so as not to reinforce health inequalities
- Responding to national vaccine supply variation issues, particularly to ensure that second doses and eligible cohorts 1-9 are prioritised
- Returning to delivery of core services by all providers, with mass vaccination sites and community pharmacists to vaccinate Cohort 10 to 12 (patients aged 18 to 49). PCNs and Primary Care will continue to hold the more challenging role of encouraging uptake in those people who are less likely to come forward.
- Delivery of second doses, generally delivered by the same GP led PCN Vaccination Team and ideally at the same premises (where the site is still available)

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Aims of Brent Covid 19 Vaccination Programme

Our aims for this phase of the programme (vaccination of JCVI priority groups 1 to 9) are:

- To prevent COVID 19 mortality
- To protect the local health and care system

To achieve this, our plan is two-fold:

1. ***Majority of residents*** – to deliver an efficient booking system, delivered largely mass vaccination centres and a borough wide communications campaign
2. ***People who are vaccine hesitant or less vaccine confident*** - To tailor our engagement and the vaccination offer to those who**:**
    - Are less vaccine confident
    - Belong to communities who are most at risk of COVID 19 mortality
    - Will find the standard offer, including mass vaccination sites, less accessible
    - Inclusion health groups including the homeless, asylum seekers and travellers
    - Those who are not registered with a GP
    - In doing so we will seek to understand barriers to vaccination in beliefs, knowledge or practical arrangements for our diverse communities and to co-produce solutions for these

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Working with our communities

At the core of our approach is an evidence led engagement through:

- **Brent Health Matters** – a comprehensive programme to promote vaccine take up as well as wider health messages and reducing health inequalities in the community through hyper local action plans, community leadership and outreach days
- **A joint NHS and council communications and engagement strategy** - A detailed plan which focuses in on those groups who are less confident or may be vaccine hesitant
- **Local community based pop-up sites** - This includes places of worship and community centres. Working with community and faith leaders. Pop up bus to access other locations
- **GP practice pop-up clinics** - to encourage uptake in local venues
- **Vaccine Hesitancy proactive calling pilot** – a research led approach to proactively calling eligible people who have not taken up the vaccine, providing practical support, with view to expanding this borough wide
- **Working with partners to deliver key target groups** – ASC and health staff, homeless; asylum seekers, and substance misuse
- **Mutual Aid Volunteer and 'free' BOLT Taxi Service -** to assist patients to attend for their appointment
- **Central London Community Healthcare Trust (CLCH) Teams**, NWL Roving Team and Integrated Care Partnership Team supporting with housebound vaccination and Care Homes Residents / Staff vaccination

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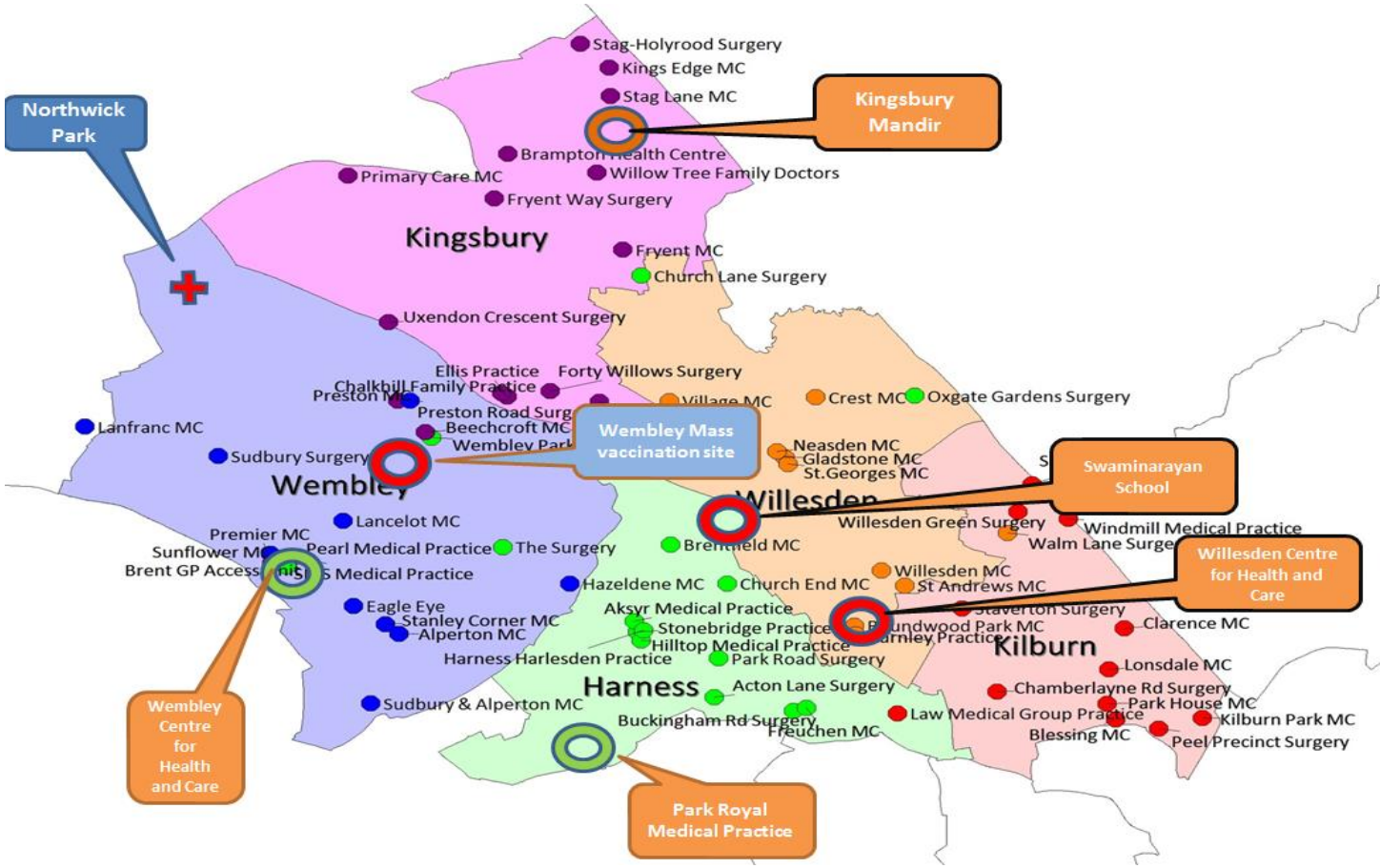
Primary care and mass Vaccination sites

