Department of Health & Social Care

CARE

Protecting the Adult Social Care sector

Good Practice for Local Booster Vaccination

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A lot of work has been undertaken by providers, Local Authorities (LAs), Integrated Care Systems (ICSs) and the NHS Vaccination Programme to achieve the levels of vaccination that have protected people receiving care and support and the workforce in adult social care. Some areas have faced particularly significant challenges with achieving a level of booster uptake similar to the rates seen for first and second doses.

In those areas which are achieving the highest uptake, the key has been local organisations working effectively together to develop models that work for their community and their specific circumstances. This means local systems forging strong partnerships to create the right environment for success, which we define as:

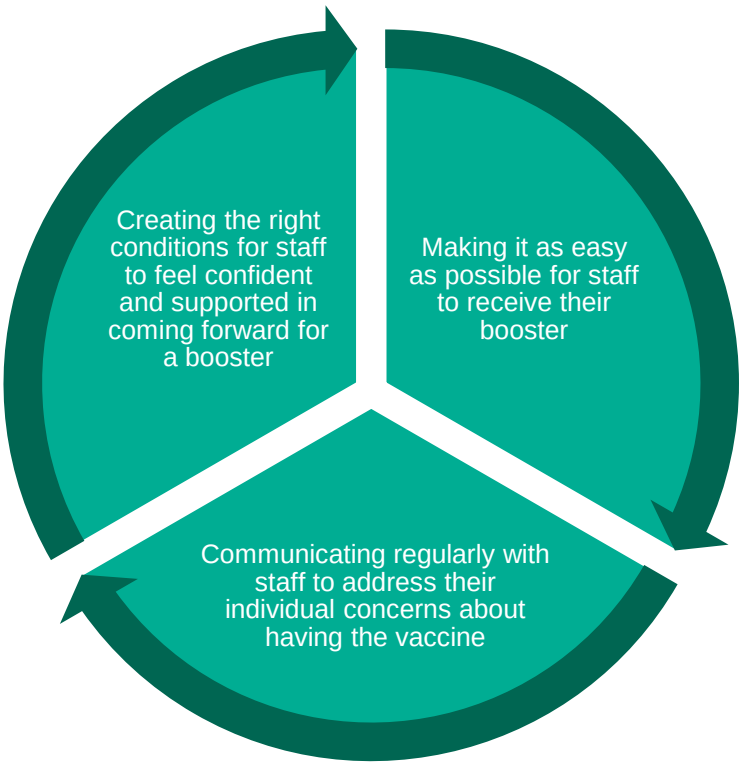
- Creating the right conditions for staff to feel confident and supported in coming forward for a booster;
- Making it as easy as possible for staff to receive their booster, by bringing the vaccine to the people or the people to the vaccine;
- Communicating regularly with staff to address their individual concerns about having the vaccine.

The purpose of this document is to set out what successful local delivery of boosters in adult social care looks like in practice. This is drawn from the COVID-19 Standard Operating Procedure (SOP) for frontline social care workers and the many excellent examples of initiatives to drive uptake across the country so far.

By bringing this learning into one place, the paper aims to share this good practice for promoting local vaccination uptake with adult social care leads from Local Authorities, Integrated Care Systems, and with providers. It is these organisations which – alongside NHS and national infrastructure and countless individuals who have made the vaccination programme so successful – hold primary responsibility for maximising local vaccine efforts within the care sector.

The paper is designed not to undermine the existing work local systems are doing or add different 'layers' to local arrangements. The important thing is that local systems check their arrangements against this document and use it to take on some of the challenges they may have been facing.

This document is primarily aimed at supporting the uptake of boosters, though many of the actions described will also support uptake of doses one and two. Its scope extends beyond Local Authority-commissioned services to the whole of adult social care, including agency workers, non-registered providers and Personal Assistants.



Providers

Operations

Link with ICS and LAs to arrange where and how your staff will be boosted, and ensure your service and staff are prepared for on-site vaccination visits.

