Briefing Paper

Broader Reach and Stronger Voice:

Reflecting on the inclusivity of the COVID-19 vaccine programme and collaboration with the third sector.

November 2022

1. Introduction

This briefing provides an overview of the key findings from Voluntary Health Scotland's (VHS) research reflecting on the inclusivity of the COVID-19 vaccine programme and collaboration with the third sector. The survey which ran May-June 2022 was designed to build on VHS research published in April 2021, 'Vaccine Inclusion: Reducing Inequalities One Vaccine at a Time', which sought to anticipate potential gaps in the vaccine programme roll out.[1]

VHS is the national intermediary and network for voluntary health organisations across Scotland. VHS exists to create a healthier, fairer Scotland served by a thriving voluntary health sector. We work to improve people's health and wellbeing by providing an effective national network for health charities and other third sector organisations actively supporting people's health and wellbeing. Our members and network include a range of medium and large condition specific organisations, smaller community organisations, as well as social enterprises.

We use our role to act as a conduit between policy makers in Scottish Government and Public Health Scotland (PHS) and our member organisations as well as our wider community and voluntary sector network – ensuring we share grassroots level information to better shape policies, strategies and actions.

VHS has been supported throughout the design and analysis of this research by analysts from the Scottish Government's Analytical Exchange Programme. We are very grateful for the expertise and the significant time PHS and the Scottish Government dedicated to this piece of work.[2]

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[1] https://vhscotland.org.uk/wp-content/uploads/2021/04/Research-Briefing-Reducing-Inequalities-One-Vaccine-at-a-Time-April-2021.pdf

[2] Statistics Analytical exchange programme 2022 - Statistics (blogs.gov.scot)

2. Background

In April 2021 VHS published the report 'Vaccine Inclusion: Reducing Inequalities One Vaccine at a Time'. This report aimed to inform policy makers to help ensure the distribution of the vaccine would not widen health inequalities, by missing vulnerable groups. The research made six recommendations on the need for the following:

1) Coherent, timely and accessible public health communications
2) Collecting and analysing local data about uptake of COVID-19 vaccine by different communities and groups
3) Conducting active research into the ongoing vaccine programme
4) Developing a rolling programme of outreach vaccination clinics, services and events
5) Providing accessible, affordable transport to vaccine centres and clinics
6) Involving third sector and community partners more in the planning, communications and delivery of public health interventions.

The research and recommendations contributed to the Scottish Government's COVID-19 Inclusive Vaccine Programme, who's steering group accepted recommendations 1-4 and six in full.

Our research in 2021 was largely pre-emptive and designed to influence the vaccine programme as it was being rolled out. Now that the programme has been well established and the COVID-19 vaccine will continue to be offered to eligible cohorts, VHS decided to undertake research to reflect on the rollout. This report, therefore, assesses the extent to which the COVID-19 vaccine rollout in Scotland reduced inequalities and fostered collaboration between the public and third sector.

Based on feedback from our partners, we already knew third sector and voluntary organisations were eager to help tackle barriers to vaccine. We heard inspiring stories about how organisations were working collaboratively to support the rollout and reduce inequalities. This research seeks to document that partnership working so we can harness these experiences and secure the third sector as a valued partner in future public health interventions.

2.1 The wider research context

The findings from this survey contribute to a growing body of evidence from research conducted on the efficacy and accessibility of the vaccination programme and wider lessons for public health.

In June 2022, the Scottish Government published research on user-experiences of the Scottish vaccination programme (COVID-19 and flu) among people who may face additional barriers to vaccination. The findings are intended to support the Scottish Government, PHS and NHS Health Boards to ensure that the vaccination programme is as accessible as possible as Scotland embarks on a new phase of the

vaccination programme. The aim is for PHS to provide national leadership of this service, with NHS Health Boards responsible for vaccine delivery.

Additionally, BEMIS Scotland and the African, Caribbean and Black Inclusive Vaccination Sub-Group of the Ethnic Minority National Resilience Network (EMNRN) commissioned Dr. Josephine Adekola at the University of Glasgow to conduct research on the COVID-19 Vaccine Experience within African, Caribbean, and Black (ACB) communities in Scotland.[3] This research was funded by BEMIS Scotland via the Vaccine Information Fund with support from the Scottish Government's Race Equality Unit. This follows on from research conducted by Dr Josephine Adekola in 2021 funded by Glasgow Caledonian University which explored COVID-19 vaccine hesitancy within minority ethnic communities in Scotland.

Both studies were more focused on the user-experience of the programme and provide a rich understanding of the barriers people faced in taking up their vaccine. Vaccine confidence and trust in information sources were key in both studies and the Scottish Government's research provided further insight on the practical barriers some people faced in taking up the vaccine offer. Our research aims to complement this work on the user experience by illustrating how partnership working can be harnessed to reduce inequalities. One of the key recommendations from Dr Adekola's research was to build partnerships with community assets within Scotland's African and Caribbean communities. She also highlighted the importance of investing in grassroot community groups to build capacity and capability.

Building on the work of the Vaccination Transformation Programme, which transferred delivery responsibility for vaccines to NHS Health Boards from GPs, PHS will continue to increase their leadership role. PHS will ensure vaccine programmes are safe, effective and convenient, in order to protect public health. Local NHS Health Boards will deliver vaccinations locally to communities. The Scottish Government, PHS and NHS health boards hope to build on the lessons learned and successes of the COVID-19 vaccine programme, including use of partnership working to reach communities.

3. Methodology

In May 2022 VHS conducted a qualitative study in the form of an online survey of our member organisations and wider network asking:

- Whether they targeted support for the COVID-19 vaccine rollout to any potentially underserved groups?
- What support they provided in relation to the COVID-19 vaccination rollout?
- How effective they felt the NHS-led interventions were in enabling underserved groups to take up the COVID-19 vaccine?
- Whether they were involved in any partnership working to support the COVID-19 vaccine rollout and how effective these were?

