

Bromley Health and Well Being Board

Learning from the Covid Vaccination programme December 20-March 2022

8th December 2022

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Contents

- | | |
|--|--------------|
| 1. Introduction | Slide 3 |
| 2. High level vaccination uptake rates | Slide 4 |
| 3. Common themes to improving uptakes across SEL | Slide 5 |
| 4. Demographic data | Slides 6-27 |
| a) Age | |
| b) Ethnicity | |
| c) Learning Disability | |
| d) Pregnancy | |
| e) Homeless | |
| f) Deprivation | |
| 5. Key themes | Slide 28- 29 |
| 6. Applying the learning | Slide 30 |

Introduction

We know that Covid-19 has disproportionately affected certain groups, and that there has been variation in the take up of the vaccination programme. This presentation provides a review of inequalities in vaccine uptake

In this review, six demographics will be reviewed. These are age (both children and older adults), ethnicity (specifically Black, African and Caribbean population), learning disability, homeless, pregnancy and deprivation. These groups and populations with certain specific characteristics have significantly lower Covid-19 vaccination uptake when compared with the general population. Some of these groups are also more at risk from becoming severely unwell from the virus if unvaccinated.

The aim of the current SEL and Bromley programmes is to vaccinate as high a proportion of the eligible population as possible, but also to ensure we have in place, the following three elements

1

The evergreen offer for those yet to take up a first or second doses

2

Booster doses available and accessible to all who are eligible

3

A focus on reducing inequalities in vaccine uptake across all six boroughs across all demographics

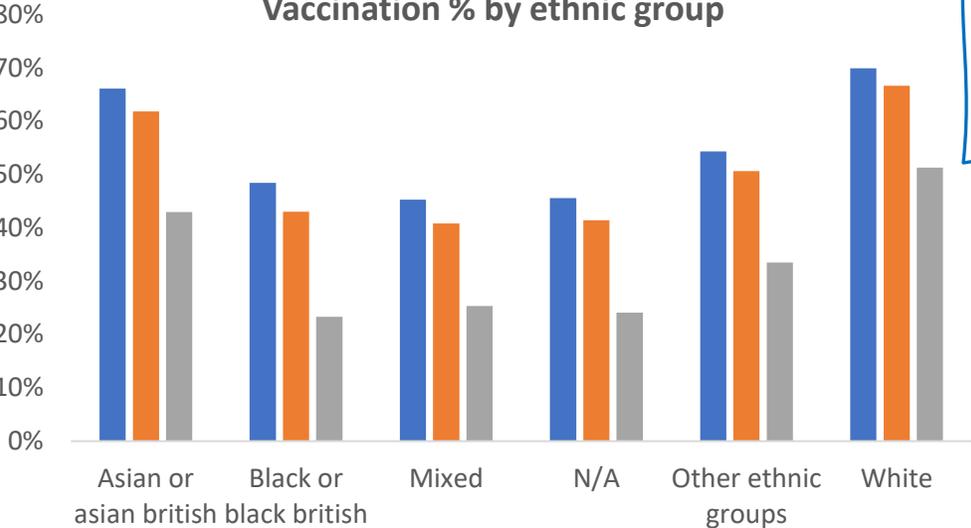
This data has been sourced from Power BI for the end of March 2022, to enable us to better understand how to improve vaccination rates for booster this autumn.

High level vaccination uptake rates

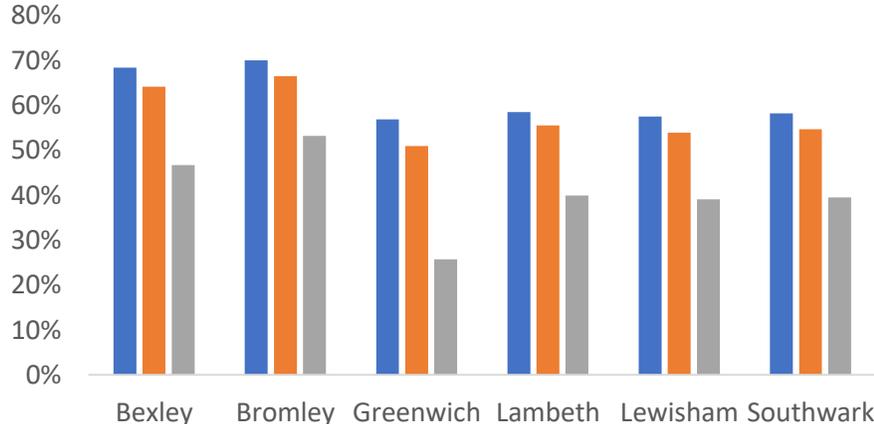
Overall, at the end of March 2022, 61.26% of the population in SEL had their first dose of the vaccine, 57.39% for the second and 40.7% for the booster. Below is a breakdown of vaccination by ethnic group, age and borough, with Bromley having the highest uptake for first, second and booster doses of vaccine

1 st dose	2 nd dose	Booster
1,259,143	1,179,466	840,361
61.26%	57.39%	40.70%

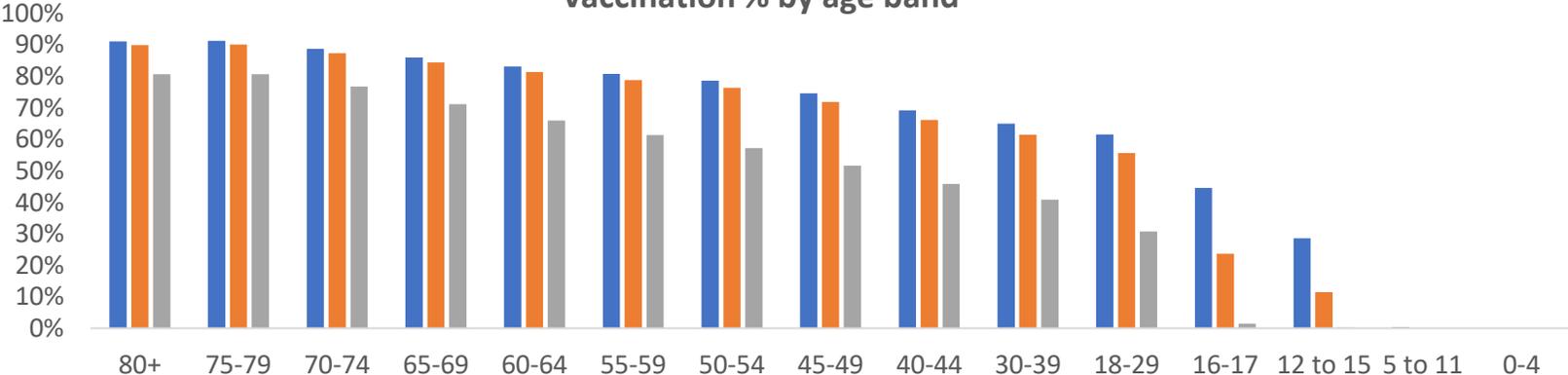
Vaccination % by ethnic group



Vaccinations by borough



Vaccination % by age band

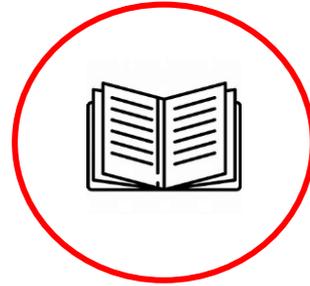


Common themes to improving uptake

The One Bromley Partnership sought (and continues to seek) to improve uptake by reducing hesitancy and inequalities. We have worked with local communities to better understand the different issues and to improve access to vaccination services.



Working alongside communities to increase confidence and utilise skills and relationships across Bromley. Work through the Bromley Inequalities in Vaccination taskforce, liaising with community groups, working with travellers



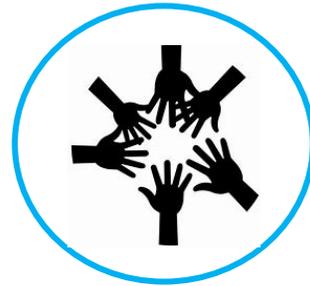
Consistent narrative required on issues year round.



Reducing all barriers to make the vaccine more accessible to all. Considering disabled people, opening hours, language, age and cultures, eg Bromley ran pop-up clinics at Keston Mosque and Penge Library



Focus on broader health concerns and needs, of which vaccination plays a part. We are seeking to develop have additional health improvement services within vaccination centre. eg BP checks



Building on what already exists in local communities in terms of relationships, trust, buildings and goodwill, eg use of Penge Library, St Edward's Church in Mottingham, community pharmacy services