- Maintain regular contact with local vaccination teams to arrange repeat vaccination visits in care homes and bespoke vaccination sessions for community-based staff and any care home staff who can be vaccinated at an alternative venue.
- Consider weekly ‘ward rounds’ in residential care settings to vaccinate new residents / staff and any who have decided now to take up the vaccine offer.

Seek to keep updated on vaccination arrangements for individual staff so that they can be supported.

- Make use of the Adult Social Care Infection Control and Testing Fund (ICTF) to ensure staff receive help with travel costs and paid time to receive the vaccine.
- Ensure staff and agency workers have access to the letter for priority vaccination access, to avoid waiting in the queue at the vaccination centres.

Communications & Engagement

Provide evidence-based information to staff on the vaccine, to address any individual concerns and issues they might have.

- Maintain regular communications with ICS and LAs leads to access updated support materials.
- Use existing networks, forums and other channels to understand and explore what has worked elsewhere.
- Be clear on the role of vaccination and boosters in preventing symptomatic disease and high rates of staff absence, and thus keeping people receiving care and support safe.
- Regularly share updated information about the location and opening times of local / mobile / pop-up vaccination sites with staff.
- Ensure staff know about available funding to support them to be vaccinated.
- Widely disseminate communications materials and assets on vaccination and boosters, developed locally and nationally. DHSC have a dedicated toolkit to help encourage vaccination among care staff including case studies, social media resources, FAQs, and marketing materials such as posters and leaflets for staff.
- Make use of our booster narrative to support your own communications activity and conversations with staff.

Provide personalised, in-person support to staff so they have access to information and feel listened to.

- Maintain discussion / communication with the whole staff group about the benefits of vaccines and boosters to people receiving care and support, staff, services and communities.

- Facilitate one-to-one discussions between staff and trusted clinicians or managers, to respond to staff concerns and provide information and practical support to take up the booster.
- Encourage individuals who have not yet been vaccinated to discuss their situation with their own GP or a trusted healthcare professional, if they wish to have a further conversation or have any questions around vaccination.
- Train staff to hold peer-led supportive conversations with vaccine hesitant or ambivalent colleagues.
- Consider providing incentives to staff who get their booster, such as bonus points awarded on the Care Friends app.

Data

Maintain up-to-date data on staff and agency worker vaccinations, for doses 1, 2 and boosters.

- Ensure Capacity Tracker data is regularly updated, at least once a week, for both directly employed staff and agency workers. For both national and local oversight, this is essential data on which action can be taken, either with providers or the NHS. If there are concerns about how and what to update, then please ensure the relevant person contacts CapacityTracker-guidance@dhsc.gov.uk.
- Consider using HR staff to track and monitor, as well as encourage uptake within the workforce, to relieve pressure on registered managers.

Integrated Care Systems and Local Authorities

Operations

Determine who will lead on what, across the ICS and LAs, to ensure high levels of vaccination within the local ASC sector.

- Ensure that the structures and responsibilities outlined in the COVID-19 Vaccination Standard Operating Procedures (for roving and mobile models and for vaccinating frontline social care workers) are in place.

- Ensure there are leads for oversight of the vaccination programme for social care.
- Liaise with representative bodies of care organisations at a local level to ensure that activities are effective and are supported by the relevant agencies.
- Develop and maintain a live plan, drawing on real-time data, which covers how vaccinations will be delivered, how the sector will be supported and how this will be communicated.

Support care providers to maximise vaccine uptake within their organisation.

- Facilitate repeat visits to care homes to provide vaccinations and advice to staff and residents, underpinned by the existing close working relationships between GPs and local care homes.
- Ensure that vaccination teams are prepared to vaccinate staff as well as residents, and that there are enough vaccines for all available individuals on the day.
- Support managers to ensure that as many eligible staff, both on-duty and off-duty, and agency workers, are aware of on-site vaccination visits and attend on the day.
- Promote and co-administer COVID-19 boosters and flu vaccines, where operationally practical.
- Ensure providers are aware of, and able to access, the Adult Social Care Infection Control and Testing Fund (ICTF) to help staff with travel costs and paid time to receive the vaccine.
- Extend mobile and roving vaccination teams to extra care and supported living settings.

Adopt a "Hyper-local" approach to vaccination, so that staff can receive their vaccine closer to home and at a convenient time.

