

Health and Wellbeing Board

24 November 2021

COVID-19 Vaccine Inequalities Update



Report of the COVID-19 Vaccine Inequalities Group
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Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 The purpose of this report is to provide an overview of the work being undertaken to mitigate against COVID-19 vaccine inequality in under-represented groups across County Durham.

Executive summary

- 2 Vaccinations have a critical role to play in the fight against COVID-19.
- 3 Our ambition is that no one is left behind, and to enable people to make an informed choice to take up the vaccine.
- 4 The report highlights the significant amount of collaborative work undertaken to ensure equitable access to the COVID-19 vaccination programme, particularly in under-represented communities and marginalised groups.
- 5 While positive work is taking place to address the gaps, continued and expanded focus is needed, in-line with an ever-changing picture of vaccine uptake and amendments to national guidance.

Recommendations

- 6 The Health and Wellbeing Board is recommended to:
 - (a) Receive this report and note its contents.

- (b) Acknowledge that a significant amount of collaborative work has been undertaken to increase vaccination uptake in under-represented groups.
- (c) Recognise that work to reduce the gap in vaccine uptake between different population groups is ongoing.

Background

- 7 The impacts of the coronavirus pandemic have been disproportionately felt by communities who already experience longstanding inequalities in the United Kingdom.
- 8 The rollout of the COVID-19 vaccination programme across County Durham began in December 2020. The COVID-19 vaccine is the best way to protect us from coronavirus and will save thousands of lives.
- 9 Local systems need to ensure good uptake and equitable access to the COVID-19 vaccination programme across all population groups.
- 10 Variation in vaccine uptake is driven by multiple factors, for example health status, environment and socio-economic deprivation. Understanding the root cause of gaps is critical to addressing vaccine inequalities.
- 11 The eligible population for COVID-19 vaccination in County Durham has increased to 485,295 (this is our 12+ population). As of 14 October 2021, 82% of the eligible population had received a first vaccine and 76.6% a second vaccine.
- 12 Whilst the national COVID-19 vaccination programme has achieved significant coverage in the overall eligible population, avoidable inequalities in vaccination still exist within some population groups and these must be addressed.
- 13 This report draws on non-patient identifiable data from multiple sources. As some inequality groups are not routinely coded on clinical systems, for example people experiencing homelessness, there has been the need to work with system partners to gain an understanding of vaccine coverage in certain groups.

County Durham Vaccine Inequalities Group

- 14 A sub-group of the Immunisation Board has been set-up bringing together existing workstreams targeting homeless and rough sleepers and the Gypsy Roma and Travellers community and expanding to cover all inequalities.
- 15 The multi-agency working group is focused on narrowing the gap between population groups with lower vaccine coverage and the rest of the population, informed by data and local intelligence.
- 16 The remit of the group is to:

- Work with Primary Care Networks (groups of general practices working together with health and care partners, abbreviated as PCNs), to understand their community needs and support their plans to increase vaccine intake, as appropriate.
- Partnership working with local authority intelligence team to analyse vaccine uptake data, by PCN, age, gender, geography, ethnicity, and other protected characteristics to ensure equity of access to having the vaccine.
- Aggregating data sets to monitor vaccine uptake particularly in the low socio-economic areas, where it is known the population suffer from a higher rate of co-morbidities such as obesity, diabetes, inactivity.
- Implement a multi-faceted targeted approach, using current reliable datasets and local trusted at source insights, to improve vaccine accessibility at a very local level. (This has been accomplished by utilising roving mobile provision, enabling taking the vaccine out to communities via the MELISSA (Mobile Education Learning Improvement Simulation Safety Activities) training bus, specifically useful when trying to reach socially excluded groups such as Gypsy Roma Travellers).
- Promote community development and cohesion, building on existing collaboration with anchor organisations and community networks, voluntary care and social enterprise partners, faith leaders and Area Action Partnerships to ensure promotional activity reaches grass roots level.
- Implement community engagement, linking with COVID-19 champions and awareness workers, neighbourhood wardens and Police Community Support Officers (PCSOs) to 'spread the word' about the vaccine events via word of mouth and leaflets drops in targeted areas.

