



City of Westminster

Westminster Health  
& Wellbeing Board



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

RBKC Health  
& Wellbeing Board

<b>Date:</b>	Thursday 7 <sup>th</sup> October
<b>Classification:</b>	General Release
<b>Title:</b>	Update on ICP Local Integration Plan & Priorities, including Covid Vaccination programme
<b>Report of:</b>	Bi-Borough Integrated Care Partnership
<b>Wards Involved:</b>	All
<b>Policy Context:</b>	Integrated Care Partnerships
<b>Financial Summary:</b>	N/A
<b>Report Author and Contact Details:</b>	Joe Nguyen, Central London Borough Director, NWL CCG ( <a href="mailto:joe.nguyen@nhs.net">joe.nguyen@nhs.net</a> ), and Simon Hope, West London Borough Director, NWL CCG ( <a href="mailto:simonhope@nhs.net">simonhope@nhs.net</a> )

## 1. Executive Summary

- 1.1 This report provides an overview and updated position regarding the development of the Bi-Borough Integrated Care Partnership (ICP).
- 1.2 The ICP has been making excellent progress in identifying and progressing key local priorities, as well as priorities mandated by the North West London Integrated Care System (ICS).
- 1.3 Appendix 1 provides detail regarding key milestones to date, relevant work programmes, and next steps in ICP development.

1.4 One of the highest priority work streams so far has been the Covid vaccination programme. Provided below is a detailed update regarding plans for phase 3 of the programme, and how lessons learned to date have been incorporated.

## **2. Key Matters for the Board**

2.1 The Health and Wellbeing Board is invited to note and discuss this update.

## **3. 3<sup>rd</sup> phase of NHS Response to COVID Vaccination programme - Summary**

3.1 In addition to the delivery of the flu campaign all practices and Primary Care Networks (PCNs) have opted in to the COVID-19 vaccination programme: phase 3, 2021/22 Enhanced Service which went live on the 6<sup>th</sup> September with sites able to draw down vaccine following pharmaceutical assurance and final site assurance visits following the receipt of the full supply inventory list.

3.2 The Phase 3 Enhanced service comprises two elements:

- an 'evergreen' offer to maintain the delivery of COVID-19 second doses to those receiving their first dose over the summer and to offer new first and second doses of the vaccine to all eligible patients, and
- a booster campaign for eligible patients following confirmation from the JCVI.

3.3 The PCNs will be supported in the delivery of vaccinations through access to a centrally resourced NWL Roving Team and with integrated delivery with system partners including CLCH, as part of on-going efforts to tackle inequalities through roving models.

3.4 In addition to the PCN-based delivery a number of local pharmacy sites have submitted expressions of interest to NHSE to participate in the Phase 3 programme with centrally managed assurance and mobilisation of these sites.

3.5 The learning and experiences from the delivery of Phase 1 and Phase 2 of the vaccination programme have informed the planning for the Phase 3 campaign and will continue to be considered as part of an iterative approach to increasing the vaccine uptake in the borough.

### **Booster Vaccinations**

3.6 The Joint Committee on Vaccination and Immunisation (JCVI) have now published their advice on booster vaccinations.

“JCVI advises that for the 2021 COVID-19 booster vaccine programme individuals who received vaccination in Phase 1 of the COVID-19 vaccination programme (priority groups 1 to 9) should be offered a third dose COVID-19 booster vaccine. This includes:

- those living in residential care homes for older adults
- all adults aged 50 years or over
- frontline health and social care workers
- all those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19 (as set out in the green book), and adult carers
- adult household contacts of immunosuppressed individuals”

### Phase 3 Delivery locations

- 3.7 The CCG has been working with stakeholders to jointly manage the next phase of the Covid vaccination programme. The programme will be mainly delivered via out Local Vaccination sites (LVs) with a hybrid model of community outreach clinics and community pharmacies.
- 3.8 In Westminster City Council (WCC), the primary care sites will be based at Little Venice Sports Centre and South Westminster Centre for Health, offering regular vaccination services 7 days a week. In addition, 22 pharmacy sites have submitted applications to be vaccination centres, 12 have been prioritised by the Westminster team for immediate authorisation with the remaining ones to follow as soon as possible.
- 3.9 In the Royal Borough of Kensington & Chelsea (RBKC), the primary care sites will be based at sites used successfully during Phase 1 and 2 at St Charles Centre for Health & Wellbeing, and Violet Melchett Health Centre. In addition, 4 pharmacy sites have been approved, to date, from a total of 18 phase 3 applications.
- 3.10 The table below shows the pharmacies that have been authorised to date. The national team will continue their rolling programme to authorise sites. The pharmacies are situated throughout the borough and will offer locally accessible services through the national booking system.

<b>Westminster Pharmacies</b>	<b>RBKC pharmacies</b>
BAYSWATER PHARMACY	GOLDBOURNE PHARMACY
BENSON PHARMACY	MEDICINE CHEST PHARMACY
BERKELEY COURT PHARMACY	PESTLE & MORTAR
COLLINS CHEMIST	ZAFASH MIDNIGHT PHARMACY
COURTNEY CHEMISTS	
JOHN BELL & CROYDEN	
MARKET CHEMISTS	
PORTMANS PHARMACY	
VICTORIA PHARMACY	
WARWICK PHARMACY	
PAXALL CHEMIST	
SUPERDRUG THE STRAND	

- 3.11 We expect the majority of Phase 3 will be delivered through a combination of Primary Care sites and approved Community Pharmacies. This will require a coordinated response alongside local community providers (CNWL/CLCH) and Local Authority teams in order to maximise uptake.

