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Aberdeen City Health & Social Care Partnership
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To: Members of the Integration Joint Board

Town House,
ABERDEEN 22 May 2021

INTEGRATION JOINT BOARD

The undernoted items are circulated in connection with the meeting of the **INTEGRATION JOINT BOARD** on **TUESDAY, 25 MAY 2021 at 10.00 am.**

FRASER BELL
CHIEF OFFICER - GOVERNANCE

BUSINESS

- 17 Vaccinations - HSCP.21.061 (Late Report) (Pages 3 - 24)
- 21 Community Nursing Digitalisation - HSCP.21.069 (Late Report) (Pages 25 - 68)

Should you require any further information about this agenda, please contact Derek Jamieson, tel 01224 523057 or email DerJamieson@AberdeenCity.gov.uk

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INTEGRATION JOINT BOARD

Date of Meeting	25 May 2021
Report Title	Covid-19 Vaccination Delivery Update
Report Number	HSCP.21.061
Lead Officer	Susan Webb, Director of Public Health. NHS Grampian
Report Author(s) Details	David Pflieger, Senior Responsible Officer- Covid-19 Vaccination Programme, NHS Grampian Jo Hall, Vaccination Programme Manager, NHS Grampian
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	Appendix A – Covid-19 Vaccination Delivery Update Appendix B – Vaccine Uptake and cold spot Action Plan

1. Purpose of the Report

- 1.1. To provide the IJB with an update on the progress of the delivery of Covid-19 Vaccination programme within Aberdeen City, in response to the questions raised by the Clinical, Care and Governance Committee and detailed in paragraph 3.2 of this report.

2. Recommendations

It is recommended that the Integration Joint Board:

- 2.1. Notes the update provided by the Director of Public Health, NHS Grampian on the delivery of the Covid-19 Vaccination programme in Appendix A.
- 2.2. Notes the action plan in Appendix B which details locality based activity to address the cold spots in vaccine uptake.



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- 2.3. Request that IJB members continue to support the programme by raising awareness of the importance of the covid-19 vaccinations to protect the health of our population and support opening up the economy. This can be carried out by sharing key messages from the weekly programme updates with relevant networks.
- 2.4. Instruct officers to provide an update to the next IJB meeting on progress in improving uptake in areas identified.

3. Summary of Key Information

Background

- 3.1. At the Clinical, Care and Governance Committee (CCGC) on 6 April 2021 an update was shared within the monitoring report in relation to the covid-19 vaccination programme. The committee recognised that there had been a high level of delivery at P&J Live, however, that there had been a lower level of uptake compared to other areas in Scotland, including Aberdeenshire and Moray.
- 3.2. The Clinical, Care and Governance committee resolved under Agenda Item 12 to instruct Sandra Macleod, Chief Officer – Aberdeen City Health and Social Care Partnership (ACH&SCP) to write to Susan Webb, Director of Public Health NHS Grampian (NHSG) to request an update to be provided to the IJB meeting on 25 May 2021. The committee requested that a response to the following questions should be provided:
 1. Why are the vaccination rates in Aberdeen City lower compared to apparent higher delivery levels in other areas, including Aberdeenshire and Moray?
 2. Where are the 'cold spots'?
 3. What is being done to support communication/messaging to address the above?
- 3.3. The update from the Director of Public Health (NHSG) is attached at Appendix A.
- 3.4. Appendix B highlights the actions being taken by the delivery team to address vaccine uptake in cold spot areas within the city. A verbal update in relation to the latest position will be provided at the IJB on the day.



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4. Implications for IJB

- 4.1. **Inequalities** – Covid-19 Vaccinations are delivered based on the JCVI priorities in relation to age and underlying health condition, regardless of protected characteristic. There are certain groups identified that may be at a higher risk should they catch covid-19 and who are also harder to reach in terms of public health messaging. The programme is working hard to utilise the data and work with partners to promote vaccination in these groups.
- 4.2. **Fairer Scotland Duty** - This report has a neutral to positive impact on inequalities of outcome which result from socio-economic disadvantage. Undertaking vaccination programmes has a positive impact on general population health by reducing the transmission and minimises the wider impact of covid-19 on disadvantaged groups.
- 4.3. **Financial** - no direct financial implications arising from the recommendations of this report.
- 4.4. **Workforce** - The availability of appropriate workforce, from vaccinators to administration staff has been key to the delivery of the vaccination programme. The programme has recruited the workforce to support the programme and planning has commenced to look at the wider requirements of the vaccination transformation programme and the longer term sustainable delivery of the vaccination programmes as they transition to business as usual.
- 4.5. **Legal** - There are no direct legal implications arising from the recommendation in this report.
- 4.6. **Other** - there are no other implications relevant to this report.

5. Links to ACHSCP Strategic Plan

- 5.1. The Vaccination Programme link to Prevention, Resilience, Personalisation, Connections and Communities. They help to maintain the health and wellbeing of the population.



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6. Management of Risk

6.1. Identified risks(s)

There is a risk, if we do not maximise uptake of the vaccination programmes that this will have an impact on the health of the population and the demands on our services.

There is a reputational risk in respect of the city having a lower uptake of covid-19 vaccinations than the region or nationally.

6.2. Link to risks on strategic or operational risk register:

This report links to Strategic Risk 5: There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by regulatory bodies and those locally-determined This risk is currently sitting at Medium.

6.3. How might the content of this report impact or mitigate these risks:

There is an ongoing review of the data to ensure that where the uptake is lower that the communication channels are increased to attract / encourage the population in those areas to take the vaccination.