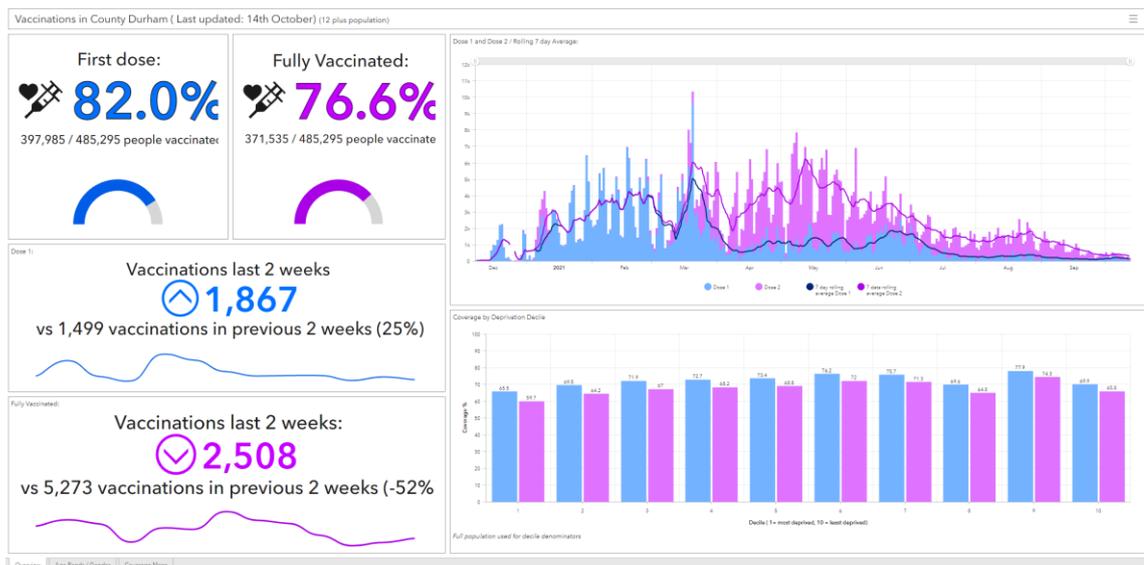
17 A summary plan on page is included in Appendix 2. Underpinning this, is a comprehensive COVID-19 vaccine inequalities action plan, to ensure no one gets left behind.

Identifying priority low uptake communities

18 Initial analysis undertaken on behalf of the Immunisation Board indicated that while vaccine coverage at county level was comparable to anywhere in the North East and beyond, at sub-county level there was significant variation in vaccine uptake for both doses across age bands, gender and the social gradient. In an attempt to address this inequality, we have adopted an evidence and intelligence led approach to identifying and addressing poor vaccine uptake in small areas across County Durham.

- 19 A Geographical Information System (GIS) vaccine dashboard has been developed to display the latest data for County Durham and is updated on a twice weekly basis currently. The dashboard, based on Public Health England business intelligence data and therefore resident based rather than the National Immunisation Management System (NIMS) content, which is based on GP registration, shows overall coverage for Doses 1 and 2, gender and age bands as well as the social gradient in terms of uptake and contains maps for Doses 1 and 2 coverage at Lower Super Output Area (LSOA)¹.

Figure 1. Vaccine GIS dashboard front page.



- 20 Additional analysis is presented on a regular basis to both the Vaccine Inequalities Group and the Immunisations Board covering vaccine uptake by ethnicity, gender, age band, deprivation decile and showing the number of residents partially and fully vaccinated along with the number unvaccinated residents at varying geographic levels (from Middle Super Output Area (MSOA), to Lower Super Output Area (LSOA) and more recently to Output Area (OA)¹.

¹ These are small area geographies. MSOAs have an average population of around 8,200 residents. LSOAs have an average population of around 1,620 and OAs an average population of around 310 residents. OAs are an extremely granular level of geography to analyse.

Figure 2. Example of MSOA level analysis, with thresholds.