[3] https://bemis.org.uk/wp/wp-content/uploads/2022/08/COVID-19-Vaccine-Experience-Research-Report.pdf

- Whether they observed any wider public health benefits from the COVID-19 vaccine interventions and outreach models?
- What lessons we can learn from the COVID-19 vaccine programme.

We received a total of 66 responses, many of which were incredibly rich sources of data with very illustrative examples of partnership working. We are incredibly grateful to all the organisations who took the time to respond to our consultation and share it among their networks.

We have also threaded some background research through this report in the form of case studies. There are three short case studies based on further reading on community transport, the Vaccine Information Fund and the Lothian Micro-grants Programme during the pandemic.

4. Survey Respondents

4.1 Who were the respondents?

Of the total 66 responses, the vast majority (45) were from the third sector, then the public sector (14) with seven responses from individuals. A full list of the respondents who were happy to share their organisation's name is included in Appendix 1.

Respondents were located across 13 NHS health boards, with the highest numbers from NHS Lothian (18), NHS Greater Glasgow & Clyde (17), NHS Lanarkshire (12) and NHS Highland (10). Additionally, 13 of the respondents operated across all health boards in Scotland.

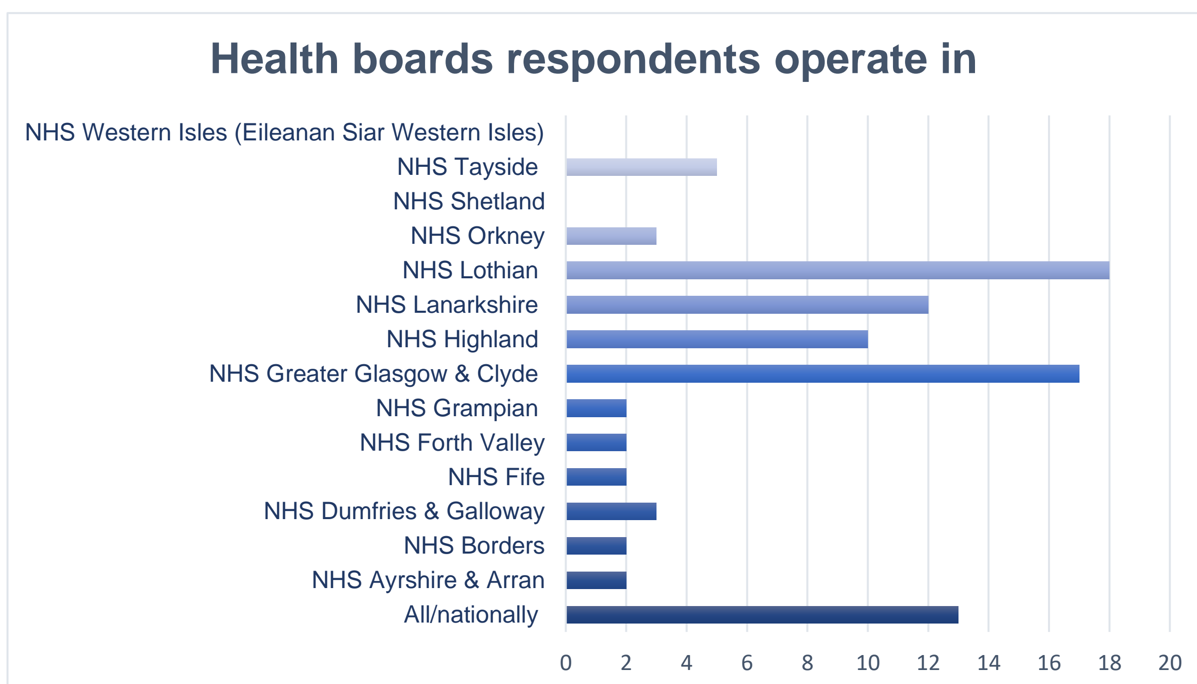

Figure 1 - Respondents by NHS health board.

4.2 Who did the respondents support?

Fifty respondents targeted support specifically to potentially underserved groups, and over half of them provided support to multiple different groups. For example, British Red Cross Refugee Support provided support to: Black, Asian or minority ethnic communities; people experiencing homelessness; people living in poverty; and asylum seeker and refugee communities.

A wide variety of underserved groups were targeted for at least some kind of support (see Figure 2). People living with disabilities received the most targeted support, followed by people with physical health issues and people with alcohol and/or drug dependency issues. The groups who received the least targeted support were 'traveller communities'; the 'prison population or those who have been in prison'; people 'living in rural areas' and 'young people'.