In addition, the programme is working to further understand and address the barriers to uptake in these areas by providing information to citizens in a meaningful format to make an informed choice as well as providing localised pop up clinics. This information is all detailed in the targeted action plan in appendix B.

Appendix A - Covid-19 Vaccination performance in Aberdeen City

1. Current Position

- 1.1.** Covid-19 vaccination appointments have now been offered to all Aberdeen city citizens in cohorts 1-9 and the programme is currently vaccinating cohort 10 the 40 – 49 cohort. On completion of this group the programme will move onto cohort 11 and then 12. For cohort 12 (under 30's) the national agreement is that we will utilise a self-registration portal and this will be launched shortly. A reference to the Joint Committee on Vaccination and Immunisation (JCVI) priority groups is available in appendix A1
- 1.2.** The plans for the right mix of vaccination sites was developed jointly between national, regional and local teams to ensure it was right for the population and communities it serves. Our initial sites were chosen based on those ready to vaccinate large numbers of people quickly as it is the most efficient delivery model. Larger sites, open regular hours over 5-7 days a week has allowed the programme to minimise vaccine wastage and maximise each vaccinator's rates of vaccination. Larger venues have also ensured that support functions can be delivered more efficiently both in the planning and management of the programme but also in the on site management functions such as queue management, administration, site coordination and cold-chain storage. In addition, the vaccines themselves require careful storage, monitoring and transportation, with two out of the three vaccines being particularly fragile compared to those we would use in other vaccination programmes. As the programme has progressed into second doses this approach to larger venues has become even more important, as NHS Grampian utilises three different brands of vaccine with citizens receiving the same brand for their second dose as they got for their first.
- 1.3.** Delivery of the Covid-19 vaccination programme within the city to date has focussed on delivery of vaccination for those under 79 years of age through the main city provision at P&J Live @ TECA. Those over 80 years of age were vaccinated at their local GP practice and for those who were in a care home or housebound vaccination took place within those settings by District Nursing Teams. For members of health and social care staff, and other staff groups prioritised by Scottish Government, these have either been offered vaccination by the peer to peer programme at the place of work or at the Health Village or at P&J live @TECA.
- 1.4.** To support citizens within the city to access the vaccination clinics, the programme commissioned the Transport to Healthcare Information Centre (THinC) to support individuals to access transport in order to attend vaccination appointments. In addition the team worked closely with transport operators including the council's public transport unit.

1.5. The programme has now offered an appointment to all those over 50 years of age and the team have been reviewing variation in uptake. The delivery of the programme was planned on a mass vaccination model with aim of delivering as many first doses as possible, to as many of the population as possible, as quickly as possible. Included in that planning was a commitment to review uptake and any ‘cold spots’ once all over 50’s first dose appointments had been offered, in the second week of April.

1.6. In April and May ‘pop up’ clinics were organised to attract the homeless and members of BAME community.

1.7. Analysis of geographical uptake across the City of Aberdeen indicated a number of adjacent intermediate data zones in Aberdeen city with vaccination rates below 80% for cohorts 3-9 i.e. 50-79 year olds.

1.8. Building on the ‘pop up’ approach deployed in mid-April a live action plan was developed and implementation commenced with a focus on:

1.8.1. Additional walk in community based clinics

1.8.2. DNAs: National scheduling team resending letters to those who hadn’t attended for vaccination, city based telephone survey of DNAs to assess reasons for not being vaccinated,

1.8.3. Communication and engagement targeted at those yet to be vaccinated including leaflet drops, social media

1.9. Our average covid-19 vaccination uptake across all cohorts within the city that have been offered an appointment is currently 91%, a more detailed analysis is provided in section 2.

1.10. In terms of uptake by age group Aberdeen City performs slightly below other major city centre areas based on local authority data. This level of analysis is limited in terms of demographic comparability and the balance of JCVI priority groupings within each city.

City / Age	80+	75-79	70-74	65-69	60-64	55-59	50-54
Aberdeen City	99.0%	98.5%	100%	99.2%	98.2%	93.9%	88.4%
City of Edinburgh	97.7%	100%	100%	97.3%	100%	97.5%	91.2%
Dundee City	95.6%	98.5%	99.9%	99.8%	100%	95.6%	90.3%
Glasgow City	89.5%	95.4%	99.6%	100%	100%	99.3%	90.7%