Site name	Site type	Address
Wembley Centre for Health and Care	LVS for • K&W North • K&W West • K&W Central • K&W South PCNs	116 Chaplin Rd, Wembley HA0 4UZ
Park Royal Medical Practice	LVS for • Harness South • Harness North PCNs	Central Middlesex Hospital, Acton Lane, London, NW10 7NS
Willesden Centre for Health and Care,	LVS for Kilburn PCN	Robson Ave, London NW10 3RY
Kingsbury Mandir,	LVS for • Harness North • Harness South PCNs	211 Kingsbury Road, London, NW9 8AQ
Swaminarayan School,	LVS for K&W North K&W West K&W Central K&W South PCNs	105-119 Brentfield Rd, London NW10 8LD
Wembley mass vaccination site	Mass vaccination	8 Fulton Rd, Wembley Park, Wembley HA9 0NU
Pharmacy sites	Community pharmacy sites	35 applications received (Not yet live)

The Kingsbury Mandhir and the Swaminarayan School hold capacity to vaccinate over 2,000 and 1,200 patients respectively per day, these larger sites are stood up as required. The smaller sites at Wembley Centre and Park Royal provide easier access to patients residing in the more deprived boroughs of in Brent. The popularity of 'Pop up' clinics at GP surgeries and other local venues, have sought to ensure vaccine hesitant patients have access to vaccinations in more familiar settings and provided by healthcare staff that are known to them



NHS Brent Clinical Commissioning Group

Our approach to community pop ups (and bus)

Our approach to community pop ups (including the vaccine bus), is about bringing the skills and expertise of the different partners as part of a system:

- Public Health – targeting and leading
- Strategy and Partnerships – comms and engagement
- PCNs – clinical oversight and engagement
- Integration team – practical programme management co-ordination

The pop up delivery group lead the targeting and implementation – they identify, agree and deliver the sites. They report into the Health Inequalities group on a monthly basis, which is about both being accountable for delivery and requesting additional support where required and not available through the delivery group.