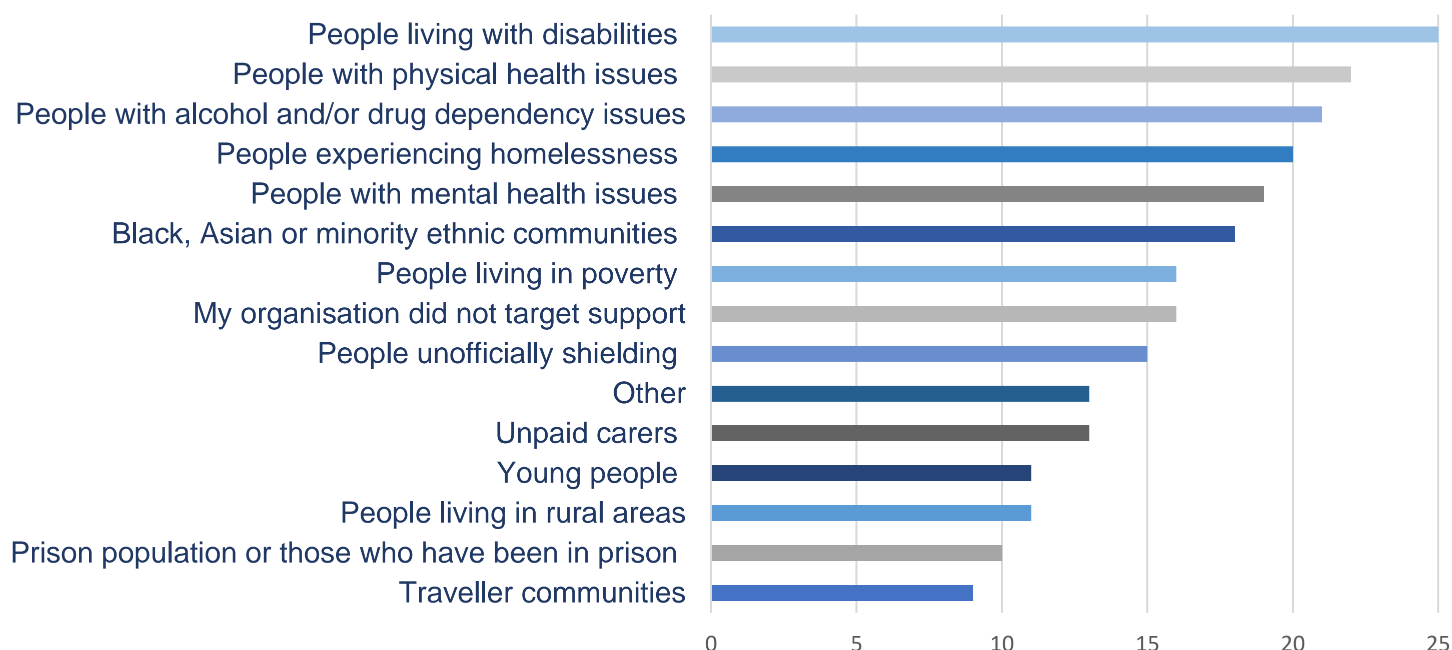

Figure 2 – Targeted support for potentially underserved groups (There is background information on the categories outlined in the footnotes.[4])

[4] The categories used in this question were selected based on Voluntary Health Scotland's previous research on the COVID-19 vaccine programme which identified these groups as being at risk of being underserved during the vaccine rollout. Those who selected "other" provided further information on who they supported. In many cases these groups fit in the categories outlined, such as people living with a specific health condition, but some of the groups also supported were: People with autism; People with learning disabilities; Asylum seekers and refugees; People with sensory barriers; Local residents in their community; Older people 60+; and the Deaf British Sign Language (BSL) community.

5. Key Findings

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5.1 Type of support provided

There was a wide range of support provided by organisations which can largely be divided into 1) supporting the provision of information and 2) enabling people to access the vaccine. Some organisations were directly involved in supporting vaccine clinics, others provided additional services alongside the vaccine such as signposting and food.

Much of this included disseminating, translating and providing information on the vaccine for the people they support. Only 16 respondents did not provide any support in relation to the COVID-19 vaccine

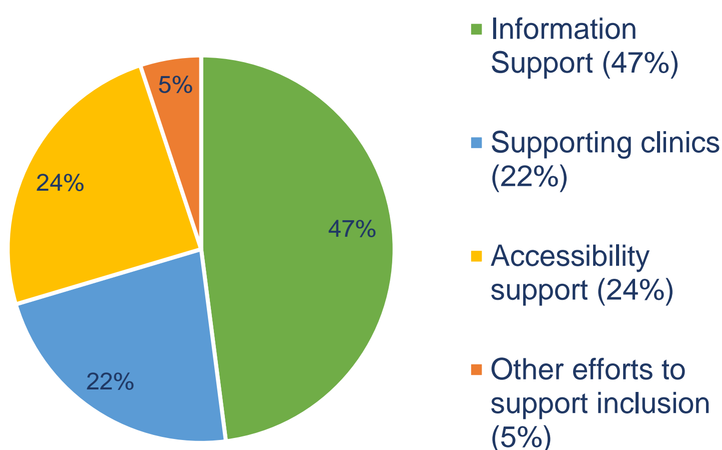

Figure 3 – Type of support provided by overarching themes.

Almost half of the support provided by organisations involved the provision of information, followed by accessibility support and directly supporting clinics.

A more detailed breakdown of the support is provided in figure 4.

A key area of support which was not included in our initial question was providing alternative formats of information for example British Sign Language or Easy Read. Three organizations were

involved in this kind of support, Royal National Institute of Blind People (RNIB) worked with PHS and the Scottish Government to ensure that support/guidance for people with sight loss formed a core part of the Health Impact Assessments.

Furthermore, some organisations played a pivotal role in ensuring the people they support didn't get missed by the Joint Committee on Vaccine and Immunisation priority groups. The Terrence Higgins Trust lobbied to ensure people living with HIV were included in the correct priority group when they hadn't disclosed their HIV status to their GP. Additionally, an anonymous carer campaigned for unpaid carers to be a high priority in the programme.