- Prepare all vaccination sites to prioritise social care staff and people receiving care and support who are more at risk – accepting ad-hoc walk-ins from these groups even if sites are not officially running walk-in clinics on those days.
- Identify suitable community buildings such as church halls and public libraries for use as vaccination sites, prioritising care workers, where they can access the vaccine quickly during lunch or between shifts or home visits.
- Ensure vaccination site opening hours extend beyond the working day.
- Talk to GPs about allowing care staff who work in the community to be vaccinated at GP-led clinics in the area they work in, even if they do not live there or are not registered with that GP.

- Ensure people who are housebound and those with home care plans can access vaccines via home visits, deploying community nursing services where needed.
- Provide free, door-to-door transport options to support staff to access vaccination sites, such as free taxis.
- Arrange for roving “vaccine buses” to visit care homes, local community sites or supported living and extra care facilities to give vaccines or boosters to staff and residents who may not have had them yet.

Communications & Engagement

Co-ordinate communications to ensure evidence-based, tailored, clear, and simplified messaging is reaching care staff and managers via well-established communications channels.

- Identify where public health and clinical support will come from.
- Use existing networks, forums and other channels to understand and explore what has worked elsewhere.
- Be clear on the role of vaccination and boosters in preventing symptomatic disease and high rates of staff absence, and thus keeping people receiving care and support safe.
- Make regular contact with each provider and via relevant local networks – for example through weekly newsletters, calls and meetings – to share updates and vaccination site information, as well to review vaccination levels, barriers and offer support as necessary.
- Consider providing enhanced ‘ward rounds’ with GPs, to offer a platform for vaccine discussion and uptake for both residents and staff.
- Make use of our booster narrative to support your own communications activity and conversations with staff and providers.

Widely advertise up-to-date information about the location and opening times of local / mobile / pop-up vaccination sites.

- Ensure care providers have access to the letter for priority vaccination access for staff and carers, to avoid waiting in the queue at the vaccination centres.
- Make use of social media accounts and online networks to share updates and information.

Provide personalised, in-person or interactive support to employers and staff.

- Recruit local vaccine ‘champions’ or engage existing community figures such as the Wirral’s 'community connectors'.
- Hold regular group calls / webinars with providers, attended by multi-disciplinary professionals, to share updates, signpost to local initiatives and booster access, and answer questions.
- Provide one-to-one support for managers, where possible, and share good practice to support them to have difficult conversations with staff.
- Train managers and staff to hold peer-led supportive conversations with vaccine hesitant or ambivalent colleagues.
- Establish social media or instant messaging groups with providers and staff to provide updates, advice and support.
- Set up helplines for care providers and staff, for example to provide public health advice or vaccination booking assistance.
- Have a public health expert ‘on call’ to respond to questions and advice in a timely way.
- Hold vaccine support clinics or a “worry bus”, where vaccine hesitant social care staff and the public can share their concerns and have questions answered by trusted professionals.

Engage communities where uptake is the lowest, including extensive work with BAME and faith networks, to develop culturally-informed resources and approaches to support vaccine uptake among all communities.

- Develop and sustain close relationships with community organisations and leaders, to help gain insight, tailor communications and disseminate information.
- Work with local faith leaders to address concerns that people of that faith may have in a sensitive manner.
- Provide information and support for staff who are hesitant due to concerns around fertility – for example by employing the services of local midwives to run updates, provide reassurance and answer questions.
- Host ‘myth-busting’ sessions with ASC staff, led by public health and trusted community leaders.

Data

Maintain up-to-date data on staff and agency worker vaccination, for doses 1, 2 and boosters.

- Ensure and encourage Capacity Tracker data to be regularly updated, at least once a week, for both directly employed staff and agency workers. For both national and local oversight, this is essential data on which action can be taken, either with providers or the NHS. If there are concerns about how and what to update, then please ensure the relevant person contacts CapacityTracker-guidance@dhsc.gov.uk.
- Developing a process for collating visit dates and progress centrally from PCNs, and reporting this routinely up to regional / national level.