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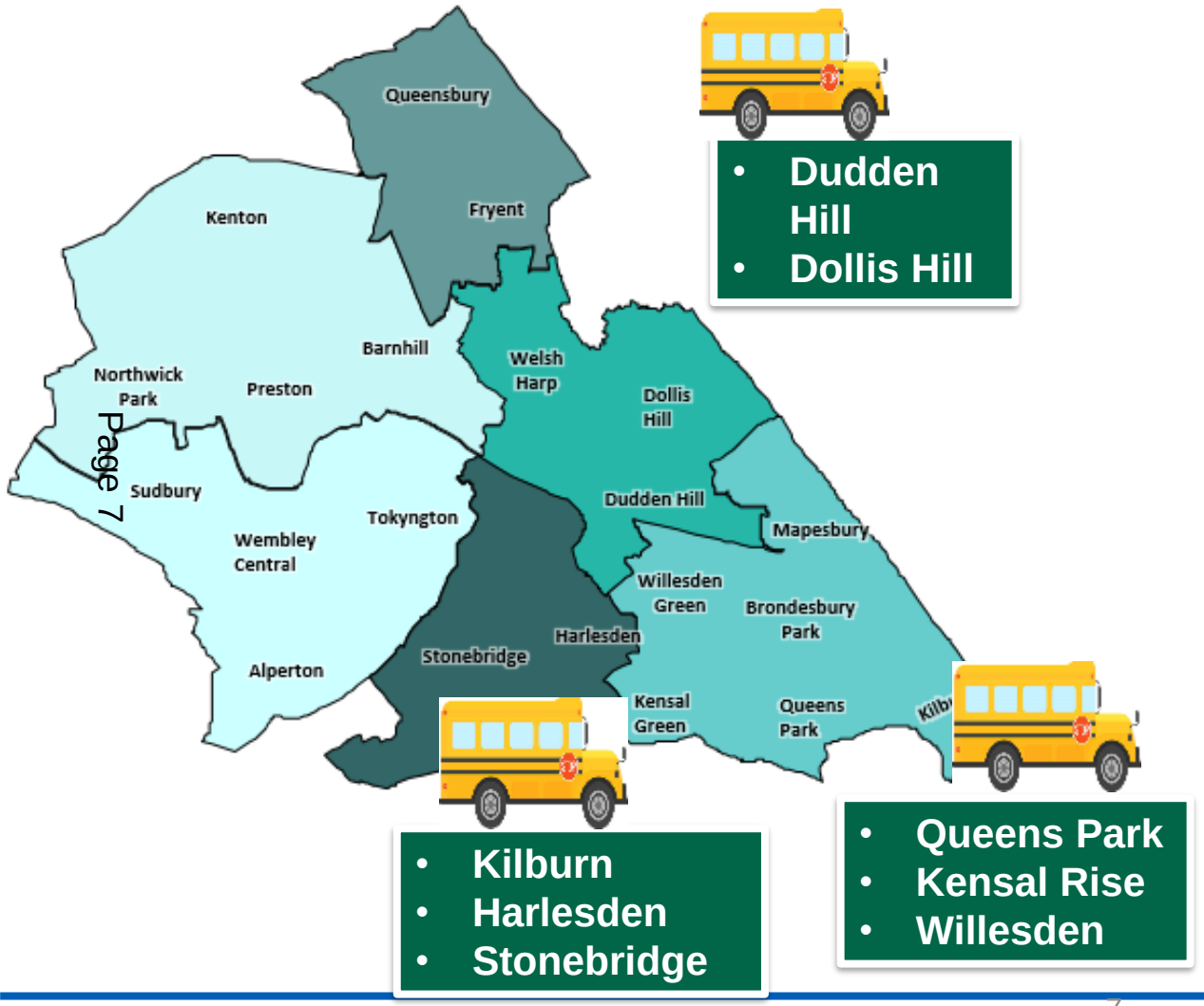
Covid Vaccination Pop up Sites



Community pop up sites

3 live sites:

- Kilburn: Granville Centre (Monday and Thursdays)
- Willesden: Willesden Mosque (Fridays)
- Kilburn LFB pop up tent (occasional)

3 sites planned subject to clinical approval (30/3):

- Stonebridge: Stonebridge Hub
- Bridge Park: Leisure Centre
- Harlesden: All Souls Church

4 additional sites identified to come on stream:

- Wembley: Ealing Rd Temple
- Church End: Unity Centre
- Kensal Rise/Queens Park: Church of Transfiguration
- Kilburn: Casa-do-Brasil

Vaccine Bus – will be live from 6 April for 3 days per week roaming sites with low uptake in the south of the borough

NHS Brent Clinical Commissioning Group

Vaccine hesitancy pilot: proactive calling

Four GP practices were initially passed patient level lists of their “undecided” patients (those who have been offered, not taken up but not actively declined vaccination) to a dedicated team of Council library staff. These staff have been trained to run through a script to

- Discover more about reasons for non take up of vaccination: both beliefs and knowledge and practical barriers
- Direct patients to Brent Health Matters or their GP if there are clinical issues
- Trouble shoot practical barriers including booking patients for vaccination, arranging transport and directing to NHS responders or mutual aid groups

The pilot has shown the feasibility of this approach. Key summary findings as follows:

- 402 people contacted, with 135 surveys completed
- Of the 135 people who engaged,17 people were booked into an appointment, 29 requested further information and 20 requested a callback from their GP
- Feedback that there is overwhelming trust in GPs for preferred professional to undertake vaccination
- Concern about side effects or impact on underlying health condition emerging as main concern for hesitancy

The plan is to learn from the pilot and to take this forward into expansion with other GP practices

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Evolution of the plan

Our plan will need to evolve, and we agree that it will do this in line with:

- National priorities
- Local performance information – based on performance against our more specific targets
- Evidence on vaccine hesitancy – this will come from a variety of sources, but a key source is the calls by library staff working for GPs

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APPENDICES

1. Governance and accountability
2. Vaccination performance
3. Plans to deliver for remaining cohorts
4. Communications and engagement strategy

1. Governance and Accountability

Given the complexity and changing nature of the vaccine roll out clear governance and accountability is essential:

Reporting to the Brent Health and Wellbeing Board:

- The Quartet - Robyn Doran and Phil Porter (Co-chairs), MC Patel (Chair of Brent CCG, representing Primary Care), Simon Crawford (ACEX LNWUHT), Janet Lewis (CLCH)
- Health Inequalities and vaccination sub group – Robyn Doran and MC Patel (Co-chairs), Melanie Smith (DPH), Philippa Galligan (CNWL Borough lead), Tom Shakespeare (CCG/LA), Isha Coombes (CCG), plus PCN, CLCH and community reps (TBC)
- Reporting lines Jonathan Turner and Fana Hussain reporting into NWL vaccination group (Javina Sehgal, Pippa Nightingale, Jo Ohlson)
- CCG Vaccination group
- Pop-up delivery group: John Licorish (chair)
- Health Protection Board – information sharing role
- Silver command and PCN clinical directors – CCG meeting
- CCG Oversight held at CCG Gold command meeting