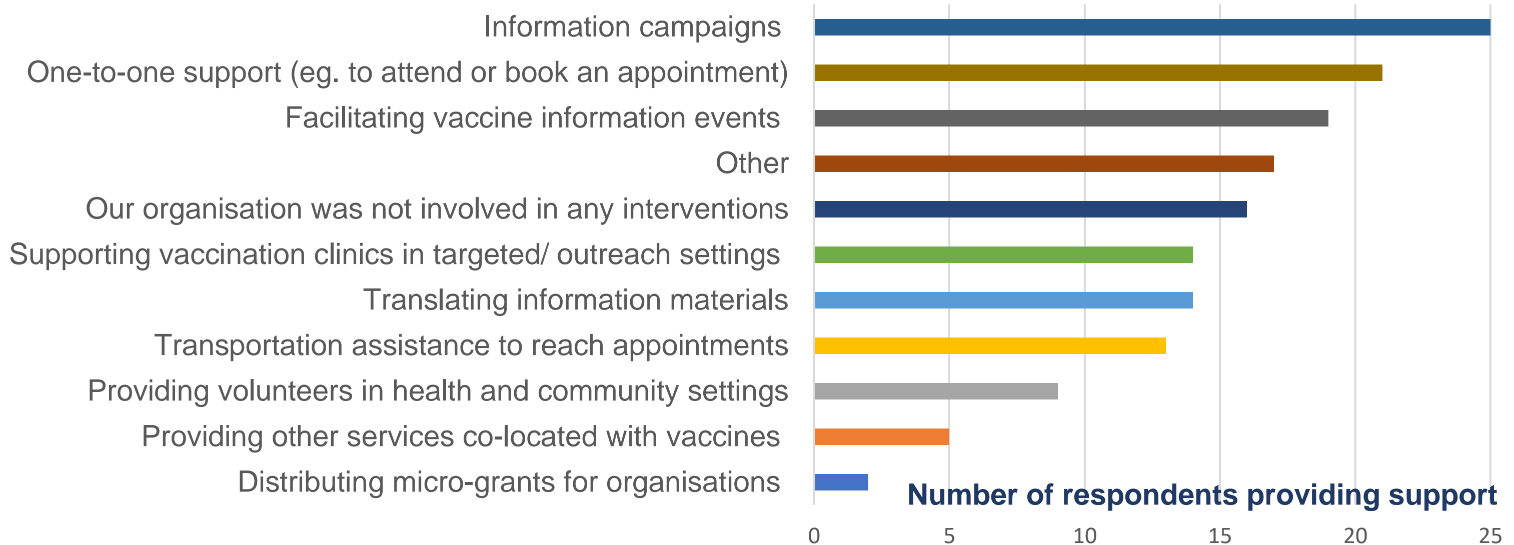

Figure 4 – Type of support provided by organisations - We have taken "translating information materials" to mean translating into additional languages and into more accessible formats

Case Study – Community Transport

The Community Transport Association provided some background information on community transport during the pandemic which we have combined with our research to create a brief case study. Community transport provides accessible community-led transport on a not-for-profit basis in response to local transport needs and often represents the only means of transport for people who are isolated and in vulnerable situations. The Community Transport Association produced a report at the end of 2020 on the role community transport played during the pandemic in supporting patients, providing shopping and prescription deliveries and reducing social isolation.[5]

Community Transport Glasgow worked with the NHS, Glasgow City Council and Strathclyde Partnership for Transport (SPT) in providing vaccination transport for the

[5] https://ctauk.org/wp-content/uploads/2020/12/Serving-Scotland-CT-During-COVID.pdf

community. Handicabs (Lothian) Limited (HcL) Community Transport also provided free vaccine appointment transport for people after responding to demand from health care staff who were aware of people with mobility challenges who were isolated. In Lothian their service was in such high demand that they did not have capacity to accommodate everyone and there were not really other alternatives.

Community transport not only enables people to take up the vaccine offer, but also plays a part in reducing social isolation and loneliness. Drivers speak to the people they support and provide a vital social contact for that person. It is important that accessibility of transport is part of the overall planning stage on public health interventions like vaccinations and community transport should be an important partner in this. There is now a community transport map of Scotland available showing 170+ groups that can provide support.[6]

5.2 Partnership working

When asked, 30 respondents confirmed they had worked in partnership to support the COVID-19 vaccine rollout, 26 were not involved in any partnership working and 10 were unsure.

Of those involved in partnership working 73% felt the partnership they were involved in was "very effective" or "effective" in supporting the vaccine rollout, while 23% felt it was an "average" level of effectiveness. Only one respondent felt the partnership they were involved in was less than effective.

There were some very positive stories of partnership working shared by respondents:

> *"Our Service provided vaccination clinics using an outreach model across over 50 services including homeless accommodations and homeless hubs/drop-in centres. This required partnership working across multiple agencies including 3rd sector. Results were exceptionally positive and it worked extremely well. Would not have been possible without this partnership working."* - **Glasgow City Health & Social Care Partnership**

Some provided an excellent illustration of taking an inclusion-based approach, so no one falls through the cracks:

> *"We worked alongside PHS, NHS HIV leads and the Scottish Government's CMO Directorate to ensure people living with HIV who had chosen not to disclose their HIV status to their GP were invited to come forward as part of COVID-19 vaccination priority group six whilst ensuring confidentiality. This was a really effective piece of work where all stakeholders were included and informed, drawing on each other's strengths"* - **Terrence Higgins Trust Scotland**

[6] https://www.google.com/maps/d/viewer?mid=1VEGkWq6DCNOxCeDis_1XD0QSw9Nda8s&ll=57.883574066791006%2C-4.221427049999997&z=5

> *“[we] worked with NHS public health, other TSIs and other vol organisations to reach people less engaged in vaccination process and address issues of hesitancy, confidence and uptake (publicity & micro-grants)” -* **Edinburgh TSI Partnership**

This quote highlights the value of partnership working and we believe encapsulates the views of multiple respondents:

> *“Working in partnership gave us a broader reach and a stronger voice” -* **Crohn`s & Colitis UK**

Appetite for Partnerships from the third sector

In terms of interest in future partnership working, 80% of third sector respondents were interested in collaborating with health boards on future public health interventions to reduce health inequalities and only 9% were not interested in this. Eleven per cent didn’t know or were unable to speak on behalf of their organisation.

Different themes emerged on how respondents would want to collaborate with health boards on future public health interventions. These ranged from communications support and information sharing, to developing solutions in partnership and delivering services. Organisations noted they can provide space within communities for public health interventions such as vaccines, screening or clinics.

