



# East Sussex COVID-19 Vaccination Plan

March 2021

Version 1.1

## East Sussex Public Health Covid-19 vaccination plan

### Background

On 11 January 2021, the government published the UK Covid-19 vaccines delivery plan. This is the biggest vaccination programme in NHS history, with an ambitious timetable. By 15 February 2021, the Government aimed to have offered a first vaccine dose to everyone in the top four priority groups identified by the Joint Committee on Vaccination and Immunisation (JCVI) below:

1. all residents in a care home for older adults and their carers
2. all those 80 years of age and over and frontline health and social care workers
3. all those 75 years of age and over
4. all those 70 years of age and over and clinically extremely vulnerable individuals

The primary aim of the first phase of the programme is to reduce mortality and morbidity. The following priority groups are being covered once groups 1-4 have been vaccinated:

5. all those 65 years of age and over
6. all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
7. all those 60 years of age and over
8. all those 55 years of age and over
9. all those 50 years of age and over

It will likely take until Spring to offer the first dose of vaccination to the JCVI priority groups 1 to 9, with estimated cover of around 27 million people in England and 32 million people across the UK.

JCVI advised that the implementation of the COVID-19 vaccine programme should aim to achieve high vaccine uptake. While the programme seeks to achieve 100% coverage for all groups, best practice in existing programmes has achieved 75% of total population cohorts. An age-based programme will likely result in faster delivery and better uptake in those at the highest risk. Within the guide set out by the JCVI framework, implementation should also involve flexibility in vaccine deployment at a local level with due attention to:

- mitigating health inequalities
- vaccine product storage, transport and administration constraints
- exceptional individualised circumstances

As Phase 1 of the programme is rolled out across the UK, the government will consider all relevant data and set out plans for Phase 2 of vaccination once all at-risk groups 1 to 9 have been offered their first dose of vaccine. Phase 2 of the roll-out may include further reduction in hospitalisation and targeted vaccination of those at high risk of exposure and/or those delivering key public services.

### Governance

This plan feeds into the East Sussex Vaccine Health Inequality Oversight Group led by the CCG.

### Aim

The overall aim of the East Sussex plan for Covid19 vaccination is to maximise vaccination uptake in all priority groups and reduce inequalities in vaccine uptake in line with Joint Committee on Vaccination and Immunisation (JCVI) evidence and guidance. This document recognises and complements existing work and plans.

### Key objectives are:

1. To support coordination of the vaccination programme in East Sussex.
2. To ensure action to reduce health inequalities in the roll out and uptake of the programme.

### East Sussex population background (Source: Equality and Diversity Profile for East Sussex, Sep 2020)

#### Age and Sex:

- East Sussex has a notably older population compared to England with 25.9% of people aged 65 years and over, compared to 18.4% for England. Overall, females (52%) make up a very slightly higher proportion of the East Sussex population than males. The proportion of working age (15-64 years) males (58.9%) is slightly higher than for females (57.4%). For over 65s there are more females (27.7%) than males (24.1%).

#### Deprivation:

- Within East Sussex, there are 329 LSOAs, 22 of which rank among the 10% most deprived neighbourhoods in England.
- Two LSOAs are amongst the most deprived 1% in the country and both are in Hastings (Baird and Tressell wards). Another eight are among the most deprived 5% of LSOAs, all of which are also in Hastings except one (Sidley ward in Bexhill).
- The ten most deprived areas in East Sussex: Baird, Tressell, Castle, Central St Leonards, Hollington, Sidley, Wishing Tree, Ore and Gensing.

#### Carers:

- There are over 10,000 persons claiming Carers Allowance in East Sussex. Not all those who are entitled to the payment receive it, approx. 37%. This implies there are at least 15,000 carers in East Sussex.

#### Disability:

- 20% of East Sussex residents reported that their day-to-day activities are limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months, compared to 18% for England & Wales. There are over 14,000 people entitled to Disability Living Allowance (DLA) and over 18,000 people entitled to Personal Independence Payment (PIP). There are over 18,000 people claiming Attendance Allowance (AA) in East Sussex. Half of claimants (9,000 people) are for persons aged 85 years or over.

#### Race and ethnic origin:

- Total East Sussex population = 526,671 people (Source: Census 2011)
  - 96% (n=504,607) = White (incl. White Irish and Other White) /Nationally = 85.8%
  - 0.5% (n=2,912) = Black (incl. African, Caribbean and Other Black) /Nationally = 3.4%
    - Hastings =1,065/Eastbourne =783/Lewes=416/Wealden=343/Rother =305
  - 0.4% (n=1,946) = White and Black Caribbean /Nationally = 0.8%
  - 0.4% (n=1,931) = Chinese /Nationally = 0.7%
  - 0.4% (n=2,253) = Indian /Nationally = 2.5%
  - 0.2% (n=1,042) = Bangladeshi /Nationally = 0.8%
  - 0.1% (n=317) = Pakistani /Nationally = 2.0%
  - 0.2% (n=815) = Gypsy or Irish Traveller /Nationally = 0.1%
  - 1.8% (n=9,143) = All Asian or Asian British
    - Eastbourne =2,795/Hastings=2,126/Wealden=1,719/Lewes=1,400/Rother =1,103

#### Learning disabilities:

- There are about 2000 people in East Sussex with a learning disability (known to the ESCC Community Learning Disability Team (CLDT)).

- Approximately 600 people are engaged with ESCC Learning disability services due to living in residential settings, attending respite services and attending day centres. Many others will access support from the independent sector.

#### Homeless people:

- Total = 1,812: Eastbourne = 542, Hastings = 519, Rother = 277, Wealden =253, Lewes = 221.

#### Gypsy, Roma, Travellers (GRT):

- Total = 815: Wealden=368 (*Hailsham=116*), Hastings=150, Rother=134, Eastbourne <100, Lewes <100.

### **National populations with reduced uptake of the COVID19 vaccine**

(Source: Office for National Statistics – Opinions and Lifestyle Survey – 5<sup>th</sup> March 2021).