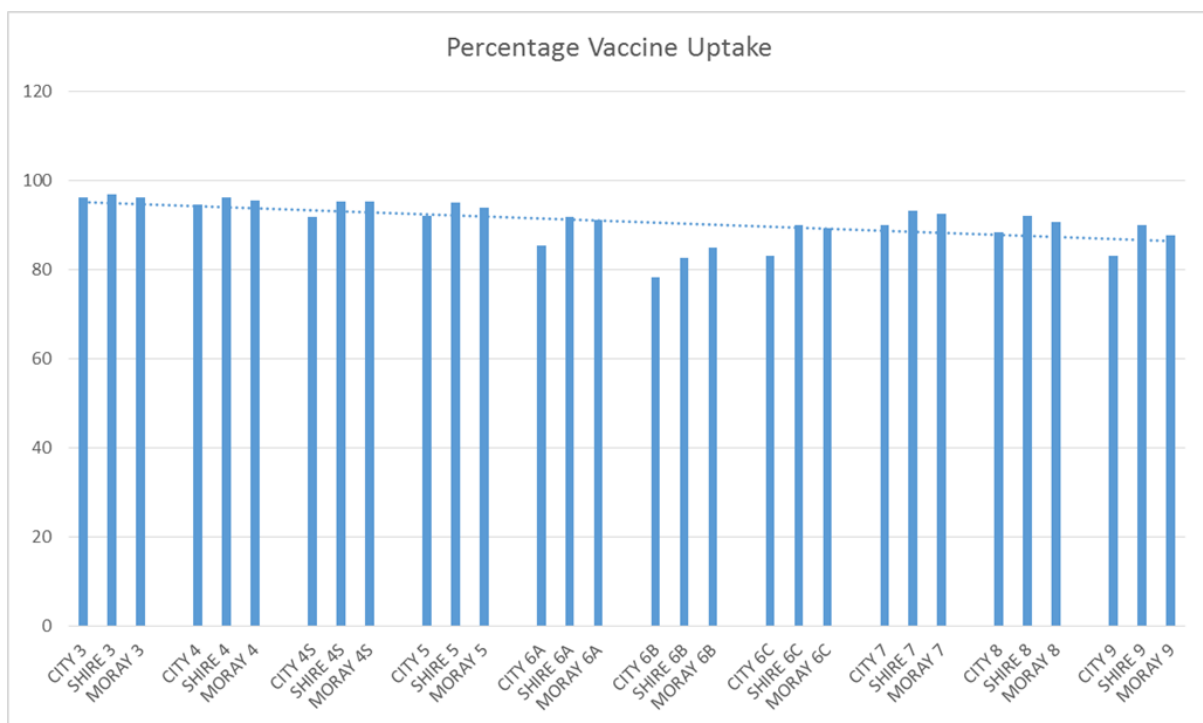
1.11 The national programme team have reviewed the Grampian Programme’s inclusivity plan and have provided positive feedback on the work undertaken, including the city initiatives with BAME and homeless communities, with this work being identified as a bench mark for other Boards.

2. Vaccination Uptake

2.1. Cohorts 3-9 i.e. citizens aged 50-79 plus those who are clinically extremely vulnerable or clinically at risk has been used in the analysis of the vaccination uptake. This is because we know we have had strong uptake in old people care home residents and staff, over 80s and health and social care staff.

2.2. Chart 1 provides a comparison of the uptake across Grampian by Health and Social Care Partnership broken down by cohort. This breakdown was requested by the Clinical, Care and Governance Committee.

Chart 1: Covid-19 vaccination uptake rates by cohort (3-9) by HSCP



2.3. In summary the data demonstrates that:

2.3.1. Uptake within the city is reducing as the age of the cohort reduces.

2.3.2. Vaccination uptake in Aberdeen HSCP is consistently slightly lower than Aberdeenshire or Moray in each of the cohorts 3-9.

2.3.3. Cohort 6B which is unpaid carers coded within the GP IT systems or in receipt of a caring related benefit appear to have a lower level of uptake. However, this group being a non-age targeted group will potentially be included in higher priority groups as well; in addition all unpaid carers were given the opportunity to self-register and attend for their vaccination.

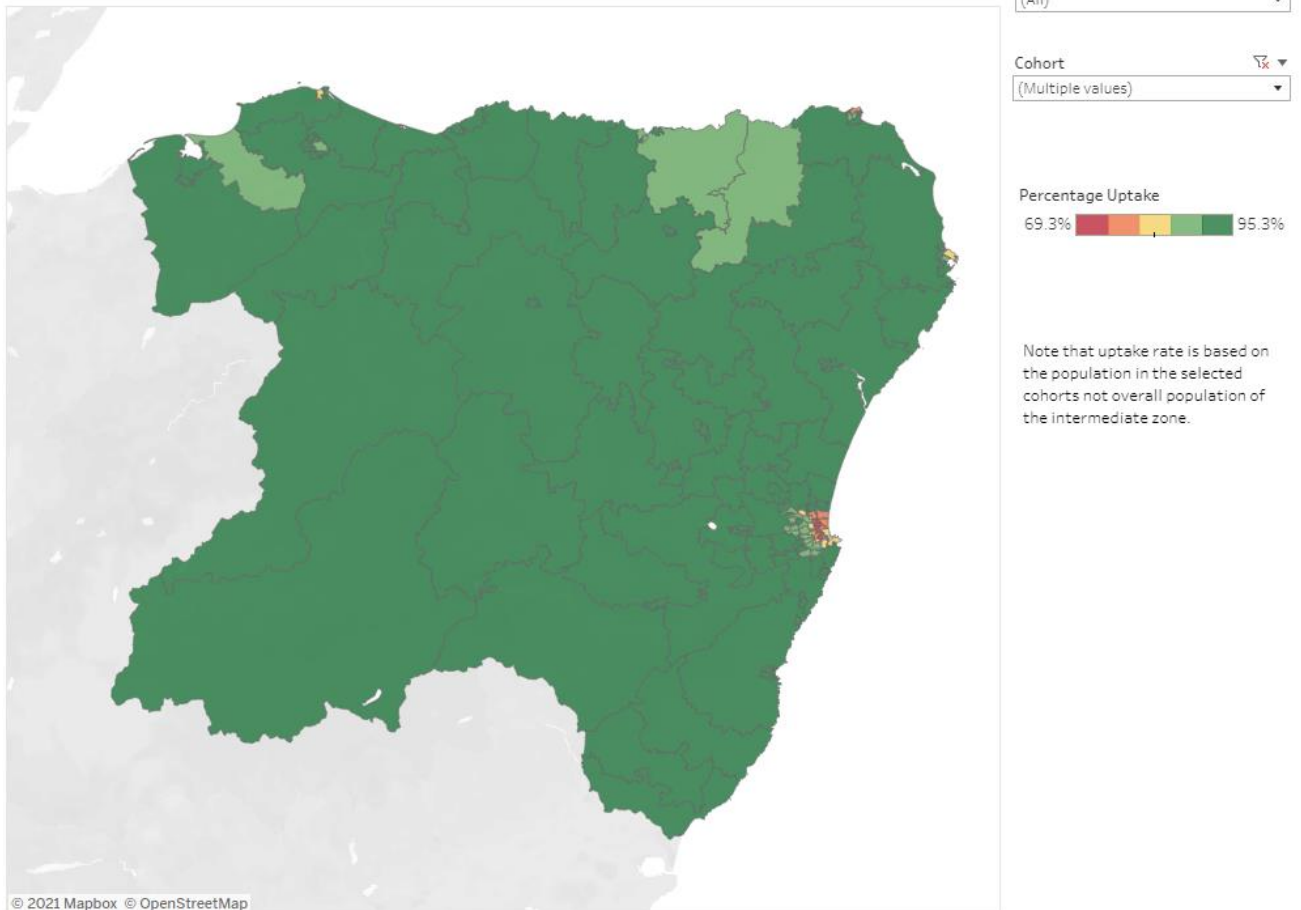
The programme is therefore confident that this group has been offered vaccination (potentially three times for some individuals) and will undertake further data analysis once available to provide assurance regarding uptake.