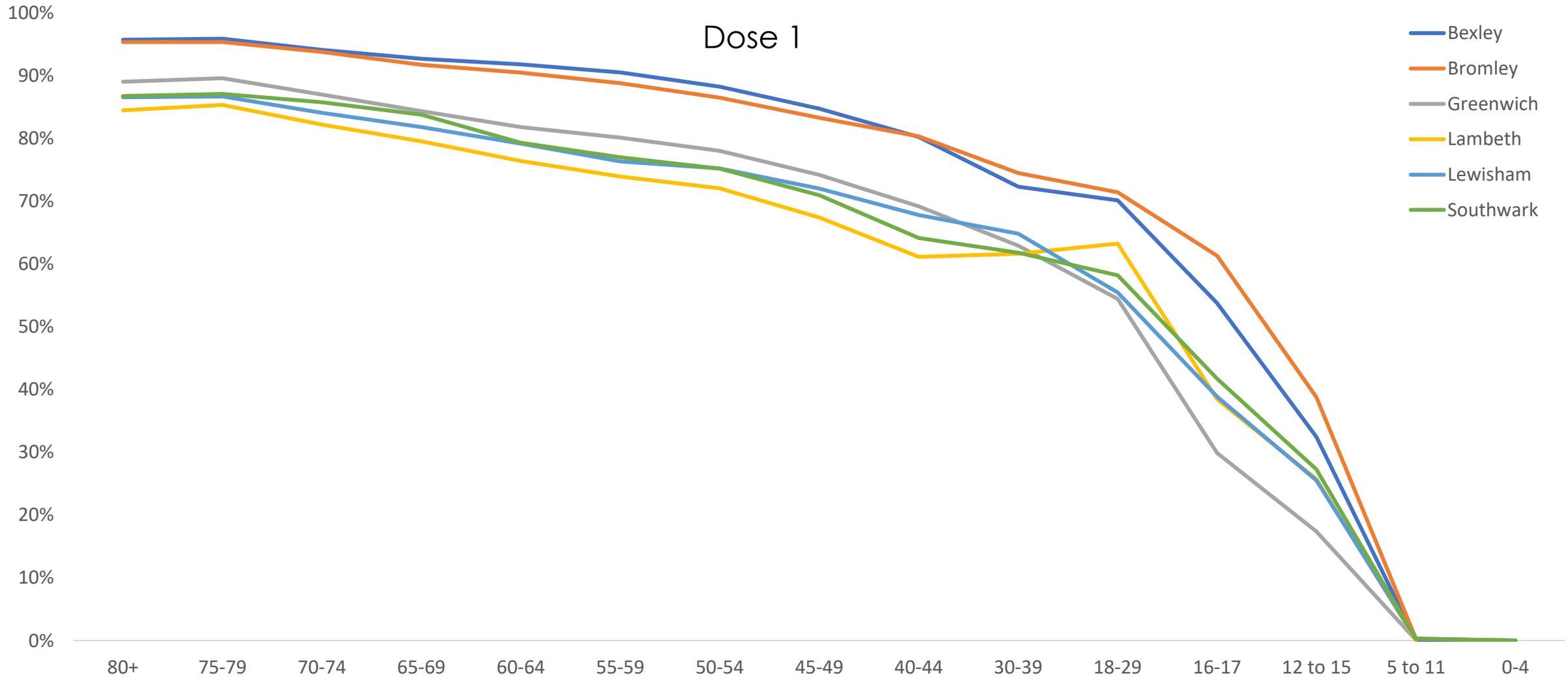
Focus on trust, both in the vaccine and in the local health and care providers, working through partnerships and Inequalities taskforce

Age

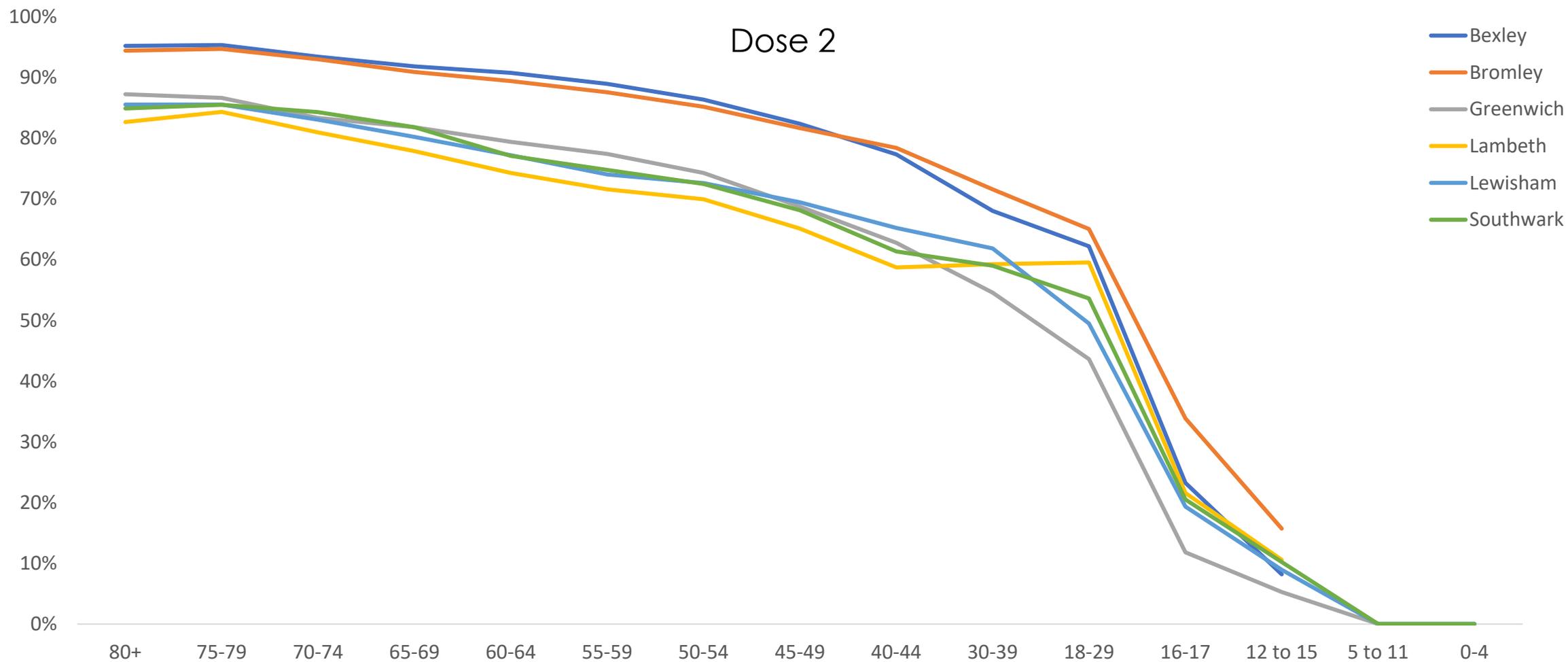
Older people are more likely to become seriously unwell from Covid-19 and they are more likely to have co-morbidities such as heart disease, lung disease, diabetes or kidney disease, which make them more vulnerable to the virus.

In general, children and young people have had lower uptake of covid vaccination. Children and young people can be at risk from becoming seriously unwell from Covid-19, and they can transmit the virus to others.

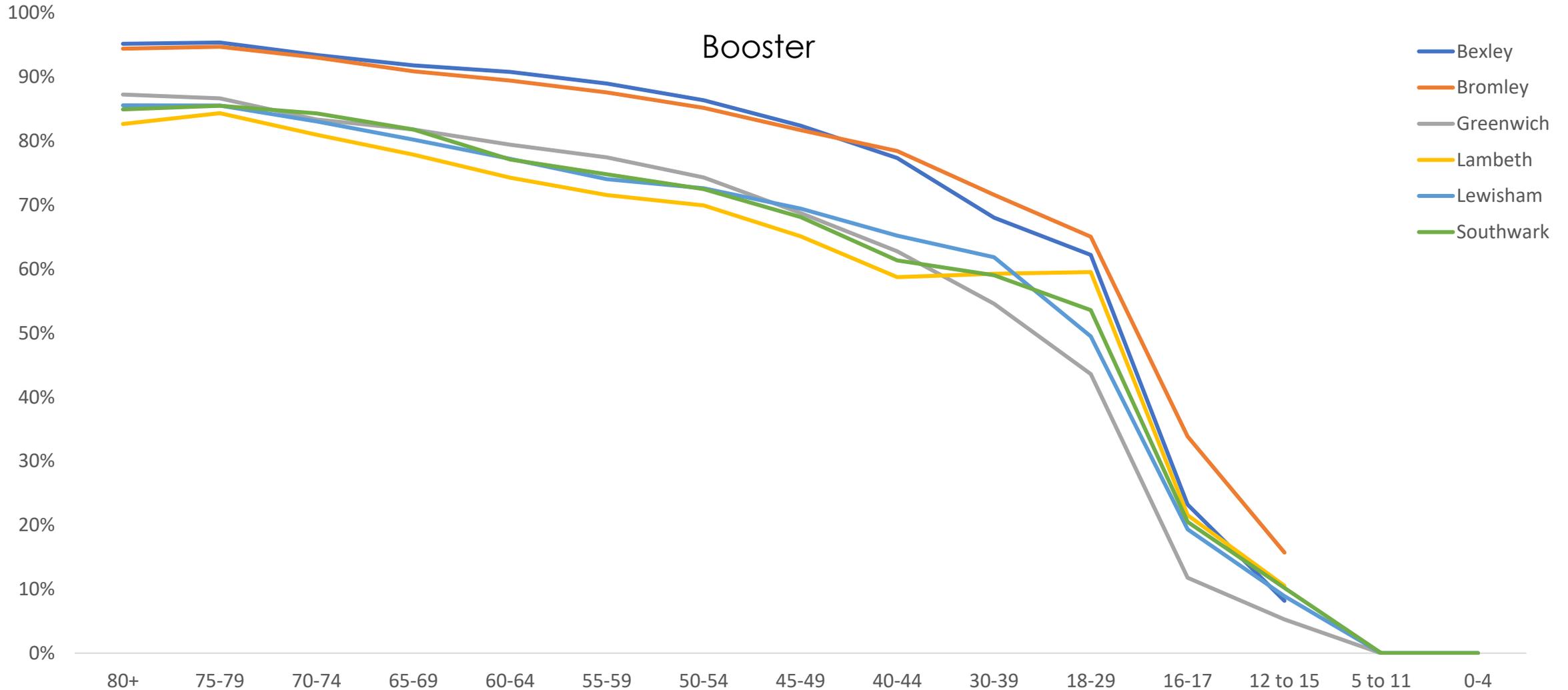
% uptake for each age cohort across all SEL boroughs