1. **Age:** 94% of adults reported they had now received, are awaiting, or would be likely (very or fairly likely) to have the vaccine if offered. This proportion increased with age, with 99% of adults aged 70+ reporting this, compared with 89% of those aged 16-29 years.
2. **Ethnicity:** Among adults with ethnic minority backgrounds, Black or Black British adults were most likely to report vaccine hesitancy, with 44% of Black or Black British adults reporting hesitancy compared with 8% of White adults.
3. **Gender:** Although similar proportions of men and women reported that they would be hesitant towards having a COVID-19 vaccine overall, a slightly higher proportion of younger women (aged 16 to 29 years) reported vaccine hesitancy (19%) compared with men in the same age group (15%). The gap between men and women narrowed for older age groups.
4. **Deprivation:** Adults living in the most deprived areas of England were more than twice as likely to report vaccine hesitancy (16%) as adults in the least deprived areas (7%).
5. **Clinically vulnerable and disability:** Adults who were not clinically extremely vulnerable (CEV) were more likely to report vaccine hesitancy (9%) than those who were clinically extremely vulnerable (4%). Adults without an underlying health condition were more likely to report vaccine hesitancy (10%) than those with an underlying health condition (6%). Disabled and non-disabled adults reported more similar levels of vaccine hesitancy (8% and 9% respectively).
6. **Healthcare workers:** (Source: University of Leicester Healthcare Trust, Feb 2021) 65% of 19,044 healthcare workers had received at least one shot of a Covid vaccine, but the figure masked substantial differences in uptake. While 71% of white staff had had the shot, only 59% of south Asians and 37% of black staff had received the vaccine. 32% of unvaccinated staff were under 30, compared with 19% of those vaccinated, suggesting that younger healthcare workers may not appreciate the importance of being immunised, or are more hesitant about the jabs. Other figures showed that unvaccinated staff were more likely to live in deprived areas than those who had the jab.

### **East Sussex populations with reduced uptake of the COVID19 vaccine**

(Source: Sussex Health and Care Partnership – Health Inequalities Review – 4<sup>th</sup> March 2021 data)

#### **1. Age by East Sussex LTLA:**

- Hastings has lower uptake than all other East Sussex LTLAs, with lower than national levels in all age groups.
- Rother has very low uptake in age 65-69 age group. Eastbourne is low in 80+.
- Lewes and Wealden are at (or above) national levels of uptake in all age groups.

#### **Hastings:**

- 65-69 = bottom 3% nationally
- 70-74 = bottom 15% nationally
- 75-79 = bottom 15% nationally
- 80+ = bottom 15% nationally

#### **Rother:**

- 65-69 = bottom 15% nationally

#### **Eastbourne:**

- 80+ = bottom 17% nationally

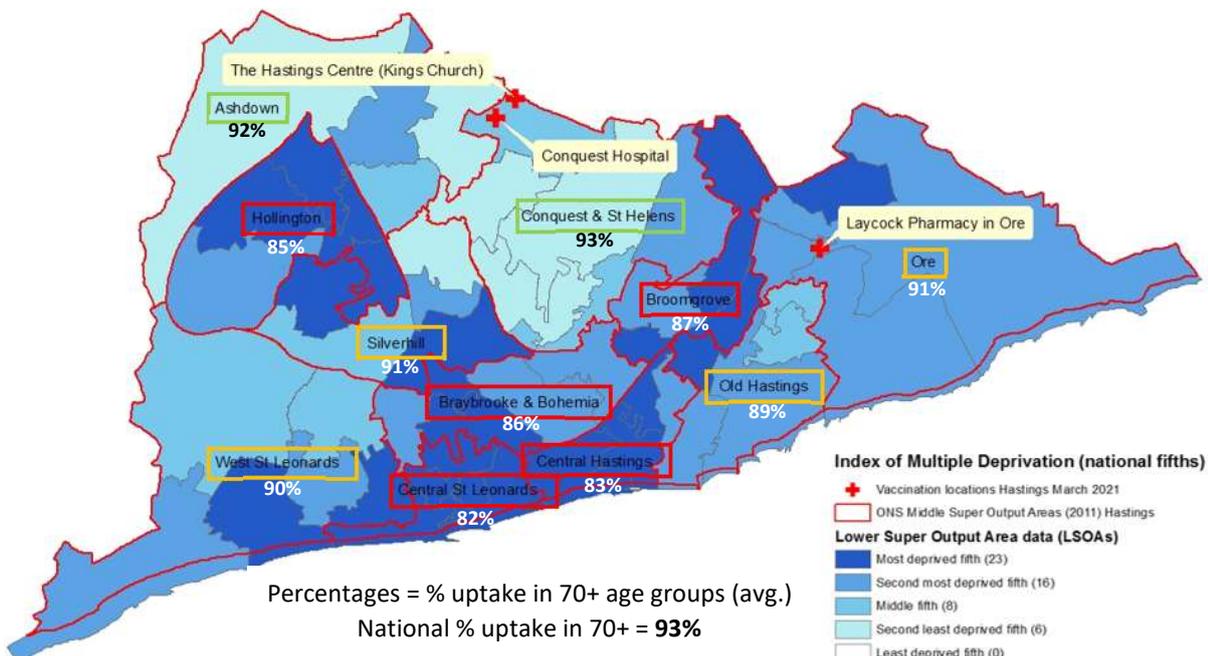
| LTLA Name  | Uptake   |       |       |       |     | Rank (314 = lowest uptake) |       |       |       |     |
|------------|----------|-------|-------|-------|-----|----------------------------|-------|-------|-------|-----|
|            | Under 65 | 65-69 | 70-74 | 75-79 | 80+ | Under 65                   | 65-69 | 70-74 | 75-79 | 80+ |
| Eastbourne | 24%      | 85%   | 91%   | 93%   | 91% | 1                          | 150   | 226   | 230   | 261 |
| Hastings   | 17%      | 66%   | 88%   | 90%   | 89% | 103                        | 305   | 273   | 276   | 275 |
| Lewes      | 19%      | 88%   | 92%   | 94%   | 93% | 46                         | 86    | 197   | 196   | 215 |
| Rother     | 20%      | 77%   | 94%   | 95%   | 95% | 16                         | 267   | 158   | 157   | 131 |
| Wealden    | 17%      | 86%   | 94%   | 95%   | 94% | 118                        | 120   | 148   | 147   | 161 |
| England    | 15%      | 83%   | 92%   | 93%   | 93% |                            |       |       |       |     |

