Covid Vaccination Programme Vaccine Equity – Programme review Dr Manisha Kumar, Medical Director Manchester Health & Care Commissioning



Hanchester Health & Care Commissioning



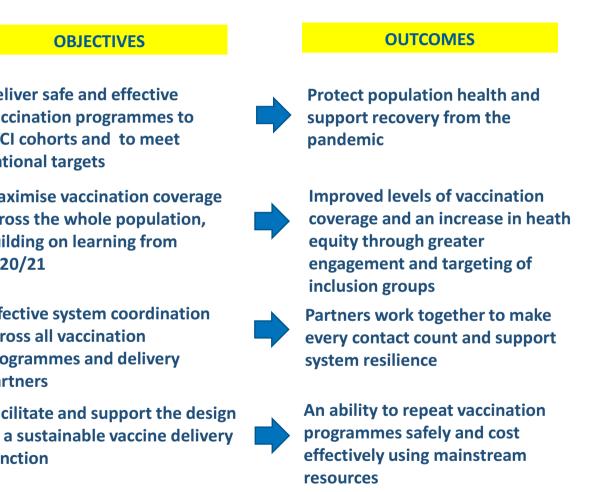


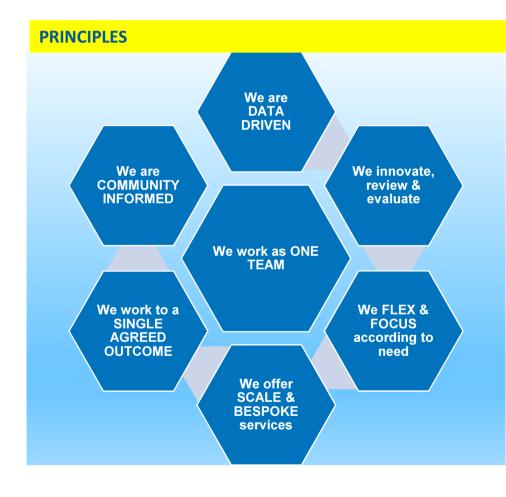




Programme Overview

e Manchester Vaccination Programme works to a set of agreed system objectives, outcomes d principles, with vaccine equity at the heart of the work we do







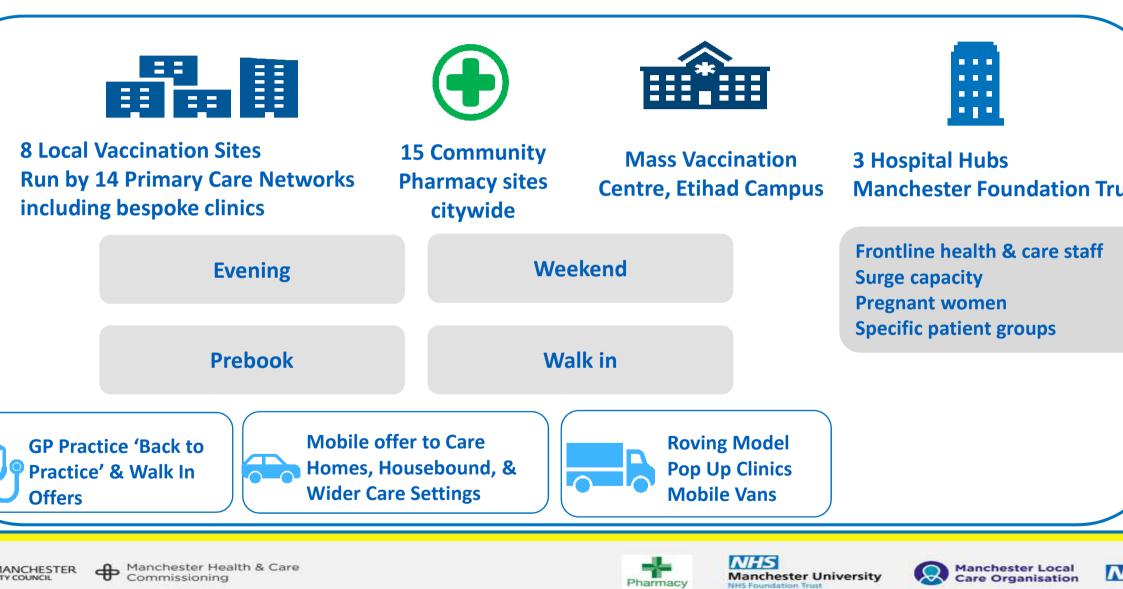






Citywide Vaccination Delivery Model

ngle system approach focused on 'place' and 'person'



nchester's population creates a unique set of challenges which impact on vaccine coverage

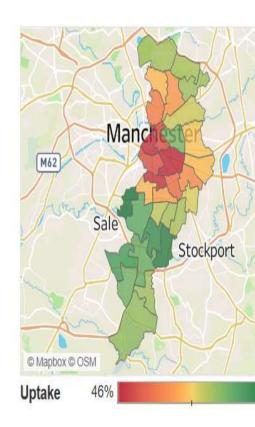
Diversity of language, culture and health belief. The proportion of the opulation from a non-White British ethnic group is twice the average for English ocal authorities as a whole. The number of different ethnic groups living in Manchester is higher than any other UK city outside of London. It is estimated that ver 200 languages are spoken in the city, with 1 in 5 of Manchester residents non-

ligh levels of deprivation. Manchester is the 6th most deprived local authority in ngland, with c.43% of areas within the city classed as being in the most deprived 0% of areas in England. Levels of digital exclusion in the city are high

ligh levels of multiple and complex health needs. Life expectancy at birth for oth men and women in Manchester is the 5th lowest in England

Our population is highly mobile, transient and the youngest in the country. learly 50% are under 25

listoric lack of trust in public institutions including health services within ome groups and communities



Heatmap showing variation in coverage across the city Octob 2021











Strategic Approach to Vaccine Equity

We co-ordinate activity through a Citywide Vaccine Equity Group

We use high quality data to drive our strategic and operational approaches and monitor the impact of activity

