



The national intermediary and network for voluntary health organisations in Scotland

# Key Messages



## **Vaccine Inclusion:**

### **Reducing inequalities one vaccine at a time**

**24<sup>th</sup> August 2021**

#### **Introduction**

1. VHS hosted this event in order to foster constructive conversation about challenges to making the COVID-19 vaccine truly inclusive. There were initial presentations on vaccine inclusion from Lorna Ashcroft and Heather Williams from the Directorate for Vaccines Strategy and Policy at the Scottish Government. These were followed by presentations from Ian Brooke, Deputy Director of EVOG, who kindly agreed to chair the event, and Marion Findlay who is Director of Services at Volunteer Edinburgh. Both spoke about the importance of partnership and collaboration, as did Dr Alice Harpur from the Health Protection Team at NHS Lothian. To conclude the event a discussion took place in which attendees were invited to ask questions and raise points they felt deserved more attention. This paper summarises the key messages shared and discussed at the event.

#### **Lorna Ashcroft and Heather Williams**

2. While we have reached tremendous vaccine uptake overall, there needs to be a focus on certain groups vulnerable to exclusion. Among adults in the general population, 90% have received their first dose, however this success must not be a diversion from the inequalities that exist.
3. Broken down by age and ethnicity, there are clear disparities – the highest uptake is in the white population whereas it is lowest for people of Black or Caribbean descent. Broken down by SIMD number, there is noticeable variation among young people. These disparities are suggestive of barriers to vaccination.

4. Other groups with low levels of vaccination are Africans, the Polish and migrants. Homeless people face serious barriers in that they are never going to receive a postal invite. The pandemic has not been an equal one and sadly some of the groups most affected are the most vaccine hesitant. Out of their mistrust of government, conspiracies can be spread easily.
5. Through the Vaccination Inclusive Steering Group, the Scottish Government has sought to engage third sector stakeholders in order to identify potential barriers and come up with solutions. Pre-eminently, there needs to be accessible and clear information, targeted to different groups. Targeted outreach is key.
6. The importance of trust must be emphasised. If info comes from trusted voices that will improve uptake, as would using local venues for vaccination
7. Flexible delivery could help numerous different groups. For example mobile drop-in clinics have benefited the gypsy/traveller community.
8. Concerning communications, the public sector has made several considerable strides. The digital and data workstream promotes accessibility, while the Health Inequality Impact Assessment (HIIA) has been used in production of guidance for different groups, as well as to improve communication.
9. Digital choice should be positive for engagement. On top of the NHS' national vaccination phonenumber, there is an online booking tool for appointments. Information can also appear on different platforms targeted to people's preferences.

### **Ian Brooke and Marion Findlay**

10. The past 18 months have shone a light on the importance of partnership and collaboration between and within government and the third sector generally.
11. In terms of getting the message out there, online events have proved beneficial, e.g., with Edinburgh Uni, NHS Lothian, the Third Sector Interface. Q&As must be noted as a highly effective way of helping people overcome vaccine hesitancy.
12. TSIs – there are 32 of them in Scotland, so every location is covered.
13. Investment is one way to support communities to improve vaccine uptake. 20k investment from the Edinburgh and Lothian Health Foundation supported volunteers. In Edinburgh, microgrants for community and voluntary organisations were successful.
14. The good work done by community taskforce volunteers in Edinburgh should be commended. They have helped in the delivery of food parcels over lockdown and found volunteer drivers to collect prescriptions. In total, they put in 5916 hours of volunteering to assist EHSCP covid vaccinations.
15. Some people are missing out on support that they really needed and valued, as volunteer numbers have dropped. Volunteer Edinburgh has 457 community taskforce volunteers currently and this was originally intended as short-term, one-off help. So, while collaboration is key government still needs to be fulfilling its role.

## Dr Alice Harpur

20. Multi-partner collaboration is critical. This allows the range of knowledge and expertise out there to be utilised properly.
21. Vaccine information needs to be available in a range of formats. Partnerships with MEHIS and interpretation services have helped with this.
22. A partnership that would help reach more people in certain communities is with local faith leaders. If vaccine clinics could be hosted by them that would improve confidence.
23. To identify unique barriers, we need to recognise diversity. Some groups need bespoke action.
24. The ‘three Cs’ approach to understanding hesitancy is massively helpful. Is there a lack of confidence in the vaccine? Are people simply complacent? Or is it not convenient for them?
25. To curb these barriers, we need flexible delivery models and to find other ways to maximise facilitators. Equitable resource allocation needs to continue to be emphasised – if a group faces more barriers, they need access to a higher level of resources to overcome them.

## Event Discussion

27. The divide between rural and urban communities was raised How do we ensure inclusion and fair allocation of resources to non-urban locations? Fife was mentioned specifically. There are local differences which need to be considered. In the Highlands, “Jagger-naught” rural mobile units have been deployed.
28. We ought to be keeping an eye on different strategies emerging from organisations and/or places that could be utilised to make the vaccine rollout more inclusive.
29. The issue of third sector funding is as pressing as ever. Many organisations have been drained by the pandemic and are overstretched currently. If their good work is to continue and COVID-19 recovery to be made more inclusive and efficient they will need investment.



18 York Place, Edinburgh, EH1 3EP  
0131 474 6189 mail@vhscotland.org.uk www.vhscotland.org.uk @VHSComms

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