• **Hastings:**

- The MSOAs Braybrooke & Bohemia, Broomgrove, Central Hastings, Central St Leonards and Hollington have significantly low uptake in all age groups.
- Ashdown, Conquest and St Helens, Old Hastings, Ore, Silverhill and West Leonards have good uptake in the older (70-74, 75-79, 80+) groups, similarly to national levels.
- Uptake in age 65-69 in all Hastings MSOAs is significantly lower than national levels.
- *Suggestion: Is access a factor in Braybrooke & Bohemia, Broomgrove, Central Hastings, Central St Leonard and Hollington, as MSOAs with good access have much higher uptake in older groups? Deprivation and younger age hesitancy are likely contributing factors in all areas. Younger age groups have lower uptake in all areas.*

| LTLA Name      | MSOA Name            | Uptake   |       |       |       |     |
|----------------|----------------------|----------|-------|-------|-------|-----|
|                |                      | Under 65 | 65-69 | 70-74 | 75-79 | 80+ |
| Hastings       | Ashdown              | 18%      | 68%   | 93%   | 92%   | 91% |
| Hastings       | Braybrooke & Bohemia | 16%      | 62%   | 87%   | 87%   | 85% |
| Hastings       | Broomgrove           | 15%      | 63%   | 85%   | 89%   | 87% |
| Hastings       | Central Hastings     | 14%      | 56%   | 83%   | 80%   | 85% |
| Hastings       | Central St Leonards  | 14%      | 51%   | 77%   | 82%   | 85% |
| Hastings       | Conquest & St Helens | 21%      | 76%   | 93%   | 95%   | 91% |
| Hastings       | Hollington           | 16%      | 59%   | 87%   | 86%   | 82% |
| Hastings       | Old Hastings         | 18%      | 68%   | 89%   | 90%   | 89% |
| Hastings       | Ore                  | 18%      | 77%   | 93%   | 90%   | 90% |
| Hastings       | Silverhill           | 17%      | 65%   | 89%   | 91%   | 94% |
| Hastings       | West St Leonards     | 18%      | 72%   | 90%   | 91%   | 90% |
| <b>England</b> |                      | 15%      | 83%   | 92%   | 93%   | 93% |

Map of Hastings showing vaccination sites, areas of deprivation and % vaccine uptake in MSOAs:



- **Rother:**

- Bexhill Central has low uptake in all age groups.
- Uptake in age 65-69 is lower than national levels in all Rother MSOAs, except for in Battle & Catsfield, Burwash, Sedlescombe & Staplecross, and Robertsbridge.
- *Suggestion: Is access a factor in Bexhill as this is the only MSOA with lower uptake in older groups? Deprivation and younger age hesitancy are likely contributing factors in the less affluent MSOAs. Younger age groups have lower uptake in less affluent Rother MSOAs, e.g. all except for more affluent areas (Battle & Catsfield, Burwash, Sedlescombe & Staplecross, and Robertsbridge).*

| LTLA Name | MSOA Name                              | Uptake   |       |       |       |     |
|-----------|--|----------|-------|-------|-------|-----|
|           |  | Under 65 | 65-69 | 70-74 | 75-79 | 80+ |
| Rother    | Battle & Catsfield                     | 19%      | 86%   | 97%   | 96%   | 96% |
| Rother    | Bexhill Central                        | 22%      | 65%   | 89%   | 92%   | 92% |
| Rother    | Bexhill East & Pebsham                 | 23%      | 69%   | 92%   | 95%   | 95% |
| Rother    | Bexhill North & Sidley                 | 18%      | 62%   | 90%   | 94%   | 93% |
| Rother    | Burwash, Sedlescombe & Staplecross     | 21%      | 86%   | 94%   | 94%   | 96% |
| Rother    | Collington, Cooden & Little Common     | 23%      | 76%   | 95%   | 96%   | 96% |
| Rother    | Kewhurst                               | 23%      | 74%   | 96%   | 95%   | 95% |
| Rother    | Northiam, Peasmarsh & Camber           | 20%      | 78%   | 92%   | 94%   | 95% |
| Rother    | Robertsbridge, Hurst Green & Ticehurst | 18%      | 90%   | 93%   | 96%   | 96% |
| Rother    | Rye & Winchelsea                       | 20%      | 74%   | 92%   | 95%   | 95% |
| Rother    | Westfield, Fairlight & Broad Oak       | 21%      | 79%   | 94%   | 94%   | 93% |
| England   |  | 15%      | 83%   | 92%   | 93%   | 93% |