The Voices of Experience Forum were interested in reducing the effects of isolation, along with reducing anxiety among older people. Other suggestions included more support groups for those suffering with illness, loneliness, mental health issues. It’s worth noting third sector organisations were open to suggestions from health boards about how they can help in future public health interventions and support the wellbeing of the people in their communities.

Valuing Partnerships

Engagement and Co-production

A key ask throughout many of the responses and most of the survey was for the NHS and government to work with communities and the third sector as “experts on the ground”. Third sector organisations were keen to facilitate engagement between the communities they support and public sector bodies. This was described as facilitating meaningful community engagement, enabling co-design and co-delivery of messaging and services. Positive Help highlighted the role they could play in supporting a trauma informed approach to working with people facing inequalities. It was clear from responses that the third sector can reach communities and people who are less likely to engage with services. A few respondents also noted they could help identify people falling through the cracks or “missing in health” as they have eyes on the ground in communities.

Learning between health boards

Our question on future partnerships was designed to gauge the third sector's appetite for partnership working, however some public sector respondents also highlighted they would want to collaborate with other health boards on public health interventions to reduce inequalities. There was a clear eagerness among public sector respondents to learn lessons from other health boards about their experience during the rollout too. One public sector response highlighted the benefits of sharing information among staff throughout Lothian with daily Huddle meetings. They also had regular inclusivity meetings to discuss how to target 'difficult to reach groups' and share information with third sector groups and other NHS staff.

The handful of less positive experiences of partnership working tended to be around timing, capacity and accessibility of resources.

Case Study – Lothian's micro-grants scheme

Lothian's third sector came together with NHS Lothian Charity to develop a Lothian-wide micro-grants programme, designed to support grassroots organisations to target, engage and support under-served and marginalised groups to take up both the vaccine and testing. A poster on this collaboration was displayed at the NHS Scotland Annual Event in 2022.

NHS Lothian Charity invested £20,000 from its endowment funds, Edinburgh Voluntary Organisations Council (EVOC) managed and delivered the grants and all four Third Sector Interfaces promoted the grants. Grants were up to £500 per application. The programme boosted the capacity of voluntary and community organisations wanting to carry out grassroots activities in support of the COVID-19 vaccination programme and testing. By December 2021 thirty-one grants totalling £14,693 had been distributed, benefitting 4,084 individuals across Edinburgh and Lothian. That same month EVOC published an Interim Evaluation of the programme, with case studies.[7]

Going forward, Edinburgh TSI Partnership suggested in their response that this successful vaccine micro-grant model could be used for wider screening programmes to reduce inequalities in Lothian.[8]

[7] https://vhscotland.org.uk/wp-content/uploads/2022/06/ELHF-Vaccine-Funding-Interim-Report-Dec-2021.pdf
[8] https://vhscotland.org.uk/micro-grants-to-third-sector-boost-covid-19-vaccines-and-testing/

5.3 NHS led interventions

Respondents were asked to rate the efficacy of specifically NHS-led interventions aimed at enabling underserved groups to take up the vaccine. Of the responses received, ‘information campaigns’, ‘mass vaccine centres’, ‘vaccines in health settings’ and ‘mobile vaccine units’ all were judged to be ‘effective’ or ‘very effective’.

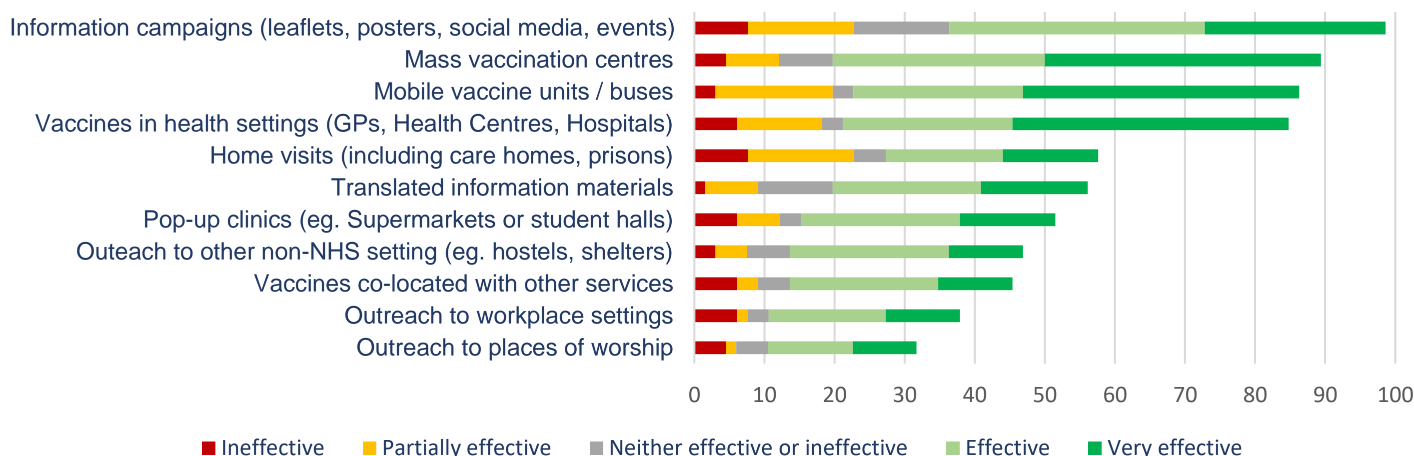

Figure 5 – Respondents rated how effective they felt the NHS-led interventions were in enabling underserved groups to take up the COVID-19 vaccine. ‘Didn’t know’ responses were removed however it is worth noting many respondents didn’t feel confident enough to rate the effectiveness of the NHS led interventions.