In addition, there will individuals who are accountable for specific groups:

- Health workers – Quartet Leads
- Adult Social Care – Andrew Davies
- Substance Misuse – Andy Brown
- Homelessness – Laurence Coaker
- Mental Health In-patients – Philippa Galligan
- Asylum seekers - Diane Jones

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2. PERFORMANCE

The following slides to be updated weekly

Monitoring and Measuring Success

We will monitor success through the overarching core targets for all JVCI groups 1-9 (to reflect progress with the majority of the population), but given the disproportionate impact of COVID 19 on BAME and more deprived communities we will monitor uptake in Brent:

- By JCVI Priority Cohort 1 to 9 and ethnicity
- By JCVI Priority Cohort 1 to 9 and deprivation (measured at MSOA of residence and expressed as 10 deciles)

Given the importance of Primary Care Networks as delivery mechanisms and the variation in vaccination uptake to date we will also monitor uptake by PCN:

- By JCVI Priority Cohort 1 to 9

Our local targets will be:

- 92% for each JCVI priority cohort for each ethnic group (using the groupings of Black, Asian, White, White Other and Other)
- 92% for each JCVI priority cohort for each deprivation decile
- The denominators for these targets will include all those eligible for vaccination i.e. “refusers” will not be excluded from the denominator. A uniform definition of “refusers” will be adopted across Brent (e.g. three attempts to contact, one to be a conversation)
- A 50% reduction in those who have been vaccinated or who have refused vaccination and whose ethnicity is not recorded
- 92% of for all health and social care workers
- 92% for specific focus groups: homeless, asylum seekers, MH inpatient, substance misuse

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Current performance – overarching

Please could you add in a summary table for the cohorts, the change in the last 4 weeks and comments on what has driven this change over this period

Cohort	Performance at 10th February	Performance at 11th March	Performance at 21st March	Change (11th Marcv - 21st March)
80 years and over	78.84%	80.96%	81.68%	0.72%
75-79 years	80.81%	78.92%	79.82%	0.90%
70-74 years	69.88%	78.22%	79.14%	0.92%
CEV	46.52%	68.45%	71.16%	2.71%

The change in uptake across Cohorts 1 to 4 have been achieved through local pop up clinics which are based at practice level or within community settings. GP practices have continued to reach out to registered populations to encourage uptake. Decliner rate is currently at 7%, practices continue to encourage uptake through one to one conversations. Local Authority teams have further supported GP practices to reach out to hesitant patient.
The added challenge of vaccine supply in the previous three weeks has affected the numbers and breath of pop up sites during this period.
The population of Brent is in general younger, with a number of patients with LTC in younger age cohorts. The vaccination of lower cohorts have served to improve uptake in this cohort along with community based out reach work.

To address vaccine hesitancy, raise awareness and provide access to clinicians/ public health consultants through on line webinars hosted with Local Authority teams. The community engagement work with health champions and health educators have further aimed to improve uptake. The added collaboration with CLCH nursing teams availability to vaccinate housebound patients or those hesitant to attend larger sites has supported the work of local GPs.

Health inequalities – ethnicity

Highest vaccine uptake across NW London is observed in the Irish, British, Indian and Bangladeshi population

	Not Recorded	Any other Asian background	African	Any other Black background	Any other ethnic group	Any other White background	Indian	White and Black Caribbean	Any other mixed background	Not stated	Bangladeshi	British	Caribbean	Chinese	Pakistani	White and Asian	White and Black African	Irish	Grand Total
Brent	41.0%	66.8%	43.0%	35.5%	47.0%	45.4%	76.1%	40.1%	49.3%	39.5%	70.7%	68.1%	42.9%	57.5%	59.8%	58.5%	41.8%	73.4%	57.2%
Central London	41.3%	52.0%	42.5%	40.2%	47.6%	50.6%	58.4%	44.3%	48.6%	45.4%	68.8%	70.3%	47.9%	44.5%	43.7%	52.1%	45.1%	67.3%	54.4%
Ealing	52.7%	61.9%	40.7%	35.4%	50.6%	52.5%	67.5%	49.0%	49.8%	42.2%	69.9%	72.0%	44.5%	57.6%	55.4%	62.5%	43.8%	73.4%	59.3%
Hammersmith & Fulham	36.9%	55.1%	40.8%	33.5%	47.4%	43.2%	61.0%	37.7%	40.5%	49.0%	57.7%	61.7%	39.3%	44.2%	48.4%	50.7%	41.4%	69.5%	50.8%
Harrow	56.9%	73.4%	48.4%	45.1%	57.3%	59.2%	82.4%	48.8%	59.1%	56.3%	69.1%	81.4%	48.3%	64.8%	63.3%	67.0%	44.7%	75.1%	71.2%
Hillingdon	50.4%	67.5%	44.0%	45.8%	56.9%	62.2%	72.4%	52.4%	62.1%	72.5%	64.7%	80.4%	50.0%	61.4%	58.6%	67.1%	41.2%	77.9%	69.9%
Hounslow	61.6%	65.1%	45.3%	45.4%	55.1%	54.2%	69.9%	52.0%	53.4%	59.3%	68.9%	74.9%	51.3%	56.3%	61.5%	62.3%	54.8%	72.0%	64.7%
West London	39.3%	58.0%	46.2%	41.1%	50.3%	46.8%	58.9%	46.4%	49.7%	47.0%	66.9%	69.4%	46.7%	46.4%	50.6%	59.1%	45.9%	66.6%	53.4%
NWL	**48.4%**	**64.7%**	**43.4%**	**38.9%**	**50.3%**	**51.0%**	**73.2%**	**45.1%**	**51.1%**	**51.8%**	**67.7%**	**73.3%**	**44.6%**	**53.3%**	**58.0%**	**60.1%**	**44.2%**	**72.6%**	**60.7%**

