London Borough of Enfield

Health and Adult Social Care Scrutiny Panel, 19th January 2023

Subject: Covid Recovery – vaccinations, inequalities

Cabinet Member: Cllr Cazimoglu
Executive Director: Tony Theodoulou

Purpose of Report

1. To inform the panel of vaccination uptake across Enfield, focusing on the disparities in uptake.

2. To inform the panel about the Community Vaccine Champions scheme in Enfield. This follows the award of £485k through Public Health to LBE from the Department for Levelling Up, Housing and Communities (DLUHC).

3. To inform the panel about the development of an immunisation action plan.

Relevance to the Council Plan

4. This scheme links into the "Safe, Healthy and Confident communities" chapter in the Council Plan. A key theme of this is to address health inequalities. During the pandemic it became apparent that the communities with lowest uptake of vaccines were often those most at risk from the virus.

Background

Successful Public Health intervention

5. Vaccine programmes are one of the most cost-effective Public Health interventions and have helped to control deadly diseases and save millions of lives worldwide. Vaccination saw the eradication of smallpox (responsible for some 300 million deaths in the 20th century) and in a reduction in serious illnesses such as polio, measles and meningitis.

Role of the Public Health team

6. The use of Public Health Intelligence data provided the evidence and rationale behind the strategies used to engage with communities. The data identified the community groups with the lowest uptake, as well as additional information such as the wards, language spoken, and age of

residents where uptake for immunisations is lower. Having this level of intelligence allows for a highly tailored approached to engagement. The Public Health team provided leadership across health and social care and managed the day to day running and strategic oversight of the vaccine champions scheme. The governance for immunisations has sat with the ICS Immunisations and Screening group, co-chaired by the Director of Public Health and ICS Clinical Lead.

COVID-19 vaccine inequalities

7. Uptake of the first dose of the COVID-19 vaccine demonstrates inequalities in the borough, with the east of the borough having lower uptake and higher deprivation rates. As shown on the map below, uptake in Upper Edmonton was 22.7% lower than in Town ward.

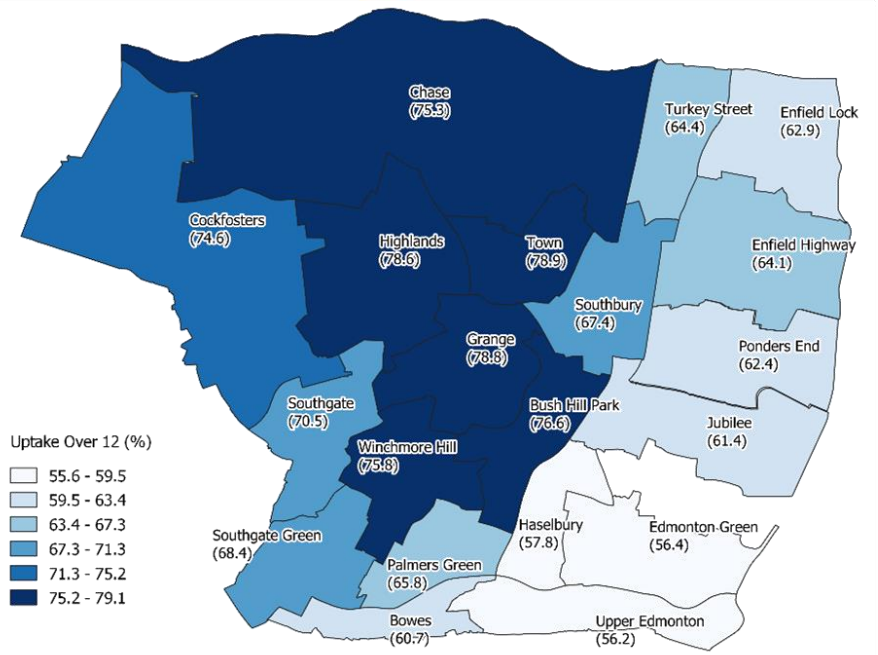

Figure 1: Percentage uptake first dose of COVID-19 vaccination in all above 12 years by ward

Other adult immunisations

8. There are similarities in trends for the flu vaccine. As seen on the map below, flu vaccination uptake is also lowest in the east of the borough with uptake of 55.4% in Lower Edmonton compared to 78.7% in Town ward.

