


Cabinet 9 February 2022	 TOWER HAMLETS
Report of: Denise Radley, Corporate Director, Health Adults and Community	Classification: Unrestricted
Enhanced Community Vaccination Programme – Direct Award	

Lead Member	Councillor Rachel Blake, Cabinet Member for Health and Social Care
Originating Officer(s)	Warwick Tomsett
Wards affected	All
Key Decision?	Yes
Reason for Key Decision	£1m+
Forward Plan Notice Published	26 January 2022 – under general urgency provisions
Strategic Plan Priority / Outcome	1. People are aspirational, independent and have equal access to opportunities; 2. A borough that our residents are proud of and love to live in;

Executive Summary

To mitigate the spread of the Covid-19 virus a major national effort has been underway to vaccinate adults and children over the age of 12 against the Covid-19 viral infection. In autumn 2021 the government agreed an additional booster vaccination would be provided for vulnerable people and in December 2021 this was extended to all adults, plus second doses for children aged over 12. The identification of the Omicron variant in November 2021 with its significantly increased level of transmissibility made the speedy provision of the booster vaccinations, which offer the best level of protection against Omicron, even more imperative.

The Council has supported the national vaccination effort in various ways including providing Council buildings to serve as vaccination venues and assisting with a major communications effort to encourage vaccination take up and address vaccine hesitancy in the local community. Since summer 2021 the Council has also been leading the delivery of additional community clinics to supplement those provided directly through primary care, community pharmacies and the now defunct mass vaccination centres. The Council has done this through an innovative partnership with Barts Health NHS Trust, delivering clinics in pop up community venues, through

a series of park-based events and using the vaccination bus.

From late November Barts has been restricted in its ability to support the community vaccination programme due to capacity constraints. This has impacted on the ambitious delivery plans for a much expanded, Council-led programme of community vaccination, offering a wider range of venues to residents and targeting more vulnerable and harder to reach cohorts in our population such as rough sleepers and asylum seekers.

After discussion at the partnership 'Vaccination & System Pressures Delivery Group' it was agreed with NHS colleagues that Tower Hamlets GP Care Group (THGPCG) could provide clinical capacity via its 'Roving Vaccination Team' to deliver this enhanced offer, with one of the primary care networks supplying the required vaccines.

It is proposed the Council utilise available 'Control Outbreak Management Fund' and 'Protect Fund' grant to commission THGPCG to provide extra clinics to deliver both the booster and 'Evergreen' (1st & 2nd) offer:

- 6 static community clinics per week, Monday to Saturday, offering 200 slots per clinic. These would be hosted in a range of community venues in the borough such as 16+ educational establishments and faith settings;
- A programme of targeted outreach clinics across 15 settings for vulnerable residents and those unlikely to engage with building-based services, such as rough sleepers, hostel users and asylum seekers;
- Regular deployment of the vaccination 'bus' to offer small scale pop-up community clinics in target geographies with low vaccine take up (or as a platform for delivering targeted outreach clinics as above)

It is proposed that up to £1.2 million is made available to this programme over 12 months, with an additional two months of delivery (December 2021 and January 2022) covered by an RCDA under the Councils urgency procedure. Whilst the full £1.2m might not ultimately be required, earmarking this budget allows for some resilience in the arrangement, for example should the Government introduce new requirements as part of its 'Living with Covid' plan. There may also be scope to utilise some of this extra capacity to support the winter flu vaccination programme.

Due to the extreme urgency of the position and the rapid spread of the virus there was insufficient time to procure a contract of this value through the competitive process. A Direct Award contract to the GP Care Group is therefore recommended.

Recommendations:

The Cabinet is recommended to:

1. Make a Direct Award of a contract for the delivery of the borough's Community Vaccination Programme to Tower Hamlets GP Care Group for the period 1st February 2021 to 31st January 2023.
2. To note the specific equalities considerations as set out in Paragraph 4.1.