We focus on short to mid-term actions - acknowledging that the issues underpinning low coverage are long-standing and building trust with particular groups is an ongoing process

Work takes place at citywide and neighbourhood level on proactive and targeted design of vaccination service offers, supported by high quality communication & community engagement approaches

We work through Covid Health Equity Manchester & Sounding Boards and other community partners to inform our approaches and extend our reach within particular communities

We focus on increasing coverage across three broad groups in response to performance data

- Ethnicity: primarily Black African, Black Caribbean and South Asian
- Disabled People: particularly people with Learning Disability; Severe Mental Illness
- Inclusion Groups: Refugees & Asylum Seekers; Homeless people; sex workers, Gypsy, Roma & Traveller communitie











Our Manchester Data

e quality and granularity of data on the progress of the vaccination programme is high. We accurately track vaccin verage against protected characteristics and neighbourhood based inequalities and this is used to drive activity

ummary	Medication for I	Dose 1		Medication for D	ose 2	
gistered Patients: 590,480 tients receiving 1st Dose: 361,766 (61.3% of registered) tients receiving 2nd Dose: 313,367 (53.1% of registered)	AstraZeneca Moderna Pfizer-BioNTech Unknown	154,615 12,583 201,190 1,328	3% 54%	AstraZeneca Moderna Pfizer-BioNTech Unknown	148,020 10,235 171,168 92	41
noose a dose to view uptake: Dose 1						

riority Coh	ort	Eligible	Vacc	P	ercenta	ge
: Care Home	Care Home Re	1,688	1,567			92.8%
sident Age 6	Care Home Wo	113	102		e e e e e e e e e e e e e e e e e e e	90.3%
: Age 80 and	Age 80 and over	14,472	12,731			38.0%
. Age 75 - 79	Age 75 - 79	11,037	10,016		5	30 7%
Age 70 - 74	Age 70 - 74	16,326	14,702			90.1%
R Shielding OR	QCOVID	14,380	11,964		83	3.2%
COVID	Shielding Age	12,685	11,088		8	37.4%
[•] Age 65 - 69	Age 65 - 69	17,468	14,936		8	5.5%
1 ligher Risk	Higher Risk	69,244	55,654		80	0.4%
: Age 60 64	Agc 60 64	14,188	10,957		11.	.2%
. Age 55 - 59	Age 55 - 59	20,527	15,368		74.	9%
. Age 50 54	Age 50 54	26,093	18,944		72 6	39%
: Age 40 - 49	Age 45 - 49	31,389	20,700		65.9	%
. Age 40 - 49	Age 40 44	40,676	25,097		6179	6
	∧gc 35 39	50,143	29,503		58.8%	,
. Age 30 - 39	Age 30 - 34	58,385	32,839		56 2%	
: Age 18 29 -	Age 18 - 29	142,385	77,135		54.2%	
:∧ge 18 - 29 -	Age 17 (18 in <	1,8-14	685	2	7.1%	
: Age 12 - 17	Age 16 - 17 AL	1,409	616		43 7%	
Risk	Age 12 - 15 At	3,090	190	6.1%		
: Age 12 - 17	Age 12 15 No	30,892	592	1.9%		
Risk	Agc 16 17 No	12,046	3,631	30	.1%	
and Total					62.53	6

ge and C	Sende	r					
12 - 15				2%	3%		
16 - 19		4-	1%			489	%
20 - 29		54%				5	57%
30 - 30		56%					64%
40 - 49		62%					75%
50 - 59	75	%					83%
60 - 69	83%						86%
70 - 79	90%						91%
80 - 89	89%						90%
90 - 99	80%	۰ 👘					85%
100+		4	1%				70%
and Total		60%					66%
	100%	5	50%	0%	0%	50%	100%
		Ma	le			Fem	ale

Ethnicity Ellaible Vaco 227 914 178 189 English, Welsh, Scotti.. Irish 7 362 5 503 White Any other White back.. 40,728 19,306 Roma 29 1 1 24.3% 268 Gypsy or Irish Travell.. 65 5.990 4.216 Bangladeshi Aslan or Indian 15 094 10.052 Asian Pakistani 33,042 51,575 British Any other Aslan back 16,159 8,420 Chinese 20,427 7,558 Black, Afri African 33 576 18 133 can. Carib Caribbean 7 948 3 957 bean or.. Any other Black, Afric... 8,646 3,868 Mixed or White and Asian 2.7441.651 White and Black Afric. 4,430 2,224 Multiple ethnic Any other Mixed or M 6 239 3,061 groups White and Black Carl 4 182 1 915 Status Declined to provide et.. 7,832 4,103 Unknown No record of ethnicity... 103,331 51,258 4,921 2.522 Other Arab ethnic gr.. Any other ethnic group 21,085 9.963 Grand Total

Indicates of Multiple Deprivation (IMD)

з

Vaco

14.757

27 423

57,019

67,262

55,303

89.078

45.296

10,193

2,683

Eligible

4

24.284

45 802

94.785

111.8..

90,376

146.9.

59,848

12.745

3,857

IMD Score

80 - 89

70 - 79

60 - 69

50 - 59

40 - 49

30 - 39

20 - 29

10 - 19

Unknown

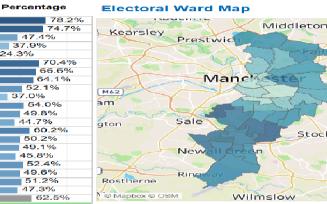
Grand Total

0 - 9

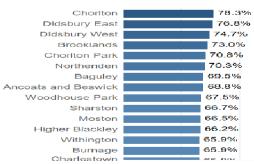
Deprivation

Score = Higher [

Higher



Electoral Ward Breakdown of





⊕ Manchester Health & Care Commissioning



Percentage



75.0%

75.7%

69.6%

80.0%

60.8%

59.9%

60.2%

60.1%

61.2%

60.6%

62.5%







Oldham

Ashton

(M67)