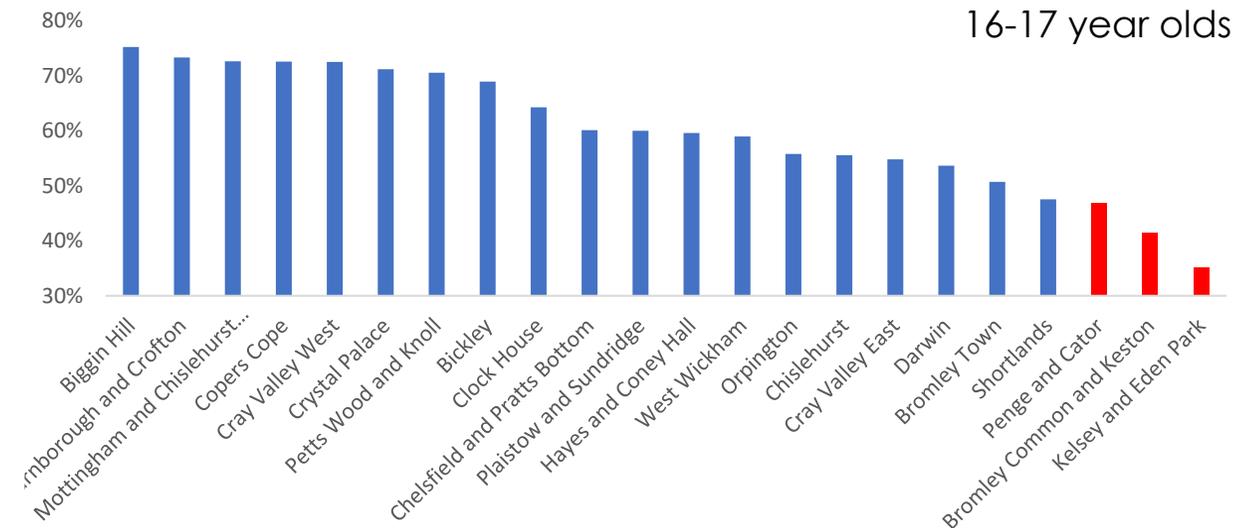
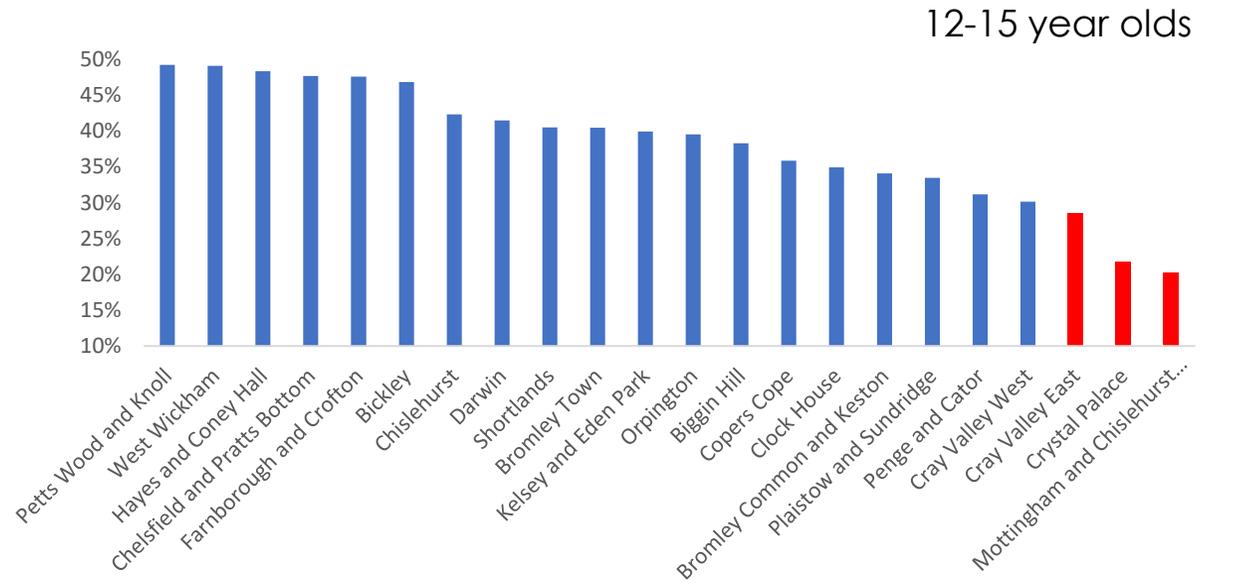
% uptake for each age cohort across SEL boroughs



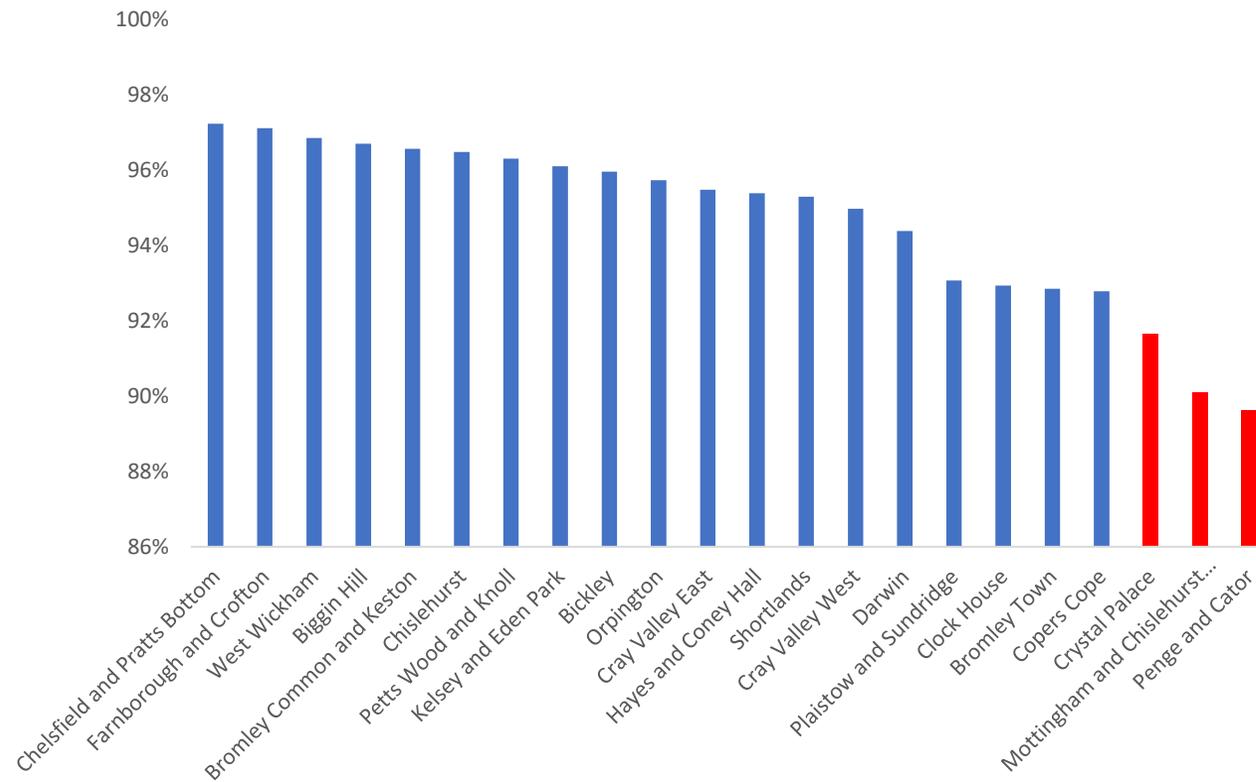
% uptake for each age cohort across SEL boroughs



Uptake for 12-15 and 16-17 year old groups by ward in Bromley

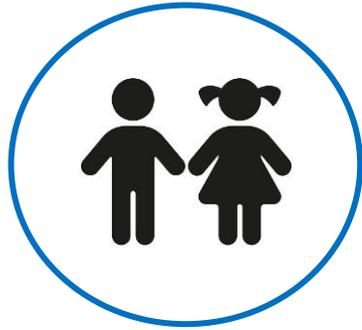


Uptake for 80+ year old groups by ward in Bromley



Barriers

Below are some age specific barriers that may stop people from receiving the vaccine from what patients and health professional said and the current literature



Children and young people

- No access to cars, reliance on public transport
- Need for parental consent
- Parental hesitancy
- Likely to be more complacent about becoming seriously unwell