Run analysis on Capacity Tracker data, regularly, to understand which providers or roles are showing fewest vaccinations and boosters.

- Keeping a running tally of the 20 providers requiring the most vaccines and liaise with both the manager and ICS to prioritise local vaccination teams to conduct visits, or any necessary visits to address hesitancy, such as one-to-one conversations with GPs or midwives.
- Consider producing a regular ‘situation report’ that details vaccination uptake data among staff and people being supported, outbreak activity, staff absences etc, to focus on providers most at risk and inform regular local discussions. Share vaccine data with clinical leads and PCNs to assist with targeted support.
- Consider conducting a search for unvaccinated registered patients and provide targeted communications, including on the benefits of vaccination, financial support, ‘myth-busting’ and local drop-in centres.

Key resources

- Standard operating procedure - COVID-19 vaccine deployment programme: Frontline social care workers.
- Our dedicated toolkit to help encourage vaccination among care staff including key messages, FAQs, and marketing materials.
- Letter to allow staff and carers to have priority access at vaccination centres.
- Adult Social Care Infection Control and Testing Fund (ICTF).

Summary - Providers

Operations	Communication and engagement	Data
Link with ICS and LAs to arrange where and how your staff will be boosted, and ensure your service and staff are prepared for on-site vaccination visits.	Provide evidence-based information to staff on the vaccine, to address any concerns and issues they might have.	Maintain up-to-date data on staff and agency worker vaccinations, for doses 1, 2 and boosters.
Seek to keep updated on vaccination arrangements for individual staff so that they can be supported.	Provide personalised, in-person support to staff so they have access to information and feel listened to.	

Summary - Integrated Care Systems and Local Authorities

Operations	Communication and engagement	Data
Determine who will lead on what, across the ICS and LAs, to ensure high levels of vaccination within the local ASC sector.	Co-ordinate communications to ensure evidence-based, tailored, clear, and simplified messaging is reaching care staff and managers via well-established communications channels.	Maintain up-to-date data on staff and agency worker vaccination, for doses 1, 2 and boosters.
Support care providers to maximise vaccine uptake within their organisation.	Widely advertise up-to-date information about the location and opening times of local / mobile / pop-up vaccination sites.	Run analysis on Capacity Tracker data regularly to understand which providers or roles are showing fewest vaccinations and boosters.
Adopt a “Hyper-local” approach to vaccination, so that staff can receive their vaccine closer to home and at a convenient time.	Provide personalised, in-person or interactive support to employers and staff.	
	Engage communities where uptake is the lowest, including extensive work with BAME and faith networks, to develop culturally-informed resources and approaches to support vaccine uptake among minoritised communities.	

Case studies

Case studies were sought from a spread of regions and organisations, to shine a spotlight on some of the effective and innovative approaches being taken to drive booster vaccinations across the country. A selection of these local insights is provided below.

Caroline Southgate, registered manager at Doris Jones Ltd, Southend-on-Sea

As a team of 80 working with elderly people in their own homes, we made it clear that we were enthusiastic about vaccination as early as it was mentioned as part of Outstanding care. We were also clear that we were expecting uptake from all staff and to present a positive message ahead of any requirement or vaccine legislation.

As a physiotherapist I decided to go and join the vaccination team and learn to be a vaccinator just in case it might be possible to run a vaccination clinic in our service. Having completed a few shifts as a vaccinator my own understanding of the kinds of conversations which crop up was a very useful experience. Being able to discuss the vaccination from a trained vaccinator point of view, having the early concerns and questions ready to answer helped my own confidence in giving clear and accurate answers. The team appreciated this effort to really understand the vaccine from a scientific point of view. We shared with them the videos from the vaccinator training and feedback on this was positive and that they enjoyed learning.

We encouraged vaccination on many occasions in different ways. We have a weekly roundup staff newsletter, whole team emails and Zoom staff meetings. We also identified very early who might be hesitant or completely resistant. This made a targeted approach to that small number of individuals easier.

We resolved most obstacles and as a final push once the VCOD legislation was in place offered a £25 per head bonus for providing us with the proof of vaccine. We now only have a tiny number of resistant staff who were prepared to lose their jobs rather than be vaccinated and we are clear that there is no more we could do to change their beliefs and mindset.