N/I

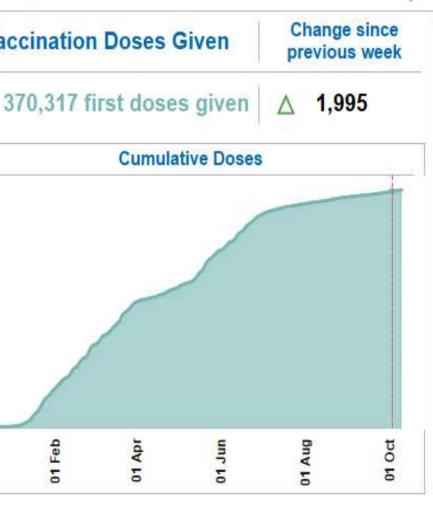
under-Lyn

Poynton

worth

Stockport

COVID Vaccination Coverage as of October 9, 2021: Summary Position Data Source: NIMS, Patients Registered with a Manchester GP Practice Only



Manchester Health & Care Commissioning

Business Intelligence Team

			by Cohort	
(cnange	-	-	ous week)	
Cohort	Vaccinated	Eligible	% Coverage	
Age 80+	12,990	14,416	90.1%	
Age 75 - 79	9,815	10,782	91.0%	,
Age 70 - 74	14,711	16,241	90.6%	2
Clinically Extremel	33,471	38,344	87.3%	
Age 65 - 69	17,238	19,937	86.5%	
COVID19 at risk	71,297	89,217		79.9%
Age 60 - 64	22,106	26,602		83.19
Age 55 - 59	27,009	33,702		80.1%
Age 50 - 54	29,837	38,641	7	7.2%
Age 40 - 49	62,277	91,662	67	.9%
Age 30 - 39	75,241	124,707	60.3	%
Age 18 - 29	91,310	161,883	56.4	%
Age 16 - 17	6,034	15,737	38.3%	
Grand Total	370,317	559,318	66	.2%

This is the most up to date data available on vaccination coverage, taken from the National Immunisati Management System (NIMS). This the same data source that is used f national daily reporting.

Please note that there is double counting within the Cohorts, e.g. if a patient is 73 years old and Clinicall Extremely Vulnerable they will appe in both the **Age 70 - 74** and **Clinica Extremely Vulnerable** cohorts.

COVID Vaccination Coverage as of October 9, 2021: Summary Position Data Source: NIMS, Patients Registered with a Manchester GP Practice Only

Change since ccination Doses Given previous week ,252 second doses given 2,358 **Cumulative Doses** 01 Feb 01 Apr 01 Jun 01 Aug Oct 5

Manchester Health & Care Commissioning

Business Intelligence Team

Cohort	Vaccinated	Eligible	% Coverage	
Age 80+	12,755	14,416	88.48	%
Age 75 - 79	9,678	10,782	89.76	%
Age 70 - 74	14,448	16,241	88.96	%
Clinically Extremel	32,049	38,344	83.58%	6
Age 65 - 69	16,871	19,937	84.62%	10
COVID19 at risk	66,526	89,217		74.57%
Age 60 - 64	21,475	26,602	80.73%	ŧ
Age 55 - 59	26,014	33,702	77.19%	
Age 50 - 54	28,479	38,641		73.70%
Age 40 - 49	57,945	91,662	6	3.22%
Age 30 - 39	67,645	124,707	54.	24%
Age 18 - 29	77,398	161,883	47.8	1%
Age 16 - 17	1,526	15,737	9.70%	
Grand Total	334,252	559,318	59	.76%

This is the most up to date data available on vaccination coverage, taken from the National Immunisati Management System (NIMS). This the same data source that is used to national daily reporting.

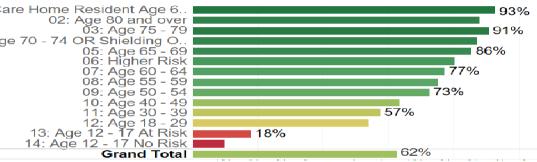
Please note that there is double counting within the Cohorts, e.g. if patient is 73 years old and Clinical Extremely Vulnerable they will app in both the *Age 70 - 74* and *Clinica Extremely Vulnerable* cohorts.

Our Manchester Data Drive: Inequalities summary

use data to understand vaccine coverage based on ethnicity, sex, age, disability and long term health condition at ctice/PCN, Neighbourhood and Citywide level

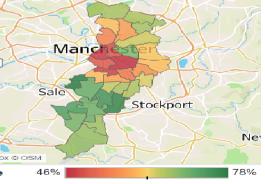
rrently Priority Cohorts 1 - 14 are in scope for vaccination ing the latest patient level data available first vaccination dose uptake 2% (369,017 / 590,480)

ake by Priority Cohort



ke by Electoral Ward

toral Ward information is available for patients who are registered a Manchester GP. There will be patients who live in a Manchester I that are not registered with a Manchester GP.



Lowest uptake in:

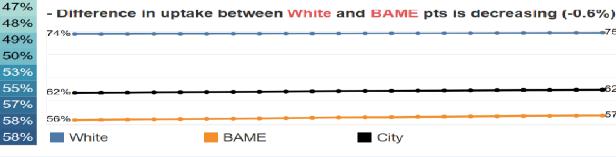
1	Ardwick	
	Deansgate	
	Moss Side	
7	Piccadilly	
5-5-	Hulme	
	Rusholme	
2	Cheetham	
le	Longsight	
	Harpurhey	
%	Fallowfield	

Uptake by Ethnicity

Ethnicity	,	Uptake	Male Uptake	Female Uptake	Diff
	English, Welsh, Scottish, N		77%	80%	3%
	Irish	75%	73%	76%	3%
White	Any other White background	47%	44%	51%	7%
	Roma	38%	33%	41%	8%
	Gypsy or Irish Traveller	24%	25%	24%	1%
	Bangladeshi	70%	66%	75%	8%
Asian or	Indian	67%	61%	73%	12%
Asian	Pakistani	64%	61%	68%	7%
British	Any other Asian background	52%	49%	55%	6%
	Chinese	37%	38%	37%	1%
Black,	African	54%	51%	57%	6%
African,	Caribbean	50%	49%	51%	2%
Antean,	Any other Black, African or	45%	41%	48%	7%
Mixed or	White and Asian	60%	60%	61%	1%
– Multiple	White and Black African	50%	48%	53%	5%
	Any other Mixed or Multiple	49%	46%	52%	7%
 ethnic gr 	White and Black Caribbean	46%	45%	47%	2%
Status U.	Declined to provide ethnicit	52%	50%	55%	5%
Status U.	No record of ethnicity status	50%	46%	54%	8%
Other at	Arab	51%	50%	52%	2%
Other et	Any other ethnic group	47%	45%	50%	6%
Grand To	tal	62%	60%	66%	6%
				_	

Ethnicity status is based on information within GP records only.