1 REASONS FOR THE DECISIONS

- 1.1 The national vaccination programme is the principal tool that is available to mitigate the spread of the Covid-19 virus and reduce the deaths and serious health impacts that result, particularly for more vulnerable people in the community. The NHS is spearheading a huge effort to maximise the vaccinations of the adult population and additionally older age groups amongst children. This is a huge demand on NHS resources and is inevitably targeting take up in the general population but finding it more difficult to engage with some harder to reach groups, including those that may not be registered with primary care, who are unlikely to access building-based services or who have English as an additional language.
- 1.2 Additionally, Tower Hamlets has a much younger population than many areas which has meant that roll out of vaccinations based for the most part on age cohorts has been slower than for some other areas. Tower Hamlets also has a vulnerable population as research data has shown that health inequalities lead to a more serious exposure to the risks from Covid-19, including higher numbers of deaths from Covid-related complications. The Council has a good understanding of how to engage with all sectors of the boroughs population. In this context the Council must do all that it can to support and supplement the vaccination programme where speed is essential, and the supplementary vaccination programme commissioned by the Council has significant part of play in reaching the most vulnerable parts of the population.

2 ALTERNATIVE OPTIONS

- 2.1 The Cabinet could decide not to agree a Direct Award, but this would have a negative impact on the vaccination effort across the health and care partnership and likely lead to a slower pace of vaccination with a particular impact on the harder to reach population.

3 DETAILS OF THE REPORT

- 3.1 Government Ministers have repeatedly stated that vaccination is the main weapon available to combat the spread of the Covid-19 virus. It is therefore imperative to maximise the levels of vaccination across the population of Tower Hamlets. The Council has supported the main vaccination effort by the NHS in all possible ways including utilising Council staff and resources to facilitate the speedy roll out of the programme and delivering innovative partnership activity to increase uptake, for example through our park-based vaccine festivals.
- 3.2 The vaccination data for Tower Hamlets continues to show that there are significant numbers in the adult population who are either not vaccinated or have not received their second or third (booster) shot and who therefore have limited, if any, protection against infection. To further support the vaccination effort and specially to help reach the most vulnerable who may be harder to reach through the regular NHS channels the Council has commissioned an additional programme of community vaccination events that have been held in a range of local accessible venues including East London Muslim Centre, Toynbee Hall, the Ikon College and others. These sessions delivered in partnership with the Barts Health NHS Trust, have provided a significant number of additional vaccinations to cohorts in the community who might otherwise have not received their jabs so quickly or at all.
- 3.3 In September 2021 the Government launched the `booster` programme aimed initially at the clinically vulnerable and then rolled out to the wider adult population. Additional urgency was lent to the programme when the Omicron variant was identified in November 2021 and the early evidence indicated a much higher degree of transmissibility and a potential ability to evade some of the protections offered by the double jabs administered to most people up to that point. In early December the Government set out a target of one million vaccinations per day with the aim of offering all adults a booster vaccination opportunity by the end of December.
- 3.4 The Tower Hamlets `Vaccination and Systems Pressure Delivery Group` agreed that it was important to extend the community vaccination programme by delivering additional sessions and to make additional provision to reach the most vulnerable and hard to reach people in the community such as rough sleepers and asylum seekers. A programme of additional clinics and mobile (roving team) vaccinators was therefore proposed and the means to deliver this was discussed with NHS organisations. Barts Health were unable to offer the staff teams that would be necessary but the Tower Hamlets GP Care Group was able to make capacity available via its `Roving Vaccination Team` A separate discussion was required in respect to the supply of vaccines for use in the programme, and, as this is a regulated medicine, it was as agreed that the primary care networks – in practice the south east network – would order and provide the vaccines to facilitate the enhanced offer.
- 3.5 As the Omicron variant was already spreading the Covid virus rapidly by early December it was essential to operationalise the programme as quickly as possible and the first vaccinations sessions were held on 6th December at Queen Mary University London (QMUL).