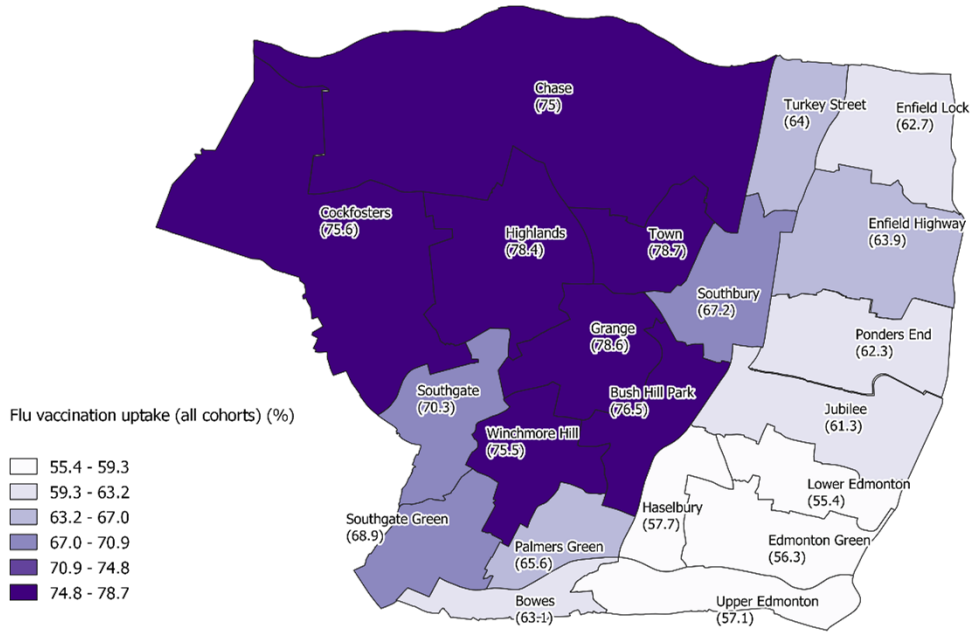

Figure 2: Percentage flu uptake by ward in all cohorts

9. Vaccination uptake is monitored at the fortnightly Enfield Immunisation and Screening group, co-chaired by the Director of Public Health and the Integrated Clinical Partnership Clinical Lead at the NCL Integrated Care Board (Enfield). This group provides governance and strategic leadership on immunisations and the intersection with inequalities. This group guides vaccine interventions and provides system collaboration to address inequalities in uptake.

10. An extensive report to the HASC Scrutiny on the COVID vaccination rollout was received in March 2022.

Childhood immunisations

11. There are several immunisations available to babies and children that are part of the routine immunisation schedule (Appendix 1). Babies and children are vaccinated at an early age to protect them from illnesses that can be particularly serious at their age (or later).

12. Table 1 show the uptake of immunisations from age 1 to age 10. This shows that uptake varies by vaccination offered. “All Vaccinations” denotes the Enfield average for all vaccinations that a child would be given by that specific age.

Vaccine	Age	Current uptake Enfield
6-in-1 (dose 1, 2, 3)	1 Year	86%
6-in-1 (dose 1, 2, 3, 4) polio catch-up campaign	1 Year	28%
PCV (dose 1)	1 Year	89%
Rotavirus (dose 1 & 2)	1 Year	82%
Men B (dose 1 and 2)	1 Year	85%
All vaccinations	**1 Year**	**79%**
6-in-1 (dose 1, 2, 3, 4) polio catch-up campaign	2 Years	29%
PCV (completed dose)	2 Years	81%
MMR (dose 1)	2 Years	81%
Men B (dose 3)	2 Years	76%
Hib/MenC	2 Years	81%
6-in-1 (dose 1, 2, 3)	2 Years	86%
All vaccinations	**2 Years**	**74%**
6-in-1 (dose 1, 2, 3, 4) polio catch-up campaign	3 Years	6%
4-in-1 Booster (dose 1 & 2) polio catch-up campaign	4 Years	30%
4-in-1 Booster (dose 1 & 2) polio catch-up campaign	5 Years	32%
MMR (dose 2)	5 Years	70%
MMR (dose 1)	5 Years	87%
Hib/MenC	5 Years	86%
6-in-1 (dose 1, 2, 3)	5 Years	87%
4-in-1 Booster	5 Years	72%
All vaccinations	**5 Years**	**66%**
3-in-1 polio catch-up campaign	6 Years	25%
4-in-1 Booster (dose 1 & 2) polio catch-up campaign	6 Years	6%
3-in-1 polio catch-up campaign	7 Years	28%
3-in-1 polio catch-up campaign	8 Years	25%
3-in-1 polio catch-up campaign	9 Years	23%
3-in-1 polio catch-up campaign	10 Years	5%