46% Change in Uptake over the last 3 weeks













Spotlight on Ethnicity Data

example shows how we track first dose coverage for Priority Cohorts 1 – 14 by ethnicity, and the change in covera ifferent ethnic groups in a two week period. We track whether and where the gap is increasing or decreasing to m engagement, pop up clinics and communications

First Dose	Coverage	by Ethnicity	Trend in First	Dose Coverage by Ethnicity		Change in First Dose	Cover	rage by Ethnicity from 2 weeks ago	Fin	st Dose Coverage	Gap by Ethnicity
	vaccinated El igible	% Coverage (increase from 2 weeks ago)	60%		Ethr	nicity	Eligible	Change in % Coverage (Additional Patients Vaccinated)		21 Sep	05 Oct
	5,501 7,362	74,7%			Decl	lined to provide ethnicity status	7,832	1.1% (+89)			
h, Welsh, Scottish	178,183 227,914				Whit	te and Black African	4,430		White Coverage	73.2%	73.5%
ther White backgr	19,306 40,728		40%		Paki	istani	51,575				
or Irish Traveller	65 268	24.3%			Arat		4,921	· · · · · · · · · · · · · · · · · · ·		F0 00/	
adeshi	4,215 5,990		20%		Afric		33,576		BAME Coverage	53.8%	54.5%
	10,051 15,094	66.6%			and the second	other Black, African or Caribbe.			_ix		
ani	33,041 51,575		00			gladeshi	5,990			40.40	40.00/
the <mark>r A</mark> sian backgr	8,419 16,159		0%			other Asian background	16,159		Difference in Coverage	19.4%	19.0%
se	7,557 20,427		01 Jan 01 Mar	01 May 01 Jul 0)1 Sep India		15,094				
iean	3,957 7,948					other Mixed or Multiple ethnic	6,239				
n	18,133 33,576		Asian or Asian British	Other ethnic group	Nor	ecord of ethnicity status	103,331		The difference in first do		
ther Black, African	3,867 8,646			_	Any	other ethnic group	21,085		has decreased by 0.4%	over the last 14 days	s. This has decrease
ed to provide ethn	4,103 7,832	52.4%	Black, African, Caribbean or Black B	_	Whit	te and Black Caribbean	4,182		gap across Manchester		
ord of ethnicity st	51,257 103,331	49.6%	Mixed or Multiple ethnic groups	White	Chin	lese	20,427				
and Asian	1,650 2,744		This clide uses nationt lovel data fle	owing from NIMS to GP Clinical Syste	ome This Whit	te and Asian	2,744		This slide uses patient le	evel data flowing from	NIMS to GP Clinical
and Black African	2,224 4,430	50.2%	1	¥ /	Carl	bbean	7,948	0.4% (+28)	means that the data is a	¥	
the <mark>r M</mark> ixed or Multi	3,061 6,239	49 .1%	means that the data is a few days b	Jenina NIMS.	Engl	lish, Welsh, Scottish, Northern I.		0.3% (+690)	incans that the uata is a	iew days benind Mill	10.
and Black Caribb	1,915 4,182		Ethnicity data is based on informati	ian atarad within CD Drastian records	Any	other White background	40,728		Ethnicity data is based a	n information atored	uithin CD Drastice re
	2,522 4,921	51.2%		on stored within GP Practice records	·	1	7,362	0.2% (+15)	Ethnicity data is based of		
ther ethnic group	9,962 21,085	47.2%	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	not have their Ethnicity recorded and	WORK IS Gyp:	sy or Irish Traveller	268	0.0% (+0)	Approximately 20% of p	atients do not nave th	eir Ethnicity recorded
		62.5%	ongoing to reduce this.		Gran	nd Total		0.5% (+2,752)	ongoing to reduce this.		







Our Vaccine Equity response focuses on three interrelated areas

ESS

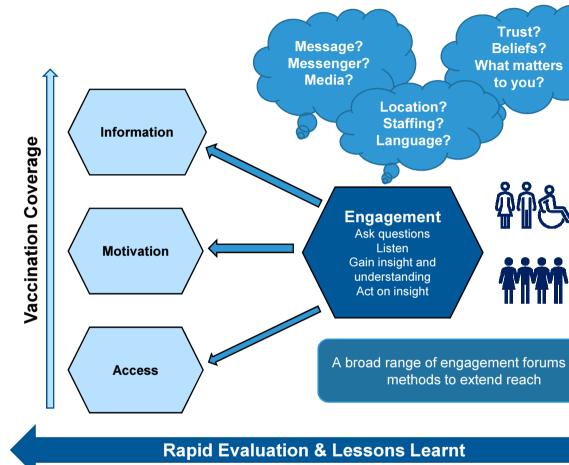
easing capacity and opportunities to be cinated, improving the ways in which people can ess these opportunities and removing barriers that we it difficult for people to get their vaccine

ORMATION

vision of tailored, targeted and culturally opetent information about Covid and vaccination of bespoke use of the "3Ms" as appropriate for the set audience (Message, Messenger, Media);

TIVATION

vities that create conditions for people to want vaccine and build trust and confidence in the cine.













