



Department  
of Health &  
Social Care



Ministry of Housing,  
Communities &  
Local Government

2 February 2021

**To: Leaders and Chief Executives  
of all Local Authorities in England**

Dear Colleagues,

We are writing to extend our thanks to everyone in local government for all you have already done to support the national vaccination programme. Across local and national government, we have shown our commitment to vaccinating our population as quickly as possible. As the NHS has risen to this challenge, local authorities – both elected members and officers – along with partners in the emergency services and voluntary, community and faith sectors have all stepped up to support this national effort. This has allowed greater reach into our communities beyond NHS premises; supported confidence in the vaccine; and most importantly ensured we are able to help those in the priority cohorts access the vaccine quickly and safely. This has helped save lives and shows the very best of public services. But there is much more to do.

As we continue to deliver this ambitious programme, the role of local authorities will become ever more important, and you will continue to bring core skills and resources to this work. It is therefore appropriate that we recognise this partnership effort more formally by setting out the specific areas where we know that local authorities, particularly with their public health responsibilities, can support the programme. These are outlined in Annex 1 as a guide. You are encouraged not to feel constrained by the list. This is intended to build on the collaboration already happening, not restrict it, and allow areas to develop arrangements locally in a way that best delivers the ambitions of the [vaccination delivery plan](#).

As we have done throughout the pandemic, we also want to encourage the sharing of good practice. The Local Government Association (LGA) continue to support us in this endeavour by collecting case studies and hosting a number of webinars, which we will continue to publicise through our MHCLG bulletin. The LGA has already reached out to Directors of Public Health to identify best practice and we are keen to develop a Vaccines Connect and Exchange online hub to share experiences, seek support from stakeholders and ask questions of the programme in a timely and interactive way. More information on this will follow.

We know that to support delivery of the vaccination programme, local authorities need data on the take up of the vaccine. National data is published on a daily basis, and as of 21 January a weekly breakdown has been available to Sustainability and Transformation Partnership/Integrated Care System level. There are plans to publish data by Upper/Lower Tier Local Authority very soon. In the past fortnight NHS E/I has also started sharing a core data set with Directors of Public Health, which includes breakdowns by cohort, age and ethnicity. NHS E/I will continue to work with Local Authorities and colleagues at Public Health England to evolve this dataset and make

sure systems have the information they need to support all communities in taking up the vaccine, including the harder to reach.

We also know from you and partners within local resilience forums that being able to manage the vaccination programme alongside other response elements of the pandemic will allow resources to be used more effectively. We would encourage this, using appropriate cells that report into the Strategic Coordination Group, health protection teams and local outbreak plan structures to ensure a joined up approach, track performance and allow for strong local political leadership.

As supply continues to improve, we will aim to give more local determination on how these structures can be used to best support the needs of your communities and maximise vaccine take up. Understanding local systems and how to best empower these will be valuable in preparing for that stage, and so we are keen to understand how arrangements are working in local places. To this end, Eleanor Kelly and Rachel Crossley – working within the vaccines programme on behalf of local government – will be working with regions to arrange individual meetings.

Finally, we wanted to set out clearly the way for councils to access funding for costs arising from the vaccine rollout, recognising that these are additional to the activities for which existing MHCLG grant funding for Covid-19 expenditure pressures is already available. Going forward local authorities will need to agree in advance appropriate, proportionate, additional and unfunded costs at a local level with their respective Clinical Commissioning Groups (CCGs). In turn CCGs can draw down eligible funding centrally via the national programme. Appropriate, proportionate, additional and unfunded eligible costs already incurred at a local level in agreement with CCGs can also be drawn down from central funding. Material historical costs (over £50,000) not previously agreed with the CCG and which are entirely and solely in support of Covid-19 vaccine deployment will be considered on a case by case basis.

Once again, thank you. This is a significant national effort and we are extremely proud of the role local government has played and will continue to play as the programme progresses.