MSOA Code	MSOA Name	Area	Coverage						Unvaccinated			Partially vaccinated		
			16+	18+	40+	16+	18+	40+	16+	18+	40+	16+	18+	40+
E02004314	Durham City	Durham	53.0	52.4	79.0	46.3	45.9	74.4	2962	9178	435	1317	1257	95
E02004313	Gilesgate Moor	Durham	67.8	68.2	85.0	62.4	63.3	82.8	2253	2186	443	380	331	62
E02004315	Langley Moor and Nevilles Cross	Durham	72.4	72.5	89.3	67.6	68.7	87.8	3593	3479	618	622	481	83
E02004342	Newton Aycliffe Central	Sedgefield	79.1	80.1	89.1	72.5	74.8	87.0	956	875	279	303	235	53
E02004302	Annfield Plain South and South Moor	Derwentside	81.7	82.4	90.3	76.1	77.6	88.4	1213	1136	401	369	310	75
E02004325	Easington Colliery South and Eden Hill	Easington	82.0	83.0	91.2	74.1	76.0	88.1	1360	1244	397	599	516	138
E02004327	Horden	Easington	83.4	84.1	92.4	76.7	78.0	90.2	833	783	249	341	299	72
E02004340	Shildon	Sedgefield	84.0	84.7	91.9	78.9	80.6	89.7	1426	1327	462	460	363	124
E02004355	Henknowle and Woodhouse Close	Wear Valley	84.1	85.0	92.2	78.8	80.7	90.6	983	896	300	330	259	62
E02004352	Bishop Auckland and South Church	Wear Valley	84.1	85.0	91.5	78.0	79.8	89.3	1128	1030	385	431	359	102
E02004335	Spennymoor-Green Lane and Dean Bank	Sedgefield	84.2	84.9	91.8	78.5	80.0	89.3	1000	934	306	360	303	90
E02004301	Craghead and South Stanley	Derwentside	84.3	85.2	92.0	78.0	80.0	89.8	1229	1121	378	455	392	102
E02004309	Framwellgate Moor and Pity Me	Durham	84.5	84.9	91.7	80.1	81.8	90.5	875	831	297	248	169	45
E02004349	Crook North Howden-le-Wear and Tow Law	Wear Valley	84.7	85.5	92.3	79.9	81.5	90.5	1162	1073	378	364	293	92
E02004351	Coundon and Willington South	Wear Valley	84.8	85.7	92.5	80.3	82.1	90.7	926	846	301	279	213	73
E02004322	Dalton-le-Dale and Deneside	Easington	84.9	85.9	92.7	78.4	80.2	89.9	1111	1007	335	477	402	132
E02004321	Dawdon and Seaham Harbour	Easington	85.2	85.7	92.0	79.1	80.7	89.2	1048	984	385	432	348	127
E02004318	Bowburn and Shindcliffe	Durham	85.3	85.8	92.3	80.7	82.1	90.8	864	816	286	271	208	58
E02004324	Easington Colliery North	Easington	85.6	86.0	92.4	79.6	81.1	90.3	723	694	250	301	241	71
E02004338	Acre Rigg and Peterlee Central	Easington	85.7	86.6	93.2	78.6	80.9	91.0	878	795	257	440	340	83
E02004300	Annfield Plain North and Dipton South	Derwentside	86.1	86.9	93.5	80.7	82.4	91.8	902	826	281	346	282	72
E02004326	Shotton Colliery	Easington	86.1	86.7	93.4	79.5	81.4	91.3	796	740	236	376	296	75
E02004338	Chilton and Ferryhill Station	Sedgefield	86.2	86.9	92.9	81.3	82.9	91.1	859	797	283	309	239	74
E02004296	Sacriston and Waldrige	Chester-le-Street	86.7	87.4	93.5	81.6	83.2	91.6	978	905	306	377	299	92
E02004330	Blackhalls	Easington	86.9	87.6	93.4	81.1	82.3	91.1	701	651	242	310	277	84

Key points
 66 MSOAs in County Durham
 2 have Dose1 coverage <70% (16+ and 18+) - both in Durham City
 3 have Dose2 coverage <70% (aged 16+ and 18+) - all in Durham City

62 MSOAs (almost 94%) have coverage >80% for Dose1 (16+)
 48 MSOA (almost 78%) have coverage >80% for Dose2 (16+)

No MSOAs have coverage <70% for those aged 40+
 63 MSOAs (almost 96%) have D1 coverage >= 90% for those aged 40+
 54 MSOAs (almost 82%) have D2 coverage >=90% for those aged 40+

Overall vaccine coverage is:

16+: 85.4%
 18+: 86%
 40+: 93.4%

Key	Coverage
Red	Coverage <70%
Orange	Coverage 70-79%
Yellow	Coverage 80-89%
Green	Coverage >90%

Figure 3. Drill through to OA analysis with thresholds

OA11CD	LSOA Name	MSOA Name2	Area	Dose1 16+	Dose2 16+	16+	Denominator	OA Dose1 Coverage 1	OA Dose2 Coverage 1	Column
E00171876	Nevilles Cross South	Langley Moor and Nevilles Cross	Durham	488	446	1,271	38.39%	35.09%	1	
E00171834	St Nicholas and Claypath	Durham City	Durham	179	155	453	39.51%	34.22%	1	
E00105109	Nevilles Cross North	Langley Moor and Nevilles Cross	Durham	340	292	828	41.06%	35.27%	1	
E00105009	Gilesgate Moor South	Gilesgate Moor	Durham	316	287	744	42.47%	38.58%	1	
E00171828	Old Elvet & Whinney Hill	Durham City	Durham	374	333	814	45.95%	40.91%	1	
E00105080	Houghall and Mount Joy	Durham City	Durham	3,706	3,251	7,857	47.17%	41.38%	1	
E00105054	Crossgate Moor North	Durham City	Durham	249	222	513	48.54%	43.27%	1	
E00105055	Crossgate Moor South	Langley Moor and Nevilles Cross	Durham	234	217	481	48.65%	45.11%	1	
E00105079	Houghall and Mount Joy	Durham City	Durham	257	228	526	48.86%	43.35%	1	
E00105017	Bowburn South	Bowburn and Shindcliffe	Durham	199	183	405	49.14%	45.19%	1	
E00171869	Old Elvet & Whinney Hill	Durham City	Durham	824	572	1,618	50.93%	35.35%	1	
E00171799	The Sands and St Bede	Durham City	Durham	515	449	1,000	51.50%	44.90%	1	
E00105052	Crossgate Moor North	Durham City	Durham	306	269	585	52.31%	45.98%	1	
E00105060	Aykley Heads	Langley Moor and Nevilles Cross	Durham	464	423	875	53.03%	48.34%	1	
E00105184	The Sands and St Bede	Durham City	Durham	256	226	481	53.22%	46.99%	1	
E00105051	Crossgate Moor North	Durham City	Durham	233	207	435	53.56%	47.59%	1	
E00105156	Gilesgate South	Gilesgate Moor	Durham	386	351	663	58.22%	52.94%	1	
E00171794	St Nicholas and Claypath	Durham City	Durham	1,306	1,165	2,137	61.11%	54.52%	1	
E00171795	St Nicholas and Claypath	Durham City	Durham	540	481	869	62.14%	55.35%	1	
E00105091	Framwellgate Moor West	Framwellgate Moor and Pity Me	Durham	250	236	401	62.34%	58.85%	1	
E00105155	Gilesgate South	Gilesgate Moor	Durham	234	210	375	62.40%	56.00%	1	
E00105984	Coundon Grange	Bishop Auckland and South Church	Wear Valley	127	112	201	63.18%	55.72%	1	
E00105989	Coundon Grange	Bishop Auckland and South Church	Wear Valley	81	69	127	63.78%	54.33%	1	
E00105183	The Sands and St Bede	Durham City	Durham	336	311	524	64.12%	59.35%	1	
E00105153	Gilesgate North	Gilesgate Moor	Durham	162	140	251	64.54%	55.78%	1	
E00105167	Gilesgate South	Gilesgate Moor	Durham	220	205	340	64.71%	60.29%	1	
E00104887	South Moor Central	Annfield Plain South and South Moor	Derwentside	114	104	176	64.77%	59.09%	1	
E00171851	Startforth	Barnard Castle and Startforth	Teesdale	455	399	699	65.09%	57.06%	1	
E00105602	Ferryhill Denie Bank North	Spennymoor-Green Lane and Dean Bank	Sedgefield	104	90	159	65.41%	56.60%	1	