Vaccination Programme

r COVID-19 vaccination at **y** Mosque

NHS

a vaccination clinic at: que, 271 Burton Road, M20 2WA y 11am-3pm

ent by calling: 0161 9470 770

种计划

无需预约

K街停车场M1 4EE

乐意回答您的任何问

慠

樋话。

lability but you may have to queue.

vaccination if any of the following apply: term condition that puts you at higher -10 or over in a care home or someone Ith or social care.

with Chronic Respiratory Disease/ Heart Disease and Vascular Disease/ Chronic Kidney Disease/Chronic Liver isease (including severe or profound learning disability)/Diabetes/ Immunosuppression/Severe Mental Illness Manchester Local Care Organisation



DEEP DIVE: how we are addressing vaccine equity in Manchester for specific communities





ANCHESTER COUNCIL

Manchester Health & Care ⊕ Commissioning



NHS Manchester University



Manchester Health & Care



Ethnic Group - Pakistani

ce across Priority Cohorts 1 - 14 for Pakistani patients is 64.1% (33,042 / 51,575)

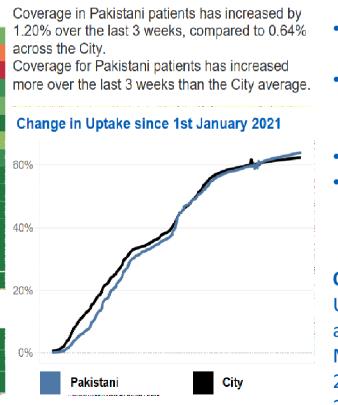
ity average for Priority Cohorts 1 - 14 is 62.5%

te for Pakistani patients is therefore **1.6% higher** than the City average

est variation in the Age 75 - 79 cohort, with uptake 11.5% below the City average

e is lowest in Male patients (Male uptake of 60.9% vs Female uptake of 67.7%)

v Coho	orts	Pakistani	Cit	y	Diff	
e Hom	e Resident Ag	89.5%	92.	7%	-3.2%	
80 an	d over	79.4%	88.0)%	-8.6%	
75 - 7	9	79.2%	90 .1	7%	-11.5%	
70 - 7	4 OR Shieldin	85.7%	87.0	0%	-1.3%	
<mark>: 65</mark> - 6	9	82.4%	85.	5%	-3.1%	
her Ris	k	82.2%	.08	4%	1.8%	
60 - 6	4	73.3%	77.3	2%	-3.9%	
55 - 5	9	73.7%	74.	9%	-1.2%	
50 - 5	4	76.1%	72.0	5%	3.5%	
40 - 4	9	71.7%	63.	5%	8.2%	
30 - 3	9	62.2%	57.4	4%	4.8%	
18 - 2	9	60.1%	54.0	0%	6.1%	
12 - 1	7 At Risk	19.1%	17.9	9%	1.2%	
12 - 1	7 No Risk	9.8%	9.8	%	0.0%	
Total		64.1%	62.	5%	1.6%	
	Pakistani	City			Diff	
	60.9%	59.6%	6 0		1.3%	
	67.7%	65.6%	6	2.1%		
Total	64.1%	62.5% 1.		1.6%		



CHALLENGE:

Uptake lower in the Pakistani population when compar to the City of Manchester. 20th Feb – 13.1% < 18.3% 30th March - 30.1% < 32.9%

RESPONSE:

- Vaccine clinics with Urdu and Punjabi-speaking vaccinators
- Key community leaders promoting vaccine uptake -Imam/GP's/community leaders
- Eid cards containing positive vaccine messages delivered to local Muslim community groups & schools
- Targeted pop ups at Mosques across the city
- Community events with MCR Active and the Counc
 Information was tailored to residents in Urdu and
 Punjabi

OUTCOMES:

Uptake for the Pakistani population initially closed the and is now higher than the average in the City of Manchester.

24th June – 53.7% < 54.9%

 20^{th} September – 63% > 62%







Ethnic Group - Bangladeshi

across Priority Cohorts 1 - 14 for Bangladeshi patients is 70.4% (4,216 / 5,990)

ty average for Priority Cohorts 1 - 14 is 62.5%

for Bangladeshi patients is therefore 7.9% higher than the City average

st variation in the Age 75 - 79 cohort, with uptake 5.0% below the City average

is lowest in Male patients (Male uptake of 66.5% vs Female uptake of 74.7%)

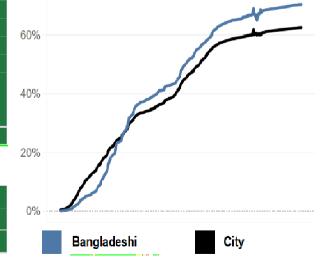
Cohorts	B	angladeshi	City	Diff
Home Re	esident Ag	100.0%	92.8%	7.2%
80 and ov	/er	89.3%	88.0%	1.4%
75 - 79		85.7%	90.7%	-5.0%
70 - 74 O	R Shieldin	9 2 .8%	87.0%	5.8%
65 - 69		86.2%	85.5%	0.7%
er Risk		87.5%	80.4%	7.1%
60 - 64		77.6%	77.2%	0.3%
55 - 59		88.3%	74.9%	13.5%
50 - 54		88.6%	72.6%	16.0%
40 - 49		80.4%	63.5%	16.9%
30 - 39		67.3%	57.4%	9.9%
18 - 29		63.9%	54.0%	9.9%
12 - 17 At	Risk	18.6%	17.9%	0.7%
12 - 17 No	o Risk	13.5%	9.8%	3.7%
otal		70.4%	62.5%	7.9%
В	angladeshi	City		Diff
	66 5%	50.60		6 0%

 66.5%
 59.6%
 6.9%

 74.7%
 65.6%
 9.0%

 otal
 70.4%
 62.5%
 7.9%

Coverage in Bangladeshi patients has increased by 0.90% over the last 3 weeks, compared to 0.64% across the City. Coverage for Bangladeshi patients has increased more over the last 3 weeks than the City average. **Change in Uptake since 1st January 2021**



CHALLENGE:

Uptake lower in the Bangladeshi population when compared to the City of Manchester. 5th Feb – 5.7% < 12.4% 10th March - 23.7% < 25%

RESPONSE:

- Using Trusted community members to cascade key messages
- Eid-ul-Adha comms plan included positive vaccine messages and letter from Director of Public Health to Mosques
- Targeted pop ups and QA sessions from clinical lea at Mosques
- Pregnancy QA session with the South Asian Sounding Board

OUTCOMES:

Uptake for the Bangladeshi population quickly closed gap and is now significantly higher than the average in the City of Manchester.