2.4. Analysis of vaccine uptake, by percentage, by intermediate data zone across Grampian is shown below in Map 1. Generally this has been excellent, however, there remain pockets of lower uptake, particularly in the central parts of Aberdeen City.

Map 1: Vaccine uptake, by percentage, by intermediate data zone for all of Grampian (cohorts 3-9)

Vaccine Uptake by Intermediate Zone

COHORT 3: 75-79, COHORT 4: Clinically Extremely Vulnerable, 70-74, COHORT 5: 65-69 and 6 more

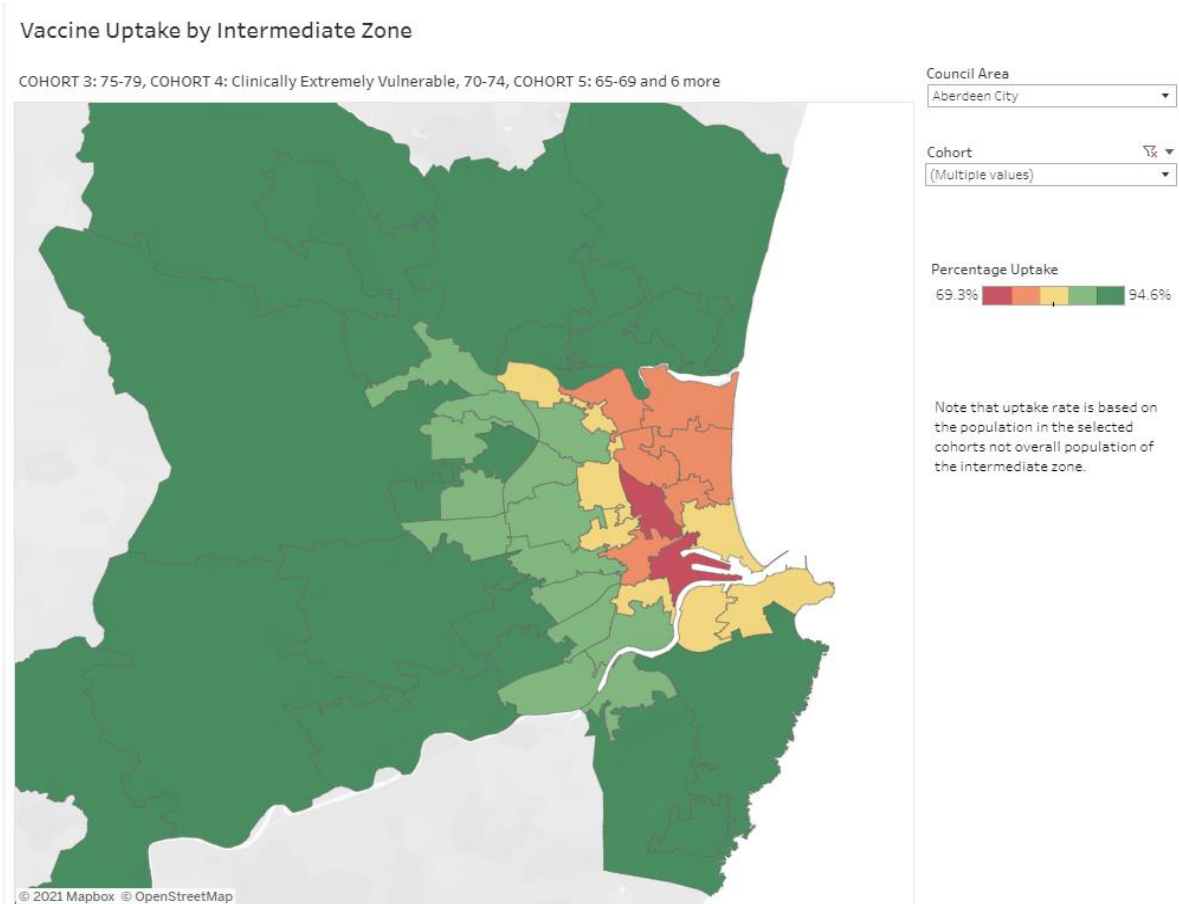


2.5. Further analysis broken down by Aberdeen city intermediate data zones is illustrated in Map 2 below. This shows that there are a number of relative cold spots in the city centre where uptake is below 80% (red and orange areas). These areas are:

- George Street

- City Centre East
- City Centre West
- Hanover North
- Froghall, Powis and Sunnybank
- Seaton
- Old Aberdeen
- Tillydrone

Map 2: Vaccine uptake, by percentage, by intermediate data zone for Aberdeen City (cohorts 3 – 9)



2.6. Map 2 is the version available in the local Tableau dashboard and the information which is shared in communications across the system. The data is reviewed regularly, however, there is an element of duplication in cohorts 6a and 6c (16-64 with underlying clinical risks) as individuals are also counted by their age category.

2.7. Once these duplicates are stripped out the uptake for each of these areas is as presented in Table 1 below.

Table 1: Covid-19 vaccination uptake data (raw and cleansed) for city coldspots

Intermediate Datazone	NSS Tableau Dashboard Data	Data cleansed for those in more than 1 cohort	Number remaining to be vaccinated to achieve City average (90%)
George Street	74%	77%	153
City Centre East	69%	73%	70
City Centre West	76%	77%	101
Hanover North	75%	79%	52
Froghall, Powis & Sunnybank	74%	81%	78
Seaton	78%	83%	74
Old Aberdeen	75%	81%	72
Tillydrone	78%	81%	138

2.8 Table 1 above presents the cleansed data across the original Aberdeen City areas identified as having lowest uptake. There remain four areas currently under 80% uptake, which was the level of uptake identified and modelled for in the Scottish Government’s vaccine deployment plan. Given the city average uptake is around 90% it is pertinent to look to that as a local benchmark.

2.9 Looking at all intermediate data zones within the city, which are less than 90% uptake, there are 3507 individuals unvaccinated and across the city as a whole 7157 individuals not vaccinated in cohorts 3-9 (64681 in cohorts 3-9 have been vaccinated).

2.10 A further detailed breakdown of all city intermediate data zone uptake is provided in appendix A2.

3. Understanding and supporting our communities

3.1. We know that the vast majority of people want to receive a vaccine, however, the team has worked hard to ensure that the programme is inclusive and helps variation in uptake and access by addressing individual concerns of those who have questions.

3.2. Working together with partners, we have taken a strategic approach that aims to support individuals, especially those at risk of exclusion, with improved access to information and services. The team has made a strong start in responding to harder to reach groups such as travellers, homeless, ethnic minority and those in temporary accommodation. Through the national

vaccination inequalities policy group, the local team have been requested to prepare case studies on a number of the interventions delivered to share as good practice.

3.3. In terms of those who have been offered but haven't attended for vaccination to date a national re-lettering process has just started. There have been concerns in the programme as to the validity of citizen address data used to generate the cohorts and subsequent appointment. Given the more mobile nature of city citizens in rental accommodation there remains concern that the overall number of people expected to be vaccinated may be inflated in the city. This appears to be backed up by early findings from telephone follow up of non-attenders which revealed that a high proportion of individuals who spoke to the contact centre had moved abroad. During the same calls, the feedback suggests that the location of the mass vaccination clinic, at P&J Live @ TECA, did not appear to be a reason for not attending and 100 individuals had indicated that they had chosen to opt out. A breakdown is available in appendix B.

3.4. The team have developed a locality based action plan to address the variance in uptake in some areas of the city. The full plan is available in appendix B, however, some of the targeted activity to date has included:

3.4.1. The local Aberdeen Call Centre is proactively contacting all individuals who have not attended their appointment by telephone to offer appointments.

3.4.2. Pop up clinic took place at Timmermarket to support individuals who are homeless. The team worked in partnership with Housing service, social work and Street Friends. 240 individuals attended and were vaccinated over the two drop in sessions held.

3.4.3. Pop up clinic took place at end of April targeting the Black, Asian and minority ethnic population. 65 individual were vaccinated and a second clinic took place in mid-May and 50 individuals were vaccinated.

3.4.4. Pop up locality based vaccination clinics are currently planned at venues in Central Aberdeen, Tillydrone, Seaton and the George Street area in May 2021. These are the areas currently identified with cold spots. The uptake data will continue to be reviewed and the plan adapted as required. The team are also investigating options to link with community delivered food banks.

3.4.5. Geographically targeted communications including:

- i. Letters or flyers being sent to the 'occupier' in the relevant postcodes to mitigate the potential for letters addressed to

individuals going to old addresses. This leaflet is also translated into multiple languages.

- ii. Bus stop / side advertising.
- iii. Proactive public messaging on social media and Local radio.

3.4.5 In addition to the actions above there are plans to build on work done in Moray Health and Social Care Partnership to engage with local large employers of those in more socioeconomic disadvantaged groups to either promote vaccination or offer outreach vaccination where appropriate. The team is proactively making contact and putting local plans in place.

3.4.6 The uptake data is reviewed on an ongoing basis and we will monitor the impact of these local interventions. Further analysis will also be undertaken to respond to individual characteristics that combine with the geographical variation e.g. younger, male and Black or Afro-Caribbean and socioeconomically deprived.