Key (Relative RAG rate)

Lowest uptake rate within JCVI cohort

Highest uptake rate within JCVI cohort

Source: WSIC. Cumulative up to 14/03/2021. The denominator is the total of JCVI cohorts 1-9.

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Health inequalities – ethnicity

WSIC Data as at 22/03/2021

% vaccinated	JCVI/Ethnicity	African	Any other Asian background	Any other Black background	Any other ethnic group	Any other mixed background	Any other White background	Bangladeshi	British	Caribbean	Chinese	Indian	Irish	Not Recorded	Not stated	Pakistani	White and Asian	White and Black African	White and Black Caribbean
	1 - Residents in a Care Home	68.4%	81.9%	61.1%	75.5%	61.5%	81.8%	100.0%	82.1%	65.4%	50.0%	92.3%	90.4%	82.2%	100.0%	77.4%	100.0%	50.0%	57.9%
	2 - 80+ incl Front Line Staff	59.6%	82.0%	60.4%	71.2%	73.3%	85.3%	84.4%	91.9%	68.8%	79.7%	91.0%	89.5%	72.7%	60.0%	83.4%	85.0%	65.1%	60.9%
	3 - 75+	59.1%	83.3%	60.3%	69.6%	72.0%	76.9%	90.0%	87.1%	69.6%	78.8%	90.7%	85.4%	62.1%	64.3%	79.8%	76.2%	72.7%	70.9%
	4 - 70+ incl CEV	60.5%	82.8%	51.2%	69.8%	70.6%	69.1%	84.7%	84.3%	52.7%	74.3%	91.3%	83.9%	61.2%	66.4%	78.5%	74.6%	67.2%	49.3%
	5 - 65+	58.9%	83.4%	54.8%	65.8%	72.1%	62.5%	81.0%	85.0%	54.4%	76.7%	89.5%	82.8%	56.2%	73.8%	71.6%	70.8%	60.0%	57.0%
	6 - 16-64 at Risk (Qcovid)	44.8%	70.8%	34.9%	50.3%	44.5%	45.3%	73.4%	59.9%	35.5%	49.2%	77.8%	65.9%	39.4%	36.1%	60.2%	59.4%	42.3%	34.3%
	7 - 60+	52.4%	74.2%	44.0%	57.8%	61.3%	52.7%	95.8%	80.1%	41.5%	68.8%	81.2%	76.5%	43.7%	62.5%	65.0%	64.4%	50.7%	45.0%
	8 - 55+	45.3%	67.4%	37.7%	50.1%	56.1%	47.8%	75.0%	74.5%	37.2%	63.0%	74.6%	66.9%	40.4%	45.7%	59.0%	64.7%	34.5%	42.1%
	9 - 50+	36.2%	56.4%	31.4%	41.9%	48.6%	34.8%	63.5%	62.0%	27.9%	46.4%	57.0%	55.6%	27.8%	33.3%	47.4%	49.3%	31.1%	33.3%

<75%
Between 75% and 80%
>80%

By JCVI Priority Cohort 1 to 9 *and ethnicity*
A 50% reduction in those who have been vaccinated or who have refused vaccination and whose ethnicity is not recorded

Health inequalities – deprivation

Vaccine uptake in the most deprived population groups in NW London is around 20% less than in the least deprived population groups

	Most deprived									*Least deprived*		
	1	2	3	4	5	6	7	8	9	10	NULL	Total
Brent	46.8%	47.4%	52.4%	59.4%	61.9%	64.9%	67.7%	72.4%	72.8%	64.8%	54.7%	57.2%
Central London	55.7%	56.2%	53.6%	53.6%	51.6%	54.3%	55.0%	54.3%	58.5%	67.6%	56.7%	54.4%
Ealing	52.7%	54.0%	56.6%	58.4%	60.1%	61.7%	63.1%	65.6%	67.3%	61.9%	61.9%	59.3%
Hammersmith & Fulham	49.5%	49.0%	50.1%	49.7%	51.3%	53.0%	50.4%	53.0%	54.9%	44.6%	57.3%	50.8%
Harrow	57.4%	60.2%	62.4%	62.5%	66.0%	69.1%	72.5%	73.1%	76.0%	81.9%	66.7%	71.2%
Hillingdon	61.4%	57.9%	62.4%	68.6%	65.5%	71.0%	74.6%	71.5%	76.1%	78.6%	48.4%	69.9%
Hounslow	57.9%	61.7%	62.1%	64.0%	66.6%	65.3%	67.7%	67.4%	65.5%	62.5%	66.4%	64.7%
West London	55.2%	55.3%	53.0%	52.8%	52.3%	54.3%	51.6%	49.9%	57.3%	53.4%	54.5%	53.4%
NWL	**52.2%**	**53.4%**	**56.5%**	**59.3%**	**60.9%**	**62.7%**	**64.2%**	**65.3%**	**71.4%**	**78.4%**	**60.0%**	**60.7%**

Key (Relative RAG rate)

Highest decline rate within JCVI cohort

Lowest decline rate within JCVI cohort

Source: WSIC. Cumulative up to 14/03/2021. The denominator is the total of JCVI cohorts 1-9.