Older people

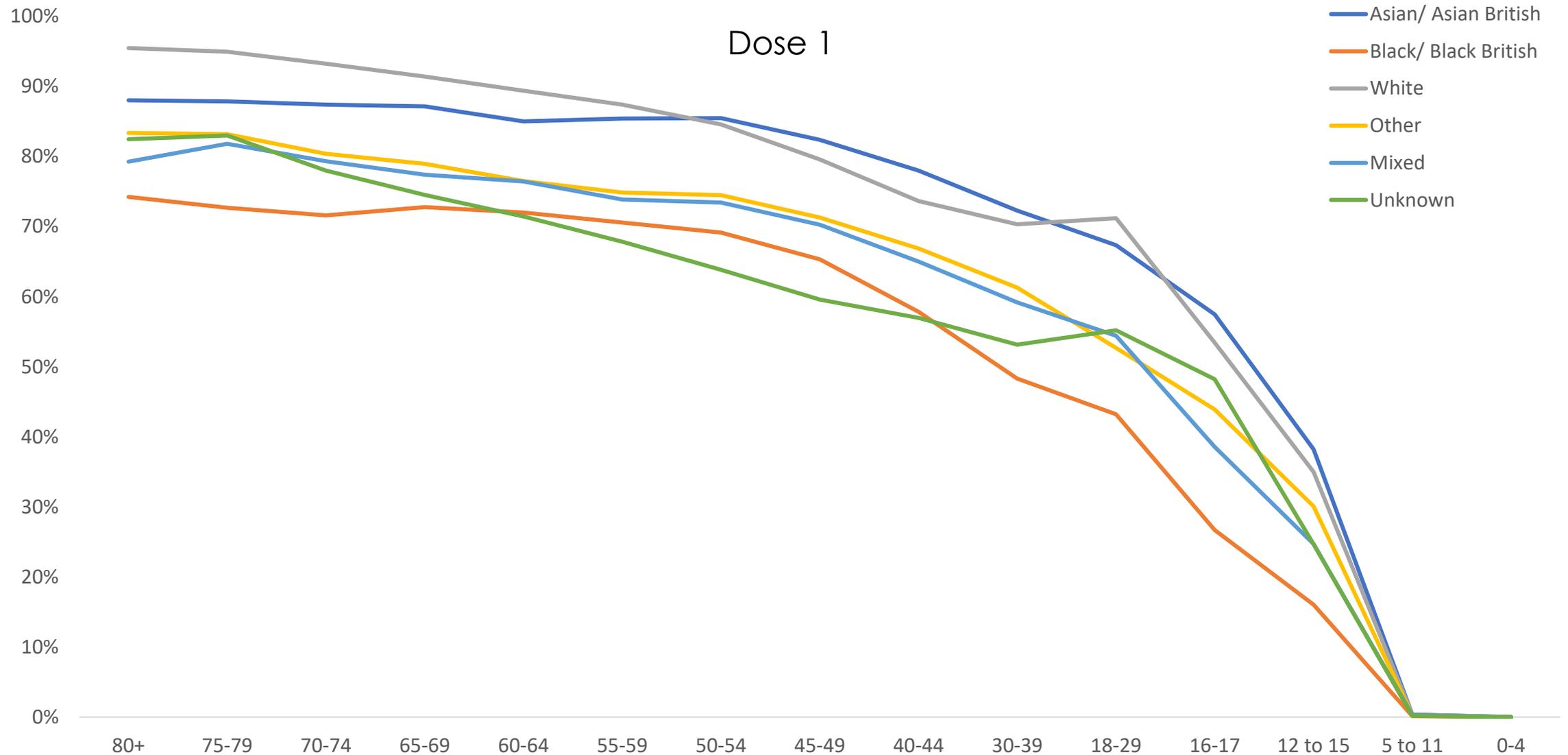
- Dementia, sensory impairment, neurological problems, mobility issues
- Fear of going to a busy vaccination centre with many people
- Digital exclusion- unable to use the booking system, no access to advertising via SM
- If using cars- lack of parking, cost of parking

Uptake in ethnic groups

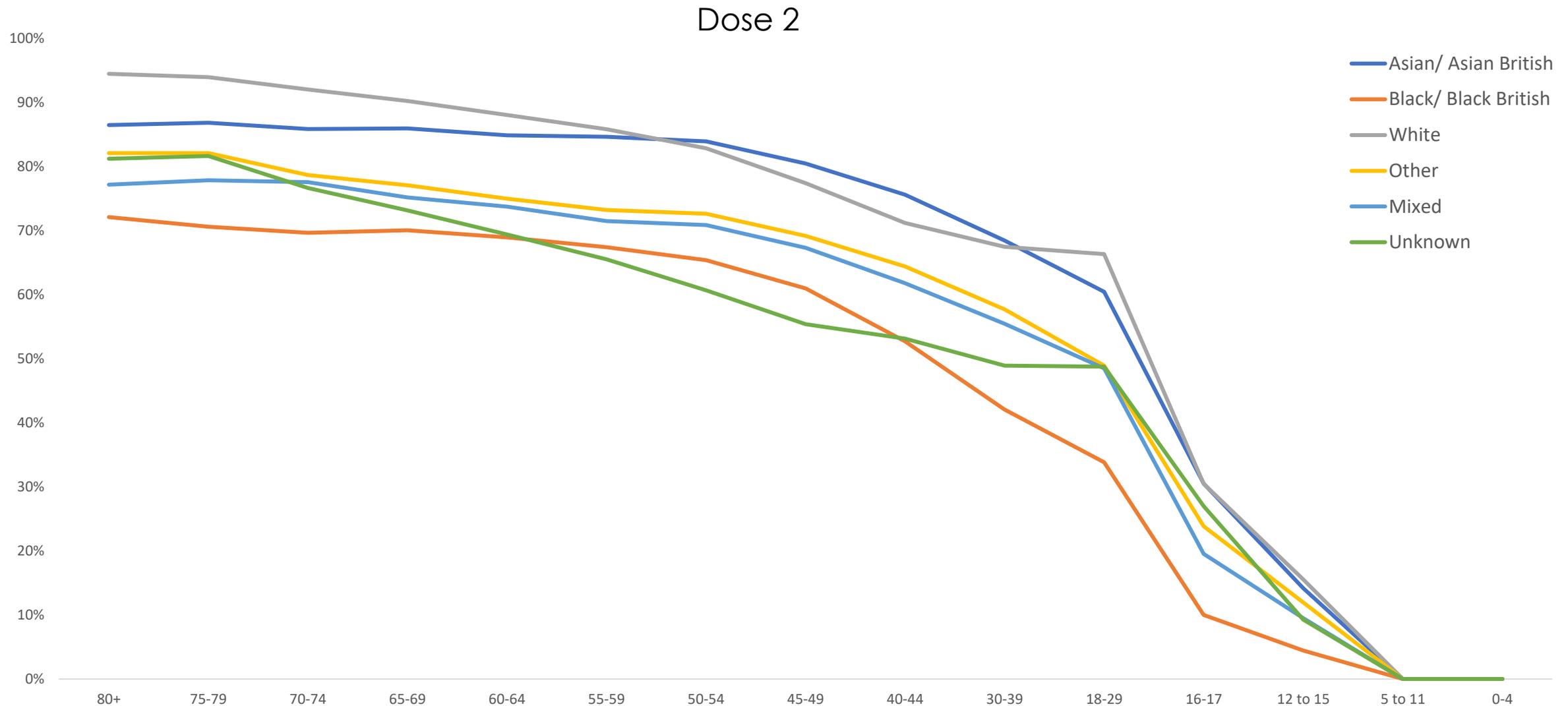
In July 2020, a review by Public Health England, now UKHSA, found that people of Black, Asian and other minority ethnic groups were more exposed and more likely to die from Covid-19 than those of white ethnicity.

Many ethnic groups have been shown to have lower uptake. The ethnic groups with some of the lowest uptake were the Black African and Caribbean populations. This group consists of many different ethnicities and cultures, and we recognise that we need to address many different issues to encourage uptake of the vaccine. In addition, if we also consider other factors, such as age and gender on top of ethnicity, we can identify some significant variations.

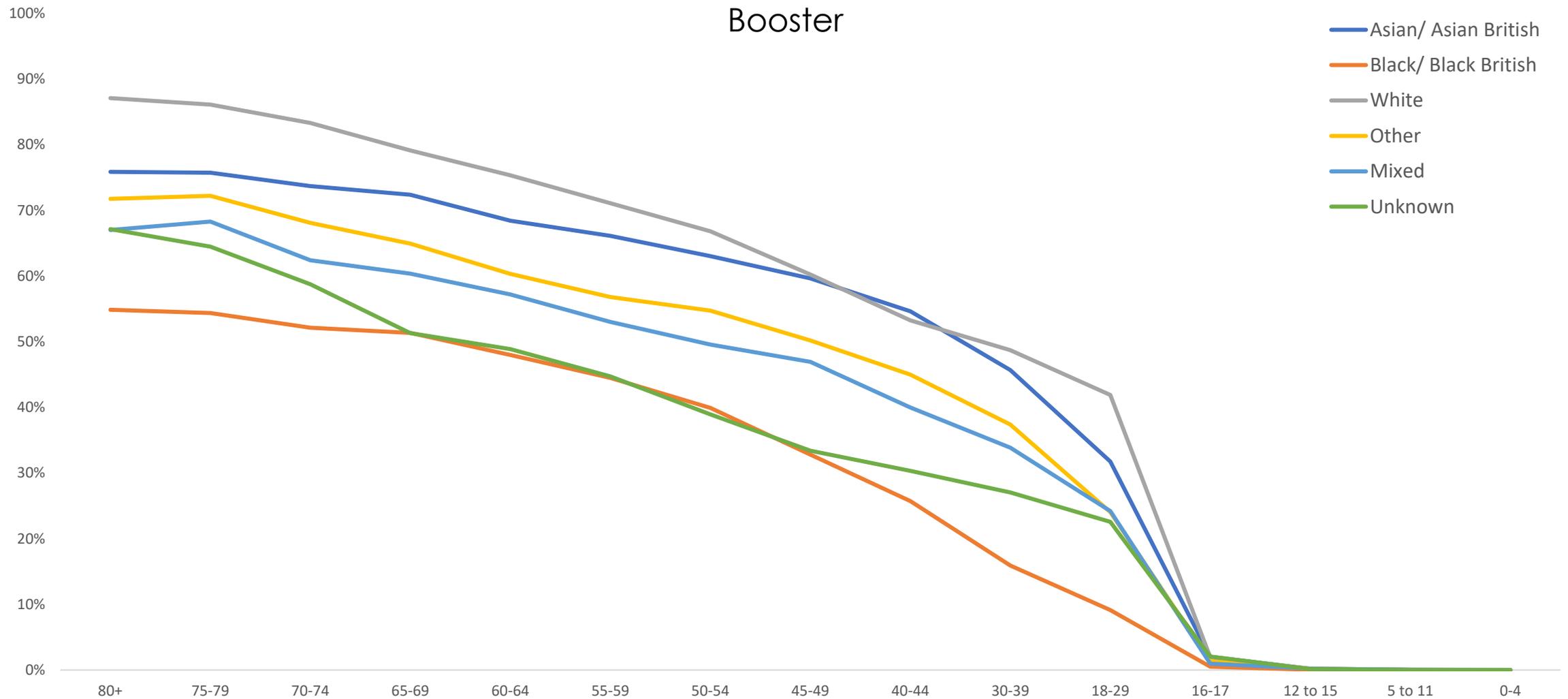
% uptake across the age groups for each ethnic group (SEL)