Key points
 1726 OAs in County Durham

48 (2.8%) have Dose1 coverage <70% (16+) - most but not all in Durham City
 128 (7.4%) have Dose2 coverage <70% (aged 16+)

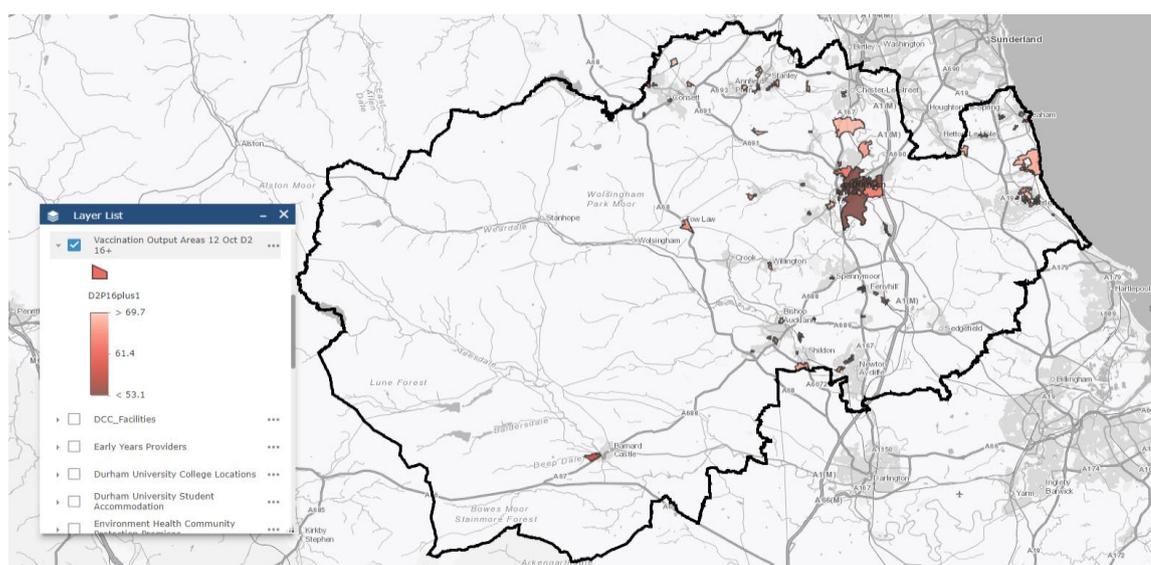
1493 OAs (almost 86%) have coverage >80% for Dose1 (16+)
 1141 LSOAs (66%) have coverage >80% for Dose2 (16+)

Key	Coverage
Red	Coverage <70%
Orange	Coverage 70-79%
Yellow	Coverage 80-89%
Green	Coverage >90%

21 This OA level vaccine coverage is also mapped on the Health Protection Assurance Board's Risk and Recovery GIS map (for those OAs where coverage is below 70% for Doses 1 and 2). This clearly shows clustering of small areas of relatively poor vaccine coverage but the proportion of OAs with less than 70% coverage is now less than 3% for Dose 1 and less than 8% for Dose 2. This combined small area analysis forms the basis of the planning for the locations of the MELISSA training bus and other vaccine pop-ups.

22 At the beginning of this process there was significant variation in OA level coverage within County Durham despite overall good levels of coverage at county level, with around 45% of OAs reporting uptake below 70% for Dose 1 and around 85% below 70% for Dose 2.