The North West London health and care partnership

Health inequalities – deprivation

WSIC Data as at 22/03/2021

% vaccinated	JCVI/Deprivation	Null	1	2	3	4	5	6	7	8	9	10
	1 - Residents in a Care Home	100.0%	70.3%	81.0%	80.9%	79.2%	77.1%	82.8%	80.8%	74.3%	100.0%	0.0%
	2 - 80+ incl Front Line Staff	100.0%	67.1%	72.6%	78.6%	82.5%	84.9%	86.7%	88.9%	89.2%	83.9%	92.9%
	3 - 75+	100.0%	69.2%	71.6%	77.4%	81.9%	81.7%	82.3%	84.7%	90.7%	68.0%	100.0%
	4 - 70+ incl CEV	73.3%	66.0%	66.9%	72.5%	76.5%	79.7%	81.3%	79.9%	83.7%	76.2%	82.1%
	5 - 65+	54.5%	62.5%	64.5%	70.4%	78.2%	79.0%	80.1%	77.3%	86.0%	76.3%	81.8%
	6 - 16-64 at Risk (Qcovid)	54.8%	47.0%	46.8%	51.0%	57.5%	60.5%	64.8%	64.2%	71.1%	68.8%	66.7%
	7 - 60+	83.3%	55.5%	53.1%	60.2%	63.7%	68.2%	71.2%	71.3%	78.9%	71.4%	90.0%
	8 - 55+	76.9%	46.8%	48.4%	51.9%	58.6%	60.3%	63.1%	61.5%	70.2%	54.4%	46.7%
	9 - 50+	43.8%	43.8%	38.7%	40.0%	43.0%	47.2%	47.8%	50.6%	56.8%	44.2%	42.9%

<75%

Between 75% and 80%

>80%

By JCVI Priority Cohort 1 to 9 *and deprivation* (measured at MSOA of residence and expressed as 10 deciles)

Health inequalities – PCN

WSIC Data as at 22/03/2021

% vaccinated	JCVI/PCN	Harness North	Harness South	K&W Central	K&W North	K&W South	K&W West	Kilburn
	1 - Residents in a Care Home	85.5%	76.2%	82.4%	88.4%	68.2%	85.7%	72.5%
	2 - 80+ incl Front Line Staff	86.6%	75.3%	84.6%	86.5%	77.8%	86.0%	78.8%
	3 - 75+	85.9%	75.0%	83.7%	85.0%	71.8%	86.9%	75.9%
	4 - 70+ incl CEV	83.4%	71.9%	76.3%	81.1%	68.0%	82.6%	72.6%
	5 - 65+	81.5%	70.2%	76.7%	78.6%	71.4%	81.0%	68.8%
	6 - 16-64 at Risk (Qcovid)	67.8%	51.7%	54.6%	60.3%	46.7%	60.7%	52.3%
	7 - 60+	70.8%	59.2%	65.0%	69.0%	63.6%	66.3%	58.0%
	8 - 55+	67.4%	53.5%	58.0%	57.2%	53.6%	55.3%	51.3%
	9 - 50+	57.4%	50.0%	38.2%	41.1%	39.6%	32.0%	39.1%

<75%

Between 75% and 80%

>80%

Adult Social Care

Aligned to wider targets there are 4 specific targets that ASC are working to jointly with Health and social care providers through the local care provider forums (care homes, homecare, extra care and supported living).

Cohort	Target	Performance (15 March 2021)	Performance (22 March 2021)	Change
Care Home residents	100%	87%	87%	0
Care home staff	80%	67%	72%	+5
Home care staff	80%	49%	58%	+9
All other social care staff	80%	63%	65%	+2

Steady progress. We should see a significant increase from 29 March as Health team visiting all care OP (?) homes in Brent for second dose w/b 22 March. ASC has provided £100 to go to each member of staff working for all providers to ensure there are no barriers to people accessing the vaccine.
Ongoing work to support all providers with uptake through the ASC provider forums.