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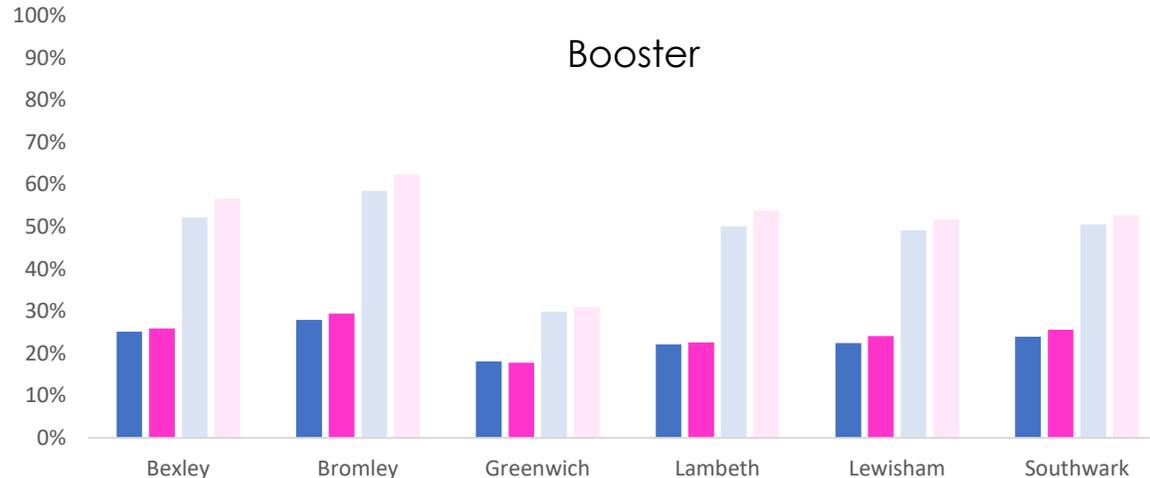
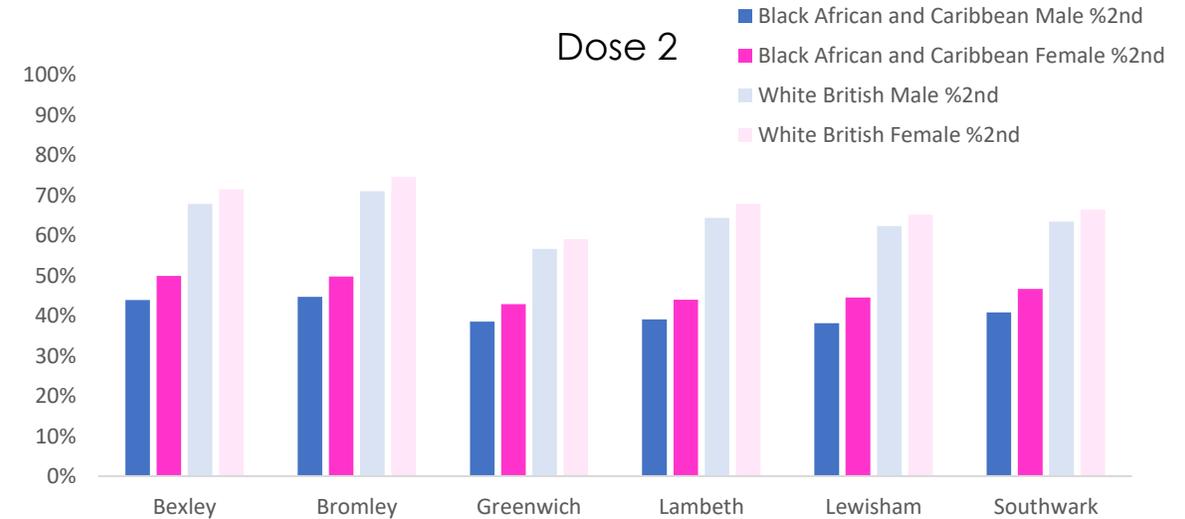
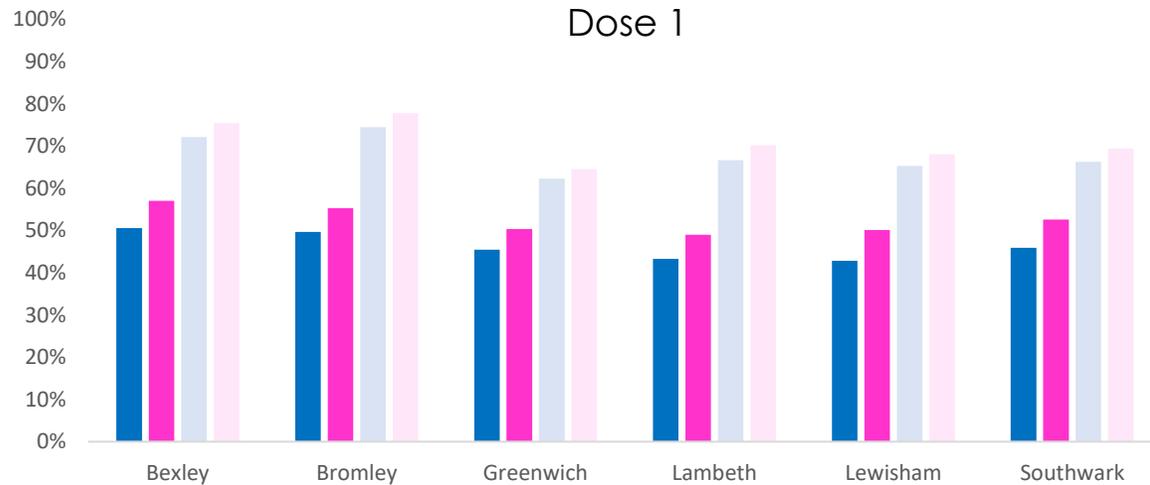


% uptake across the age groups for each ethnic group (SEL)



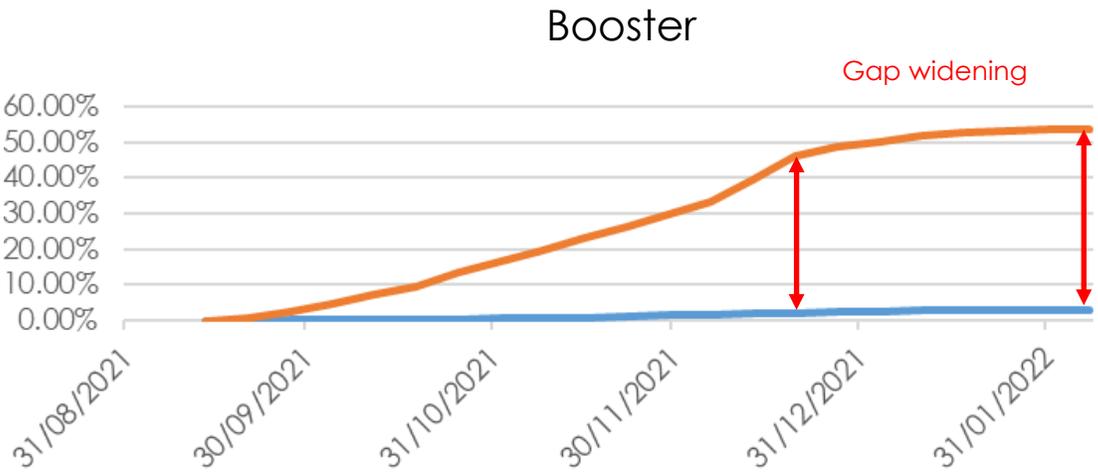
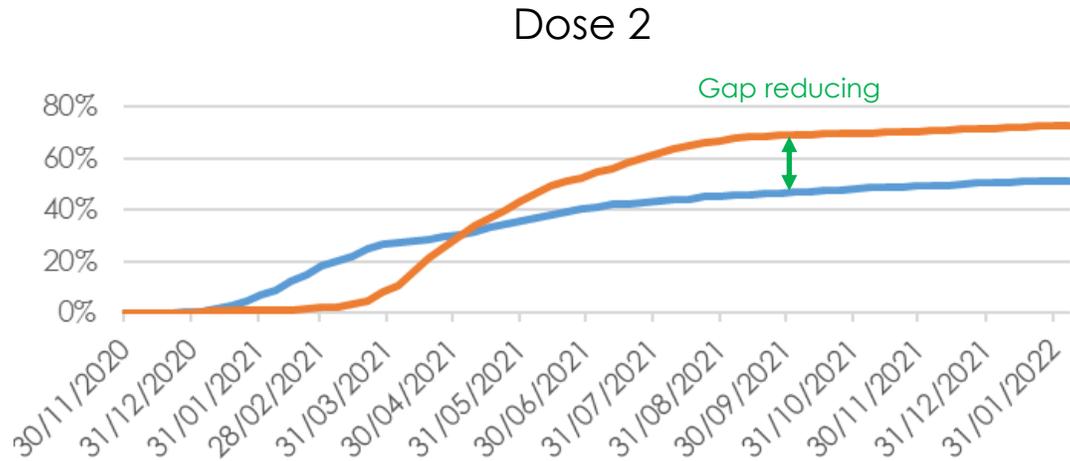
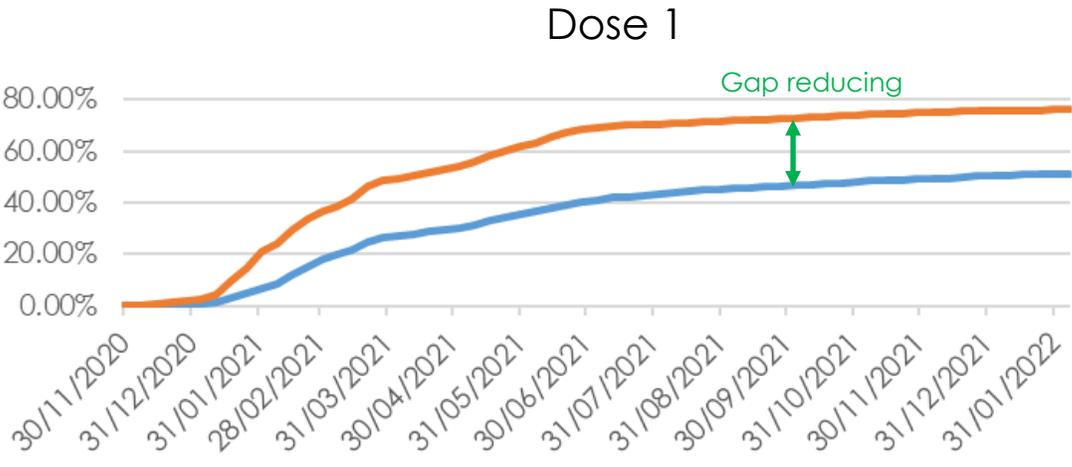
Gender and ethnicity