We have a high percentage of uptake of vaccine across both the care team and the office team who are not client-facing but are keen to support the whole company to stay safe.

Key learning and tips:

- Learning to use multiple media to gain confidence and to answer questions honestly and factually. Rewarding the staff with even a small amount of money for compliance.
- Focusing on the reasons for reluctance on a one-to-one basis.
- [Prior to VCOD policy change] Understanding that not everyone would comply with vaccine legislation and being ready to re-recruit early knowing that this small number were highly unlikely to be with us after 1st April.
- Although running an in-house vaccination clinic was not possible, I think the education of managers to this level was really very useful for confidence in the team.

Bradford Metropolitan District Council

The Covid-19 Support Team was setup in October 2020 to directly support the care and voluntary sector organisations across the Bradford District in their mitigation, management, and recovery from Covid-19. The team played a vital role in providing direct support to access vaccinations and raise awareness of eligibility for externally and internally employed care staff, Personal Assistants, and unpaid carers.

To raise awareness of eligibility and how to access, the team utilised the bi-weekly Covid-19 bulletin, weekly vlog, direct calls with care managers, creation of local supporting guidance, email lists for the nominated people of Direct Payments, shared communication with local organisations and the local Variable Message Signs, or electronic traffic boards.

The team supported care staff and other at-risk groups in providing access to first, second and now booster vaccinations. Working closely with the local Vaccination Steering Group led by NHS colleagues has been a successful partnership, allowing innovative projects to be setup, such as a local hesitancy and exemption pathway. It has allowed people the time and space to discuss their reluctance in having the vaccine, often leading to them being vaccinated. More recently, pop-up sites have been held at care provider services and offices to improve vaccine uptake for Vaccination as a Condition of Deployment.

The uptake of booster vaccinations, as these are not mandatory, has resulted in some care staff being reluctant in receiving another dose. Negative press and social media have led people to become disengaged and refusing to receive their booster due to fatigue from the pandemic and their wish to move on.

To promote the uptake of booster vaccinations, the Covid-19 Support Team has fully utilised our communication resources, including phone calls, emails, twice-weekly provider bulletin, local webinars and provider meetings to remind, encourage and support care staff of the local assistance available and share useful material and webinars with registered managers. Access for walk-ins was reconfirmed and this guaranteed an appointment for care staff by showing their work ID.

Raising awareness of eligibility and access to appointments through the traffic matrix signs has been recognised and replicated across the country. This is an important method in raising awareness across the district and, due to character limits, the messaging is short, simple and focused.

Weekly contact with service managers of both CQC and non-CQC regulated services has ensured that they are aware of the latest updates and opportunities not only specifically around vaccinations, but also affording the Covid-19 Team with the ability to gather direct uptake data, as the Capacity Tracker is not always updated in relation to vaccination stats. Our local Service Update System can be updated by the team and used for care providers not on the Capacity Tracker, meaning that data for non-CQC providers would be up-to-date when reporting to relevant steering groups.

The key learning point from the vaccination programme is how vital it is that people have clear awareness, access and opportunity. Without these, people will be missing a vital piece of information, it helps to support people through a process/programme, giving them time and space to understand.

Black Country and West Birmingham CCG

Analysis demonstrated that whilst compliance with the first and second dose was satisfactory amongst residents and staff, compliance was poor with the booster.

The reason for low uptake of the vaccine was multi-factorial, including concerns about the effectiveness and safety of the vaccine, concerns regarding its long-term side-effects and the lack of legal requirement for care home staff to have the vaccine.