- **Eastbourne:**

- The MSOA Pier has significantly lower uptake than all other Eastbourne MSOAs across all age groups. Hampden Park North, Sovereign Harbour and Upperton have lower uptake in older (70-74, 75-79 and 80+) age groups.
- There is good uptake in all other Eastbourne MSOAs, including in age 65-69.
- *Suggestion: Is access a factor in Pier as this is the only MSOA with lower uptake in all age groups? Is access also a factor in Hampden Park North, Sovereign Harbour and Upperton as these all have lower uptake in the older age groups? Deprivation and younger age hesitancy seem to contribute less to Eastbourne than Hastings/Rother. Reasons for lower uptake in all groups in Pier may need investigating.*

| LTLA Name  | MSOA Name            | Uptake   |       |       |       |     |
|------------|----------------------|----------|-------|-------|-------|-----|
|            |                      | Under 65 | 65-69 | 70-74 | 75-79 | 80+ |
| Eastbourne | Hampden Park North   | 23%      | 85%   | 93%   | 91%   | 88% |
| Eastbourne | Hampden Park South   | 27%      | 88%   | 93%   | 96%   | 92% |
| Eastbourne | King Edward's Parade | 20%      | 80%   | 88%   | 90%   | 92% |
| Eastbourne | Langney East         | 23%      | 87%   | 95%   | 94%   | 93% |
| Eastbourne | Langney West         | 25%      | 87%   | 95%   | 96%   | 89% |
| Eastbourne | Meads                | 28%      | 88%   | 93%   | 93%   | 92% |
| Eastbourne | Old Town & Motcombe  | 30%      | 88%   | 91%   | 91%   | 92% |
| Eastbourne | Pier                 | 20%      | 66%   | 78%   | 84%   | 82% |
| Eastbourne | Ratton               | 28%      | 90%   | 92%   | 96%   | 92% |
| Eastbourne | Roselands            | 24%      | 82%   | 93%   | 95%   | 90% |
| Eastbourne | Sovereign Harbour    | 22%      | 88%   | 90%   | 91%   | 90% |
| Eastbourne | St Anthony's Hill    | 22%      | 86%   | 94%   | 94%   | 91% |
| Eastbourne | Upperton             | 29%      | 82%   | 88%   | 94%   | 89% |
| England    |                      | 15%      | 83%   | 92%   | 93%   | 93% |

- **Lewes:**

- East Saltdean, Newhaven West, Peacehaven East and West, and Seaford Town have low uptake in the older (70-74, 75-79 and 80+) age groups.
- All other MSOAs have good uptake in all age groups similarly to national levels.

- *Suggestion: Is access a factor in Saltdean and the Havens as these are the only MSOAs with lower uptake in older age groups?*

| LTLA Name | MSOA Name                              | Uptake   |       |       |       |     |
|-----------|--|----------|-------|-------|-------|-----|
|           |  | Under 65 | 65-69 | 70-74 | 75-79 | 80+ |
| Lewes     | Chailey, Newick & Barcombe             | 15%      | 81%   | 94%   | 96%   | 98% |
| Lewes     | East Blatchington                      | 31%      | 92%   | 93%   | 96%   | 93% |
| Lewes     | East Saltdean & Telscombe Cliffs       | 16%      | 85%   | 92%   | 89%   | 88% |
| Lewes     | Lewes Central & East                   | 18%      | 85%   | 91%   | 92%   | 94% |
| Lewes     | Lewes West                             | 16%      | 89%   | 93%   | 94%   | 96% |
| Lewes     | Newhaven Town                          | 17%      | 85%   | 92%   | 95%   | 92% |
| Lewes     | Newhaven West                          | 13%      | 86%   | 87%   | 87%   | 89% |
| Lewes     | Peacehaven East                        | 16%      | 86%   | 90%   | 90%   | 88% |
| Lewes     | Peacehaven West                        | 15%      | 88%   | 93%   | 91%   | 90% |
| Lewes     | Ringmer, Glynde & South Heighton       | 20%      | 89%   | 95%   | 96%   | 96% |
| Lewes     | Seaford Eastbourne Road                | 28%      | 94%   | 94%   | 97%   | 95% |
| Lewes     | Seaford Town                           | 28%      | 87%   | 89%   | 94%   | 89% |
| Lewes     | Wivelsfield Green, Ditchling & Rodmell | 15%      | 87%   | 95%   | 96%   | 96% |
| England   |  | 15%      | 83%   | 92%   | 93%   | 93% |

- **Wealden:**

- The MSOA Forest Row & Coleman's Hatch has significantly low uptake across all age groups.
- Broad Oak & Horam, Crowborough South East, Healthfield and Herstmonceux & Ninfield have lower uptake in age 65-69.
- *Suggestion: Forest Row has a known history of opposing views to vaccines and healthcare in general. Behavioural intervention and education may need to be focussed in this area. Could access be an issue in Crowborough South East and Hailsham East? Deprivation and younger age hesitancy could be contributing to lower uptake in Broad Oak & Horam, Crowborough South East, Healthfield and Herstmonceux & Ninfield,*

| LTLA Name | MSOA Name                             | Uptake   |       |       |       |     |
|-----------|---------------------------------------|----------|-------|-------|-------|-----|
|           |                                       | Under 65 | 65-69 | 70-74 | 75-79 | 80+ |
| Wealden   | Broad Oak & Horam                     | 16%      | 81%   | 92%   | 95%   | 96% |
| Wealden   | Buxted, Framfield & Rotherfield       | 12%      | 90%   | 93%   | 96%   | 96% |
| Wealden   | Chelwood & Nutley                     | 13%      | 85%   | 93%   | 94%   | 94% |
| Wealden   | Crowborough North East                | 12%      | 86%   | 96%   | 97%   | 96% |
| Wealden   | Crowborough South East                | 13%      | 81%   | 88%   | 94%   | 93% |
| Wealden   | Crowborough Whitehill & Warren        | 14%      | 89%   | 94%   | 96%   | 95% |
| Wealden   | Five Ash Down, Horsted & Chiddingly   | 14%      | 89%   | 94%   | 97%   | 96% |
| Wealden   | Forest Row & Coleman's Hatch          | 10%      | 74%   | 85%   | 88%   | 88% |
| Wealden   | Frant & Groombridge                   | 13%      | 91%   | 94%   | 91%   | 97% |
| Wealden   | Hailsham Central & East               | 25%      | 91%   | 95%   | 96%   | 95% |
| Wealden   | Hailsham East                         | 24%      | 88%   | 91%   | 93%   | 92% |
| Wealden   | Hailsham North, Alfriston & East Dean | 23%      | 93%   | 95%   | 95%   | 94% |
| Wealden   | Hailsham South & West                 | 24%      | 91%   | 95%   | 95%   | 93% |
| Wealden   | Healthfield                           | 15%      | 74%   | 93%   | 96%   | 95% |
| Wealden   | Herstmonceux & Ninfield               | 17%      | 80%   | 95%   | 96%   | 95% |
| Wealden   | Mayfield & Wadhurst                   | 11%      | 89%   | 95%   | 93%   | 96% |
| Wealden   | Polegate                              | 17%      | 85%   | 92%   | 94%   | 92% |
| Wealden   | Stone Cross, Westham & Pevensey Bay   | 21%      | 88%   | 94%   | 95%   | 93% |
| Wealden   | Uckfield South                        | 14%      | 86%   | 94%   | 97%   | 93% |
| Wealden   | Uckfield Town & North                 | 13%      | 84%   | 96%   | 97%   | 95% |
| Wealden   | Willington                            | 24%      | 89%   | 96%   | 95%   | 93% |
| England   |                                       | 15%      | 83%   | 92%   | 93%   | 93% |