Figure 4. Map showing OAs where Dose 2 coverage is less than 70%



- 23 As of 13 October 2021, there are 48 OAs (2.8%) where coverage is lower than 70% for Dose 1 and 128 OAs (7.4%) where coverage is lower than 70% for Dose 2.

Wellbeing Approach

- 24 The Vaccine Inequality Group has adopted a wellbeing approach to delivering its actions and have seen successful outcomes as a result. The approach to wellbeing principles ensure that actions are informed by evidence and local conversations. Co-production of services is at the heart of this approach to maximise outcomes from available resources.
- 25 The wellbeing approach has supported vaccine pop-up clinics to utilise local assets in the areas of highest need and worked with the community to promote clinics in the most suitable way for each community. Local champions have empowered residents to access the vaccine with appropriate messages and language.

Overview of interventions to address vaccine inequalities

Access-focused interventions

- 26 Interventions promoting ease of access have included:
- (a) *Pop-up clinics using the MELISSA training bus:* These have been delivered in areas of known low vaccine uptake. To date over 5,000 vaccines have been delivered on the bus (mixture of first, second and booster doses). Overall feedback has been extremely positive – many thought the pop-up clinic using the bus was a

brilliant idea and good for those who couldn't travel to get vaccinated. There were comments about it being quick and easy and very efficient.

- (b) *Pop-up walk in clinics:* Vaccination clinics, removing the need to book an appointment, have been held by Local Vaccination Services across County Durham. These clinics also supported surge planning and included the pop-up walk in vaccination clinic at Millennium Place in Durham where over 1,300 people were vaccinated and the clinic at Maiden Castle where a further 265 vaccines were delivered. Boots Pharmacy in Durham also ran a walk-in clinic, delivering 244 vaccines.
- (c) *Practice-based vaccination clinics:* The Medicine Optimisation Team have supported the movement of vaccine to GP practices to enable vaccinations to take place in a location closer to people's homes.
- (d) *Joint approaches with community pharmacies:* A collaboration agreement between Knights Pharmacy and Bishop Auckland PCN was developed and implemented to increase available appointments for local people. This work was nationally recognised.
- (e) *Transport:* The Clinical Commissioning Group (CCG) commissioned a transport hub in Phase 1 of the vaccination programme, to support vulnerable people experiencing physical and/or financial challenges, to access vaccination at their Local Vaccination Service site.

Homeless and Rough Sleepers

- 27 A roving team supported by a CCG GP Clinical Lead was established to deliver drop-in vaccination clinics for people experiencing homeless and those sleeping rough. This work is being supported by the Housing Solutions team and the COVID-19 champions who have visited hostels across County Durham.
- 28 As of 6 September 2021, the team has offered vaccination to 446 identified homeless people, of which 50% have received a first vaccine with 33% receiving a second vaccine. Figures for County Durham are broadly in line with the regional average (49% have received a first vaccine and 30% a second vaccine).
- 29 Discussions are ongoing with providers and the voluntary agencies that work with the homeless to consider ways to increase uptake and address vaccine hesitancy in this cohort. Work is also being progressed

to commission a service to support provision of first, second and booster doses in this population.

- 30 There is some cross over with the homeless population and drug and alcohol recovery service (DARS) clients. DARS clients in themselves are not classified as an eligible group by the Joint Committee on Vaccination and Immunisation (JCVI) in terms of attending an addiction service. However, many clients fall into eligible cohorts resulting from long-term conditions or homelessness. The service has segmented these clients and supported them to access the vaccine.

Gypsy Roma and Travellers (GRT) Community

- 31 The Housing Solutions lead for the GRT community and Harrogate and District NHS Foundation Trust 0-25 nurse have contacted the 126 households living on the six permanent GRT sites and supported them with appropriate resources to help people better understand COVID-19 symptoms, the role vaccination plays in saving lives - aiming to remove barriers to the GRT community accessing COVID-19 vaccination and COVID-19 testing arrangements.
- 32 Working in partnership with local PCNs pop-up vaccination clinics using the MELISSA training bus were offered on the temporary stop-over sites which the GRT community access enroute to and from Appleby Horse Fair, which took place in August 2021. Whilst it was positive to hear that many of the GRT community on the site had already been vaccinated, CCG and PCN staff had the opportunity to have conversations with people to gain insight into the cultural values and reasons behind vaccine hesitancy.
- 33 As of 13 September 2021, it was reported that 55% of those aged 18 years and above, across the six permanent sites, had received a vaccine. This is based on primary data from GRT front-line workers. There is no readily available national data against which we can benchmark our local coverage of this group.

Vulnerable Resettlement Refugees

- 34 The council is supporting refugees under the government's resettlement programme. All refugee arrivals are registered with a GP, have access to a full resettlement support service and will receive/be offered vaccination in line with their priority grouping.
- 35 All resettled refugee families have been contacted by the resettlement support team to discuss the vaccination process and provide further information in response to any concerns raised. In addition, all families

eligible to book vaccination appointments are being offered support to do this if required.