5.4 Communications and information sharing

Timely and Inclusive

For future vaccine and immunisation programmes communications need to be timely, including the provision of alternative formats. This was challenging during such a rapid and large-scale rollout, but without accessible and timely communications some communities and people sought information from elsewhere which made misinformation more likely. Some respondents suggested community organisations should be involved from the outset and throughout to ensure accuracy, relevance and the cultural appropriateness of messaging. A lack of clarity sometimes added to people’s hesitation/fear.

Information Sharing Partnerships

Many third sector and community organisations who responded to our survey had disseminated vaccine information to the people they support. Some organisations were involved in partnerships to create more accessible versions of the vaccine information or alternative ways of communicating. For example, the RNIB worked alongside PHS to discuss the accessibility of the vaccination appointment letter. Similarly, the British Deaf Association Scotland instigated video conferencing where Deaf British Sign Language users had an opportunity to have a two-way dialogue with representatives of PHS.

With regards to working with health boards on future public health interventions, multiple third sector organisations were eager to provide information to the people they support or facilitate engagement with the communities they work with. Esolperth is a charity based in Perth which aims to improve the quality of life for people from other countries, by teaching them how to speak, read and write in English. They suggested a partnership to run classes with translators about the benefits of health care and how to access it.

Case study – Vaccine Information Fund

We have provided a short case study on the Vaccine Information Fund based on a briefing from BEMIS and our own awareness of the fund. The Scottish Government supported BEMIS Scotland to facilitate a Vaccine Information Fund programme to empower communities to have engagement sessions about the vaccine programme and develop information assets that could be used for different communities. Grants of up to £1,500 were made available to charities and community groups seeking to help ethnic minorities to access the required information about vaccination. BEMIS provided a briefing for the Scottish Parliament on the fund in May 2022. [9] It highlighted 51 self-identified minority ethnic communities participated in and benefitted from the fund.

The BEMIS report highlighted the importance of gathering health and ethnicity data which is disaggregated to inform policy and decision making. The pandemic has highlighted the need for improved availability and quality of ethnicity data in Scotland. Data on vaccine uptake on ethnicity was first reported by PHS on 24 March 2021 and was sourced from various datasets. Since 18 November 2021 ethnicity has been included as part of the vaccination record.[10] In their report BEMIS called for health and ethnicity data to be gathered and disaggregated as a core responsibility and function to inform policy and decision making. For example, in the May 22 weekly statistical report 88.6% of ‘White’ people are reported as having received a first dose of the vaccine.[11] However, once the data is disaggregated it indicates a significant lack of uptake in the Polish ethnic group, with 58.2% of those aged 12+ reported as having received the first dose of the vaccine.[12]

Third sector and community organisations play a pivotal role in identifying and pre-empting these gaps in uptake, especially when data is not yet available.

[9] https://bemis.org.uk/wp/wp-content/uploads/2022/08/Vaccine-Information-Fund-Report-May-2022.pdf

[10] https://www.publichealthscotland.scot/media/11979/pra_annual-monitoring-report-on-ethnic-health-inequalities.pdf

[11] https://publichealthscotland.scot/publications/covid-19-statistical-report/covid-19-statistical-report-11-may-2022/

[12] https://publichealthscotland.scot/media/13388/dose-1-equality-report-supplementary-tables-11-05-2022_2.xlsx

5.5 User centred approach

Tailored Approaches

There was a recognition that one size does not fit all with public health interventions. Respondents appreciated the vaccine programme was developed at pace but highlighted some approaches that did not suit everyone. These issues ranged from accessibility to having culturally appropriate messaging. For example, providing reassurances that taking the vaccine during Ramadan would not break the daylight hours fast.

> *"All health boards have different inequalities that need to be addressed - as people in East Renfrewshire won't have the same issues as those in Partick or Drumchapel (Glasgow)."- **Kidney Research UK***

Kidney Research UK outlined the role community projects can play in public health interventions. Their Peer Educator Project provides education and awareness on issues that can be dealt with by people in communities, for example raising awareness on blood pressure and kidney health with information and other preventative measures. They facilitate focus groups and projects within communities as communities know their needs best. However, they highlighted that more power and funding needs to be given to community projects to facilitate these interventions.

Accessibility

Access to vaccination venues was challenging for many people with mobility issues or vulnerabilities. There were suggestions that GP practices should have been available to deliver COVID-19 vaccines as they tend to be in people's community and therefore more accessible. This is something that will need to be given serious consideration as the vaccine programme is delivered by local Health Boards. People are used to contacting their GP for information about their vaccine record and to receive vaccinations. This expectation remains among some members of the community.

One respondent located in NHS Highland also highlighted the significant challenges people faced in rural communities trying to access the vaccine. They urged for decision makers to listen to local communities and service users, and consult them fully before making service changes. Communities know what is needed locally and taking local views on board can help target scarce resources efficiently to maximise health benefits. The respondent was critical of the centralised approach and advocated for local NHS health hubs like Nairn Hospital to be supported to help deliver vaccines. As Health Boards gain responsibility for delivering immunisations it will be important to ensure remote and rural communities are meaningfully consulted to ensure an equitable delivery.

Underserved Groups

There were calls for future vaccine programmes to take the vaccine to under-served communities. This was especially pertinent with organisations supporting people experiencing homelessness or issues with alcohol or drug abuse. For example,

bringing vaccinations to hostels and community mental health and addiction services. One public sector respondent highlighted the need for a flexible approach including “assertive outreach” models and taking the service to the service users. Other respondents highlighted the need to “reach out” to communities.

North Lanarkshire Recovery Community had the COVID-19 vaccination team present at one of their recovery community cafes: “this not only supported our community members but also the wider community to make vaccinations more accessible.” Another anonymous respondent highlighted they were involved in a successful partnership where vaccinations were offered on foodbank premises.