19th May – 46.9% > 42.5% 24th September – 70% > 62.2%







Ethnic Group - African

across Priority Cohorts 1 - 14 for African patients is 54.0% (18,133 / 33,576)

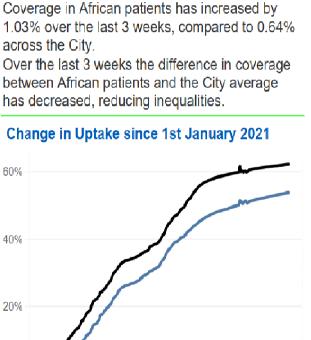
ity average for Priority Cohorts 1 - 14 is 62.5%

we for African patients is therefore 8.5% lower than the City average

est variation in the Age 75 - 79 cohort, with uptake 22.4% below the City average

e is lowest in Male patients (Male uptake of 51.1% vs Female uptake of 57.1%)

1.00		1				
Coho	orts	African	Cit	y	Diff	Cov
e Hom	e Resident Ag	85.2%	92.7	7%	-7.5%	1.03
80 an	<u></u>	68.9%	88.0		-19.1%	acro
75 - 7		68.4%	90.7		-22.4%	Ove
	4 OR Shieldin	80.7%	87.0		-6.3%	betv has
65 - 6		69.2%	85.5		-16.3%	llas
her Ris		73.7%	80.4	1%	-6.7%	Ch
e 60 - 6	4	64.4%	77.2	2%	-12.8%	
e 55 - 5	9	69.9%	74.9	9%	-5.0%	60%
e 50 - 5	4	69.4%	72.0	5%	-3.2%	
40 - 4	9	65.3%	63.5	5%	1.8%	
e 30 - 3	9	52.9%	57.4	1%	-4.6%	
e 18 - 2	9	43.4%	54.0)%	-10.6%	40%
: 12 - 1	7 At Risk	9.8%	17.8	9%	-8.1%	
e 12 - 1	7 No Risk	5.9%	9.8	%	-4.0%	
Total		54.0%	62.5	5%	-8.5%	20%
	African	^: L.			D: 4	· 20%
	Aincan	City			Diff	
	51.1%	59.6%	, D		-8.5%	
	57.1%	65.6%	, D		-8.5%	0%
Total	54.0%	62.5%	ó		-8.5%	



African

City

CHALLENGE:

Uptake lower in the African population when compared the City of Manchester. 5th Feb -5.7% < 12.4%10th March -18.3% < 25%

RESPONSE:

- Lead GP took part in live Q&As on Instagram for you population and on Radio Africana
- Covid Connectors sharing positive messages both fa to-face and via social media, WhatsApp etc.
- Worked with African church leaders around sharing information about local clinics
- Videos developed by members of the African comm targeted at engaging their community
- Communities against Covid MCLO and MCC teams visited 5000 homes where data showed population unvaccinated

OUTCOMES:

Despite work undertaken the gap between the African population and the average in the City of Manchester h remained.

30th May – 39.2% < 46.9%

1st September – 52% < 61.4%







Ethnic Group - Caribbean

ake across Priority Cohorts 1 - 14 for Caribbean patients is 49.8% (3,957 / 7,948)

City average for Priority Cohorts 1 - 14 is 62.5%

ake for Caribbean patients is therefore **12.7% lower** than the City average

atest variation in the Age 30 - 34 cohort, with uptake 27.3% below the City average

ake is lowest in Male patients (Male uptake of 48.6% vs Female uptake of 50.8%)

orts	Caribbean	City	Diff	Coverage in Caribbean patients has increased by 0.47% over the last 3 weeks, compared to 0.64%
e Resident Ag	78.0%	92.7%	-14.7%	across the City.
d over	77.2%	88.0%	-10.8%	Over the last 3 weeks the difference in coverage
9	81.6%	90.7%	-9.2%	between Caribbean and the City average has
4 OR Shieldin	67.5%	87.0%	-19.5%	increased, increased inequalities.
9	68.3%	85.5%	-17.2%	moreabed, moreabed medianico.
k	54.9%	80.4%	-25.5%	Change in Uptake since 1st January 2021
4	57.2%	77.2%	-20.0%	
9	52.4%	74.9%	-22.5%	60%
4	53.8%	72.6%	-18.8%	
9	41.4%	63.5%	-22.1%	
9	31.4%	57.4%	-26.0%	
9	31.9%	54.0%	-22.1%	40%
7 At Risk	10.8%	17.9%	-7.1%	
7 No Risk	2.1%	9.8%	-7.7%	
	49.8%	62.5%	-12.7%	
Caribbean	City		Diff	20%
50.8%	65.6%	, D	-14.8%	
48.6%	59.6%	b l	-11.0%	0%
49.8%	62.5%	, D	-12.7%	Caribbean City
	e Resident Ag d over 9 4 OR Shieldin 9 k 4 9 9 7 7 At Risk 7 No Risk Caribbean 50.8% 48.6%	e Resident Ag 78.0% g 77.2% 9 81.6% 4 OR Shieldin 67.5% 9 68.3% k 54.9% 4 57.2% 9 52.4% 4 53.8% 9 41.4% 9 31.9% 7 At Risk 10.8% 7 No Risk 2.1% 49.8% 65.6% 48.6% 59.6%	e Resident Ag 78.0% 92.7% d over 77.2% 88.0% 9 81.6% 90.7% 4 OR Shieldin 67.5% 87.0% 9 68.3% 85.5% 68.3% 85.5% 54.9% 80.4% 57.2% 77.2% 9 52.4% 74.9% 40 53.8% 72.6% 9 31.4% 57.4% 9 31.9% 54.0% 9 31.9% 54.0% 7 No Risk 10.8% 17.9% 7 No Risk 62.5% City 50.8% 65.6% 48.6% 59.6%	e Resident Ag 78.0% 92.7% -14.7% d over 77.2% 88.0% -10.8% 9 81.6% 90.7% -9.2% 4 OR Shieldin 67.5% 87.0% -19.5% 9 68.3% 85.5% -17.2% 8 64.3% 85.5% -17.2% 9 68.3% 85.5% -17.2% 8 54.9% 80.4% -25.5% 4 57.2% 77.2% -20.0% 9 52.4% 74.9% -22.5% 4 53.8% 72.6% -18.8% 9 31.4% 57.4% -26.0% 9 31.9% 54.0% -22.1% 9 31.9% 54.0% -22.1% 9 31.9% 54.0% -22.1% 7 No Risk 10.8% 17.9% -7.1% 2.1% 9.8% -7.7% 49.8% 62.5% -12.7% City Diff 50.8% 65.6% -14.8% 48.6% 59.6% -11.0% -11.0%