Our overall aims were to increase confidence and compliance with the vaccine, ensuring the most vulnerable citizens, care home staff, their families and the wider community were safe, whilst building resilience into the health and care economy. Actions taken to achieve this included:

- Each place-based team held daily multi-agency care home meetings to discuss vaccination uptake rates and our targeted plan to increase uptake.
- Each place-based team can attend any vaccination site. A priority letter was issued to avoid waiting in the queue at vaccination centres.
- A roving team was deployed to each place to visit care homes and deliver the vaccine on-site.
- Daily care home system meetings were held, and a care home dashboard was developed.
- Each care home was contacted by their place-based team and Quality Nurse Advisors. Care home managers are encouraged to meet with their staff through one-to-ones to explore concerns, and a dedicated helpline is available to answer any concerns they may have.
- The roving team are dropping into care homes to promote and administer the vaccine. In addition, West Birmingham staff have access to the 'cab a jab' – a free taxi to any of the vaccination sites.
- Weekly newsletters and graphics are sent to care homes. Advertisements through social media platforms are ongoing.
- The QNAs discuss issues of hesitancy and how to increase the uptake with care home managers and assist with myth-busting.
- Community nursing services are supporting primary care and delivering vaccines to individuals who are house-bound.
- Information has been shared with West Midlands Care Association to add to their website.
- Enhanced ward rounds with GPs offering a platform for vaccine discussion and uptake for residents and staff.
- We have encouraged the use of the Care Home App.
- The CCG health protection team converted national guidance into simple guides.
- We stepped up IPC & deterioration training.

Early analysis demonstrated significant improvements from December 21 to January 22, with an overall increase of 10% across the Black Country and West Birmingham Footprint.

Key learning has included the positive impact of working together as an Integrated Health and Care system, as well as the importance of engaging the community, listening and learning collaboratively to drive innovation and improvement.

Dudley Integrated Health Care Trust

From the pandemic's beginning we established a Covid Care Home Group to include Dudley CCG (now Dudley Integrated Health and Care Trust), public health consultants, Health Protection Team, Dudley MBC commissioners for care homes and care home practitioners. This existing framework put us in a good position to also discuss vaccination rollout at the end of 2020, and for our 'Strategy and Transformation Manager' to coordinate a roving vaccination team for care homes.

We took a mixed approach to delivering staff vaccinations. The roving team were working flat out and providing daily visits to care home providers for first, second and booster vaccinations to meet targets. It is only now that they have reduced to being available on a weekly basis, administering the vaccine primarily to new admissions or residents/staff that have decided to have their booster.

In addition, we have communicated to the care home managers on how staff can access their vaccination via the NHS booking system, PCN sites, local walk-in centres across Dudley and a vaccination bus. We made it as easy as possible for care home staff to access the vaccine seven days a week, including blocking times specifically for care home staff at vaccination centres and a priority fast lane for staff who presented with evidence of their employment.

Tackling vaccine hesitancy has required a concerted and ongoing approach. This includes:

- Providing a range of information about the vaccinations to care home managers to cascade to their staff, including official PHE information leaflets and videos.
- Hosting bespoke webinars for staff from certain ethnic communities and 'vaccine confidence' drop-in sessions on faith, science and fertility.
- Contacting homes that had low vaccination rates to understand reasons for not having the vaccine, reminding them of opportunities and asking how we can help. Action taken to address the concerns raised in these conversations included offering webinars and one-to-one sessions with GPs and public health consultants to staff to discuss clinical concerns.

We have recently contacted care home managers that have a low booster uptake as reported on Capacity Tracker. The primary reason that staff have given for deciding against having their booster is because it has not been made mandatory. Before Christmas there was more reluctance because some staff had experienced short-term illness and side-effects from their 1st and 2nd dose vaccinations.

Key learning and tips:

- Daily, multi-agency discussions
- Providing opportunities for care home staff to ask questions and raise concerns
- Constant reinforcing of messages

Oxfordshire County Council

We have prioritised vaccination as a crucial defence against COVID-19, robustly monitoring vaccine uptake and working in partnership to maximise our impact. This is overseen by our Multi Agency Outbreak Control Board and Vaccination Delivery Group, bringing together adult social care, the NHS, public health, independent sector providers and the voluntary and community sector.

We used our public health and communications expertise to support consistent messaging through all our channels, especially from the council, Oxfordshire Association of Care Providers (OACP). Our weekly DASS / DPH provider communique spotlighted guidance, good news and opportunities to providers. We maintained an open offer for providers to let us know if there was more we could do to enable access to vaccination, including paying for staff time to receive their vaccine.