## 2. Ethnicity:

- Black African, Black Caribbean and people of any other Black background, Mixed White and Black Caribbean people, Chinese people and Pakistani and British Pakistani people have significantly lower uptake in all age groups, in clinically extremely vulnerable, and in healthcare workers.
- Bangladeshi people have significantly lower uptake in all age groups and in clinically extremely vulnerable people, but good uptake in healthcare workers.
- Indian or British Indian people, and Any Other White Background also have lower than average levels in all groups, though less significantly than the above.

## 3. Gender:

- There is near equal uptake in females and males in age 70+, leaning towards higher uptake in females.
- There is higher uptake in females than males in age 65-69.
- There is lower uptake in females than males in healthcare workers and in the clinically extremely vulnerable.

## 4. Deprivation:

- Deprived (DQ1) and Moderately Deprived (DQ2) people/areas in East Sussex have significantly lower uptake than average and affluent people/areas in all age groups, and in clinically extremely vulnerable.

## 5. Clinically extremely vulnerable:

- There is lower uptake in clinically extremely vulnerable females than in males.
- There is lower uptake in clinically extremely vulnerable with ethnicities outlined above (Black African, Black Caribbean and people of any other Black background, Mixed White and Black Caribbean people, Chinese people, Pakistani and British Pakistani people and Bangladeshi people).
- There is better uptake in the older age groups (93% of 80+, 94% of 70-79 and 89% of 60-69) in the clinically extremely vulnerable. This decreases going down the age groups (84% in 50-59, 77% in 40-49, 65% in 30-39, 64% in 20-29 and 67% in 10-19).

## 6. Healthcare workers:

- There is lower uptake in female healthcare workers than in males.
- There is lower uptake in healthcare workers with ethnicities outlined above (Black African, Black Caribbean and people of any other Black background, Mixed White and Black Caribbean people, Chinese people and Pakistani and British Pakistani people).
- There is better uptake in the older age groups (88% of 80+, 93% of 70-79 and 91% of 60-69). Uptake decreases going down the age groups (90% in 50-59, 85% in 40-49, 74% in 30-39, 73% in 20-29 and 67% in 10-19).

### **Who and where in East Sussex needs engaging with?**

1. **Older people** – those with reduced access to vaccine centres, housebound, missed their appointments, uncontactable, are in care homes (e.g. people who would like to be vaccinated but haven't been able to) – individual and geographical reasons need investigating and addressing.
2. **Younger people (65-69 and younger)** – those who have refused or not taken up their vaccine for a multitude of reasons – individual reasons need investigating, may need more information, education and awareness, discussion with trusted people, comms, champions.

3. **Ethnicity groups with reduced uptake** – targeted community engagement with different ethnicity groups using BAME networks, webinars, faith leaders, vaccine champions, translated and tailored messaging, pop ups at faith centres and community centres.
4. **Females** – younger females, childbearing age, worries about fertility/pregnancy/breastfeeding – individual reasons need investigating - webinars, Q&A sessions, high profile NHS, O&G, female respected and trusted leaders to provide up to date, easy to understand medical information, personal experiences from other young females.
5. **Males** – healthy, white, older and younger males – individual reasons need investigating – targeted comms including direct messaging ‘not just for you, to protect your children, grandchildren’. Behavioural and psychological work.
6. **Areas of deprivation** – Hastings, Rother and specific areas of Wealden.
7. **Clinically extremely vulnerable** – including learning disabilities, physical disabilities, mental health, younger people who are less engaging – individual reasons need investigating, needs help of service providers, community networks and carers, GPs and PCNs.
8. **Healthcare workers** – individual reasons need investigating, care homes, ASC work, engage with ESHT, PCNs, CCGs. Webinars, Q&As, clear direct messaging.
9. **Other groups** – e.g. homeless, travelling community, refugees.

#### What are the 5 key areas of focus?

1. **Access:** improve access to vaccination sites and use pop-up sites in low access areas.
2. **Opportunistic delivery:** mobile vaccination buses to target low uptake groups.
3. **Communication:** simple, trusted resources, social media, webinars, Q&A sessions and clear messaging.
4. **Community engagement:** vaccination champions, voluntary action groups, Health and Wellbeing hubs.
5. **Follow up:** individual recall after missed vaccine appointments – engage with GPs and PCNs.

#### 1. Access:

- Actions:
  - Create a map of LSOA/MSOA boundaries for other LTLAs, similar to Hastings, to compare areas of known deprivation, uptake and access.
  - Work with D&B council, community networks and the CCG to discuss findings from the data and suggest additional vaccination sites where needed.
  - Initiate additional permanent and/or pop-up sites using existing infrastructure e.g. Health and Wellbeing hubs, pharmacies, village halls, community centres, or using mobile buses where appropriate (see below).
- Locations of focus (based on data):
  - Hastings: Braybrook & Bohemia, Broomgrove, Central Hastings, Central St Leonards, Hollington, Ore.
  - Rother: Bexhill.
  - Eastbourne: Pier, Hampden Park North, Sovereign Harbour, Upperton.
  - Lewes: Saltdean, Newhaven, Seaford, Peacehaven.
    - The nearest vaccine site to the Havens is the Brighton racecourse. This is 6.4 miles away and not easily accessible by public transport.
    - Could the Meridian Centre be a useful alternative for a vaccine site? It has plenty of free parking, space, toilets and is completely full of empty shop units. The model is being used by Victoria medical group in Eastbourne using a shop within the beacon centre.