Brent

NHS

Health care staff

Cohort	Target	Performance (15 March 2021)	Performance (22 March 2021)	Change
LNWUHT	100%	87%		
CNWL	80%		93%	
Primary Care	80%	63.76%	65%*	1.24%
CLCH	80%		78.9%	

* Decliners equate to 3% of primary care staff and a further 2% where the vaccine is contraindicated

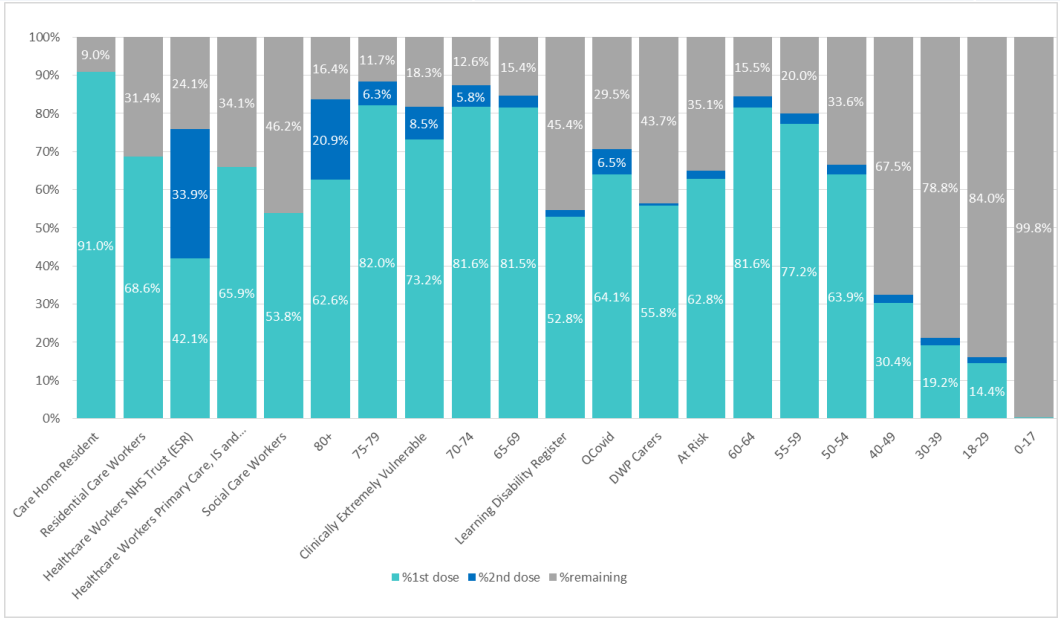
Brent

NHS

Other target groups

Cohort	Target	Performance (15 March 2021)	Performance (22 March 2021)	Change
Homeless	100%	87%		
Asylum seekers	80%	*		
MH inpatient	80%	*		
Substance misuse	80%	*		

* Category not reported on WSIC/Foundry



Plans to deliver for remaining cohorts

Adult Social Care

(i). Second dose of vaccines to start in care homes wb 22nd March. Within this, there will be capacity to ensure that any staff or residents that missed their first dose can be vaccinated. This action is led by the Enhanced Care Home Support Team (Isha Coombes). Target is 100% of care home residents vaccinated and 80% of staff by end of April 2021.

(ii). Weekly care home forum meetings, including vaccine performance on each agenda – This action is led by Andrew Davies and chair of the forum, Basu Lamichhane.

(iii). Weekly calls to all care providers in Brent, including discussion on actions to improve take up – Each provider has a Provider Relationship Officer, and calls are coordinated by Commissioning Team Managers (Pauline Collins, Martin Crick and Edwin Mensah). Providers have been targeted with 80% staff take up by end of April 2021.

(iv). Vaccination slots opened up to homecare workers at GP surgeries so that staff do not have to travel to Wembley

(v). Five webinars with care staff have taken place, led by Public Health, to give people information on the vaccine and to answer questions to encourage take up – two more sessions to happen in the coming days. These sessions have been led by Marie Mcloughlin, Consultant in Public Health.

(vi). GP practices have done vaccination sessions at supported living and extra care services in their area; second doses will happen by the end of April (12 weeks after the first dose).

(vii). Use of the Workforce Capacity Fund by providers to ensure that staff are able to get the vaccine in work time, or paid overtime to attend a vaccine appointment. £470,000 has been paid to 120 Brent based providers for this purpose.

Brent

NHS

Health inequalities – target groups

The following groups have been identified in Brent as needing a bespoke offer (above the pop ups):

- The homeless where the preferred model is for vaccination teams to attend the hotels and hostels where the homeless are housed, after communication and engagement with residents. The two surgeries in Brent with asylum seekers have visited the hostel and provided in house vaccinations. Second dose administration will occur at 11 to 12 week (dependency on vaccine availability)
- Asylum seekers housed by the Home Office in hotels in Brent. The GP practices that have registered these patients have worked with the hotel staff to vaccinate those who are willing to have the jab. This was achieved via a two-prong approach: (1) GP practice attending the hotel for a pop-up (2) Arranging BOLT taxi for the patients to attend the vaccination hub. Second doses will be managed by the GP practices, preferably before dispersal.
- Mental health inpatients, including those placed out of borough. Patients with mental health conditions will remain responsibility of registered GP and will be vaccinated either in a pop up it locally or in a PCN site. Those patients in long stay facilities will be vaccinated by the provider
- Substance misuse clients These clients are vaccinated as part of the normal PCN delivery mechanisms.