> *“I think it is important to make vaccines (or whatever intervention) widely available and easily accessible. This should include bringing the intervention to underserved groups wherever they are. We work with people experiencing homelessness and they have many other things to think about in a day hence why they often neglect their health. But if the health intervention is there before them, at the emergency accommodation they are staying at, they are much more likely to engage with it.”* - **The Bethany Christian Trust**

5.6 Wider Benefits

We asked respondents if they observed any wider public health benefits from the vaccine interventions and outreach models. It’s worth remembering at the time of the roll out much of Scotland was still living with restrictions and many people were fearful to leave the house because of the virus. Therefore, it is understandable that the vaccine will have reduced people’s anxieties, be that about infection or leaving the house for the first time in a while. Equally, being vaccinated may have reduced social isolation and loneliness by giving people the confidence to re-engage with society and begin regaining a sense of purpose.

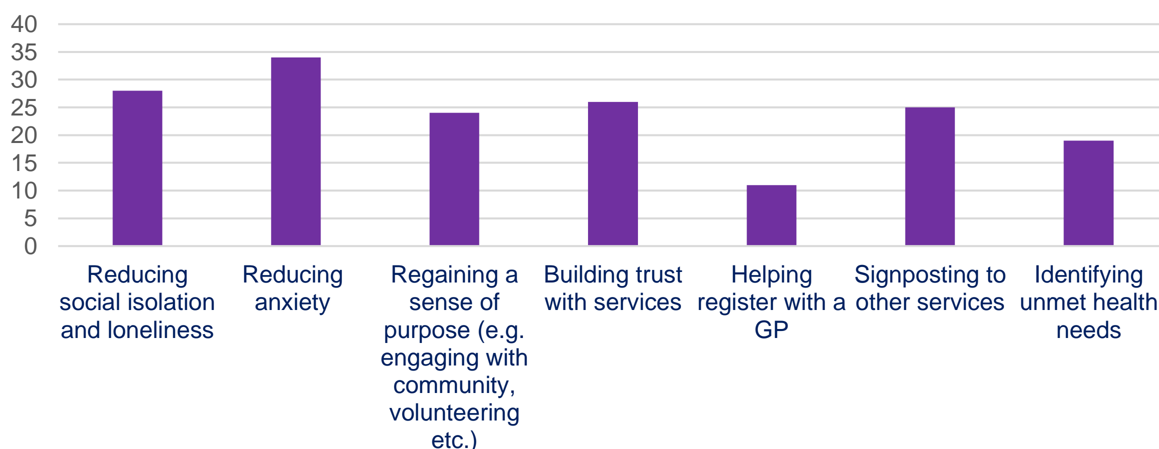

Figure 6 - wider public health benefits of the vaccine interventions and outreach models.

Beyond reducing anxiety and social isolation and regaining a sense of purpose respondents observed multiple wider benefits for people's health. Twenty-six respondents felt the interventions built trust with services, twenty-five observed people being signposted to other services, eleven felt it helped register people with a GP and nineteen felt it identified unmet health needs. One respondent also noted that many carers have now made sure their GP knows they are an unpaid carer as a result of the programme. This information will be essential in monitoring the health outcomes and health inequalities faced by unpaid carers going forward.

6. Recommendations

We convened an expert advisory group to help us develop these recommendations to make them as relevant and impactful as possible. We are very grateful to the colleagues from the Community Transport Association, Edinburgh TSI Partnership, Kidney Research UK, the RNIB, the Terrence Higgins Trust and NHS Lothian who contributed to this process.

Partnerships

1. **Health Boards should build on the innovative partnership working we saw during the pandemic and work with third sector and community organisations to ensure they reach underserved groups during immunisation programmes**. This should include but not be limited to identifying underserved communities, developing information and communications, ensuring transport support is in place and that venues are accessible. For these partnerships to be sustainable they need to be sufficiently resourced.

2. **Public health policy should be participatory with creative and meaningful engagement with stakeholders.** Efforts must be made to build valued partnerships with community assets as an equal partner in public health interventions.

Funding

3. **Funding for third sector and community organisations to support vaccine information development and dissemination should be built into future immunisation programmes.** The Scottish Government should take a lead, working with health boards and third sector partners, to see how best to develop this. The third sector is facing the dual challenge of recovering from the pandemic and mitigating the cost-of-living crisis. Without resources dedicated to engaging with the third sector and community organisations we are in danger of losing the innovation we saw during the pandemic. Micro-grant schemes could be utilised in screening and immunisation programmes building on the Lothian example or the Vaccine Information Fund. NHS Boards should consider using endowment funds to develop micro-grants programmes in partnership with the third sector, to assist an inclusion approach to public health programmes like vaccination, testing and screening, as was seen in Lothian. This would resource third sector and

community organisations to quickly pivot services to support public health interventions specific to their community with light-touch application processes.

Communications

4. **Inclusive, accessible and timely communications must be built in from the start of public health interventions as part of communication plans by Public Health Scotland and Scottish Government.** The speed at which COVID-19 vaccines had to be rolled out at first meant this was not always possible, but with the luxury of planning time in future campaigns these communication considerations should be built in.
5. **We should build on the more creative ways of communicating public health messages we saw during the pandemic**. Communications go beyond printed materials as we heard from organisations that information sharing events and Q&As were also effective means of reaching communities.
6. **PHS and health boards should develop communications in partnership with trusted organisations from the start.** PHS must build in adequate time for trusted organisations and people with lived experience to respond to consultations on communications. This should include organisations supporting disabled people to ensure alternative formats are inclusive and tailored to their audience. Materials being translated into different languages and alternative formats (eg. large print and easy read) should be sense checked with community partners to ensure they not only meet communication needs but are also culturally appropriate. Translated materials and alternative formats must be available from the start of public health campaigns or there is a risk communities will seek information from less reputable sources.

