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Title: Preparing London for a COVID-19 Vaccine

### **Executive Summary**

At its meeting on 20 October 2020, the Health Committee resolved:

*That authority be delegated to the Chair, in consultation with the Deputy Chair, to agree any output arising from the discussion.*

Following consultation with the Deputy Chair, the Chair exercised the above delegation of authority to agree a letter to the Mayor setting out recommendations on the delivery of a COVID-19 vaccination programme in London.

The letter will be reported to the Committee's next appropriate meeting for formal noting.

### **Decision**

That the Chair, in consultation with the Deputy Chair, agree the Committee's letter to the Mayor outlining recommendations for a COVID-19 vaccination programme in London, as attached at **Appendix 1**.

### **Assembly Member**

I confirm that I do not have any disclosable pecuniary interests in the proposed decision and take the decision in compliance with the Code of Conduct for elected Members of the Authority.

The above request has my approval.

**Signature**

**Date** 2/12/20



**Printed Name** Dr Onkar Sahota AM, Chair of the Health Committee

# Decision by an Assembly Member under Delegated Authority

*Notes:*

1. *The Lead Officer should prepare this form for signature by relevant Members of the Assembly to record any instance where the Member proposes to take action under a specific delegated authority. The purpose of the form is to record the advice received from officers, and the decision made.*
2. **The 'background' section (below) should be used to include an indication as to whether the information contained in / referred to in this Form should be considered as exempt under the Freedom of Information Act 2000 (FoIA), or the Environmental Information Regulations 2004 (EIR). If so, the specimen Annexe (attached below) should be used. If this form does deal with exempt information, you must submit both parts of this form for approval together.**

**Background and proposed next steps:**

At its meeting on 20 October 2020, the Health Committee resolved:

*That authority be delegated to the Chair, in consultation with the Deputy Chair, to agree any output arising from the discussion.*

Following consultation with the Deputy Chair, the Chair exercised the above delegation of authority to agree a letter to the Mayor setting out recommendations on the delivery of a COVID-19 vaccination programme in London.

The letter will be reported to the Committee's next appropriate meeting for formal noting.

**Confirmation that appropriate delegated authority exists for this decision**


Signed by Committee Services	L J Harvey	Date	30/11/20
Print Name: Lauren Harvey		Tel:	x4383

**Financial implications**  
**NOT REQUIRED**

Signed by Finance	N/A	Date	.....
Print Name	N/A	Tel:	.....

**Legal implications**

The Chair of the Health Committee has the power to make the decision set out in this report.

Signed by Legal		Date	30/11/20
Print Name	Emma Strain, Monitoring Officer	Tel:	X 4399

Additional information should be provided supported by background papers. These could include for example the business case, a project report or the results of procurement evaluation.

**Supporting detail/List of Consultees:**

Andrew Boff AM (Deputy Chair of the Health Committee)

**Public Access to Information**

Information in this form (Part 1) is subject to the FoIA, or the EIR and will be made available on the GLA Website within one working day of approval.

If immediate publication risks compromising the implementation of the decision (for example, to complete a procurement process), it can be deferred until a specific date. Deferral periods should be kept to the shortest length strictly necessary. **Note:** this form (Part 1) will either be published within one working day after it has been approved or on the defer date.

**Part 1 – Deferral**

**Is the publication of Part 1 of this approval to be deferred? No**

Until what date: (a date is required if deferring)

**Part 2 – Sensitive information**

Only the facts or advice that would be exempt from disclosure under FoIA or EIR should be included in the separate Part 2 form, together with the legal rationale for non-publication.

