

# COVID Operations Committee

## Wed 10 February 2021



Department  
of Health &  
Social Care

# Part II

## Vaccination roll out in Adult Social Care

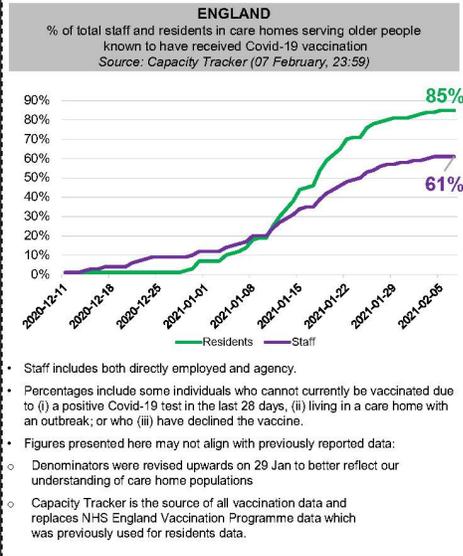


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## 2a - Vaccinations

Our target is to offer vaccine to all top four JCVI Priority Cohorts by 15 February.  
Uptake for care home staff lags that for residents in all regions, and especially in London.

### National delivery



### Mopping-up those not yet vaccinated

Strong regional variation in uptake by care home staff, London / East of England lagging behind.  
Caveat: LAs in London have reported that some care home providers have not input data.

**% reported having received first dose of vaccine**

Residents (older care homes only)			Staff (older care homes only)		
Region	Number	% in Cohort 1	Region	Number	% in Cohort 1
North East & Yorks	43,927	88.3%	North East & Yorks	50,487	68.8%
North West	33,868	87.0%	South West	37,225	66.7%
Midlands	48,495	85.8%	Midlands	56,832	62.5%
<b>England</b>	<b>241,858</b>	<b>84.7%</b>	<b>England</b>	<b>272,123</b>	<b>61.4%</b>
London	18,139	84.3%	North West	34,829	60.6%
South West	29,022	82.5%	South East	48,599	60.4%
South East	41,327	81.9%	East	28,843	56.5%
East	27,080	81.4%	London	15,308	45.3%

Source: Capacity Tracker (07 February, 23:59)

#### Reaching those missed in 1<sup>st</sup> wave:

We are (i) going back into care homes to offer vaccine to anyone who has not yet had it; (ii) going to care homes yet to be visited due to having had an outbreak; (iii) making it even easier for more staff to get vaccinated, through hospital hubs and GPs.

#### Milestones for this phase:

By mid-February, we expect to have offered 1<sup>st</sup> vaccine dose to all 13m people in England in top 4 priority JCVI groups (includes: residents in care homes for older adults & their carers, everyone aged 70+, all frontline ASC workers).

**2b - Vaccinations**

**We have taken steps to address vaccine hesitancy and continue to look at regulatory options to drive uptake.**

**Barriers to Uptake for Adult Social Care staff**

**Vaccine uptake is lower for care home staff than for residents in care homes.**

There are a range of factors that may have impacted negatively on take-up of staff:

- a small number may have refused due to a clinical reason, like pregnancy
- some staff may not have been present when the vaccinators visited the care home, because they were self-isolating or not on shift.
- the local vaccination teams may have judged that a care home was too risky to enter, due to an outbreak
- vaccine hesitancy

We are urgently gathering more data about the reasons for lower take-up among care home staff. Emerging evidence suggests that some people may turn down the vaccine due to lack of knowledge about the vaccine, misinformation and mistrust of government, perceptions of equality and discrimination in health services, and, a reduced sense of urgency due to slower infection and death rates.

Research has indicated that women, people from Black, Asian, and Minority Ethnic communities, and people under 55 are likely to be more hesitant about getting vaccinated than the general population. These groups make up a significant proportion of the care home workforce.

**Increasing Uptake**

**The current focus is on persuasion / incentivisation to address hesitancy**

- **Collaboration between local and national services** - working together on outreach, webinars (7,000+ participants), FAQ sheets, 'trusted voices' comms targeted at care homes.
- **Provider-led action:** Some large providers taking direct action to drive uptake amongst staff - though smaller employers less likely to.
- **Visible leadership:** Sir David Pearson and Dr Nikita Kanani have established a Task and Finish Group to help engage health/ASC sector leaders to deliver a coherent and strong public health message in support of vaccines, and to understand and respond to stakeholder needs.

**We are considering harder regulatory option(s) if needed**

The case for requiring COVID-19 vaccination among care home workforce is based on aim to protect care homes residents who are among most vulnerable to COVID-19. Combination of vulnerability (among care recipients) and possible recalcitrance in relation to vaccines (among workforce) would be the rationale, although this could logically extend across the wider health and social care sector for the same reasons

Please find paper attached setting out these options in more detail, including an analysis of the associated risks