

Message

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Sent: 10/01/2021 12:26:11 PM
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CC: PSRobertJenrick [PSRobertJenrick@communities.gov.uk]
Subject: RE: OFF-SEN - Draft Vaccines Delivery Plan for final comment and collective agreement by midday 10/01/21

Morning **NR** – thank you for sharing this and apologies for a slight delay in getting back to you.

My SoS is broadly happy with the document and the references to MHCLG/community champions within. That said, he did have some comments which shouldn't block publication but we would be grateful if they are considered in the document. Particularly, on the first and second points on Comms and data access, we would appreciate a **response as soon as possible on how these can be addressed** (and certainly before publication of the document).

1. Locally, comms on vaccination delivery and progress can be patchy. At a local level, it is GPs communicating with people, and the level of communication varies hugely even within areas. There's some growing frustration in the local tier due to lack of comms on what's happening with councils not heavily involved in comms and not equipped with the data to do so. The NHS locally needs to be better at communicating progress - good or bad - to build confidence and dispel scare stories and negativity, such as we saw in Birmingham on Friday.
2. Local councils and Directors of Public Health are not getting data on the rollout at a borough level and aren't being informed or able to accurately judge who isn't coming forwards. In some councils there is a real willingness to get involved and help with local knowledge and people - and they feel unable to do so fully at the moment. In particular, MHCLG are concerned that the current plans for publication of data on vaccine progress at a regional level on a monthly basis will not be sufficient to aid local planning, particularly as this implies only one set of data published before the 13 February target date for vaccination of the first few priority groups.
3. Local authorities will be most useful in tackling hard to reach groups: CEVs, BAME, disabled, homeless, rural isolated, travellers, migrant workers, etc. All the anecdotal evidence suggests BAME especially are not coming forward in the same way. Councils shouldn't take work off the NHS, but they can be better utilised than at present. Data access is important as is closer working with the NHS. My SoS has suggested joint task forces, especially in areas that particularly need it such as urban areas with large BAME populations or very rural areas.
4. Many areas report being significantly under their maximum capacity to deliver vaccines. My SoS gave the example of the Greater Manchester area. This shows the need to ramp up vaccine delivery to councils quickly and work with councils to get them out.