**MATT HANCOCK**



**ROBERT JENRICK**

## ANNEX 1 – Working in partnership to support the vaccination programme

### 1. In support of the immediate response

Identified priorities	Examples of potential activity
<p>Complete ongoing work to review current <b>capacity model</b> for area and identify any potential barriers or gaps in population having access to vaccination within 10 miles of their home – relevant partners working with NHS colleagues to provide solutions to these</p>	<p>Build on strong start already made in this area by:</p> <ul style="list-style-type: none"> <li>• Looking at further potential opportunities to use pop-up/roving model to create temporary capacity</li> <li>• Providing transport support</li> <li>• Escalating any suggested proposals for additional/ relocation of a permanent site where significant changes proposed to improve access to NHS regional leads</li> </ul>
<p>To support the vaccination of cohorts 1-4 by 15 February and 5-9 by late Spring, develop a locally appropriate, tailored <b>communications plan</b> that fosters and maintains a high level of vaccine confidence in the general public and increases confidence amongst the vaccine hesitant</p>	<ul style="list-style-type: none"> <li>• Use local insight, knowledge and expertise to understand community views and develop targeted and effective campaigns, drawing on analysis of local uptake data – we recognise LAs will need a fuller dataset than is currently available to enable effective targeting and are committed to providing that as soon as possible</li> <li>• Make use of behavioural science approaches to motivate those not inclined to have the vaccine and support myth busting</li> <li>• Identifying network of trusted, culturally diverse voices to instil confidence in the vaccine across all communities</li> <li>• Use established outreach schemes to help increase understanding of the vaccine and reduce hesitancy</li> <li>• Community engagement to directly support harder to reach and health inclusion groups</li> <li>• Consider alternative delivery models for vaccinating those experiencing homelessness where mainstream provision is unsuitable, in addition to ensuring that everyone sleeping rough or brought into emergency accommodation is registered with a GP</li> </ul>

<p>Support the roll out and ongoing operation of <b>the vaccination centres</b> to ensure they are safe, accessible and supported with the necessary infrastructure to maximise their capacity</p>	<ul style="list-style-type: none"> <li>• Deploy expertise from LAs and police to advise on large event management</li> <li>• Redeploy staff and/or identify volunteers to support non-clinical roles</li> <li>• Traffic management plans – including potential additional transport</li> <li>• Security reviews undertaken by police on large sites and advice offered to PCNs</li> <li>• Highways authority to ensure appropriate gritting routes in place and review any locally planned highways activities that could create access issues</li> <li>• Work with the national programme and local partners to support the customer experience, capturing good practice and ensuring that lessons are learnt</li> </ul>
<p>In support of the arrangements outline in the relevant SOPs, ensure that eligible <b>frontline health and social care workers</b> across the area are identified and offered a vaccination.</p>	<ul style="list-style-type: none"> <li>• Redeploying staff to support LA Lead</li> <li>• Setting up cell within SCG structure to support this work with all relevant partners round the table</li> </ul>

## 2. In planning further ahead

Identified priorities	Examples of potential activity
<p>To support the high take-up of the vaccine beyond those in the first 1-9 cohorts, lead a locally appropriate, tailored <b>communications programme</b> that fosters and maintains a high level of vaccine confidence in the general public and increases confidence amongst the vaccine hesitant</p>	<ul style="list-style-type: none"> <li>• Use local insight, knowledge and expertise to understand community views within the cohorts and develop targeted and effective campaigns</li> <li>• Make use of behavioural science approaches to motivate those not inclined to have the vaccine and support myth busting</li> <li>• Identifying network of trusted, culturally diverse voices to instil confidence in the vaccine across all communities</li> <li>• Use established outreach schemes to help increase understanding of the vaccine and reduce hesitancy</li> <li>• Community engagement to directly support harder to reach and health inclusion groups</li> </ul>

Work with health colleagues to test the resilience of the model for vaccinating **cohorts 5-9 by late Spring and continuing through the summer**, particularly in terms of ongoing workforce and resources needed to manage public expectations and engage hard to reach groups

- Review workforce and volunteer capacity, looking at opportunities to increase or diversify to mitigate against absences (through leave/sickness/volunteer fatigue)
- Review local capacity model and uptake across the 3 delivery mechanisms, agreeing any adjustments needed to ensure it's locally responsive with a focus on ease of access for the wider, working age population
- Develop wider community engagement plan to encourage wide-scale take up of vaccine, particularly focusing on younger cohorts

Begin **planning** to enable the deployment programme to move from a central incident response to a core part of local infrastructure within local authorities responsibility for public health.

- Consider how ongoing vaccination of the public will be built into the local system in a sustainable way.
- As part of public health response to the pandemic, put in place the necessary governance to actively consider take up of the vaccination alongside the outbreak engagement plan
- Work with relevant central government departments and agencies to incorporate Covid-19 vaccination as a core part of screening and immunisation with the necessary resources to manage this within local authority responsibilities for public health.