

Merton Vaccination Equity Plan

5 May 2021



South West London
Clinical Commissioning Group



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Merton COVID-19 Vaccination Equity Framework

Aim: To achieve equitable COVID-19 vaccine uptake for Merton residents

Approach: Promote equitable vaccination in Merton via four enablers:

1. Reducing barriers to access

Make access to vaccines as easy and convenient as possible.

2. Communication and engagement

Working with communities, including the underserved; strength-based approach; co-production.

3. Partnerships and governance

Commitment to whole systems working – recognising no one partner can achieve effective vaccine equity alone.

4. Make best use of data, information and insight

Evidence-based interventions; learning from data (qualitative and quantitative); transparency - sharing with the public.

Vaccination Timeline:

Phase 1: JCVI 1-9
by 15 April 2021

Phase 2: All over 18s
by 31 July 2021

Mop up: ongoing

Potential annual
autumn booster:
Nov

Longer term:
ongoing vaccination
as part of local
infrastructure /
outbreak control

Introduction and context

- This draft plan sets out our approach to enabling equitable vaccine uptake in Merton. It has been put together in discussion with partners and developed with LA, NHS, voluntary sector partners and other stakeholders, specifically the Health and Wellbeing Board Community Subgroup and Merton Vaccination Planning Group.
- It draws on national and regional information and builds on the wealth of activity to promote vaccine uptake already underway across Merton.

Context

- Vaccination is an important part of our recovery to the Covid-19 pandemic; the UK Government's COVID-19 **Vaccination Delivery Plan** is being delivered by the NHS.

Phase 1: Priority cohorts aim primarily to **prevent mortality and maintain the health and social care system.**

- The vaccination of nine priority groups covering all adults aged 50 years and over, and younger adults with

underlying health conditions that put them at specific risk from COVID-19, and front-line health and care staff. Cohorts 1 – 4 by 15 February and 5 – 9 by 15 April. From March 2021 household members of adults who have weakened immune systems have also been added to priority 6.

Phase 2: Offer of vaccination is age-based starting with the oldest adults first in the following order, by 31 July:

- All those aged 40 to 49 years; all those aged 30 to 39 years; all those aged 18 to 29 years
- An age-based delivery model will facilitate rapid vaccine deployment, evidence review identified the approach as more effective than occupational based approach.

Longer term:

- NHS and LA to consider how ongoing vaccination will be built into the local system in a sustainable way. Begin planning to enable the deployment programme to move from a central response to a core part of local infrastructure – equity is a key component of this as part of a more integrated prevention and wellbeing offer.

National, regional and local context

- The Government published a **COVID Vaccine Uptake Plan** in February 2021 to enable uptake of vaccine for everyone, recognising differential uptake. This has four priorities and we have based our framework on these priorities, with an emphasis on enablers to reducing barriers to vaccination.
- A **London Vaccination Equity Group** has been established, with a focus on under-served groups and health inclusion groups.

Vaccination Uptake and Equity

- The NHS is leading communication and engagement, and clinicians are widely involved in giving trusted messages. SWL CCG have successfully rolled out a rapid vaccination programme and there is continual and ongoing learning and iteration to the programme.
- **Primary Care** have been supporting pop up and roving models to deliver vaccines to harder to reach and underserved communities, by visiting environments that are friendly and familiar to increase uptake.
- **Merton Council** is providing support to NHS colleagues in the roll-out of the vaccination programme by;
 - Providing local knowledge and logistical support to ensure priority groups are being reached
 - Using its communication channels to amplify communications encouraging vaccine uptake
 - Sharing webinars and aligning messages on keeping Merton safe
- The **Voluntary and Community Sector** has a key role to play in using its channels and networks to engage with residents.