CHALLENGE:

Uptake in the Caribbean population was initially similar the City of Manchester average but there has been a significant drop off from cohort 4 onwards. 9th April - 36% > 34% 15th June – 43.4% < 51.7%

RESPONSE:

- Leaflets distributed by volunteers door-to-door, codesigned with the Rastafarian community in Moss S and by Communities Against Covid (CAC) volunteers
- Neighbourhood engagement to promote walkin spaceship venues at Belle Vue and Moss Side resulting in increase in uptake across both neighbourhoods
- Pop Ups at the West Indian sports & social club, churches and Asda in the Moss Side area

OUTCOMES:

Uptake for the Caribbean population has continued to f below the average in the City of Manchester and remain significant challenge.

15th August – 48% < 60.4%

25th September – 49.5% < 62.2%







Ethnic Group - Chinese

ake across Priority Cohorts 1 - 14 for Chinese patients is 37.0% (7,558 / 20,427)

City average for Priority Cohorts 1 - 14 is 62.5%

ake for Chinese patients is therefore 25.5% lower than the City average

atest variation in the Age 18 - 29 cohort, with uptake 32.4% below the City average

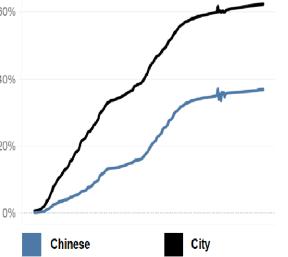
ake is lowest in Female patients (Male uptake of 37.6% vs Female uptake of 36.5%)

ty Cohorts	Chinese	City	Diff	Coverage i 0.50% ove
are Home Resident Ag	84.6%	92.7%	-8.1%	across the
e 80 and over	81.2%	88.0%	-6.7%	Over the la
je 75 - 79	83.6%	90.7%	-7.1%	between C
je 70 - 74 OR Shieldin.	86.5%	87.0%	-0.5%	increased,
je 65 - 69	77.8%	85.5%	-7.7%	
gher Risk	83.9%	80.4%	3.5%	Change ir
je 60 - 64	75.8%	77.2%	-1.4%	
je 55 - 59	76.3%	74.9%	1.4%	60%
je 50 - 54	75.5%	72.6%	2.9%	
je 40 - 49	63.1%	63.5%	-0.4%	
je 30 - 39	43.4%	57.4%	-14.0%	
je 18 - 29	21.8%	54.0%	-32.1%	40%
je 12 - 17 At Risk	40.0%	17.9%	22.1%	
je 12 - 17 No Risk	16.8%	9.8%	7.0%	
l Total	37.0%	62.5%	-25.5%	20%
er Chinese	City		Diff	2070
e 36.5%	65.6%	0	-29.1%	
37.6%	59.6%		-22.0%	0%
0.0%	0.0%		0.0%	
Total 37.0%	62.5%	0	-25.5%	C

overage in Chinese patients has increased by 50% over the last 3 weeks, compared to 0.64% ross the City. Yer the last 3 weeks the difference in coverage tween Chinese and the City average has

Change in Uptake since 1st January 2021

increased inequalities.



CHALLENGE:

Uptake in the Chinese population has constantly been significantly below the City of Manchester average. 10^{th} March – 8.1 % < 25% 1^{st} June – 23.2% < 47.3%

RESPONSE:

- Pop Ups have taken place on a regular basis in the China Town area of Manchester City Centre. Workin collaboration with key contacts within the Chinese community and local businesses, comms have been produced in Chinese and simplified Chinese promot the Pop Up clinics.
- After an initial run of 3 successful clinics in August a decision was made to run another 3 Pop Ups in an attempt to engage with younger members of the Chinese community – this is where uptake is lowest

OUTCOMES:

Although uptake for the Chinese population has contin to fall significantly below the average in Manchester th difference is not growing at the same rate as earlier in year. The success of the Pop Ups in China Town – circa 1000 doses in 4 clinics – has contributed to stabilising t disparity.







Age-based approaches



CHALLENGE:

Uptake in different age cohorts has varied significantly the difference has been most notable in younger cohor

RESPONSE:

- Pop Ups in locations which have a high footfall of younger people e.g. Manchester city centre
- Innovative use of Comms (local radio, social media influencers, iWalker technology) to deliver key messages to younger cohorts
- Pop Ups delivered at sixth form colleges across Manchester
- A 12 day rolling programme of clinics offered during Freshers weeks for Manchester University and Manchester Metropolitan University students

OUTCOMES:

Over a thousand young people vaccinated via sixth forn college and University offers.

Invaluable information gathered via QR surveys that have helped to influence strategy for addressing issues with uptake in younger cohorts.