Prior to the VCOD deadline for care home staff, we held a webinar to share public health intelligence on infection rates and the success of the vaccine, as well as insight from providers and a powerful personal testimony from a colleague who decided to get vaccinated while pregnant. We recorded and shared the webinar afterwards.

Oversight of data was key, and we had a dedicated member of the team responsible for Capacity Tracker data-sharing with partners. Our ASC Gold command structure included a daily focus on numbers, agreeing where to target next and what to try. We had a persistent problem with accurate and timely use of the Capacity Tracker by some providers, which hampered our ability to target support and resources. Using the Tracker, we identified providers where data looked worrying, was contradictory, or did not reflect what we knew from the ground.

Using existing relationships between quality and improvement officers and providers, we contacted these providers to draw attention to non-compliance and the importance of data, hear about the factors preventing CT use, make clear the link between IPC funding and CT-compliance and to promote vaccine uptake. This enabled us to gather intelligence on actual vaccination numbers and progress, as well as hear about obstacles either to vaccination or the use of CT.

Resistance among some staff meant they left it to the last minute to get their first dose, which in turn has meant that booster uptake has been deferred. We monitor this closely. In addition, the booster is not mandated so some staff continue to hold out against it.

Between 13th December 2021 and 27th January 2022, booster uptake increased from:

- 35% to 52% for care home staff
- 30% to 52% for home care staff

Key learning and tips:

- Ensure the local system has the leadership and ownership to make vaccines a top priority.
- Invest time in relationships and direct contact with providers to help narrow the gap between assumptions and actual information. Get into the granular detail beneath system-level percentages and numbers, to help understand key issues and opportunities for improvement.
- Be flexible in how and where to target resources, leaving no stone unturned.

Lancashire County Council

Lancashire County Council were able to adapt their approach by using Power BI Data platform to review information and identify areas to work with. Power BI combines all data sources including from NHS, national and regional and runs updates constantly. This, combined with long and lasting relationships forged with NHS partners in the pandemic, allowed targeted work to be identified.

Lancashire County Council commissioned two vaccine coaches/buses which have been purposed and kitted out to meet the requirement for delivering vaccinations. The coaches' purpose has been to provide pop-up vaccine sites in targeted areas, and they are staffed by Local Authority temporary staff who have been trained and are able to marshal, leaflet and provide admin support. This has proven in recent weeks to be successful delivering vaccines in the hundreds on each deployment. Specifically working as an arm of the wider vaccine outreach programme, the coaches were able to reach the underserved. This was particularly helpful for the homeless population as it allowed them to walk into any site and receive their vaccination without additional barriers.

[Prior to VCOD policy change] LCC devised a Covid Vaccination checklist to help managers to understand those staff who were hesitant, but likely to get the vaccine and those staff who ultimately were prepared to walk away from their job rather than be vaccinated. The thought was that if managers could be encouraged to start using this form in their one-to-one meetings, it would not only provide them the evidence they needed for VCOD compliance but also help them to keep us informed of their staffing situation once the VCOD deadline had been reached.

We also created a LCC Summer workforce and resilience checklist designed to support social care providers review their workforce resilience arrangements and business continuity arrangements as we approached Autumn/Winter 2021. This included links to myth busting, current guidance etc.

Summary of actions taken:

- December 2020: LCC Contracts contacted larger homes to help with booking into the first vaccine clinics for staff.
- March 2021 to June 2021: The LCC Contracts and Covid Outbreak Support Team undertook support calls to providers who were identified by the BI Dashboard as being currently in an active incident or outbreak and who had vaccination rate of under 75% (staff or residents).
- A multi-agency (local CCGs, CSU and LCC) approach from July 2021 was used to review and co-ordinate contact with providers still reporting low uptake of first doses.
- We produced a local RAG-rated database to capture local issues being raised, which was reported to the Covid-19 Outbreak Control Meeting.
- The LCC Contracts and Covid Outbreak Support Team undertook a series of support calls to providers who had been risk-assessed as Red or Amber regarding uptake of first and second doses, to try and support providers, and to improve the vaccination situation across care homes.

www.gov.uk/dhsc