Table 1: Uptake of routine childhood immunisations

13. Figure 3 similarly shows a link between lower vaccine uptake and deprivation.

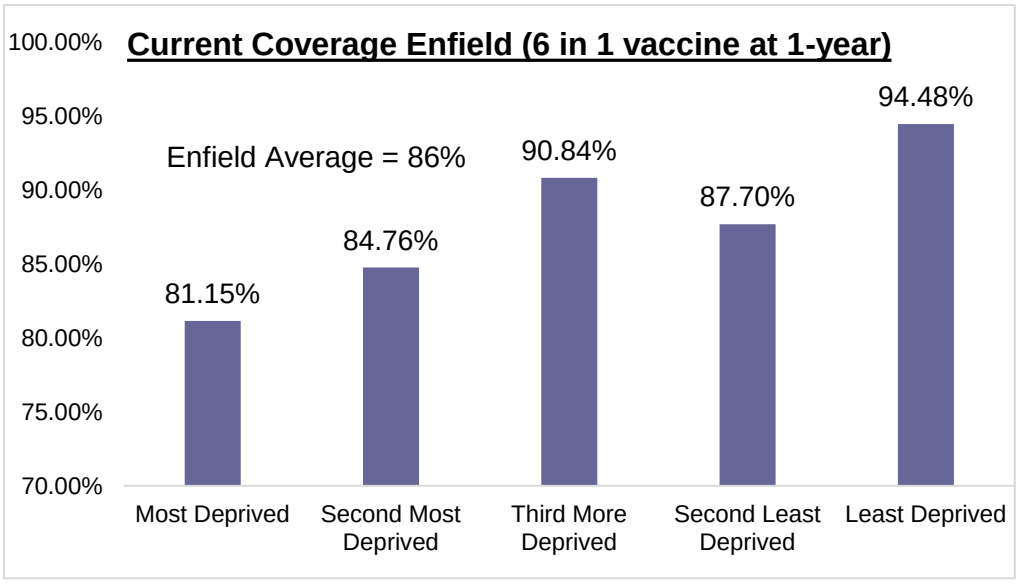

Figure 3: 6 in 1 vaccine at 1-year uptake by deprivation

Immunisations plan

14. The immunisation workplan is a live document that is used to collate and monitor the projects and activities across the borough that aim to improve the uptake of immunisations. Areas that are captured in this plan are, commissioning and performance management, early years and children

and working with the Voluntary ad Community Sector (VCS). For example, work is ongoing to reduce the variation in immunisation between GP practices, improve the uptake for school aged children and provide training for early years staff, health visitors and midwives. The plan will be presented and agreed at the ICS Immunisations and Screening group by February 2023.

Localised approach

15. North Central London boroughs were awarded funding by the NHS to address inequalities in uptake of the flu and COVID-19 vaccine. The first phase (January 2022) of the hyperlocal plan included:

    - Increase staff capacity for walk-in services at Evergreen Surgery
    - Pop-up vaccination clinics at North Middlesex hospital for pregnant women
    - Targeted call/re-call for parents of 12-15-year olds
    - Behavioural science research project to identify reasons for low/no consent/returns for school aged immunisations led by Barnet, Enfield, Haringey Mental Health Trust (BEHMHT)
    - Enhanced communications for the GRT outreach programme

Phase Two (December 2022) projects include:

- Youth Health engagement project by Revival Christian church
- PCN initiative to call/re-call patients over 65.
- Complex Case Learning Disability Vaccination Service
- Extension of Eastern European health outreach workers at Edmonton Community Partnership
- Additional staff to support the school-aged immunisations team at BEHMHT

Vaccine champions scheme

16. Following a funding bid by Public Health in January 2022, Enfield Council was awarded £485,000 by the Department for Levelling Up Housing and Communities (DLUHC) to reduce inequalities in vaccine uptake.