Appendix A1 - JCVI Cohorts (including Scottish Government breakdown of Grp 6)

JCVI Priority Cohort	JCVI Grp
Older People Care Home Residents	1
Older People Care Home Staff	1
Front Line Health & Social Staff	2
>80s long stay hospital (>30days)	2
>80's ambulatory via GPs & H&SCP Clinics Inpatient opportunistic	2
>80's housebound via DN Teams	2
75-79	3
70-74	4
Clinically Extremely Vulnerable	4
65-69	5
16-64 with underlying health conditions	6a
Unpaid carers identified through GP coding or benefit receipt	6b
Additional groups with underlying health conditions	6c
60-64	7
55-59	8
50-54	9

Appendix A2 :Covid-19 Vaccination data by Intermediate Zone- (Cohorts 3-9)

INTERMEDIATE_ZONE_NAME_2011	Highest Pri	Vacc Coun	% Update	Not Vacc	% not Vacc
City Centre East	416	304	73.1	112	26.9
George Street	1137	870	76.5	267	23.5
City Centre West	788	608	77.2	180	22.8
Hanover North	483	383	79.3	100	20.7
Tillydrone	1485	1199	80.7	286	19.3
Old Aberdeen	784	634	80.9	150	19.1
Froghall, Powis and Sunnybank	880	714	81.1	166	18.9
Woodside	1094	906	82.8	188	17.2
Seaton	1031	854	82.8	177	17.2
Ferryhill North	988	822	83.2	166	16.8
Rosemount	1314	1109	84.4	205	15.6
Hanover South	679	574	84.5	105	15.5
Torry East	1289	1112	86.3	177	13.7
Torry West	1611	1390	86.3	221	13.7
Ashgrove	910	790	86.8	120	13.2
Garthdee	1504	1309	87.0	195	13.0
West End North	1357	1190	87.7	167	12.3
West End South	1600	1404	87.8	196	12.3
Heathryfold and Middlefield	1514	1339	88.4	175	11.6
Ferryhill South	1493	1339	89.7	154	10.3
Braeside, Mannofield, Broomhill and Seafield East	1454	1311	90.2	143	9.8
Bucksburn South	1283	1157	90.2	126	9.8
Northfield	1800	1629	90.5	171	9.5
Midsocket	1732	1571	90.7	161	9.3
Summerhill	1347	1222	90.7	125	9.3
Mastrick	1608	1461	90.9	147	9.1
Hilton	1932	1761	91.1	171	8.9
Braeside, Mannofield, Broomhill and Seafield North	1783	1629	91.4	154	8.6
Stockethill	1758	1607	91.4	151	8.6
Denmore	1231	1126	91.5	105	8.5
Kincorth, Leggart and Nigg North	1398	1280	91.6	118	8.4
Kingswells	1998	1830	91.6	168	8.4
Kincorth, Leggart and Nigg South	1646	1510	91.7	136	8.3
Bucksburn North	1936	1786	92.3	150	7.7
Sheddocksley	1917	1770	92.3	147	7.7
Cults, Bieldside and Milltimber East	2424	2252	92.9	172	7.1
Cove South	1468	1365	93.0	103	7.0
Balgownie and Donmouth East	1099	1022	93.0	77	7.0
Culter	1910	1777	93.0	133	7.0
Cummings Park	1239	1154	93.1	85	6.9
Cove North	1380	1288	93.3	92	6.7
Braeside, Mannofield, Broomhill and Seafield South	1506	1410	93.6	96	6.4
Cults, Bieldside and Milltimber West	1726	1619	93.8	107	6.2
Dyce	2101	1975	94.0	126	6.0
Hazlehead	2161	2034	94.1	127	5.9
Balgownie and Donmouth West	1527	1439	94.2	88	5.8
Oldmachar West	1770	1669	94.3	101	5.7
Danestone	1491	1409	94.5	82	5.5
Oldmachar East	2059	1971	95.7	88	4.3
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COVID 19 – UPTAKE AND COLD SPOT ACTION PLAN

Target/ Objective	Action	Lead	Timescale	Update Position	Status
Identify Cold Spot Areas	Monitor Uptake and identify cold spot areas (including reasons for reduced uptake (i.e. location, time, no longer at address, vaccine hesitancy etc)	Programme Lead / Programme Manager	15.4.21	Weekly Uptake Report Produced – Co-horts 1-9 average uptake reported at 91% . Daily DNA report produced for P&J Live monitored at Daily touchpoint meeting and throughout the day. This data has been used to inform the location of our city centre pop up clinics which commenced on 12.5.21 and will continue until the end of the programme. The success of the extended Moray outreach has been noted and we are now considering it's transferability within Aberdeen City Cold spot map identified to support planning of local community clinics. Cold spot areas average uptake 75% . A total of 738 people require to be vaccinated within cold spot areas to achieve 90% uptake.	Complete
Community Clinics to target cold spot areas.	Organise clinics within cold spot areas to support call centre with re-organising appointments to increase uptake.	Programme Lead / Programme Manager	30.5.21	Local clinics taking place on the following dates to support uptake in cold spot areas: Health Village – 12 th May (13 th & 14 th cancelled due to number of opt outs) Tillydrone Hub – 19 th May – 11am – 6.00pm Gerrard Street Baptist Church (off George Street) – 20 th May – 11.00am – 6.00pm Seaton Community Church – 21 st May – 11.00am – 6.00pm Further clinic locations being sought in other areas of Aberdeen.	Complete & Ongoing
	Confirm Venues for ongoing COVID19 Immunisation Programme.	Programme Lead	30.5.21	Local community & city centre clinics to continue for the foreseeable future. Consideration being given to these being “walk in clinics”. Mid August – relocating from P&J Live to a City Centre and locality venues. Work commenced to identify appropriate venues.	On target.