Government and NHS guidance on vaccination equity

- **Ministry of Housing, Communities and Local Government (MHCLG) letter to local authorities** - 2 February, set out specific areas for collaboration and support including:
 - Identifying any gaps to access
 - Supporting vaccination centres including infrastructure
 - Ensuring health and social care workers are offered vaccination.
 - Developing a locally tailored communication programme.
 - Working with health colleagues to test the resilience of the vaccination model.
 - Beginning to plan for the vaccination programme to move to become a core part of local infrastructure.
- **NHS England and NHS Improvement letters to CCGs**- 24 February, offered financial support to address vaccination inequity, and opportunities to partner with community venues
 - In line with three factors of vaccine hesitancy identified by the WHO: *confidence, convenience and complacency*
 - To support local systems to intensify activity in local communities to improve vaccine uptake.
 - Request to develop a plan in collaboration with the local community, agreed with the DPH.
 - ‘No one is left behind’, highlighting opportunities to reach out to communities with lower uptake levels by operating temporary vaccination clinics in community venues.

What we know about vaccination uptake

Key barriers to vaccine uptake:

- Practical and other access factors
- Safety concerns
- Not wanting to be first
- Low perceived personal risk
- Fear and mistrust
- Misinformation

Key facilitators to vaccine uptake:

- ✓ Making appointments easy and convenient
- ✓ Making local access easier
- ✓ Increasing awareness and drivers of motivation
- ✓ Increasing confidence in vaccination
- ✓ Addressing low trust
- ✓ Outreach models targeting under-served groups

Population groups less likely to be vaccinated:

- Younger age groups
- Some BAME groups
- People living in more deprived areas
- Health and care staff
- Inclusion health groups

Vaccination uptake in Merton

- Now over 80% in over 60's group (NIMS pop 18/04/21)
- Most and least deprived areas in Borough have lower uptake
- White and Asian communities are over-represented while Black communities are under-represented
- Further local analysis is needed to understand those less likely to be vaccinated and change over time.

Priority 1: Reducing barriers to access

Principle: Make access to vaccination as easy and convenient as possible

What is already happening:

- Individualised delivery plan for each under-served community.
- On-going community dialogue and investing in VCS providers to help engage under-served groups.
- Delivery of The Wilson as a vaccination centre.
- Pop-up vaccination, e.g in faith settings, for those experiencing homelessness. Asylum seekers and Sex workers are signposted via leaflets, word of mouth, WhatsApp.
- Making Every Contact Count -signposting, opportunistically giving vaccination.
- COVID Confident Conversations - adult education courses are planned for VCS, Community Champions and other local leaders.
- Continued Primary Care role in both 'mop up' of Phase 1 and Phase 2 vaccination delivery recognising GP surgeries most trusted for vaccination.

Actions to be taken:

- Use of temporary roving/mobile and transport support for those who may not be able to travel and under-served communities.
- Escalate proposals for additional/relocation of a permanent site, where changes proposed, to improve access.
- Data sharing to enable effective follow up.
- Building on 'Making Every Contact Count' (MECC) approach to opportunistically provide wider health and wellbeing / prevention / resilience support alongside vaccination for those under-served.
- Longer-term to build ongoing vaccination into the local system in a sustainable, equitable and joined up way linked to an integrated vaccination and prevention offer.

Priority 2: Communication and Engagement

Principles: working with communities; taking a strength-based approach; co-production

What is already happening:

- Partnership of 'No one left behind' communications and engagement across SWL and as a core value in approach.
- Programme of work led by SWL CCG with LBM, Healthwatch Merton and VCS to build confidence, address any concerns, manage expectations and increase uptake.
- Based on evidence that most trusted voices are clinicians.
- Focus on webinars, videos, case-studies - myth-busting sessions and educational webinars delivered to specific groups and held in a range of languages.
- Growing network of Covid-19 Community Champions
- Commissioning VCS providers to understand impact and build resilience, e.g BAME Voice, Merton Mencap
- Merton Council external resident and internal staff communications

Actions to be taken:

- Continue regular community engagement events carefully targeted at specific under-served groups.
- Further engage with faith groups, especially those serving Black, eastern European and Tamil communities
- Engage with the health workforce, including pharmacists, health visitors and practice staff who know, have regular contact with and are trusted by communities
- Longer term engagement with a wider focus on prevention, including local worker skills development, as part of the delivery of a more integrated wellbeing service.