- 36 As of 27 September 2021, out of 143 resettled refugees (aged 16 and above), 106 (74%) have received a first dose of the vaccine and 63 (44%) received a second dose. Again, there is no readily available national data against which we can benchmark our local coverage of this group.
- 37 Resettlement officers continue to activity support discussions around vaccine hesitancy and barriers. All practices have been requested to re-offer vaccinations to this vulnerable group.

Sex Workers

- 38 This underrepresented group have been supported to access the vaccination. Changing Lives have helped people to book appointments and organised transport to the Arnison Mass Vaccination Site. Of the known sex workers in County Durham, support officers have reported approximately two thirds have now been vaccinated. Work to increase uptake in this group is ongoing.

Ethnicity

- 39 Regular updates from Public Health intelligence team informs current vaccine uptake by specific category, including Black, Asian and minority ethnic (BAME) groups registered by CCG.
- 40 Data on ethnicity enables targeted communication and tailored information in different languages. It also highlights the need to have COVID-19 champions from diverse backgrounds, to enable them to become a trusted person within the community, supporting people make an informed choice.
- 41 The COVID-19 vaccination uptake reports for County Durham have highlighted a significantly lower uptake in the Chinese population than any of the other ethnic groups. It is possible that some may have received their vaccine overseas, but the figures not included in our data. Following discussion with Durham University, a contributing factor is thought to be international students who are not currently resident in UK.
- 42 Four additional pop-up vaccination clinics were held on the Palace Green, for students returning to campus, at the beginning of October 2021. A total of 495 COVID-19 vaccines were administered; 85% of which were given to those aged 30 or under.

Lesbian, Gay, Bisexual, Transgender Plus (LGBT+) Community

- 43 Durham County Council currently contract a LGBT+ young people's service. Opportunities to promote vaccine uptake via Humankind/Stonewall are being explored. The Durham PRIDE event provided an opportunity to promote key messages about COVID-19 vaccination, with social influencers also encouraging vaccine uptake.
- 44 As sexual orientation is not routinely coded on practice clinical systems, obtaining data for this group is challenging.

Learning Disabilities

- 45 Work has taken place to make COVID-19 vaccinations more accessible to people with learning disability. These has included:
- Making reasonable adjustments for example long appointment slots
 - PCNs ensuring people with learning disability living in specialist resident homes being offered vaccination
 - Specialist nurses working for Tees Esk and Wear Valley NHS Foundation Trust (TEWV) responding to requests from PCNs to support individuals to access vaccination appointments
 - The CCG roving team of learning disability nurses going out to people's homes to deliver the vaccine.
- 46 Practice clinical system data indicates a declined rate of 5.6% in this cohort.
- 47 The Learning Disability Integrated Team have worked with several practices to undertake a 'deep dive' to understand reasons for not coming forward for vaccination, to help inform solution-based actions to increase vaccine uptake.
- 48 Learning from the deep dive indicated more work was needed to tailor communications to this vulnerable group to help them to understand the importance of getting vaccinated, how to book an appointment and ensure that reasonable adjustments are taken into consideration.
- 49 As of 4 October 2021, 87% of people with a learning disability in County Durham, aged 12 and above were reported to had received a first vaccine and 82% a second vaccine, which is broadly in line with the average uptake across the region; 87% and 81% respectively (COVID-19 vaccination uptake report produced by NHS North of England Commissioning Support (NECS), using data sourced from the Reporting Analysis and Intelligence Delivering Results (RAIDR) system and the NHS Foundry Master Patient Index (MPI).

50 Work is ongoing collaboratively between primary care and TEWV to explore other options that might be available to improve uptake in this vulnerable group.

Severe and Enduring Mental Illness

51 Below are examples of work being undertaken to support vaccine uptake in people with severe and enduring mental illness:

- Social Prescribing Links Workers in some PCNs, contacting people on the practice register and inviting for vaccination
- Offering reasonable adjustment where appropriate
- Mental Health Trust staff promoting the vaccine and encouraging people to take up the offer
- Dissemination of information including details on pop-up vaccination clinics in non-clinical settings and a vaccine referral letter via the Mental Health Provider Forum, the Resilient Communities Group and Cree services
- PCNs ensuring people in Care Quality Commission (CQC) registered specialist care homes are offered vaccination
- Offering vaccination to mental health in-patients – a process has been in place since the start of the year using the Astra Zeneca vaccine

52 As of 4 October 2021, 87% of people with severe mental illness in County Durham, were reported to have received a first vaccine and 82% a second vaccine; which is slightly above the average uptake across the region; 86% and 80% respectively (COVID-19 vaccination uptake report produced by NECS, using data sourced from RAIDR and NHS Foundry MPI).

53 Primary care and TEWV are working in collaboration to explore other options that might be available to improve uptake in this underrepresented group.

Carers

54 Direct links have been established with Durham County Council Carer Support, who hold a substantial Department for Work and Pensions (DWP) and non-DWP contact list. Vaccination promotional activity has included a bulletin provided to over 20,000 carers.

