

**Manchester Health and Wellbeing Board
Report for Information**

Report to: Manchester Health and Wellbeing Board – 24 March 2021

Subject: Vaccination Programme Update and Vaccine Equity Plan

Report of: Director of Public Health
Medical Director, Manchester Health and Care Commissioning

Summary

This cover report summarises the approach the Covid-19 Vaccination Programme is taking to tackle health inequalities and support inclusion through a Vaccine Equity Plan. The Medical Director (MHCC) will provide an update presentation on the Vaccination Programme to the Board.

Recommendations

The Board is asked to note the report.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	The Covid-19 Vaccination Programme supports the city's response to the pandemic both in terms of the resilience of the health and care system, and the recovery of the population within education, employment and wider health and wellbeing priorities.
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning around the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

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Background documents (available for public inspection):

None.

Overview

The Vaccine Equity Plan aims to improve vaccination coverage amongst people in Manchester, based on current data, in order to address inequalities. It focuses on narrowing the gap between population groups with lower vaccine coverage and the rest of the population. It complements the Vaccination Programme's communications and engagement plan to increase coverage with the support of the COVID Health Equity Manchester programme (CHEM).

The Plan focuses on short to mid-term actions which support the on-going invitations for vaccination through the JCVI Cohorts, whilst acknowledging that some of the issues underpinning low coverage are long-standing, not new to COVID-19 and require a long-term plan. This includes the proactive and targeted design of vaccination service offers and engagement approaches, informed by data and intelligence and supported by monitoring and evaluation.

Approach

The objective is to improve coverage focusing on three broad groups

- **Ethnicity**
- **Disabled People**
- **Inclusion Groups (e.g. Gypsies, Irish Travellers, Refugees and Asylum Seekers, homeless people and rough sleepers)**

The aim is to provide information, increase motivation, and enable access in order to increase vaccine coverage. This requires us to develop knowledge and deep understanding of the barriers to vaccination and how they can be addressed (one size will not fit all).

Effective delivery will require diverse and inclusive approaches, consideration of the "communities within communities" and an intersectional approach (e.g. consideration of gender, disability, LGBTQ+, clinically extremely vulnerable, faith and occupation within and across different groups). Taking an intersectional approach will enable us to understand and address the ways in which multiple forms of inequality or disadvantage sometimes compound themselves and create obstacles that are not always understood within conventional ways of thinking and or delivery.

Neighbourhood and Primary Care Network vaccination inclusion and engagement plans are in place setting out how practices, working with neighbourhood teams and people with lived experience, will remove barriers to vaccination and actively engage with patients who cannot or do not respond to contact from practices and need support with access.

City-wide thematic approaches are evolving based on existing, and new partnerships which will work alongside PCN models e.g. provision for homeless people, people with learning disabilities, and refugees and asylum seekers.

Current action

A wide range of activity is taking place encompassing engagement, communication and targeted work through vaccination clinics to reach target populations. This includes:

- Targeted communication with tailored information through a range of media e.g. multi-faith leaders film, film with local councillors of diverse ethnic backgrounds, videos with information in different languages
- Use of community influencers – videos, webinars, community led activities and events
- Pop-up and mobile vaccination clinics are taking place e.g. at mosques, with further work being planned to reach other inclusion groups such as people who are not registered with a GP
- “Back to practice” offers where people can be vaccinated at their GP surgery
- ‘Quiet clinics’ for people with learning disabilities or those requiring additional support
- Pop up booking clinics in community settings to enable people to book their vaccination appointment.
- A broad range of engagement activities at neighbourhood and citywide level to inform the approach

Progress to date

Data and intelligence are reviewed weekly to inform and drive action. Vaccine coverage describes the proportion of people eligible for a vaccine who have been vaccinated. There is evidence of positive progress in equitable vaccine coverage in key areas* (*All figures are for people registered with a Manchester GP practices and based on data from GP records on Wednesday 16th March 2021. Figures change daily as more people are vaccinated each day.)

- Coverage for people with learning disability increased by 14% in recent weeks with the gap between people with learning disabilities and the whole eligible population narrowing by 6.7%
- Significant increase in coverage and narrowing of gap for Bangladeshi people (coverage 64% for cohorts 1 to 6)
- Coverage also increased and gap narrowed for African people (coverage 51%), and Pakistani people (coverage 56%)
- Coverage for patients with Severe and Enduring Mental Illness increased by 12% with the gap reducing by 4.6%

There are key areas geographically and by population group where there are vaccine equity challenges which will remain the focus of ongoing activity

- There remain large differences in coverage for Black African, Black Caribbean and Pakistani people and people with mixed heritage. Coverage is also lower among Arab people although total numbers are much smaller
- There is lower coverage across the central belt of the City with a coverage of lower than 60% for cohorts 1 to 6 in Moss Side, Hulme, Longsight, Whalley Range, Ardwick, Rusholme, Levenshulme, Deansgate and Fallowfield

- Coverage among older people appears to have plateaued - this may represent low vaccine uptake among older people in the groups that continue to have low coverage overall

Conclusion

The Vaccination Programme will continue to focus on improving coverage and reducing inequalities as a priority throughout the lifetime of the programme. The accompanying stakeholder slide pack provides a summary of data and intelligence and an overview of the neighbourhood level and citywide actions taking place to support the Vaccine Equity Plan.