Target/ Objective	Action	Lead	Timescale	Update Position	Status								
Non Attendance	Contact DNAs to re-arrange appointments to help increase uptake	Grampian Wide via SNOW	30.4.21	DNA letter template finalised and sent to all DNAs (11.5.21) encouraging them to re-book appointment through National Call Centre.	Complete								
	DNA's in cold spots areas to be re-offered appointments at local clinics.	Lead – Call Centre	Ongoing	Local Aberdeen Call Centre contacting all DNAs to re-arrange appointments offering at P&J Live and at local city centre venues.	Commenced 3.5.21 & ongoing								
Non Attendance	Undertake survey during DNA Contacts to identify reasons for non attendance to support planning work to increase uptake.	Lead – Call Centre	Ongoing	<p>Over 500 calls made, the vast majority of calls are unanswered. A small percentage of the total number of people called no longer live at their address or have moved abroad.</p> <p>As at 11.5.21 - 29 people have re-booked their appointments at community clinics with 100 people opting out of the programme (these people will still continue to get letters generated nationally):</p> <table border="1"> <thead> <tr> <th colspan="2">Reasons for Opt Out</th> </tr> </thead> <tbody> <tr> <td>No Reason provided</td> <td>47</td> </tr> <tr> <td>Mistrust /Press around AZ / unsure of Vaccine</td> <td>40</td> </tr> <tr> <td>Medical Reasons – Mainly allergies</td> <td>13</td> </tr> </tbody> </table>	Reasons for Opt Out		No Reason provided	47	Mistrust /Press around AZ / unsure of Vaccine	40	Medical Reasons – Mainly allergies	13	Ongoing
Reasons for Opt Out													
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Medical Reasons – Mainly allergies	13												
Engagement	Liaise with Public Health & Community Planning Partners to look at ways of communicating with local communities/ neighbourhoods to help increase uptake.	Programme Manager	30.1.21	We are now working with Locality Empowerment groups and community planning partners to use their expertise in reaching the local community. Weekly meeting with Public Health co-ordinators to take forward further engagement through Locality Empowerment Groups and neighbourhood leads. Focus Group sessions around testing & vaccines. Facilitated discussion with Priority Neighbourhood Partnerships (Tillydrone/Woodside & Seaton and Wider Northfield Partnership) identifying potential barriers to vaccine (attached presentation, issues & actions).	Meeting Weekly.								
	Undertake Local Survey to identify reasons residents may not be attending to support ways of increasing uptake.	Programme Manager / Public Health Co-ordinator		Local online public survey undertaken and widely advertised through social media and locality empowerment groups. 149 responses received. Ongoing review with public health colleagues & ACHSCP Covid Touchpoint group to identify ways of increasing uptake	Completed – Ongoing Review								

Target/ Objective	Action	Lead	Timescale	Update Position	Status
Engagement	Produce Staff Handbook to support staff to help encourage uptake in vaccine.	Public Health Co-ordinator	7.5.21	As a result of information received during local survey, Staff handbook produced and distributed widely to support staff to encourage uptake and help answer queries from anxious members of the public.	Completed
Inequalities – Increase uptake	<ul style="list-style-type: none"> Homelessness 	Programme Lead	30.4.21	It is estimated there are 400 people in this target group. Worked with the Homeless GP Practice to reach out to this group who have a ongoing relationship with the practice. Homeless clinic organised in conjunction with Substance misuse Service, Social work and Street Friends/food bank – vaccinated over 100 people at first clinic. Second clinic planned for the 16 th May and 3 rd clinic will be held in another community location.	Complete & Ongoing Clinics
	<ul style="list-style-type: none"> Race and Ethnicity 	Programme Lead / Programme Manager	30.4.21	Black, Aisian & Minority Ethnic <ul style="list-style-type: none"> Jesus House Clinic – 23rd April (65 Vaccinated) Jesus House Clinic – 13th May (62 booked) BBC and Evening Express/Social Media Coverage. Aberdeen City Met with GREC and Fountain of Love Church representatives on 13.21 and a series of clinics will now be held from late May with people invited that are known to GREC and the Community Champions. 	Complete and ongoing
		Public Health Co-ordinators / GREC	31.3.21	GREC – Funded project through endowments creating Health Champions – trusted individuals within Communities. Currently focussing on Vaccines. Public Health co-ordinators provided training – upskilling people to have conversations in the community around vaccine uptake – particularly in Ethnic Minority Groups. Feedback through weekly meetings with COVID Management team to take forward actions (examples: Promotion of Language Line, Fertility queries, survey uptake targeting ethnic minorities etc). Using City Public Health Co-ordinators to link with Community Champions to support promotion of vaccine within City population in particular within vaccine hesitant populations.	Complete & ongoing
		Programme Manager	28.2.21	Gypsy Travellers – Residents at Clinterty registered with GP Practice and received appts at P&J. NHS G liaison officer working with them – no obvious hesitancy reported. Liaison Officer linking with any new traveller groups.	Complete & ongoing
Inequalities	<ul style="list-style-type: none"> Non English Speaking 	Programme Manager	30.4.21	<ul style="list-style-type: none"> Vaccine leaflets available in various languages. Language Line available at P&J to support translation of pre-immunisation questionnaire. 	Complete & Ongoing