55 As of 4 October 2021, 96% of carers in County Durham, aged 12 and above were reported to have received a first vaccine and 94% a second vaccine; which is slightly above the average uptake across the region; 94% and 92% respectively (COVID-19 vaccination uptake report

produced by NECS, using data sourced from RAIDR and NHS Foundry MPI).

At-risk 12- to 15-year-olds

- 56 The JCVI published guidance on 19 July 2021, which recommended that some at risk 12-15 years olds should be offered COVID-19 vaccination. This included children with severe neuro-disabilities, Down's Syndrome, underlying conditions resulting in immunosuppression, profound and multiple learning disabilities (PMLD), severe learning disabilities or who are on the learning disability register. This was further extended by the JCVI on 3 September 2021 to include additional at-risk children, including those with haematological malignancy, sickle cell disease, type 1 diabetes, congenital heart disease and other health conditions including severe asthma. The full list of criteria is available in the [Green Book](#), which has the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK.
- 57 All PCN-run Local Vaccination Service sites in County Durham completed an assurance checklist confirming that appropriate training and safety measures were in place to enable the safe vaccination of this patient cohort. This included a requirement to ensure appropriate informed consent and competence of the child were in place. Within County Durham eligible patients were identified by the PCNs and GP practices and invited for vaccination. All eligible children in the initial cohort had been identified and offered an appointment by 19 August 2021, and the subsequent cohort were all identified and offered an appointment by 30 September 2021. Support was offered by TEWV Learning Disability nurses to ensure that appropriate adjustments were made and where necessary home visits were undertaken.

Healthy 12- to 16-year-olds

- 58 Harrogate and District Foundation Trust (HDFT) are providing vaccinations to 12- to 16-year-olds in schools. This service is commissioned by NHS England.
- 59 HDFT have been working with Head Teachers and partners to give the vaccinations in a safe and well managed way in line with national guidance. They were asked to agree a date for vaccinations with every Head Teacher in County Durham by half term week (Monday 25 October 2021).
- 60 HDFT have started to vaccinate pupils in schools across County Durham and will continue to do so until all 12- to 16-year-old pupils who

are eligible have been offered the vaccination. Parents and carers will be contacted through the schools to give consent to vaccination.

61 Discussions are underway to:

- Make arrangements for home educated 12- to 16-year-olds
- Use the capacity of the Mass Vaccination Centre
- Have follow up appointments for pupils who have not, for whatever reason, been unable to be vaccinated at school
- Collect and understand the data about vaccination take up

Detained Estates

62 As the COVID-19 vaccination programme continues to be delivered to all adults, efforts are being made to encourage staff and prisoners or detainees to get fully vaccinated, especially given the vulnerabilities of people in prisons and places of detention. The Detained Estates arm of the vaccination programme is led by NHS England with input from the Health and Justice Team.

63 Figure 5 shows the percentage of people vaccinated within the County Durham Detained Estates. Data provided is specific to the over 50s population and the whole prison population.

Figure 5. Vaccination rates in County Durham Detained Estates

	1 st Dose Over 50's	2 nd Dose Over 50's	1 st Dose Whole prison population	2 nd Dose Whole prison population
HMP Youth Offender Unit Deerbolt	N/A	N/A	35%	35%
HMP Durham	74%	64%	53%	38%
HMP Frankland	87%	85%	73%	67%
HMP Low Newton	90%	83%	85%	70%

Data source: NHS Foundry 10 October 2021

64 Vaccination rates will be lower than that in the community, due to new admissions and transfers into the secure and detained estates each week. The population churn on a weekly basis is significant in our reception prison, HMP Durham.

65 There has been a high hesitancy rate within the Prison setting, particularly in the Young Offender setting. There are a range of reasons for this, peer pressure, sense of infallibility in young men and a belief that COVID-19 will not have an impact on young people. There have been a range of initiatives introduced to address these issues including

detained young people informing the communication for the prison and having COVID-19 champions to support young people in their decision making.

- 66 When compared to the National vaccination figures for Detained Estates, the North East and Yorkshire Region is the second highest performer, which given the number of reception prisons we have in the North East is a positive achievement. This reflects the hard work of the prison health care teams across our region.

Workplace settings

- 67 Information, communication and marketing have been shared via the 'Better Health at Work' provider (which has over 70 members); Business Durham, the environmental health team and licencing team.
- 68 Links have been made with the Durham County Council COVID-19 Outbreak Control Team.
- 69 Pop-up vaccination clinics have been delivered on the Amazon site at Bowburn and Newton Aycliffe Industrial Estate; both have been positively received.

