

Broader Reach and Stronger Voice:

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

Kimberley Somerside, Policy & Engagement Lead, Voluntary Health Scotland

Get involved

Join our network and help tackle Scotland's health inequalities

voluntary health scotland

VINS

Agenda:

- Background & Methodology
- Key findings:
 - > Type of support organisations provided during the COVID-19 vaccine rollout

Get involvec

Join our network and help tackle Scotland's health inequalities

- > The experience of partnership working
- Vaccine communications and information sharing
- Taking a user-centred approach
- Wider health benefits of the vaccine
- Recommendations



Research Background

In April 2021 VHS published the report '<u>Vaccine Inclusion: Reducing Inequalities One Vaccine at a Time</u>'. The research made six recommendations on the need for the following:

- 1) Coherent, timely and accessible public health communications
- 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.



Methodology

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

- The support they provided in relation to the COVID-19 vaccine rollout.
- The effectiveness of NHS-led interventions
- Partnership working
- Wider public health benefits from the interventions and outreach models
- · Lessons learned for future public health interventions.

Of the total **66 responses** we received, the vast majority (45) were from the third sector, then the public sector (14) with seven responses from individuals.

Did your organisation target support for the COVID-19 vaccine rollout to any potentially underserved groups?

People living with disabilities People with physical health issues People with alcohol and/or drug dependency issues People experiencing homelessness People with mental health issues Black, Asian or minority ethnic communities People living in poverty My organisation did not target support People unofficially shielding Other **Unpaid carers** Young people People living in rural areas Prison population or those who have been in prison **Traveller** communities



Type of Support Provided

Support Provided by key themes



There was a wide range of support provided by organisations which can largely be divided into

- 1. Supporting the provision of information
- 2. Enabling people to access the vaccine.

"Other efforts to support inclusion" included things like distributing microgrant schemes, digital support, emotional support and ensuring people weren't missed in the priority groups.

Support provided by organisations

Information campaigns



30

Facilitating vaccine information events Other Our organisation was not involved in any interventions Supporting vaccination clinics in targeted/ outreach settings Translating information materials Transportation assistance to reach appointments Providing volunteers in health and community settings Providing other services co-located with vaccines Distributing micro-grants for organisations 0



Partnership Working

- "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
- "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



Communications and Information Sharing

- Many third sector and community organisations disseminated vaccine information to the people they support.
- Some were involved in partnerships to create more accessible versions of the vaccine information or alternative ways of communicating.
- For future vaccine and immunisation programmes communications need to be timely, including the provision of alternative formats.

See differently

RNIB



BRITISH DEAF ASSOCIATION

User centred approach

- 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.
- 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.

If you can't find people in the usual places go to the unusual places.

Wider public health benefits from the COVID-19 vaccine interventions and outreach models identified by respondents



Recommendations

- 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.
- 2. Public health policy should be participatory with creative and meaningful engagement with stakeholders.
- 3. Funding for third sector and community organisations to support vaccine information development and dissemination should be built into future immunisation programmes.
- 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.
- 5. We should build on the more creative ways of communicating public health messages we saw during the pandemic.
- 6. Develop communications in partnership with trusted organisations from the start.

Recommendations

- 7. Accessibility of venues and local provision in communities must be key to future screening and immunisation programmes delivered by local Health Boards.
- 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.
- 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
- 10. Develop a rolling programme of outreach vaccination clinics, services and events.
- 11. The learning and best practice from NHS and third sector partners should be developed, shared and included in future programmes.



Full report available here:

https://vhscotland.org.uk/broader-reach-and-stronger-voice-reflectingon-the-inclusivity-of-the-covid-19-vaccine-programme-andcollaboration-with-the-third-sector/

Get involved

Join our network and help tackle Scotland's health inequalities