Brent

NHS

Targets to vaccinate remaining cohort

Cohort	Completed	Remaining	Specific plans for reaching the remainder
1	8,447 vaccinated (81.68%)	1,067 (18.32%)	• Invitation to all patients to attend mass vaccinating sites • Where offer not accepted, patient contacted at home to encouraging booking • Patients main carer contacted to encourage booking into centres • Community volunteers recruited DBS checked and trained to drive/walk patient to vaccination sites • Local pop up clinics in GP surgeries – familiar venue and familiar staff • Housebound vaccination and vaccinations in Care Homes • Community nursing team further supporting vaccination model
2	5,697 (79.82%)	1,440 (20.18%)	• Pop up clinics in local GP surgeries have been popular with this cohorts • Encouraging patients to book into PCN led vaccination sites with flexibility in appointment availability • Community and faith leaders out reach work to support uptake in hard to reach communities • LA led Zoom meeting with local Communities (Somalia, Black communities) with local GPs, councillors to address vaccine hesitancy
3	10,132 (79.14%)	1,303 (20.86%)	• Patients offered vaccination in PCN led vaccinating site • Weekend appointments and late evening appointments to enable family members to bring in elderly relatives. • Free taxi rides to and from vaccination sites offered
4	9,287 (71.16%)	1,935 (28.84%)	• Working with mutual aid volunteers to encourage patients in community to book into vaccination sites • Where patients are shielding and unwilling to attend large sites, home visits have been offered • Practice staff hold one to one conversation with patient to address queries/concerns. Where patient displays hesitancy, clinician from practice directly contact patient • Local Authority led vaccination campaign to encourage uptake • Vaccination offered in GP surgeries, familiar surrounding and reduced risk compared to larger vaccination sites. • Pop up sites in Temples, mosques and churches in close collaboration with Local Authority. Slide 9 provides a timetable of dates

4. Communications and engagement strategy

Communications will be:

- **Insight led**, responding to the data that has been commissioned locally and regionally
- **Targeted** to specific groups as the programme rolls out, beginning with healthcare and care home workers, care home residents and the over 80s before gradually moving through the criteria and adapting our approach – making use of case studies and local advocates to tell a positive story and build confidence. We will not specifically target anti-vaxers – a relatively small group who are unlikely to be influenced by our communications.
- **Community led**, engaging trusted advocates – primarily Doctors and local GPs but also faith leaders, councillors and community voices – and providing the tools and platform they need to deliver accurate, hyper-local shareable content in their communities
- **Accessible** to all, including people who do not speak English as a first language and people with a disability or learning difficulty
- **Collaborative**, ensuring our staff and partners understand the scope of the vaccination programme, what it means for them, and working together with our partners to make best use of resources.

A four level matrix will underpin the strategy, from amplifying the national broadcast campaign to engaging the most at risk groups of people at a hyper-local level:

Level 1	**Amplify national broadcast campaign**	**Repeat for each phase of vaccination programme**
Level 2	Amplify local NW London campaign and regional London-wide campaign (where relevant to our audiences)	
Level 3	Target priority audiences borough-wide, using trusted voice approach	
Level 4	Target priority audiences by ward/location where appropriate	

Community Engagement Framework

The Community Engagement Framework will enable a boroughwide engagement programme to be delivered by Community Health Coordinators with advice from the Corporate Engagement Team. A **flexible but standard** offer will be delivered across the borough, while making adjustments to ensure target groups are reached.

We will build on our existing strong partnerships by:

- **Attend Brent Connects –** the five Brent Connects area Chairs and co Chairs will be engaged to support direct access with the communities we aim to reach. This is the forum where local priorities are discussed. Regular public meetings are in place attracting hundreds of local people. Chairs must be informed of local activity..
- **Guided by Community Asset Mapping –** detailed Asset Maps are available for each Brent Connect area. Maps identify services, buildings, community facilities, faith group, community and voluntary organisations as well parks and open spaces, and lists of existing local events.
- **Work in partnership with our Faith Groups – Faith Leaders and Faith Buildings will be central to our engagement activities. We will focus on Churches in the first instance.** Brent's Multi Faith Partnership is supported by the Council to convene regular meetings with Faith Leaders. In addition to the formal partnership, we have strengthened our relationships with many Churches. Our Churches play a vital long term role in engaging our residents. Named contacts are available. Our Churches run food banks, supplementary schools and deliver community events
- **Make use of Volunteers –** Mutual Aid Groups have access to a pool of volunteers who can be drawn on to facilitate conversations with our communities. Mutual Aid groups are hyper local and a good source of local insight. A new Volunteering platform is in place (DoIt Brent) that encourages volunteers to register interest in volunteering.
- **Use our Community and Voluntary Organisations –** The CVS and Young Brent Foundation act as umbrella organisations and are key partners for the Council. Contact can be made with hundreds of local organisations and many are linked to us directly. Organisations are listed in the Asset Map. We must liaise with youth groups, sports groups, advice and advocacy groups who support thousands of residents.
- **Be visible and accessible in our Hubs –** Our Hubs are in the heart of our neighbourhoods. Using the Hub as an outreach post gives direct access to residents.
- **Connect with our Statutory partners** – our Statutory Partners have wide access to our communities e.g. Healthwatch. Our Health Partners must also be utilised to build greater collaborative initiatives
- **Amplify key messages through our Local Influencers –** there are influencers and trusted voices in all areas. The Asset Map contains names of key individuals who will promote and echo our priorities. Identifying and using local Whatsapp Groups through local influencers is a resource used by many residents.
- **A visible presence at local events –** a Calendar of events has been created to ensure a presence at important local events and celebrations across the borough.