### **Phase 3 Vaccination Cohorts**

- 3.12 The Phase 3 COVID-19 vaccination campaign commenced on 6<sup>th</sup> September 2021 comprising a number of confirmed cohorts, and additional vaccination groups may be mobilised at a later date pending the confirmation from the JCVI and national programme teams.

- 3.13 The confirmed cohorts in detail comprise:

- All 18+ who require a new first or second dose of the vaccine as part of an extension of the Phase 1 and Phase 2 programme (the 'evergreen' offer)
- Those aged 16-17 who require a single dose of the vaccine
- At-Risk 12-15 Year Olds / 12-15 year Old Household Contacts of Immunocompromised Individuals
- Immuno-suppressed / compromised age 12+: Third dose to be offered – currently the ask is for both acute and practices to identify individuals eligible under the definitions from the JCVI for which searches are due by end of September. Once identified the third dose should be offered with consideration for the optimal timing and interaction with any treatment but needs to be at least 8 weeks after their second dose.
- All 12-15 Year Olds - a single dose of vaccine for this cohort which will predominantly be delivered through a programme of vaccination through schools.
- Booster campaign:
  - Stage 1:
    - adults aged 16 years and over who are immunosuppressed
    - those living in residential care homes for older adults
    - all adults aged 70 years or over
    - adults aged 16 years and over who are considered clinically extremely vulnerable
    - frontline health and social care workers
  - Stage 2:
    - all adults aged 50 years and over
    - adults aged 16 to 49 years who are in an influenza or COVID-19 at-risk group. (Refer to the Green Book for details of at-risk groups)
    - adult household contacts of immunosuppressed individuals

- 3.14 Boosters will be offered to those most vulnerable initially which will include patients in care homes and those that are housebound.

- 3.15 In WCC, over 87% of care home Residents are eligible for 3<sup>rd</sup> dose (booster) before 3<sup>rd</sup> October (based on 6 months after the 2<sup>nd</sup> vaccine). In RBKC it is over 60%.

In WCC, 58% of housebound patients are eligible for a 3<sup>rd</sup> dose (booster) before 18<sup>th</sup> October. In RBKC this figure is 72%.

### **Learning from Phases 1 & 2**

- 3.16 As a result of collaborative working during the Covid pandemic, the following improvements have been made for phase 3;
- During the early stages of Phases 1 and 2 at times similar conversations took place in parallel in both WCC and RBKC. To avoid duplication and encourage a joined-up approach going forward, a joint Health and Local Authority Bi-Borough Vaccine Taskforce chaired by the Director of Health Protection, reporting into the Covid Health Protection Board is now in place. One of the benefits of this vaccination programme has been the joint working that has happened between the local authority, CCG, primary care and health provider teams which has reflected the focus and determination in Bi-borough to vaccinate local residents and to encourage a hesitant population to come forward. We are keen that these relationships are continued and developed.
  - Targeting community engagement using a data-driven approach. Vaccination uptake data is reviewed on at least a weekly basis in order to identify areas of low uptake (either by location, gender, ethnicity or age). This is used to create a bespoke programme of community engagement and targeted vaccination to provide easy access to vaccines.
  - PCNs were key to delivery during Phases 1 and 2. Within each borough, the PCNs have come together to deliver Phase 3 with the support of their GP Federation. This will involve some elements that took place in WCC also now taking place in RBKC (Centralised team of vaccinators to reduce impact on General Practice, Invitations sent out to all centrally and dedicated team to undertake call and recall of patients).
  - There is a greater level of understanding of the data available through multiple sources and how the programme team can use analysis of this to support and inform our Covid vaccination response making best use of the tools available.
  - The Bi-Borough Vaccination bus has been introduced and the learning from Phases 1 and 2 will see the bus attend regular locations so that the population can know where vaccinations can be conveniently accessed. There is also an understanding that flexibility to provide additional vaccines, when required, will ensure uptake is maximised.
  - Where pop-up clinics take place, the teams will seek to ensure there is additional lead-in time in order to maximise uptake and, where possible, these should also be regular to allow both communications and community engagement teams to promote to targeted populations.

- The learning from the Covid vaccination programme will also inform this year's Seasonal Flu campaign which has begun, where vaccination sites will seek to co-administer, where possible to protect the eligible population against any potential Flu outbreak.

#### **4. Options / Considerations**

4.1 The Health and Wellbeing Board is asked to note and discuss this update.

#### **5. Legal Implications**

5.1 None

#### **6. Financial Implications**

6.1 None

**If you have any queries about this Report or wish to inspect any of the Background Papers please contact:**

Joe Nguyen, Central London Borough Director, NWLCCG ([joe.nguyen@nhs.net](mailto:joe.nguyen@nhs.net))  
Simon Hope, West London Borough Director, NWLCCG ([simonhope@nhs.net](mailto:simonhope@nhs.net))

#### **APPENDICES:**

Appendix 1 – Bi-Borough Integrated Care Partnership (ICP) - update

#### **BACKGROUND PAPERS:**

N/A