**Is there a part 2 form - No**

**Lead Officer/Author**

Signed	Dan Tattersall	Date: 1/12/20
Print Name	<b>Dan Tattersall</b>	Tel: x1328
Job Title	<b>Senior Policy Adviser</b>	
Countersigned by Director	 .....	Date: 2/12/2020
Print Name	<b>Ed Williams</b>	Tel: x4399

# LONDON ASSEMBLY

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[www.london.gov.uk](http://www.london.gov.uk)**Dr Onkar Sahota AM**  
**Chair of the Health Committee**

Sadiq Khan  
Mayor of London  
(Sent by email)

26 November 2020

Dear Sadiq,

This letter sets out clear recommendations from the Health Committee to you as Mayor of London, the implementation of which will contribute to the delivery of an effective world class COVID-19 vaccination programme in London and bring back normality to the lives of Londoners.

So far, the only tools we have had at our disposal for dealing with the COVID-19 pandemic have been directed at reducing its prevalence or treating those as best we could in the absence of any definitive treatment being available. We have done this through lockdowns, social distancing and basic but effective health protection measures. The game changer was always going to be the availability of effective vaccines, and more than one is on the cusp of reality.

However the challenge for London, like the rest of the country, is how we deal with the logistics of delivering the vaccines, create the workforce to vaccinate our population, and win the confidence of the people to receive the doses needed for effective vaccination both for their own protection and to build herd immunity for all of us. We have the added problem that historically London does worse than the rest of the country across all vaccination programs.

The London Assembly Health Committee has conducted an investigation into London's preparedness for a COVID-19 vaccine. From 19 October to 2 November, we polled Londoners on their willingness to take a vaccine and their opinions on whether they thought the NHS was prepared for vaccine deployment. On 20 October, we met with the following panel of experts to discuss the issues:

- Dr Daisy Fancourt, Associate Professor of Psychobiology & Epidemiology at University College London and Lead Investigator of the COVID Social Study
- Professor Heidi Larson, Director of the Vaccine Confidence Project
- Professor Philip Clarke, Director of the Health Economics Research Centre, Nuffield Department of Population Health, University of Oxford
- Dr Penelope Toff, Co-Chair, Public Health Medicine Committee, British Medical Association
- Dr Richard Jarvis, Co-Chair, Public Health Medicine Committee, British Medical Association

I am now writing to set out the key findings from our investigation and to call upon you, as Mayor of London, to deliver on the Committee's recommendations concerning communication with Londoners about the value of a vaccine, and to build a strategic partnerships with other stakeholder organisations that are involved in delivering a vaccine programme in London.

#### Recommendations:

1. The Mayor should work with NHS England and the government on a campaign that:
  - Debunks myths around vaccines and vaccinations;
  - Reassures people of the safety of the vaccine; and
  - Promotes the uptake of vaccines to all age groups, but specifically targets those who the government has said will be getting the vaccine first.

The campaign should specifically address concerns around speed of development, and utilise role modelling. The Mayor should report back to the Committee on his plans for taking this forward.
2. The Mayor should use his strategic role as Chair of the London Health Board, and his networks with London's healthcare organisations, to ensure that all frontline workers involved in delivering the vaccine are employing consistent messaging about vaccines during their engagement with patients.
3. The Mayor should work, through the health equity group, with local authorities to identify areas of London that would benefit from local outreach activities and/or campaign activities, and ensure that no areas are excluded from access to vaccines. The Mayor should also share learnings from the pan-London campaign with local authorities to assist in their outreach activities.

#### **Improving vaccine confidence**

There have been worrying amounts of misinformation generated throughout the pandemic, including extreme conspiracy theories such as that the virus is spread by 5G technology, or that it was created by Bill Gates and vaccine manufacturers to further their sales. Already there have been false stories about participants in COVID-19 vaccine trials, some stating that trial participants had died when they had not.<sup>1</sup> This type of misinformation sows distrust and could lead to 'vaccine hesitancy' – where people refuse or delay taking vaccines despite the vaccine being readily available. I was pleased to note from the last MQT that you and Deputy Mayor Fiona Twycross have begun

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<sup>1</sup> [The Guardian](#), 26 April 2020

working on how to tackle vaccine hesitancy across London and I thank you for invitation to involve me in this work.

