

# Public Document Pack

**Executive Board, 21<sup>st</sup> April 2021**

**Supplementary Information (Appendix 4): Agenda Item 6:**

**'Leeds Covid-19 Vaccine Health Inequalities Plan'**

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## Leeds Executive Board Report - Appendix 4

### Health Inequalities Vaccination Plan Progress Update

#### 'Leaving No one Behind'

14<sup>th</sup> April 2021

#### 1. Introduction

The purpose of this paper is to provide an update on the main workstreams of the Health Inequalities Vaccination Programme, including headline Covid vaccine uptake data.

#### 2. Headline data

##### Leeds: (Data from Leeds GP systems as at 13/04/21)

- Over 360k people have had a 1<sup>st</sup> vaccination (49.1% of GP registered, a 0.5% increase since 08/04/21)
- 84.2% of Clinically Extremely Vulnerable and 77.0% of 'at-risk' have been vaccinated (0.3 and 0.4% increases respectively)
- Largest proportion increase of first vaccinations since 08/04/21 in 50-54 (1.7%)
- Almost 100k people have had 2 vaccinations (13.6% of GP registered, a 3.2% increase)
- 81.7% of over 80's have had 2 vaccinations
- Largest proportion increase having a 2nd vaccination in the 75-79 group (18.1%), with over half having 2 vaccinations (57.7%)

##### PCNs:

- 16 of 19 PCNs have at least 3 quarters of their over 80 population having a 2<sup>nd</sup> vaccination (LSMP, BHRH and Chapeltown are the 3 PCNs below 3 quarters)  
8 of 19 PCNs have at least 3 quarters of their 75-79 having a 2<sup>nd</sup> vaccination

##### Headlines:

- 66.6% of Black Asian Minority Ethnic (BAME) people in all priority groups 2-9 have had a first vaccination, an increase of 1.1% since the 08/04/21 report, compared to a 0.6% increase in white (89.0% vaccinated).
- 72.2% of BAME Clinically Extremely Vulnerable (CEV) have been vaccinated, a 0.8% increase, compared to a 0.2% increase seen in white (89.2% vaccinated).
- In the 'at-risk' group, 59.4% of BAME (0.8% increase) and 80.6% of white (0.5% increase) have been vaccinated
- 74.5% of those living in the most deprived areas have now been vaccinated (groups 2-9), an increase of 0.9%.
- 82.8% of all those with learning disabilities (LD) have now been vaccinated (1.1% increase), and 73.7% of all those with serious mental illness (SMI) have been vaccinated (0.9% increase). In CEV the proportions vaccinated are 88.2% for LD and 80.9% for SMI.
- 87.3% of Females have been vaccinated in groups 2-9 compared to 84.0% of males. In CEV, 83.3% of females and 85.4% of males have been vaccinated.
- 88.4% of those recorded with English as their main language have been vaccinated, compared to 59.8% of those with any other language recorded as their main language. In CEV, not English main language proportions vaccinated are higher at 68.8%, compared to 87.1% for English main language.

### **3. Progress on Workstreams**

These approaches are co-ordinated and data driven, ensuring that programmes compliment and do not duplicate resource whilst ensuring that the focus is on where the need is greatest.

Communications have been led by NHS Leeds CCG, supported by LCC Communications and engagement has been through a number of citywide networks.

#### **Roving approach -Bus vaccination clinic**

The aim and purpose of the roving approach is to respond to data which highlights areas of the City with lower uptake amongst cohorts 1 – 9 through a responsive and agile model which can be delivered in the heart of communities.

Under the clinical leadership of Leeds York Partnership Foundation Trust, Leeds City Council library buses have been repurposed to become the delivery model for vaccination bus model. Currently, two Leeds City Council library buses are being used, one as a clinical space and the other for administrative purposes. The model is currently able to safely accommodate up to 80 vaccinations per day by 2 health care staff. Another clinical and administrative bus are also available if the model needs to be expanded, subject to workforce capacity.