These graphs show the percentage uptake for males and females of 'black African and Caribbean ethnicity' compared to white British males and females



- In all boroughs, **females always have higher uptake** for all doses of the vaccine
- There is a **greater** gender uptake disparity in dose 1 across all boroughs
- There is a **smaller** gender uptake disparity in booster uptake
- The White British group have **higher uptake** in all boroughs and both genders

Bromley- % uptake comparing Black Afro- Caribbean population with White population over time



— Black African and Caribbean
— White British

- Since September 2021 the uptake gap has slowly reduced in both dose 1 and dose 2.
- From the start of the booster does uptake gap for the booster has widened.
- Engagement work undertaken with ethnic minority groups in SEL has shown cultural barriers to being vaccinated and also, a lack of trust in the vaccine and vaccination services.

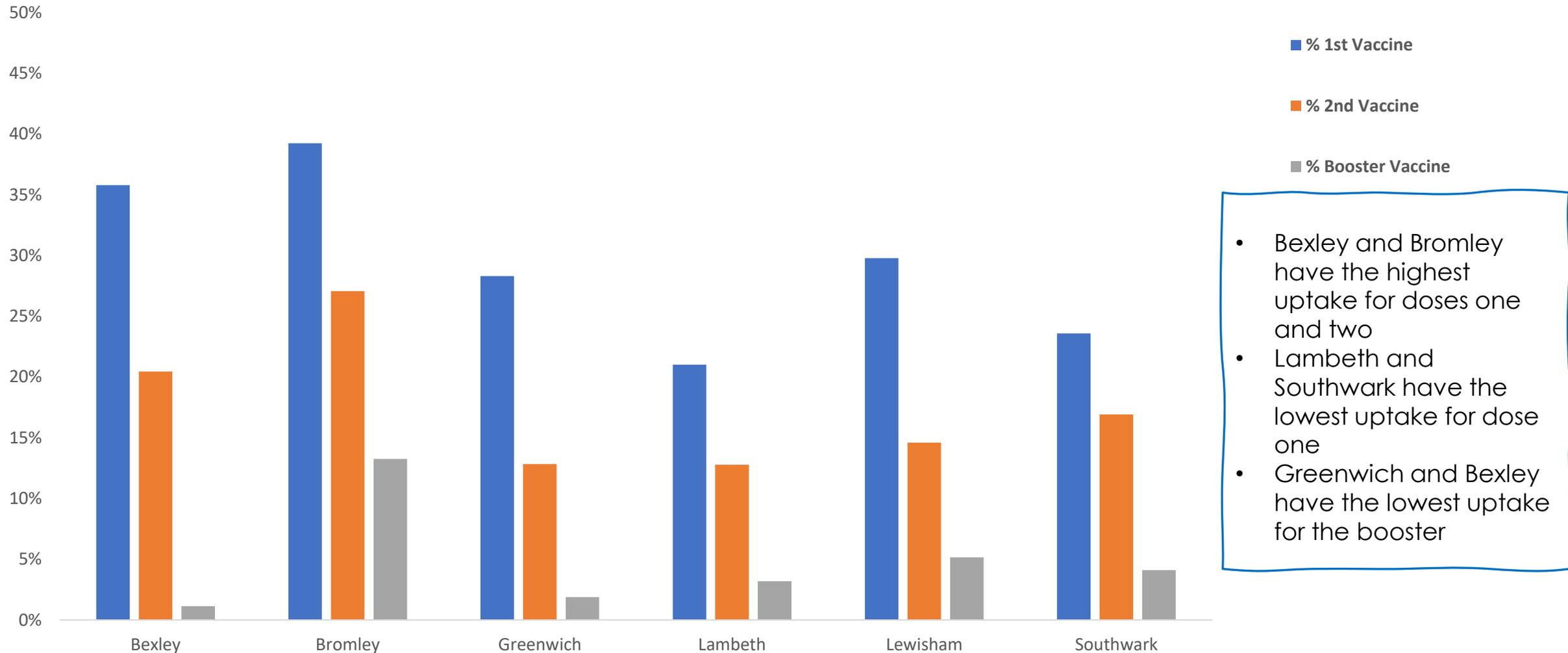
Learning disability

Nationally, data has shown that people with a learning disability had lower vaccination uptake and are six times more likely to die of complications from Covid-19 compared to the rest of the population.

The data extracted from Power BI only shows uptake rates for those people with learning disability

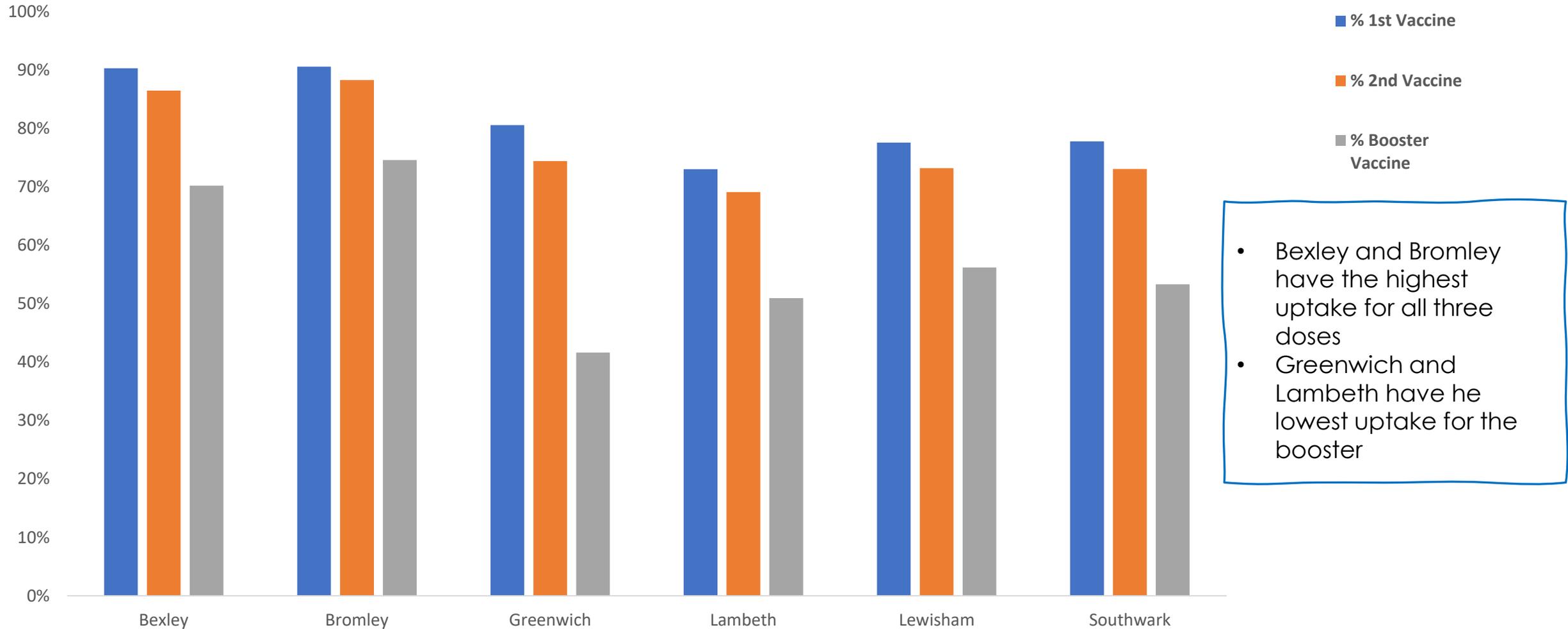
% uptake for 5-17 year olds with a learning disability

This chart shows vaccination uptake for children and young people with learning disabilities across the boroughs for each three doses