- 3.6 Due to the extreme urgency of the position and the rapid spread of the virus there was insufficient time to procure a contract of this value through the competitive process. The GP Care Group agreed to commence delivery at financial risk, pending approval of an RCDA and Direct Award for the cost of staff resources from the Council, drawing on the 'Control Outbreak Management Fund' and 'Protect' grants.
- 3.7 It is proposed that up to £1.2 million is made available over 12 months to fund this activity, which would allow for resilience in the arrangement should it need adapting to meet new vaccination requirements arising from the Government's anticipated 'Living with Covid' plan. In addition, there may be the potential to utilise some of this capacity to support the delivery of winter flu jabs. These costs will cover the staff time required to deliver the enhanced programme and will be met from 'COMF' and 'Protect' grant resources that the Council has received from Central Government. None of the costs will fall onto Council revenue budgets and the NHS will continue to directly fund the supply of vaccine.
- 3.8 The enhanced community vaccination programme will comprise 6 x static community clinics per week, Monday to Saturday, delivering 200 vaccines per day, regular deployments of the mobile vaccine bus for pop-up community clinics in target geographies with low take up, and additional targeted outreach clinics for cohorts that are unlikely to engage in building based services (either via the vaccine bus or hosting at trusted community venues).
- 3.8 The Mayor and Cabinet are recommended to approve the Direct Award of a contract to Tower Hamlets GP Care Group to enable the ongoing delivery of the community vaccination programme.

4 EQUALITIES IMPLICATIONS

- 4.1 The unequal impact of Covid-19 across the population has been well-documented and in Tower Hamlets there is other work ongoing to explore what actions can be taken to learn the lessons and reduce health inequalities in the longer term. There is a serious risk that differential access to vaccinations plays out as a further driver of inequality and disparities in health outcomes.
- 4.2 It is essential that vaccination uptake is maximised amongst the less engaged and disadvantaged parts of the population and this is very challenging to achieve in practice. The key purpose of the enhanced community vaccination programme is to assist with meeting those challenges and getting the vaccination programme to the places in the borough that best enable access for people that might otherwise be bypassed or not access vaccination via primary care.

5 OTHER STATUTORY IMPLICATIONS

5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:

- Best Value Implications,
- Consultations,
- Environmental (including air quality),
- Risk Management,
- Crime Reduction,
- Safeguarding.
- Data Protection / Privacy Impact Assessment.

5.2 There are no further statutory implications to report.

6 COMMENTS OF THE CHIEF FINANCE OFFICER

6.1 The costs of the Direct Award to Tower Hamlets GP Care Group will be funded via the ring-fenced Covid Grant (Contain Outbreak Management Fund).

6.2 The UK Health Security Agency (UKHSA) have now confirmed that any underspend against the grant in 2021/22 can be carried-forward for use in the financial year 2022/23, which will therefore allow commitments against the grant to be entered into the next financial year.

7 COMMENTS OF LEGAL SERVICES

7.1 S.2B of the National Health Service Act 2006 requires the Council to take such steps as it thinks appropriate to improve the health of the people in the Borough. Such steps may include amongst other things the provision of services and facilities for the prevention, diagnosis and treatment of illnesses. Therefore, the Council should and is able to undertake the activities detailed in this report.

7.2 Regulation 32 of the Public Contracts Regulations 2015 allows the Council to use the negotiated procedure without an advert where there are reasons of extreme urgency brought about by events unforeseeable to the Council which means that the Council is unable to comply with the time limits for the open or restricted procedures or competitive procedures with negotiation as is the case in this instance.

7.3 The Council is only entitled to rely on this part of regulation 32 where the reason for the extreme urgency is not due to the Council's fault. This is also the case in this instance and is due to the capricious nature of the spread of the virus and its variants.

- 7.4 The Council is required to comply with its Best Value Duty in terms of economy efficiency and effectiveness when delivering a legal function. Therefore, the Council will monitor the expenditure against defined pre-agreed outcomes.
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Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- None

Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012

- None

Officer contact details for documents:

N/A