Priority 3: Partnerships, Governance and Resources

Principle: commitment to system working – recognising no one partner can achieve effective vaccine equity alone

What is already happening in Merton:

- Local system working led by Merton Health and Wellbeing Board, Merton Health and Care Together and **Merton HWBB Community Subgroup** with its specific focus on vaccination equity.
- Primary care led **Merton Vaccination Delivery Group/ Merton Vaccination Planning Group**.
- Merton Borough Resilience Forum cross-agency partnership.
- COVID Community Champions volunteer network.

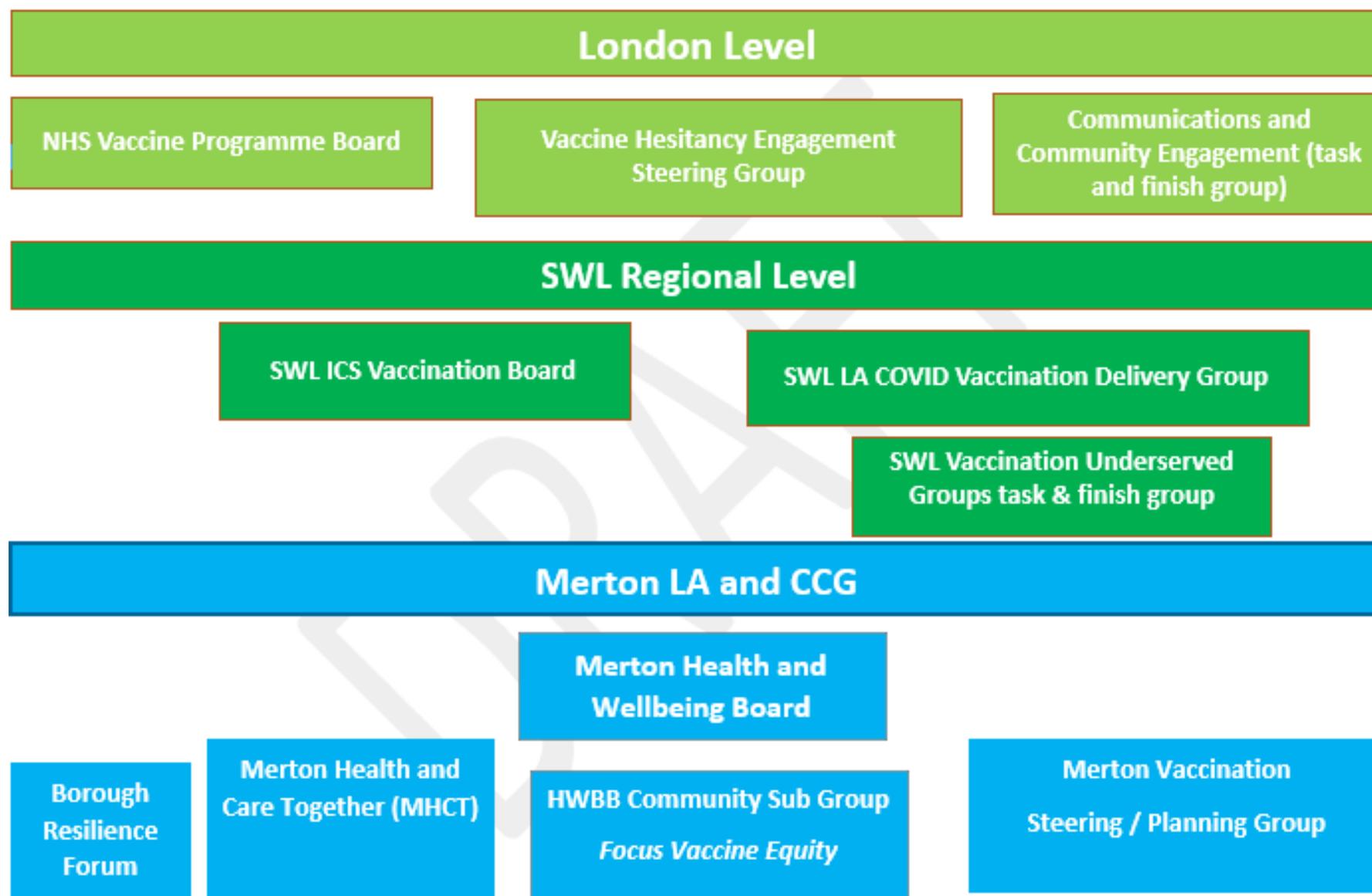
Regional partnerships:

- **South West London:** SWL ICS Vaccination Board and currently SWL LA COVID Vaccination Delivery Group and SWL Vaccination Under-served Groups
- **Pan London:** NHS Vaccine Programme Board; Vaccine Uptake and Engagement Steering Group

Actions to be taken:

- Review resources across partners, including development of multi-skilled workforce delivering broader health and wellbeing / resilience / welfare support.
- Take forward opportunities for innovative partnership with schools, children and YP, communicating vaccinations in transparent way.
- Work in partnership to establish COVID vaccination as core and sustainable part of screening and immunisation.
- Consider longer-term local vaccination governance structures, together with monitoring and reporting to best track vaccine equity.

Vaccination Governance DRAFT (130421 – London level currently under review)



Priority 4: Data, information and insight

Principles: evidence-based interventions; learning from data (qualitative and quantitative); transparency - sharing with the public

What is already happening:

Data is emerging and complex, due to multiple local and national sources. The available data does not yet give everything we need to know but this does not prevent progress being made.

At the SWL and local level:

- Ongoing data analysis by geography, deprivation and ethnicity, as well as by eligible cohort.
- Currently data issues around validation of data, and restrictions on sharing some data more widely.
- The SWL data is included in vaccine uptake data in weekly SAR (Situational Awareness Report).

Actions to be taken:

- Utilise emerging data on uptake to refine and target communication and engagement with highest risk and under-served groups.
- Develop dashboard for regular overview:
 - Eligible population
 - Uptake and declines –number/%
 - Priority groups
- Work towards granular information on those who decline vaccine
- Undertake bespoke analyses/deep dives to understand how best to reach those communities.

Vaccination monitoring and reporting

Proposed: ownership and oversight via Merton Vaccination Planning Group, with expanded remit. Formal reporting to the HWBB Community Subgroup which is focussed on vaccination equity and Merton HWBB

Monitoring proposed to include:

- Situation Awareness Report (SAR), including vaccine data –bi-weekly
- Specific Vaccine Equity Report (VER)– bi-weekly.

Vaccination update
by email:

SAR Bi-Weekly
Vaccine equity Bi-weekly

Reporting schedule dates 2021:

Merton Vaccination Planning Group -
proposed to expand remit of group meetings
bi-weekly

HWBB Community Subgroup:
25 May, 20 July, 14 September

HWBB (Health and Wellbeing Board):
22 June, 28 September , 23 November

Longer Term Focus

Principles: sustainable approach embedded within local system

What's on the horizon/ in development:

- Vaccine booster for cohorts from Autumn
- Role of Pharmacy in sustainable system
- Workforce development – e.g. multi-skilled local workforce that can be stepped up when needed – integrating –contact tracing, welfare & self-isolation support, and vaccination support.
- Vaccination as a tool for outbreak control

Next Steps

Delivery of the Vaccination Equity Plan will be iterative as we develop detailed action plans, depending upon the policy context, the position of the pandemic and our ongoing monitoring of effectiveness.

- HWB Community Subgroup 27 April agreed draft VEP
- Future monitoring role of Subgroup to be considered (balancing data we can get / what the Vaccination Equity Planning Group and HWBB Subgroup think necessary)
- VEP to be shared with Health and Wellbeing Board
- Share and discuss VEP with Community Champions and wider partners
- Development of borough data report
- Data driven action planning
- Review resourcing, including workforce