Accessibility

7. **Accessibility of venues and local provision in communities must be key to future screening and immunisation programmes delivered by local Health Boards.** These considerations are especially important in more remote and rural communities, and for vulnerable patient groups who struggle travelling to appointments. The importance of local delivery and working with community partners at a local level to improve uptake cannot be over-stated. Venues advertised as 'local' must be genuinely local and accessible to the communities wanting to access them, the best way to achieve this is by consulting community partners.
8. **Public Health Scotland and health and social care partnerships must consider the health literacy, communication, and marketing implications of vaccinations being moved away from general practice.** There needs to be a concerted effort to inform communities of changes in delivery to ensure people know where they can easily access immunisations locally. There needs to be more clarity about where and how people will access future vaccinations, including transportation support if required.

Equalities, inclusion and human rights

9. **An equalities focus should be built into all future public health interventions, as was seen in the vaccine rollout, to help identify any potential gaps in interventions.** The equalities focus built into the new phase of the vaccination programme was welcome and should be replicated throughout other public health interventions such as screening to ensure no one is missed by the programme. The health system has a clear moral and human rights duty to those vulnerable groups who fall through the gaps of public service provision, to ensure that they are not failed by important public health interventions.
10. **Develop a rolling programme of outreach vaccination clinics, services and events.** This was also one of the recommendations in our 2021 research on the vaccine rollout but calls to take the vaccine to under-served communities were clear in this latest research too. This was especially pertinent with organisations supporting people experiencing homelessness or issues with alcohol or drug abuse. North Lanarkshire Recovery Community had the COVID-19 vaccination team present at one of their recovery community cafes which proved to be very successful in reaching a usually underserved community.
11. **The learning and best practice from NHS and third sector partners should be developed, shared and included in future programmes**. There is an appetite from NHS health boards to learn from each other and share best practice. The National Vaccine Inclusive Steering Group is a good example of this, it allows for gaps to be identified in service provision and solutions to be developed in partnership between statutory and third sector organisations who are experts in reaching communities.

Additional notes from the advisory group

Our expert advisory group met to discuss the recommendations in November 2022. We thought it would be worth noting some of the additional key themes that came across during this discussion which were not picked up in the initial research.

The Terrence Higgins Trust highlighted the advantages of specialist HIV services delivering the COVID-19 vaccine, this worked well as people were already familiar with services and trusted them. This showed the benefit of partnering between services to reach potentially underserved groups.

The value of trusted relationships was emphasised by the group. If community and third sector organisations don't have relationships with health and social care partnerships, it's really challenging for them to support health interventions. It's difficult to know who is responsible for helping people access healthcare. Organisations often don't know who to reach out to, which means much of this partnership working relies on already existing relationships.

We heard that an expert reference group had been established with third sector partners to help create and disseminate public health information and steer the communications on Monkeypox. This underlined how relevant these lessons in partnership from the pandemic are for future public health interventions.

The importance of collecting data on uptake from an equalities and human rights perspective was also raised. This was a key recommendation in the VHS research in 2021 on the COVID-19 vaccine. We highlighted that health boards and their partners need data to understand where health inequalities were arising in the vaccination programme, to devise plans to address those inequalities, and evaluate the effectiveness of any interventions implemented to optimise uptake.

Finally, the importance of including the growing number of Ukrainian refugees in future public health interventions and communications was underlined.

7. Conclusion

The clear overwhelming message from the third sector is that we want to be more involved in future public health interventions to reduce inequalities. The COVID-19 vaccine programme has provided us with multiple positive examples of how partnership working can benefit communities and individuals. As one respondent highlighted, partnership working achieves a "broader reach and stronger voice" for all involved.

Third sector and voluntary organisations are trusted by the communities they serve and are therefore well placed to support future public health interventions. The sector is already working with communities who are often underserved and falling through the cracks of services. Many respondents from the public sector recognised the value of partnering with representatives from communities and that "public health input doesn't always need to take place on NHS ground."

We saw some incredible examples of partnership working through the vaccine programme. Third sector organisations were enabled to be innovative and adapt their services to support communities in engaging with the programme. Partners worked together to ensure no one was being left behind despite the pace of the roll out and the challenges of the pandemic. This highlights the value of building in partnership engagement from the outset for future public health interventions to ensure no one is left behind.

There was a concern from some respondents that the lessons we learned during the pandemic about inclusion and partnership working may already be forgotten. There is a clear need to start really bringing health services to communities and actively reaching out to those missing in health. We need to ensure that partnerships are nurtured and sustained to ensure that those often-underserved groups are supported by trusted community voices to access healthcare. The only way to achieve this is by valuing the third sector as a trusted partner in future interventions to reduce inequalities.

Appendix 1: List of respondent organisations that agreed for their names to be publicised. Other respondents will remain anonymous.

- Balintore & District Residents Group
- Bethany Christian Trust
- British Deaf Association Scotland
- British Red Cross Refugee Support
- Care for Carers
- Carr Gomm
- Community Transport Glasgow
- COPE Scotland
- Crohn`s & Colitis UK
- Cyrenians
- Epilepsy Scotland
- Esolperth
- Glasgow City HSCP
- Good Morning Service
- HcL Community Transport
- Headway East Lothian SCIO
- Health All Round
- Home-Start Scotland
- Independent Advocacy Perth & Kinross
- Kidney Research UK
- Make 2nds Count
- MECOPP
- Nairn River Community Council
- Networking Key Services
- NHS 24
- NHS Grampian
- NHS LANARKSHIRE
- NHS Lothian
- NHS Orkney
- North Coast Connection
- North Lanarkshire Recovery Community
- Pasda
- Positive Help
- Public Health Scotland
- Royal National Institute of Blind People (RNIB) Scotland
- Terrence Higgins Trust Scotland
- Voice of Experience Forum
- Edinburgh TSI Partnership

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