## 2. Opportunistic mobile delivery:

- Actions:
  - Use data to direct focus on populations and geographical areas with low uptake.
  - Work with D&B councils, community networks and the CCG to discuss which population groups and geographical areas would benefit from mobile units.
  - Raise awareness through community engagement. Use discussions and feedback from communities to guide choice of locations and dates for mobile buses.
- Possible locations of focus:
  - Places of worship e.g. mosques
  - Traveller, refuge, ethnically diverse communities
  - Schools, colleges, nurseries
  - Clubs and leisure centres
  - Community centres
  - Hospitality venues
  - Parks, beaches, large open spaces
  - Workplaces

## 3. Communication:

- Actions:
  - Use simple, reliable and trusted resources e.g. NHS England and Sussex CCG.
  - Work with the CCG to share streamlined communication using approved resources.
  - Regular webinars and Q&A sessions with focussed groups e.g. BAME communities, healthcare workers, females, younger people.
  - Develop a comms strategy with the CCG to raise awareness of improved access via free transport schemes, mobile vaccination units, increased capacity at existing sites.
  - Work with ESCC comms for initiatives such as letter dropping and targeted comms.

## 4. Community engagement:

- Actions:
  - Work with the CCG and the CCG-led COVID vaccine champions scheme.
  - Work with D&B council and community networks to develop more community champions based on Crawley and Arun models, Newham model and other national best practice.
  - Work with existing community networks to build on relationships, e.g. Health and Wellbeing Hubs and community centres.

## 5. Follow up: individual recall after missed vaccine appointments

- Actions:
  - Discuss with clinical directors of PCNs across East Sussex about how to set up the most effective plan for this.
  - Invite a representative from the PCNs to local authority level meetings.

**Next section (pages 10-17):** detailed action plan for East Sussex-wide population groups.

| Who   | Where   | How   | Best practice examples  | Issues to consider   | Who to engage with   |
|---|---|---|---|--|--|
| <b>Age</b>  |   |   |   |  |  |
| <b>Older people</b> <ul style="list-style-type: none"> <li>Reduced access, housebound, missed their appointments, uncontactable or difficult to reach, in care homes, anxious about leaving home, lack of transport, e.g. people who would like to be vaccinated but haven't been able to.</li> </ul> | Use MSOA data to highlight areas of lower uptake in older age group: <ul style="list-style-type: none"> <li>Hastings - <i>Braybrook &amp; Bohemia, Broomgrove, Central Hastings, Central St Leonard, Hollington.</i></li> <li>Rother – <i>Bexhill.</i></li> <li>Eastbourne – <i>Pier, Hampden Park North, Sovereign Harbour, Upperton.</i></li> <li>Lewes - <i>Saltdean, Newhaven West, Peacehaven, Seaford.</i></li> <li>Wealden – <i>none.</i></li> </ul> | Use PCNs and GP data – call people who did not attend their appt. or refused due to access reasons. Rearrange and support them to attend, e.g. give advice, book a taxi.<br><br>Look at areas of vaccination sites to see if access could be improved, e.g. do more rural vaccination sites need setting up, are there uneven areas of site distribution?<br><br>Mobile bus units – send a mobile vaccination bus to areas of lower uptake with reduced access. | Brighton – PCNs commissioned HERE to call people using GP data.<br><br>Brighton – Mobile vaccination bus and St John's ambulance (deliver 100 vaccines a day)<br><br>Crawley – PCN led vaccination bus proactively visits areas of lower uptake.<br><br>Leicester – most high impact initiative is contacting individuals by GPs. | How to contact people who haven't attended – data protection issues.<br><br>Who should contact people – does it need to be a trusted medical professional able to answer medical questions, knowledge of behavioural techniques? Is a medical professional the right person (e.g. community leader or champion instead?)<br><br>Using correct, trusted resources with simple, up to date information.<br><br>Paying for and organising the transport and mobile vaccine buses. | ICS, CCG, PCNs<br><br>Voluntary action groups, vaccination champions and community champions.<br><br>D&B councils<br><br>Community organisations e.g. healthy ageing initiatives, Age UK |
| <b>Younger people (65-69 and younger)</b> <ul style="list-style-type: none"> <li>Those who have refused or chosen</li> </ul>  | Use MSOA data to highlight areas of lower uptake in younger age groups:   | Individual reasons need investigating: info about why and reasons for anxiety/refusal.  | Brighton has not yet done much engagement with younger people.  | This is likely to be a growing issue as more younger age groups  | ICS, CCG, PCNs<br><br>Voluntary action groups,   |