% uptake for 18-80+ year olds with a learning disability

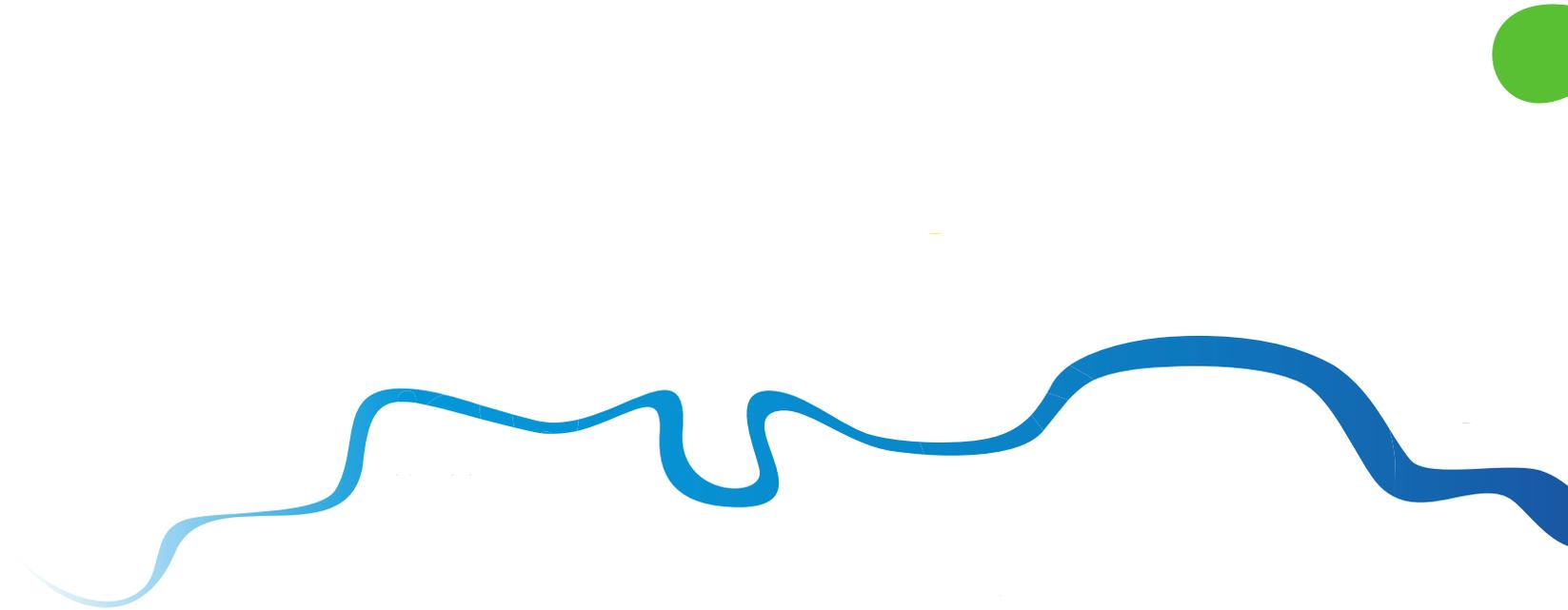
This chart shows vaccination uptake for adults with learning disabilities across the boroughs for each three doses



Pregnant women

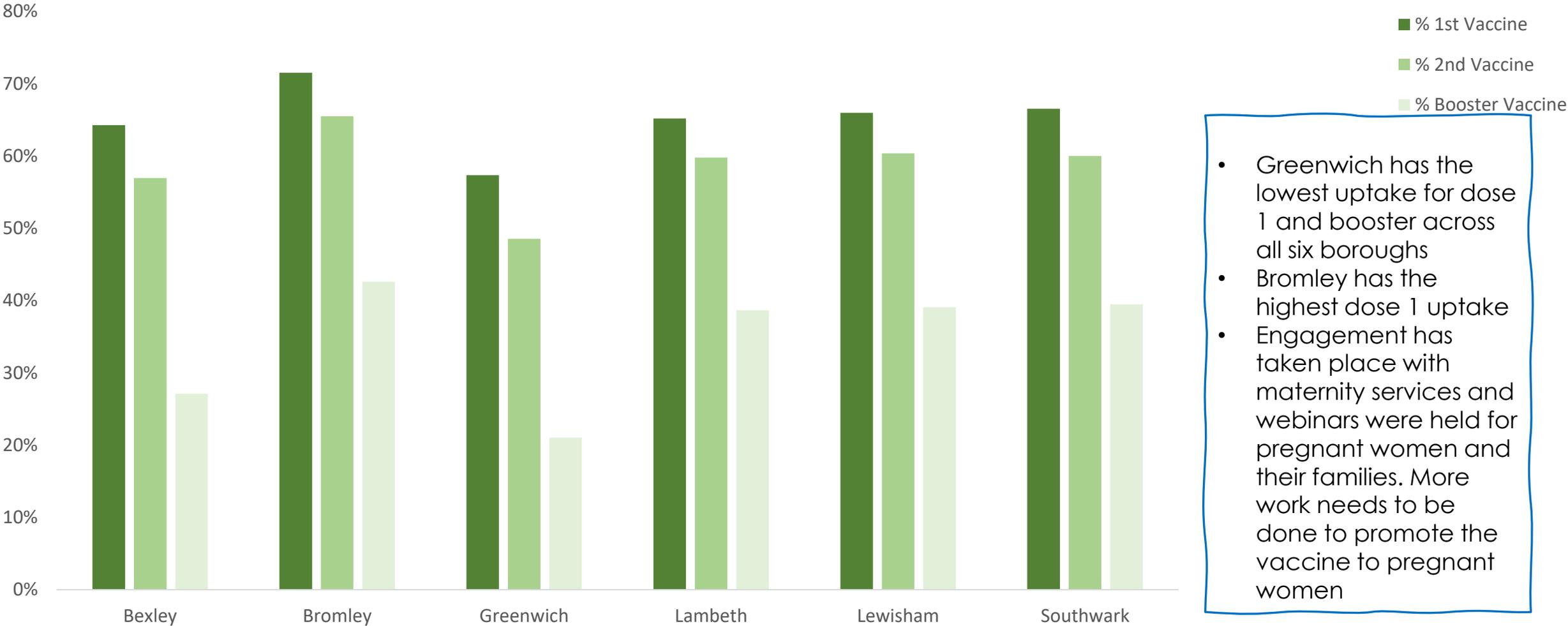
Unvaccinated pregnant women are more at risk of becoming severely unwell from Covid-19, with more ICU admissions for pregnant women compared to non-pregnant women. Transmission of Covid-19 from mother to unborn baby is uncommon, though women with severe covid symptoms are two to three times more likely to deliver their baby prematurely. Babies born before 37 weeks are vulnerable to problems associated with being born prematurely.

The data in this section looks at vaccination uptake for pregnant women across the whole gestation period



% uptake for pregnant women

This chart shows vaccination uptake for pregnant women across the boroughs for each three doses

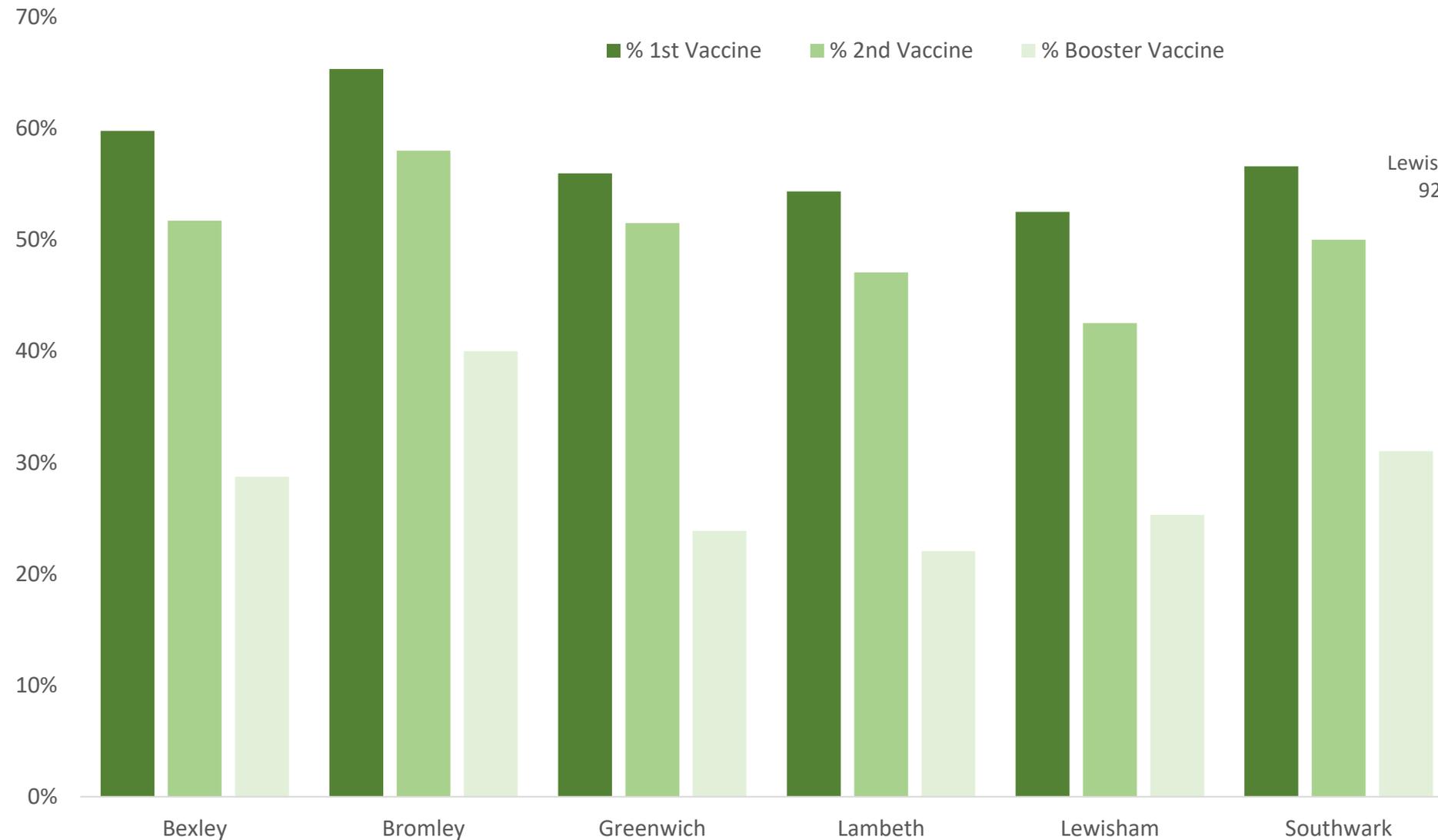


Homeless people

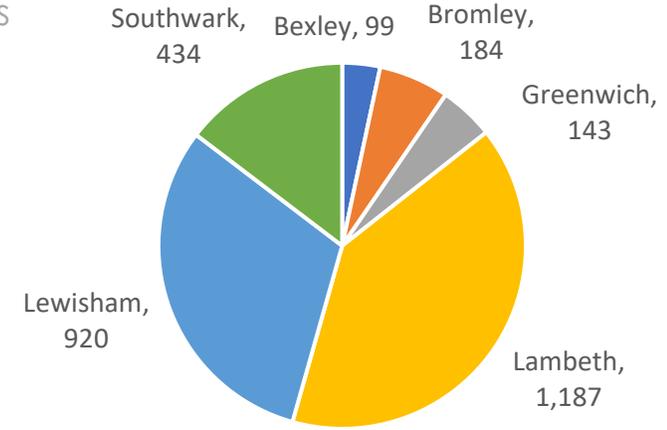
Homeless people are more likely to have undiagnosed or untreated medical conditions which makes them more vulnerable and more at risk from experiencing severe symptoms of Covid-19. These group may also find it more difficult to follow infection control precautions or self isolate.