The Health Committee's poll found that 66 per cent of the Londoners who responded said they were likely to or definitely will get a COVID-19 vaccine when one is available on the NHS.<sup>2</sup> A further 26 per cent said they definitely would not take the vaccine or were unlikely to and 8 per cent were unsure.

When asked about their reasons, those who were unsure, unlikely or would definitely not take a vaccine were primarily worried about the side effects (63.5 per cent) and/or don't trust government guidance or drug companies (47.5 per cent). Some also didn't believe a vaccine would be effective (34.4 per cent) or prefer to rely on natural immunity (44.3 per cent). A minority don't trust the NHS (20.1 per cent) or have religious/faith-based objections (8.6 per cent).

Our panel put forward key suggestions to combat these concerns. In discussing people's exposure to vaccine misinformation on social media, Dr Daisy Fancourt said we need *"very clear, consistent, strong messaging coming out from good sources like government around what this vaccine is, how it works and why it is safe, trying to just make sure that people are definitely seeing that information alongside whatever it is they might be seeing on social media"*. Dr Fancourt also noted that role modelling could prove valuable, with the use of social media influencers supporting understanding about vaccines.

The connection that was identified in our poll, between mistrust of government and willingness to take a potential COVID-19 vaccine, is borne out in other research, which finds people with higher levels of trust in information from government sources were more likely to accept a vaccine.<sup>3</sup> This further suggests that, alongside traditional communication strategies, more focussed methods need to be employed to ensure messaging is distributed across a range of platforms so that it reaches those with low levels of trust in government.

Our experts also felt that people who were hesitant about a COVID-19 vaccine could hold concerns about the remarkable speed at which development is occurring, and felt that more communication was needed to explain that this speed is not coming at the expense of safety. Heidi Larson said:

*"I think people are anxious about the speed because they think we have short-cut old processes, and we can be speaking in very positive terms to say: the reasons we are moving faster are because we have the opportunity of new technologies, new platforms, and we characterise the virus quicker than usual because of some of these new possibilities. We had a funding mechanism in place for the global trials because of Ebola. That woke us up to the fact that we did not have a quick funding mechanism like we do now. I think we can talk more specifically about why it is faster in very positive terms."*

Respondents to the Health Committee's poll held these concerns:

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<sup>2</sup> [Survey: Quarter of Londoners surveyed don't want a COVID-19 vaccine](#), London Assembly Health Committee, 13 November 2020

<sup>3</sup> [A global survey of potential acceptance of a COVID-19 vaccine](#), 20 October 2020

*“I believe whole-heartedly in vaccines but I worry it is being rushed out too quickly which may not allow time for issues to emerge during the trials.”*

*“I would want to know how thoroughly it has been tested, compared to a normal vaccine development.”*

*“It takes 6 to ten years to produce a safe vaccine. I am pro vax but will be waiting a few years to see if it's safe.”*

Any messaging could also benefit from demonstrating that the choice to take a vaccine has positive impacts beyond individual protection. During the first lockdown, we saw that Londoners were willing to abide by guidance in order to protect others who might be more at risk from the disease, and to protect the NHS from being overwhelmed. This sentiment could also be harnessed in any communications campaign for a vaccine. Professor Philip Clark further explained:

*“Economists often talk about, when they are talking about vaccines, the externalities: that by vaccinating myself, I also potentially protect others. I think [what is important] is really trying to push that. It is unlike other decisions in that you are really benefitting the entire community, and maybe that is something the Mayor could champion, that it has a protection across London, if not the world, as it were, in terms of the benefits of vaccination.”*

#### Recommendation 1:

The Mayor should work with NHS England and the government on a campaign that:

- Debunks myths around vaccines and vaccinations;
- Reassures people of the safety of the vaccine; and
- Promotes the uptake of vaccines to all age groups, but specifically targets those who the government has said will be getting the vaccine first.

The campaign should specifically address concerns around speed of development, and utilise role modelling. The Mayor should report back to the Committee on his plans for taking this forward.