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| <p>not to have their vaccine for a multitude of reasons, e.g. believe COVID doesn't affect them, anxieties about missing work/getting ill, childcare etc., fertility worries, ambivalence - not been encouraged enough to get it.</p> | <ul style="list-style-type: none"> <li>Hastings – <i>all areas.</i></li> <li>Rother - <i>all areas except Battle &amp; Catsfield, Burwash, Sedlescombe &amp; Staplecross, and Robertsbridge.</i></li> <li>Eastbourne – <i>none yet.</i></li> <li>Lewes – <i>none yet.</i></li> <li>Wealden – <i>none yet.</i></li> </ul> <p>Reduced uptake in younger people will likely grow even more as we progress down the age groups – a widespread approach is likely necessary.</p> | <p>Online surveys and opinion polls. Look at ONS data. Call people who didn't attend their appointments using PCN data. Find out why, offer advice, signpost to information.</p> <p>Community engagement – work based, wellbeing based, leisure centres.</p> <p>Education and raising awareness, webinars and Q&amp;A sessions - discussions with trusted people e.g. teachers, champions, influencers, leaders.</p> <p>Communication e.g. social media.</p> | <p>They predict this will likely be more challenging than their other engagement work so far.</p> <p>Crawley PCNs are reporting lower uptake in younger age groups already.</p> | <p>are offered the vaccine.</p> <p>Proactive initiatives are needed to engage with younger people in anticipation of low uptake rates.</p> <p>Same issues as with older people re contacting people and data issues.</p> | <p>vaccination champions and community champions</p> <p>D&amp;B councils</p> <p>Comms team</p> <p>National campaigns targeted at younger people</p> <p>Behavioural workshops and useful resources</p> <p>Healthy workplace initiatives</p> |
| <b>Ethnicity</b>  |   |  |   |  |  |
| <p><b>Black African, Caribbean + people of other Black backgrounds</b></p> <ul style="list-style-type: none"> <li>All age groups, clinically extremely vulnerable, healthcare workers.</li> </ul>                                     | <p>Across East Sussex (2011 Census):</p> <ul style="list-style-type: none"> <li>Hastings = 1,065</li> <li>Rother = 305</li> <li>Eastbourne = 783</li> <li>Lewes = 416</li> <li>Wealden = 343</li> </ul> <p>Faith centres e.g. mosques at Ramadan</p>  | <p>Targeted community engagement with different ethnicity groups alongside BAME networks.</p> <p>Webinars led by health and faith leaders. Encourage clinicians from BAME background to act as</p>   | <p>Lots of national BAME engagement work</p>  | <p>Messaging must be balanced, not push too hard and isolate people for their beliefs.</p> <p>Be careful of further stigmatisation and alienation.</p>   | <p>ICS, CCG, PCNs</p> <p>Community BAME networks, Turning the Tide Oversight Board, Hastings voluntary action</p> <p>Faith groups</p>  |

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| <ul style="list-style-type: none"> <li>Reasons across all BAME groups: high levels of mistrust, lack of ethnic minority representation, difficulty reaching communities, anxiety over side effects/fertility.</li> </ul> | <p>Use knowledge of East Sussex religions and communities to target engagement</p> | <p>ambassadors for their communities.</p> <p>Covid vaccine and community champions</p> <p>Translated and tailored messaging for particular communities and languages</p> <p>Pop up vaccination units at faith and community centres.</p> <p>Ensure that employers in care homes implement full salary for staff who are on sick leave or isolating due COVID-19 - enable local authorities to check that this is being implemented. Enable safe whistleblowing procedures.</p> |  | <p>Using correct, trusted resources with simple, up to date information.</p> | <p>Employment groups</p> <p>Kaveri Sharma (ESCC - Equality and Inclusion Manager, ASC)</p> <p>Deborah Owen (ESCC - EALS Manager)</p> |
| <p><b>Chinese</b></p> <ul style="list-style-type: none"> <li>All age groups, clinically extremely vulnerable, healthcare workers.</li> </ul>   | <p>As above</p>  | <p>As above</p>  |  |  | <p>As above</p>  |
| <p><b>Pakistani</b></p> <ul style="list-style-type: none"> <li>All age groups, clinically</li> </ul>   | <p>As above</p>  | <p>As above</p>  |  |  | <p>As above</p>  |

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| extremely vulnerable and healthcare workers.   |   |  |   |   |  |
| <b>Bangladeshi</b> <ul style="list-style-type: none"> <li>All age groups and clinically extremely vulnerable.</li> </ul>   | As above  | As above   |   |   | As above   |
| <b>Gender</b>  |   |  |   |   |  |
| <b>Females</b> <ul style="list-style-type: none"> <li>Younger age, childbearing age, pregnant, breastfeeding, clinically extremely vulnerable, healthcare workers, other reasons e.g. ambivalence and anxiety, lots of misinformation e.g. infertility.</li> </ul> | All over East Sussex<br><br>Particularly healthcare workers and clinically extremely vulnerable | Individual reasons need investigating: info about why and reasons for anxiety/refusal.<br><br>Call people who didn't attend their appointments using PCN data. Find out why, offer advice, signpost to information.<br><br>Webinars, Q&A sessions with high profile NHS, O&G, female, respected and trusted leaders. Share personal experiences from other young females.<br><br>Up to date, simple medical information.<br><br>Covid vaccine champions and community champions. | Brighton – PCNs commissioned HERE to call people using GP data.<br><br>Leicester – most high impact initiative is contacting individuals by GPs.<br><br>Champions models<br><br>Community engagement models | Same issues as with older/younger people re contacting people and data issues.<br><br>Who should be contacting people?<br><br>Who should lead on engagement with females and be a contact for people with questions?<br><br>Using correct, trusted resources with simple, up to date information. | ICS, CCG, PCNs<br><br>Voluntary action groups, vaccination champions and community champions<br><br>D&B councils<br><br>Comms team<br><br>NHS professionals e.g. O&G leaders and female advocates. |