Patients at risk of anaphylaxis

- 70 County Durham and Darlington NHS Foundation Trust (CDDFT) have been running a complex patient clinic to ensure that people with possible or confirmed allergies to the COVID-19 vaccines are vaccinated with additional monitoring in place in-line with national guidance. This has been offered to all cohorts of patients to increase uptake in this complex group.
- 71 To date, CDDFT has received over 200 referrals from across County Durham and Darlington for people who may need to have their COVID-19 vaccine in a hospital setting. Each referral is assessed by a panel of clinicians from CDDFT and County Durham CCG. Most people have been booked for vaccination in one of the hospital clinics or have been assessed as being able to safely receive their vaccination in primary care. To date, CDDFT has delivered over 180 vaccinations with clinics continuing to support people with their second and booster doses in line with national guidance.

Communication and engagement

- 72 Communication teams in both the CCG and Durham County Council have and continue to promote consistent messages about COVID-19 vaccination and where to get jabbed, to help overcome barriers to

access. A range of communication methods have been adopted including social media, videos, leaflets and posters.

- 73 Engagement with local communities, particularly those in deprived areas, has been strengthened through the COVID-19 champions and awareness workers.
- 74 Adoption of a community champion approach is beneficial in mobilising communities to support each other to promote the importance of the vaccine using local people as a powerful 'trusted voice'.

North East and North Cumbria Vaccine Equalities Board

- 75 A presentation has been prepared by the North East and North Cumbria (NENC) Vaccine Equalities Board in July 2021 to inform on '*Approaches to address vaccine inequalities in the North East and North Cumbria*'. The document provides a summary of approaches being taken across the region to address vaccine inequalities and highlights best practice capturing key learning for sharing gaps and opportunities.
- 76 Durham is well represented detailing targeted work undertaken to ensure information is accessible for all communities, the vaccine is accessible via the vaccine bus and targeted pop-up clinics for underrepresented groups, partnership working is at the heart of the process to engage and empower communities.
- 77 The presentation will continually be updated to ensure opportunities for learning and sharing good practice are utilised.

Learning to date

- 78 The following themes have been identified by the NENC Vaccine Equalities Board from activity across the region, these are true to County Durham's approach to mitigating vaccine inequalities.
- **Better information for communities and professionals (based on insight):** Enabling people to make an informed decision via the provision of appropriate and targeted information tailored to meet the needs of different populations.
 - **Increasing accessibility – taking the vaccine to people:** Removing common barriers (including location, booking of appointments, transport and cost) by providing clinics in community venues enhanced by support and information to make taking up the vaccine as easy as possible.
 - **Empowering communities – asset based, community champion approaches:** Mobilising communities to support each

other to promote the importance of the vaccine using local people as a powerful trusted voice.

- **Partnership working and collaboration:** Multiagency partnership working to engage the hardest to reach using existing relationships to build trust and confidence in the vaccine programme and collaboration across the NENC to share best practice and resources.

Resource implications

- 79 The direct funding of the vaccination roll-out programme is from the NHS. Additional funding (£18k) has made available via the Integrated Care System to support delivery of the local collaborative plan to address health inequalities.
- 80 The original plan to establish a dedicated roving team for County Durham was not progressed. It was felt this was no longer needed given the successes of working with individual PCNs to reduce vaccine inequalities; with PCNs being ideally placed to know their local population needs. Available funding has been used on promotional materials and to meet any shortfall in staffing costs incurred when delivering pop-up vaccination clinics.

Conclusion

- 81 The development of safe and effective COVID-19 vaccinations provides hope for a return to normal life. Across County Durham there has been extensive planning for a vaccine rollout and ensure that those most at risk are offered vaccinations in a timely manner in-line with national recommendations. Our ambition is that no one is left behind, and to enable people to make an informed choice to take up the vaccine.
- 82 A considerable amount of collaborative work has been undertaken to make sure that everyone eligible for a jab, has been able to get one. Despite the work has taken place to address the gaps, a continued and expanded focus is needed, in-line with an ever-changing picture of vaccine uptake and amendments to national guidance.
- 83 All lessons learnt from tackling vaccine inequalities will need to feed into Phase 3 of the COVID-19 vaccination deployment programme and the annual flu immunisation planning, to ensure high uptake in all under-represented groups.
- 84 One approach to promote vaccine equality has been to connect and strengthen relationships with communities beyond the practice doors. While this is one area where concerted efforts to tackle health inequalities is making progress, lessons learned through the

vaccination programme, may also offer a springboard to addressing inequalities in health and care.

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Appendix 1: Implications

Legal Implications

No issues identified

Finance

Report includes a section on additional funding that has made available via the Integrated Care System to support delivery of the local collaborative plan to address health inequalities.

Consultation

Consultation with partners is ongoing to develop/delivery actions to reduce vaccine inequalities.

Equality and Diversity / Public Sector Equality Duty

The report highlights work being undertaken to reduce inequalities in COVID-19 vaccine uptake.

Climate Change

No issues identified

Human Rights

No issues identified

Crime and Disorder

Not applicable

Staffing

No issues identified

Accommodation

No issues identified

Risk

Any risks identified are escalated to the Immunisation Board and raised with the relevant stakeholder organisation via the appropriate representative on the group.

Procurement

Not applicable

Appendix 2: Plan on a Page

County Durham Covid Vaccine Inequality Plan Leaving No One Behind