Engagement on the locations for the bus is undertaken with key partners and leaders locally to ensure that the sites are suitable and are well used by the local communities. The schedule and forward plan is continually being developed and refined to ensure the provision follows the data trends. This model has been live for 3 weeks and has vaccinated 463 people to date in Beeston, Burmantofts, Richmond Hill and Harehills. After 10 weeks of provision, the bus will then return to the same sites to deliver the second dose vaccinations. Individuals will receive a text message stating that their second doses are due and the bus will be at the same location as the first dose.

The model is developed on a partnership approach to delivery engaging with local leaders and partners. The model provides the additional benefit of community interface and the opportunity to gather soft intelligence that arises from our work located in those communities which can help inform future delivery and building confidence in the vaccine. The locations for the bus include a combination of roads (with road closures, supported by LCC Highways), community centre buildings, Leeds City Council (LCC) owned buildings, all with support from local organisations for staff welfare facilities.

#### **Targeting Inclusion Groups**

The inclusion approach complements the place based and inequality approaches and focuses on supporting 'socially excluded' groups to access to the vaccine.

This approach focuses on the following groups:

Asylum seekers, people living in domestic violence emergency accommodation, people in alcohol detox centres, Gypsy and Travellers, homeless, refugees, Roma, prison leavers, sex workers and people with no recourse to public funds. They know from experience the barriers to the Covid 19 vaccination faced by these groups, as well as their increased social and clinical risk to the disease.

The Street Health team and the 'Bevan Bus', a fully equipped clinic bus with vaccine storage, has been able to take the vaccine to people. Also key has been close partnership working with a number

of third sector and community groups to identify and support these groups to receive their vaccination. Expecting people to travel to GP appointments is not always practical for a number of reasons. The visibility of the Bevan bus has helped with vaccine roll out and the sight of people queuing for the vaccine outside the bus encouraged other people to do the same.

More than 600 people have been supported to get their vaccine through this route. The progress of this work is overseen by a small group of Bevan, LCC public health and NHS Leeds CCG partners.

### **Primary Care Network led community outreach clinics**

Public Health has been supporting eight Primary Care Networks (1. Armley 2. Bramley, Wortley and Middleton Park 3. Burmantofts, Richmond Hill and Harehills 4. Chapeltown 5. Middleton 6. Beeston 7. Seacroft 8. York Road) which have populations living in areas of deprivation and where we also have high numbers of patients who are 'Clinical Extremely Vulnerable'.

Some examples of the targeted interventions that have been delivered to date include:

- The Burmantofts, Richmond Hill and Harehills PCN lead on the delivery of two community venues in the Harehills area. The clinics are delivered at the Bilal Centre on Wednesdays 10am – 4pm and the Infinity Centre is currently being piloted on a Friday 2 – 6pm. The clinical lead for this model is the Primary Care Network (PCN) and all staffing is sourced from within the PCN. The clinics have proved extremely popular and over the course of 7 clinics, 2094 individuals have been vaccinated.
- Work is taking place with other PCNs to scope out provision of community clinics to meet local need.
- Additional resource has been identified and trialled to support PCNs to make outgoing calls to patients who are not booking and accessing appointments, with additional training on the 'Better Conversations' approach.
- Continued support for PCNs to highlight the ability to fund taxis for patients to access appointments
- Listening events have started to take place with Clinical Directors for the Primary Care Networks alongside trusted community organisations to understand local insight and address misconceptions about the vaccination.
- Ramadan planning - Local plans continue to be centred around promoting the messages that receiving the vaccine in daylight hours is supported/does not nullify one's fast and is supported by Muslim faith Leaders. As part of the local offer some PCNs are scoping out a need for additional twilight sessions, scoping out linking up with roving vaccine model.

### **Women only vaccination clinic**

In response to local intelligence highlighting barriers for women accessing existing vaccination clinics, a model is currently being developed to host a women only vaccination clinic. The planning for the clinic is closely linked with Women's Lives Leeds and other partners who are able to support with the development of the clinic as well as promotion to women across the City. The model will be a trial to consider whether there is an ongoing need to provide this approach or how key considerations can be integrated into the citywide vaccination clinic delivery model.

Planning is still underway and is subject to change, however initial plans are that the clinic will be delivered from the Reginald Centre in Chapeltown from Monday 24<sup>th</sup> – Friday 28<sup>th</sup> May. It is also being planned to have the vaccination bus revisit the BAME Centre to provide increased availability for the wider population too.

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