% uptake for homeless people

This chart shows vaccination uptake for homeless people across the boroughs for each three doses



Population of homeless people



- Lambeth and Lewisham have the highest homeless population
- Uptake is highest in Bromley and Bexley
- Uptake is lowest in Lewisham

Deprivation

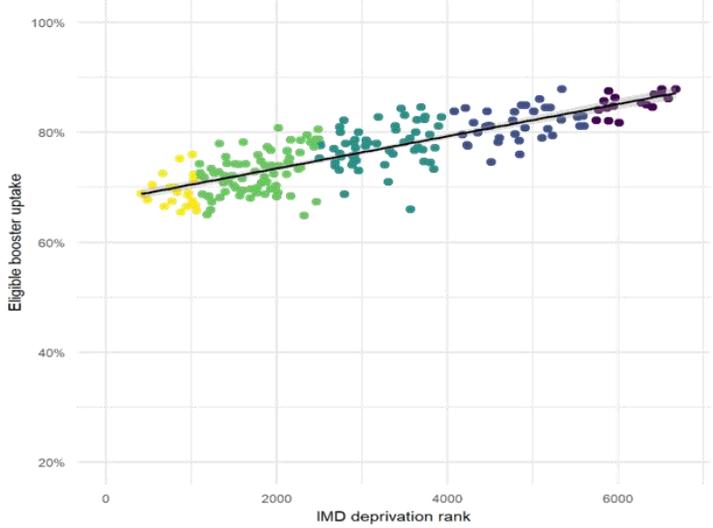
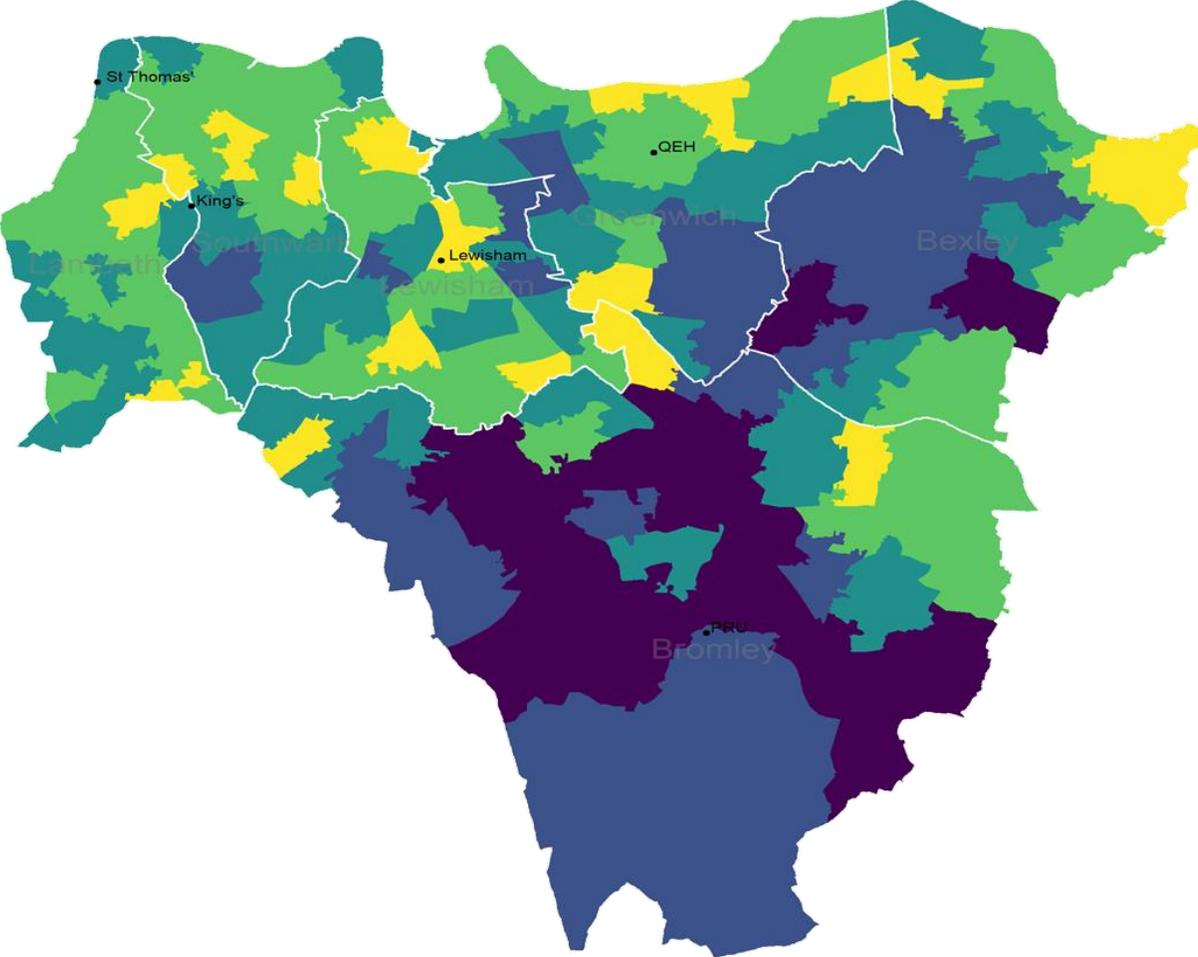
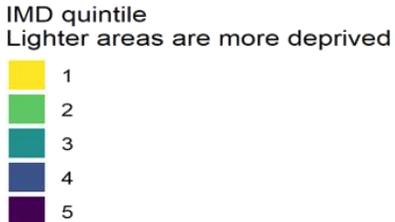
Those living in deprived areas are more likely to be diagnosed and to have poor outcomes following diagnosis than those in less deprived areas. Deprivation encompasses a wide range of aspects of an individual's living conditions including income, employment, education, health, crime, housing and the living environment. Similarly, people living in areas of deprivation are more likely to experience vaccine hesitancy and are more likely to not receive the vaccine.

The more central boroughs in SEL; Lambeth, Lewisham, Southwark and parts of Greenwich have higher levels of deprivation (as measured by the index measure of deprivation). The outer boroughs; Bexley, Bromley and parts of Greenwich have lower levels of deprivation.

1. Certain parts of Bromley have lower uptake of the vaccine
2. Interventions so far have included engagement with specific communities by the Inequalities Taskforce, targeted communications, and use of pop up clinics in areas with low vaccine uptake

Areas of deprivation and eligible booster vaccination uptake

This map shows areas of deprivation in SEL. The table on the left shows the correlation between eligible booster vaccine and areas for deprivation measured by IMD deprivation rank



Locations of Type 1 A&Es are overlaid | Source: NHS Foundry | NHS London Region Planning and Performance Team COVID-19 Programme

Key themes

Learning and insights:

- Standard models of access are useful for the majority of people but not all. The Mass Vaccination Centre worked well with a satellite model in GP surgeries and community pharmacies
- A community space (like the Civic Centre) which can be open for long hours and has associated car parking, was very attractive for members of the public.
- In Bromley, we used many volunteers to support the vaccination centres, this proved a very successful partnership model
- Certain groups in the community need very targeted arrangements for vaccination, such as those with learning disability and the homeless.
- Uptake is lower in pregnant women and young people, and more needs to be done to support and encourage specific groups to be vaccinated
- When we run outreach clinics and pop up sessions, they need to be accompanied by strong communications and community involvement
- Walk in services are essential for those who might not get the vaccine otherwise
- Trusted community voices are needed to engage effectively with those who have concerns and are uncertain

Key themes

Communications and engagement

- Localised promotion (local faces, names and places) has more impact amongst lower uptake groups
- Ensure communications are targeted at the people we are trying to get vaccinated, eg pregnant women and their families
- Local political engagement with promotion of key messages was very helpful

Partnership Working, governance and culture

- Highly collaborative approach to running the programmes
- Joint approaches to engagement with certain communities
- Volunteers were essential in helping to deliver the service
- Partnership approach ensured speed of delivery
- Multi-agency group of senior clinicians and operational leads supported delivery of vaccinations

Applying the learning

- **Use of mass vaccination centre model to deliver other vaccinations (flu, polio)**
- **Plans to extend the new One Bromley Health Hub to support other health improvements such as health checks**
- **Taskforce expanded to include all vaccinations, not just Covid**
- **Extended communications and engagement efforts, eg targeted media, leaflets, broader advertising**
- **Considering wider use of Community pharmacies in the vaccinations programmes**
- **Career progression in the NHS for vaccinators**
- **We should consider using our volunteer resources more widely, they are a great asset for the borough**