NCHESTER

Manchester Health & Care Commissioning



Manchester University



Disabled People



Learning Disability Calming Clinic

The Grange Community Centre Pilgrim Drive, Beswick, Manchester M11 3TQ



'I had a really positive experience at your calming clinic on Friday and really appreciate all the reasonable adjustments you are making to support people with learning disabilities to receive their covid vaccine. Please send my praises and thanks to the volunteers and whole team as everyone was friendly and accomodating.' Sasha Silberman-Hanks, Specialist Learning Disability Nurse

CHALLENGE:

Disproportionate impact of Covid on disabled people, low tru in vaccination and fear of the process resulted in difficulty in reaching large numbers of disabled people across the city. Getting communication and access right and ensuring those v hidden disabilities – Autism , LD and SMI – were not overlook

RESPONSE:

- Use of sounding boards to ensure needs of disabled communities were being heard
- Worked with Disabled People engagement groups to ensu that updates on vaccine programme were regularly shared
- Bespoke clinics offered at accessible locations e.g. Manchester Deaf Centre
- Ensured all sites were accessible for people with disabilitie
- Use of calming clinics at sites for people with LD
- Worked with LD nurses to identify and support patients to have a jab and provided training in delivering vaccinations
- Working with Greater Manchester Mental Health to vaccinate SMI patients at clinic appointments

OUTCOMES:

Current data highlights that the gap in vaccine coverage betwee people with LD and SMI continues to decrease, thus reducing inequalities for LD and SMI patients.







Intersectionality



CHALLENGE:

There is differential uptake by gender and ethnicity – 10% lower uptake in Arabic women than men Lower uptake in women due to fear of fertility and the im

of vaccination in pregnancy

Anecdotally – our LGBTQ community was not accessing vaccination.

RESPONSE:

- Women's only clinics run by female healthcare work
- Outbound calling by women to other women in the native language
- Targeted sex worker clinics (late night offer)
- LGBTQ + Bespoke Pop Ups at G.A.Y Nightclub and Prid
- Pregnancy QAs with community groups including Sour Asian Sounding Board.

OUTCOMES:

- 72 vaccines delivered at G.A.Y clinic
- Further pregnancy clinic planned at Central Mosque of 14th October.
- Manchester has one of the highest rates of vaccinated pregnant women in the country – 47.8% first dose and 34.7% second dose (as of 26.09.21).









Faith based communities



CHALLENGE:

The vaccination programme quickly became aware of high levels of vacc hesitancy in faith communities in Manchester as a result of misinformati

RESPONSE:

- Integrated Neighbourhood Teams at Manchester LCO worked with strategic Jewish partnership network to share information about the Manchester Covid offer
- Comms developed to ensure consistent messaging across Mancheste Bury Salford, translated in Yiddish
- Increased community engagement 15 volunteers ran 9 engagemen sessions before the Jewish holidays
- Information disseminated to 30 Synagogues, schools and Jewish led organisations
- Worked with African church leaders shared info about local clinics, funding available for inclusion group.
- Pop ups and QA sessions from clinical leads at Mosques
- Worked with Imams to build trust in vaccine programme

OUTCOMES:

Through developing trusted relationships with faith communities we we able to overcome vaccine hesitancy and ensure some of our most vulnerable groups accessed the vaccine offer.







Inclusion Groups



CHALLENGE:

We have communities that do not access mainstream communication, have complex lives and live below the radar

RESPONSE:

- Mobile rough sleeper/homeless offer delivered through Urban Village Medical Practice in city centre and host
- Outreach clinics at homeless day centres: The Booth Centre, Barnabus and Mustard Tree
- Targeted mobile sex worker outreach clinics through Manchester Action on Street Health
- Developed intelligence around why take up was so low in certain groups e.g. the current climate of hostility i making Roma sex workers reluctant to engage
- Engaged with Traveller Showman community to promote access to vaccination
- Worked with Justlife in East Manchester to target homeless people in B&B's and temporary accommodation to run tailored clinic – 75% take up

OUTCOMES:

625 first doses and 364 second doses have been delivered to our homeless population as a result of the programme that has been undertaken







Refugees and Asylum Seekers



CHALLENGE:

Manchester has a proud history of welcoming refugees and asylum seekers. The Managed Quarantine Service and the Afghan Resettlement Programme did not consider Covid Vaccination as part of the national delivery model. This was developed as a priority in Manchester and is seen as an example of national best practice.

RESPONSE:

- Bespoke mobile offer to asylum seekers who were temporarily residing at hotels across the city
- Pop Up delivered at Rainbow Haven, a support organisat for refugees and asylum seekers. 34 people attended the session – 12 service users received their first vaccine and received their second vaccine
- Consistent messaging no one is charged for testing, treatment and vaccination
- No immigration checks and lack of documentation, languor digital inclusion was never used as a barrier to vaccina
- Utilisation of Covid Chat coordinators and Interpreters t understand and address barriers to vaccination.

OUTCOMES:

Over 800 people vaccinated via our Managed Quarantine Se









HCC 🥏 @Manchester... · 30/07/2021 ···· Manchester, grab a cab to get the jab 🚘

ou can book a taxi for FREE to and from e Moss Side vaccination site (M15 5NN)!

oss Side offer both AstraZeneca and izer 1st and 2nd doses.

all Streetcars on 0161 228 7878 and lote 'MossJabCab' 📞

ank you for doing your bit.





Addressing Deprivation

Map of COVID Vaccination Pop-up Delivery Manchester Health & Care Commissio This map highlights where pop-up vaccination sites have taken place over Manchester. The Business Intelligence Team greater the number of vaccines given at a site, the larger the label on the map, Vaccination Location Middleton Religious Building Oldham Kearslev Students Prestwich Supermarket Other Failsworth Mossley Ashton-Manchester under-Lyne Vaccines delivered by Location M62 **Religious Building** M67 Students Supermarket Other Stockport Marple Newall Green Hawk Green New Poynton @ 2021 Mapbox @ OpenStreetMap

OUTCOMES:

• 770 free taxis provided between Jan – Aug 2021

CHALLENGE:

We have a deprived population we complex lives. Many struggle to a or access transport to local vacci sites, do not have smart phones a face digital exclusion.

RESPONSE:

- FREEPHONE central bookings to enable all to book into an o The "Gateway"
- Free taxis for those struggling access a vaccination site
- Free bus to surge sites in Bell and Moss Side
- Community pop up clinics at supermarkets, shopping cent and local parks
- Targeted offer for care worke low paid occupation groups e drivers and warehouse staff f Amazon and The Hut Group





Manchester University

2,614

1.316

2,917

2,182









Hanchester Health & Care Commissioning



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