Target/ Objective	Action	Lead	Timescale	Update Position	Status
				<ul style="list-style-type: none"> Covid Flyers translated into 7 different languages to support promoting access to local clinics to increase uptake. 	
	<ul style="list-style-type: none"> Men & Obesity 			In our targeted Social Media campaign which commences on 17.5.21 – we will be taking advice from NHS Grampian and the Media company they have commissioned on how best to target social media vaccination adverts towards Men and people with obesity. Aberdeen City are also working with Aberdeen Football Club Community Trust Partners to potentially have role models from Aberdeen FC are relevant to the City male population promoting vaccine as part of media campaign.	
	Low Income / deprived areas <ul style="list-style-type: none"> Transport Links to P&J Live. Local Community Clinics. Links with larger companies with workers on low income to promote vaccine and arrange local clinics where necessary to support uptake. 	Programme Lead / Programme Manager	28.2.21 30.5.21 30.5.21	Signposting to THInC (Transport) for those struggling to pay for transport to P&J Live. Kitty available at P&J Live for Taxi's to support anyone identified as requiring support for return journey. Promoted Car Sharing to Vaccine Clinic via Social Media. Following review of uptake data - Local Clinics being organised within cold spot Areas (see below). Contact made with hospitality/building sector to look at setting up local clinics to target those on low income unable to leave work to attend vaccination clinics.	Complete Ongoing Ongoing
	Mental Health, SMS & Learning Disabilities	MH Service Manager / Support Manager	30.5.21	<ul style="list-style-type: none"> Learning Disabilities Accessible information produced for Immunisation Programme to support Vaccinators at P&J Live. Quiet Area developed at P&J Live to support persons with Learning Disabilities, Mental Health or Anxiety. Local Clinics held at RCH and within residential homes for MH & LD vulnerable groups. Substance Misuse Service vaccinated client group within Timmermarket. 	Complete Complete Ongoing Complete
	Sensory Impairments	Programme Manager / Data Co-ordinator	28.2.21	<ul style="list-style-type: none"> Engagement with North East sensory Service. Received list of people with sensory issues – proactive outbound calls to notify of appointments. Requested Letter in Brail 	Ongoing
Communications & Promotion	Targeted Leaflet drop – ensuring this covers different languages – targeted at cold spot areas and delivered on different days to ensure Call Centre is not overwhelmed with calls.	Programme Manager	10.5.21	Leaflets developed and translated to include 7 different languages. 3,000 Leaflets printed and delivered by 12.5.21. Further 15,000 leaflets planned for targeted delivery to cold spot postcodes throughout Aberdeen City	Completed and ongoing

Target/ Objective	Action	Lead	Timescale	Update Position	Status
				(121 postcodes). Posters created in different languages to be advertised in local European food shops.	
	Social Media - Posting to NHS /ACHSCP Social Media – Phased approach to ensure we do not overwhelm call centre.	Public Health Co-ordinator	31.3.21	Tag Tree developed with neighbourhood leads – to ensure key messages are shared within Community Groups. Links with NHSG & ACHSP Corporate Comms and targeted social media posts to promoted week ending 10.5.21.	Completed and ongoing
	Radio - SHMU (Community Radio)/Northsound Radio – Contact to discuss with volunteers – key community groups / social media pages and a phased approach to advertising to support local call centre.	Public Health Co-ordinator	31.5.21	Links made with Murray Dawson, SHMU to look at key messages / myth buster session around vaccine to help promote uptake.	Commenced
	Local Elected Members/Lord Provost - Liaise with Local Elected Members to support with liaison with community around vaccine hesitancy and promoting local clinics.	Programme Lead	17.5.21	Letter sent 12.5.21 to promote local clinics and request promotion within local communities.	Completed.
	Communication with Primary Care & other local Community Groups to promote COVID Vaccine within low uptake areas	Programme Lead	17.5.21	Raised at ACHSP Leadership Team Meetings to support promotion within Primary Care. Leaflets to be sent to all GP Practices within Cold spot areas to support promotion. Links made with GP Lead for COVID to build on the significant contribution from Primary Care colleagues in the City, who provided the Over 80s Vaccination.	Ongoing
	Staff brief – Raise awareness through staff brief.	Programme Manger	Ongoing	Staff Brief updates and promotion.	Ongoing
	Advertising – Consider options for bus stop, buses, radio & newspaper advertising.	Programme Lead / Corporate Comms	17.5.21	Agreed with corporate comms to promote targeted adverts on social media and links to be made for bus stop and bus service advertising.	Completed and ongoing
Communication & Promotion	Local Shopping Centres within coldspot areas – Link with Shopping centres to hand out leaflets.	Programme Manager	17.5.21	Contact currently being made with local shopping areas to get authority to hand out leaflets and promote posters.	Ongoing
	Aberdeen City Digital Road Signs - Liaise with ACC to look at promoting vaccine uptake.	Programme Lead	17.5.21	Agreed with ACC to promote vaccine uptake on Digital road signs. Wording currently being agreed.	Ongoing

Target/ Objective	Action	Lead	Timescale	Update Position	Status
	Myth Buster/ Vaccine Uptake Videos - Produce Videos to promote Vaccine Update.	Corporate Comms/Public Health	17.5.21	Corporate Comms – Public Health Working on promotion videos for social media to promote vaccine.	Ongoing
	Promoting Vaccine to families and younger population: <ul style="list-style-type: none"> • Link with Aberdeen Football Club to look at promoting vaccine. • Promoting area outside P&J for selfie's to promote on social media. 	Programme Manager	17.5.21	Contact currently being made with Aberdeen Football Club to look at promotion material focussed at younger age group.	Ongoing

Updated 10.5.21

Programme Lead / Programme Manager

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