17. The initial ask from the DLUHC was for funding to be allocated by March 2022 and for a reasonable level of implementation by July 2022. Following representation this was subsequently extended to March 2023.

18. The key outcomes of this programme prescribed by the DLUHC were:

    Short-term:

    - Increased vaccine uptake rates in target communities.
    - Increased visibility/activity of Community Vaccine Champions within local areas and on social media, with target communities.
    - Increased awareness of Community Vaccine Champions within the local area.

- Increased interaction with Community Vaccine Champions or local authority by disproportionately impacted groups.

Medium-term:

- Increased reach of, and reported trust in, official public health messaging amongst target communities.
- Increased reported confidence in challenging misinformation around vaccine safety amongst target communities.
- Evidence of behaviour change, within the targeted communities, especially with regards to protective health behaviour such as vaccine uptake and challenging misinformation around vaccine uptake.

Long-term:

- Reduced COVID-19 transmission in the long-term.
- Increased access to guidance and awareness of local services through outreach and practical tools which could lead to improved health and wellbeing of target cohorts and their families.
- Increased coordination and dialogue with public health providers by participating local authorities with the aim to create cohesive and trusted local messaging.
- Reduced inequality and disparity in health outcomes between different groups.

Work undertaken

19. The groups identified as having lower than average uptake were:
    - Gypsy Roma Traveller (GRT)
    - Black African and Caribbean
    - Eastern European including Bulgarian, Romanian and Polish
    - School-aged children

20. The project activities were designed and delivered in ways that meet the needs of different target communities. Initial proposals were submitted to Public Health and subsequently refined before being approved by the DLUHC.

21. A summary of projects included:

    - Delivery of critical thinking workshops on misinformation and “fake news” to over 160 young people through theatre in education (TIE) by Chickenshed Theatre company
    - The employment of 2 family liaison officers (FLOs) with a specific remit to work with the Gypsy Romany Traveller (GRT) community
    - The use of Covid marshals to signpost and escort people to vaccine centres
    - The establishment of a community grants programme administered by Enfield Voluntary Action (successful applicants shown in Appendix 2)

- Q&A sessions delivered by the Kongolese Children's Association with local healthcare professionals
- Health workshops with the Somali community delivered by Samafal, with support from healthcare professionals
- Monthly health & wellbeing "Town Hall" events hosted by Revival Christian Church with local healthcare professionals
- Recruitment of additional Eastern European outreach workers to conduct health workshops

Increases in vaccination

22. The actual number of COVID-19 first dose administered are compared in the table below before the scheme started up to November 2022.

Ethnicity	September 2021 (%)	November 2022 (%)	Number Vaccinated (September 2021)	Number Vaccinated (November 2022)	Difference
Gypsy, Roma, Traveller (GRT)	30	32.7	176	207	31
Black African	51	57	10,848	14,485	3,638
Black Caribbean	49	53	4,907	5,551	644
Bulgarian	20.4	21.6	745	840	94
Romanian	26.8	25.2*	896	986	90
Polish	38.2	41.3	1,590	1,726	136
Borough Average	62.3	68.1	183,248	198,635	15,387

**A decrease in percentage uptake was due to a change in population size following campaigns to increase the number of GP registrations.*

23. As the scheme formally ends in March 2023, we will continue to build on the close working relationship with the VCS groups and will engage with them on other health topics. The council will also signpost to relevant funding opportunities for VCS groups. A short survey was shared with delivery partners to get their feedback on their key learnings and insights; this will be used to guide future engagement with underserved communities.

Main Considerations for the Panel

24. Key learning from the early COVID-19 vaccination programme have been transferred into other adult and childhood vaccination programmes such as engaging with local community leaders and trusted members and producing culturally competent communications.