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| <p><b>Males</b></p> <ul style="list-style-type: none"> <li>Younger and older age, white, other reasons e.g. ambivalence and anxiety, not engaged with healthcare.</li> </ul> | <p>All over East Sussex</p> <p>All ages. Particularly white males.</p>                                       | <p>Individual reasons need investigating: info about why and reasons for anxiety/refusal.</p> <p>Call people who didn't attend their appointments using PCN data. Find out why, offer advice, signpost to information.</p> <p>Targeted comms with direct messaging "not just for you, but to protect vulnerable people" "do you want to be around for your children and grandchildren?" – similar blunt messaging as in smoking and alcohol adverts.</p> <p>Behavioural and psychological engagement</p> <p>Workforce/employment engagement initiatives</p> | <p>Brighton – PCNs commissioned HERE to call people using GP data.</p> <p>Leicester – most high impact initiative is contacting individuals by GPs.</p> <p>Champions models</p> <p>Community engagement models</p> | <p>Same issues as with females.</p> <p>Using correct, trusted resources with simple, up to date information.</p> <p>Being careful not to alienate and stigmatise</p> | <p>ICS, CCG, PCNs</p> <p>Voluntary action groups, vaccination champions and community champions</p> <p>D&amp;B councils</p> <p>Comms team</p> <p>Community groups working with males</p> <p>Employment groups</p> |
| <b>Deprivation</b>   |  |   |  |  |   |
| <p>Deprived and moderately deprived areas</p>  | <p>Use knowledge of most deprived areas in East Sussex.</p> <p>Use MSOA data to confirm and track uptake</p> | <p>Use MSOA data to track uptake in areas of known deprivation. Target engagement work in these areas.</p>  | <p>Brighton – Mobile vaccination bus and St John's ambulance (deliver 100 vaccines a day)</p>  | <p>Awareness of multifactorial reasons for reduced uptake in areas of deprivation.</p>   | <p>Voluntary action groups, vaccination champions and community champions</p>   |

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|   | <p>in areas of known deprivation:</p> <ul style="list-style-type: none"> <li>• Hastings</li> <li>• Rother</li> <li>• Areas of Wealden</li> </ul> | <p>Vaccine champions and community champions.</p> <p>Mobile units to deprived areas.</p> <p>Targeted comms. Behavioural and psychological engagement.</p>  | <p>Crawley – PCN led vaccination bus proactively visits areas of lower uptake.</p> <p>Champions</p> <p>Community engagement initiatives</p>  | <p>Be careful of stigmatisation and alienation</p> <p>Using correct, trusted resources with simple, up to date information.</p>   | <p>D&amp;B councils</p> <p>Comms team</p> <p>Community groups</p>   |
| <b>Clinically extremely vulnerable</b>  |  |  |  |   |   |
| <ul style="list-style-type: none"> <li>• Learning disabilities</li> <li>• Physical disabilities</li> <li>• Covid-19 at risk</li> <li>• Mental health</li> </ul> | <p>All over East Sussex</p> <p>Particularly females and younger age groups</p>   | <p>Use PCNs and GP data – call people who did not attend their appt. or refused due to access reasons. Rearrange and support them to attend, e.g. give advice.</p> <p>Individual reasons need investigating: info about why and reasons for anxiety/refusal.</p> <p>If access is an issue, whether due to anxiety or transport – use mobile vaccination units, targeted at day centres, village halls.</p> <p>Target comms depending on reason for refusal –</p> | <p>Brighton – Mobile vaccination bus and St John’s ambulance (deliver 100 vaccines a day)</p> <p>Crawley – PCN led vaccination bus proactively visits areas of lower uptake. Champions</p> <p>Community engagement initiatives</p> | <p>Same issues as with older/younger people re contacting people and data issues.</p> <p>Who should be contacting people? Should ESCC services proactively do ring arounds and mail drops, or should this be primary care led?</p> <p>Using correct, trusted resources with simple, up to date information.</p> | <p>ICS, CCG, PCNs</p> <p>Voluntary action groups, vaccination champions and community champions</p> <p>D&amp;B councils</p> <p>Comms team</p> <p>Community groups</p> |

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|   |   | <p>could link to any of the other categories.</p> <p>Work with learning disabilities service, physical disabilities, mental health organisations – gather insights, hold webinars and Q&amp;A sessions, distribute useful info.</p>   |   |  |   |
| <b>Healthcare workers</b>   |   |   |   |  |   |
| <ul style="list-style-type: none"> <li>• Females, males</li> <li>• BAME</li> <li>• CEV</li> </ul> | <p>All over East Sussex</p> <p>Particularly younger age groups, BAME and CEV.</p> | <p>Individual reasons need investigating: info about why and reasons for anxiety/refusal.</p> <p>Targeted care homes approach – call managers, use uptake tracker etc.</p> <p>Online surveys and opinion polls. Surveys sent by ASC to carer workforce. Contact community care agencies and organisations to raise awareness and gather insights.</p> <p>Call people who didn't attend their appointments using ESHT data. Find out why, offer advice, signpost to information.</p> | <p>Champions models</p> <p>Community engagement initiatives</p> | <p>Rate of successful engagement with care workers is difficult to monitor as the total numbers of carers is unknown.</p> <p>Tracking uptake is difficult – especially in unregistered/unpaid carers and personal assistants (not employed by the council).</p> <p>Using correct, trusted resources with simple, up to date information.</p> | <p>ICS, CCG, ESHT<br/>NHS Trust, GP practices, PCNs</p> <p>Adult Social Care</p> <p>Vaccine champions</p> <p>Community engagement e.g. organisations such as the Alzheimer's society.</p> <p>D&amp;B councils</p> <p>Comms team</p> <p>Community groups</p> |

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|  |  | <p>Targeted approach depending on reasons for low uptake – e.g. female, BAME, CEV.</p> <p>Bulletins, webinars, Q&amp;A sessions with high profile medical professionals, respected and trusted leaders. Share personal experiences from other healthcare workers.</p> |  |   |   |
| <b>Other</b>                                 |  |   |  |   |   |
| GRT<br>Homeless/rough sleepers<br>Forest Row | All over East Sussex<br><br>Forest Row | Mobile vaccination bus<br><br>Targeted comms.<br>Behavioural and psychological engagement.  | Brighton – community engagement and mobile vaccination bus | <p>No NHS number – makes tracking of uptake difficult and successful efforts won't be reflected in the data.</p> <p>No fixed abode – hard to contact and communicate with.<br/>Emergency housing – who is responsible for people moved out of area (e.g. Brighton into Eastbourne and vice versa)</p> <p>Difficult to engage with</p> | <p>ICS, CCG, PCNs</p> <p>FFT (Friends Families and Travellers)</p> <p>Brighton and Hove/Sussex wide initiatives</p> <p>D&amp;B councils</p> <p>Comms team</p> |