### **Preparations for delivery**

Over the course of the Committee's investigation, it was clear that an effective distribution strategy would be key to ensuring a new COVID-19 vaccine reached as many people as possible, in an organised and safe manner. This will be logistically complex, and will require significant preparations by government and the NHS. Over recent weeks, much has been said in the media about these preparations, and it is clearly a fast-moving issue at present.

One of the key preparatory exercises that our panel highlighted as being necessary concerned ensuring that the NHS is ready to tackle vaccine hesitancy. We heard from Dr Penelope Toff:

*“We know from all the research on vaccination and immunisation that almost the single most important thing, actually, is the communications that come from healthcare workers, particularly one-to-one when they are actually in contact with patients because, rightly or wrongly, patients tend to have higher levels of trust. Having spent many years*

*training nurses to give immunisations, particularly on those aspects of things, it is extremely important that we win around the hearts and minds of those who are going to be administering the vaccines.”*

**Recommendation 2:**

The Mayor should use his strategic role as Chair of the London Health Board, and his networks with London’s healthcare organisations, to ensure that all frontline workers involved in delivering the vaccine are employing consistent messaging about vaccines during their engagement with patients.

**Local outreach**

London’s vaccination rates are the lowest in the country. For example, looking at the MMR (measles-mumps-rubella) vaccine, London most recently achieved 83.6 per cent uptake, contrasting against 90.6 per cent for England as a whole and well short of the World Health Organisation’s target of 95 per cent.<sup>4</sup>

We know that London faces unique challenges that may be leading to this disparity in vaccine uptake, and you have previously attributed it to our highly mobile population, social inequalities, complex data management systems (which can undercount vaccinations) and a declining vaccination workforce.<sup>5</sup> In the face of these challenges, it becomes particularly important that everything possible is being done to improve access to vaccines for marginalised groups.

Dr Richard Jarvis highlighted to the Committee that the people who find it most difficult to access vaccination are those who are otherwise excluded from society:

*“There is a worrying correlation between poor access to services and indeed the effects of this particular illness. I would be suggesting looking at all of those already excluded groups, both in terms of the effects of the coronavirus and not receiving vaccinations and also in terms of ensuring that they are able to access healthcare.”*

The connection between access to healthcare and vaccine uptake rates is also important in the context of the Health Committee’s recent report on access to healthcare, which noted that access to services was highlighted as a key issue in Public Health England’s report *Beyond the data: Understanding the impact of COVID-19 on BAME groups*. The Health Committee’s report also showed that the BAME population have lower levels of satisfaction with primary care services. These populations and the GP practices that serve them, face higher levels of social deprivation, greater inequalities in the social determinants of health and higher prevalence of co-morbidities making them more vulnerable to challenges COVID-19. It is crucial to achieve high levels of vaccine uptake particularly in these communities.

Our panellists from the British Medical Association were positive about the role that local authority public health teams could play in conducting outreach to marginalised groups. Local authorities are

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<sup>4</sup> See MMR1: [Childhood Vaccination Coverage Statistics England, 2019-20](#), Public Health England

<sup>5</sup> [Question to the Mayor 2020/2604](#), 17 September 2020



likely to deploy targeted campaigns that could benefit from the learnings from a wider pan-London campaign.

**Recommendation 3:**

The Mayor should work, through the health equity group, with local authorities to identify areas of London that would benefit from local outreach activities and/or campaign activities, and ensure that no areas are excluded from access to vaccines. The Mayor should also share learnings from the pan-London campaign with local authorities, to assist them in their outreach activities.

I would be grateful to receive a response to our findings and recommendations by Thursday 17 December 2020. Please also send your response by email to the Committee's clerk, Lauren Harvey ([lauren.harvey@london.gov.uk](mailto:lauren.harvey@london.gov.uk)).

Yours,

A handwritten signature in black ink, appearing to read 'Onkar Sahota', with a horizontal line underneath.

**Dr Onkar Sahota AM**  
**Chair of the Health Committee**