25. Learning from the vaccine programmes is relevant to engaging with underserved communities around cancer screening and other preventative health care provision.
26. The scheme was led by Public Health through a steering group including the VCS (Enfield Voluntary Action (EVA), Samafal, Edmonton Community

Partnership, Revival Christian Church, The Kongolese Children's Association, Chickenshed) and other LBE teams including communications, customer services and the LBE GRT lead. PH are also working alongside the behavioural science project team at Barnet Enfield and Haringey Mental Health Trust who are researching the reasons for low and non-consenters to immunisations at school.

27. Organisations and teams were asked to submit proposed schemes of work to Public Health who then liaised with the DLUHC on an initially weekly and then monthly basis. All funded proposals were approved by the DLUHC. Funding was allocated to voluntary and community groups and council departments based on the proportionate need by vaccine rates.

28. EVA ringfenced £75k in funding to administer a grants programme for voluntary sector groups to undertake projects addressing health inequalities in the borough. The successful applicants were all from the target communities and demonstrated robust plans to engage on health issues.

29. Throughout, consideration was given to what the longer-term impacts of the funding might be. The emphasis was on building relationships, trust and capacity for these messages to be supported and received well by communities.

30. It is evident from local and national intelligence that the wider determinants of health influence vaccine uptake. Whilst the vaccine champions programme has resulted in increased uptake in the COVID-19 vaccination, there remains significant and entrenched inequalities in the uptake of vaccines within communities.

Conclusion

31. Immunisation remains one of the most important and cost-effective Public Health interventions throughout the life course. Enfield is developing a multi-faceted approach to address inequalities in vaccine uptake and ensuring that the most vulnerable residents are protected from serious illness. The Council is working closely with Primary Care, the Integrated Care System, the VCS and other partners to address this.

32. Significant work has been undertaken through the vaccine champions scheme which has been used to both increase vaccine uptake and to increase capacity in the VCS. With funding allocated through EVA, the impact will be ongoing. The learning from this programme will be utilised to continue working with underserved groups and will continue to inform the immunisation work plan.

33. In summary, whilst the wider determinants of health affect vaccine uptake, the Vaccine Champions scheme has successfully increased COVID-19 vaccine uptake amongst underserved groups.

Report Author: Louisa Bourlet
Community Health Development Officer
Louisa.bourlet@enfield.gov.uk
0208 078 2808

Date of report 19th January 2022

Appendices

1. Routine immunisation schedule for children

Immunisation	Dose	Due	Time interval for vaccination to be considered in schedule	Report date
6-in-1 (DTap/IPV/Hib/Hep B)	1	8 weeks	8 weeks – 1 year	1 year
6-in-1 (DTap/IPV/Hib/Hep B)	2	12 weeks	12 weeks – 1 year	1 year
6-in-1 (DTap/IPV/Hib/Hep B)	3	16 weeks	16 weeks – 1 year	1 year
Rotavirus	1	8 weeks	8 weeks – 1 year	1 year
Rotavirus	2	12 weeks	12 weeks – 2 years	2 years
MenB	1	8 weeks	8 weeks - 51 weeks and 6 days	1 year
Men B	2	16 weeks	16 weeks – 1 year	1 year
Men B (booster)	3	1 Year	1 year – 2 years	2 years
Pneumococcal (PCV) vaccine	1	12 weeks	12 weeks – 1 year	1 year
Pneumococcal (PCV) vaccine	2	1 Year	1 Year – 2 years	2 years
Hib/Men C	1	1 Year	1 Year – 2 years	2 years
MMR	1	1 years	1 Year – 2 years	2 years
MMR	2	3 years and 4 months	3 years and 4 months – 5 years	5 years
4-in-1 (Diptheria, Tetanus, Pertussis and Polio)	1	3 years 4 months	3 years and 4 months – 5 years	5 years

2. VCS groups who were awarded “Trusted Voices” grants

Large grants (£10,000-£15,000)	Small grants (£500)
Polish Saturday School	Nigerian Catholic Community
Edmonton Community Partnership	Community Aid
Skills and Training Network	Poverty Concern
Bulgarian Centre for Social Integration	Success Club
Dalmar	Nigerian Catholic Community

Background Papers

The following documents have been relied on in the preparation of this report:

1. Community Vaccine Champions Prospectus