

Non-Executive Report of the:  <b>Health and Wellbeing Board</b>  16 <sup>th</sup> April 2024	
<b>Report of:</b> Natalia Clifford, AD for Public Health, London Borough of Tower Hamlets	<b>Classification:</b> Unrestricted
<b>Report Title: Autumn Covid Booster Update</b>	

<b>Originating Officer(s)</b>	Gemma Lyons, Health Protection Lead, London Borough of Tower Hamlets
<b>Wards affected</b>	All wards

### Executive Summary

The Autumn Covid-19 booster programme was delivered between 11 September 2023 and 31 January 2024. In Tower Hamlets, 25% of the 70,000 eligible population took up the vaccination. This was lower than the north-east London coverage of 31%. Coverage was greater among some of the highest-risk population cohorts, including care home residents (75%), housebound residents (81%), and those aged 80 years and above (45%). However, some vulnerable populations had low uptake, including patients with a learning disability (21%), a serious mental illness (24%). Health and social care staff continued to have low uptake of the covid booster.

NEL ICS and PH grant funded community engagement approaches to reduce health inequalities in vaccine engagement. Funding was provided to VCFS organisations who work with target population groups with low Covid-19 vaccination coverage. The organisations used their local knowledge of the communities, and trust they had built up, to develop and disseminate messaging. They delivered events, workshops, Q&A sessions, created videos and social media content, and distributed leaflets, emails and whatsapp messages. Messages were also delivered in church sermons and through Friday prayers. An innovative vaccine engagement pilot delivered enhanced phone calls to vulnerable residents aged 80+, or those diagnosed with a learning disability or serious mental illness, who had not taken up the offer. Additionally, vaccination motivational interviewing training was delivered to increase confidence and capacity of the health, social care and VCFS workforce to talk about vaccines.

A steering group met weekly to promptly discuss and resolve operational challenges, review data, improve programme delivery, and log and escalate key risks and issues. An *After-Action Review* with system partners was held in early February and key learnings have informed the Spring booster programme which will be delivered from 15<sup>th</sup> April 2024. The eligible population is much lower than the Autumn programme, and includes adults aged 75 years and over; residents in a care home for older adults and people who are immunosuppressed.

## Recommendations:

The Health and Wellbeing Board is recommended to note the updates and promote uptake and awareness of the spring Covid-19 booster among eligible residents.

## Health and Wellbeing Strategy:

The Health and Wellbeing Strategy is grounded upon 6 principles that matter most to residents of Tower Hamlets.

1. Resources to support health and wellbeing should go to those who most need it
The community engagement programmes were targeted towards population groups with low vaccination coverage. The phone engagement pilot was aimed at patients at vulnerable patients at risk of poor outcomes from Covid-19.
2. Feeling connected and included is a foundation of wellbeing and the importance of this should be built into services and programme
Community engagement was delivered by trusted VCFS organisations with strong reach and relationships with community members. Outreach-based vaccinations were also delivered in community locations.
3. Being treated equally, respectfully and without discrimination should be the norm when using services
The covid vaccination is offered to all eligible patients. The targeted engagement ensured conversations and information were available in languages spoken by the community. The vaccination motivational interviewing training was delivered to increase the workforce capability in discussing vaccinations in a respectful way.
4. Health and wellbeing information and advice should be clear, simple, and produced with those who will benefit from them
Vaccination messaging was co-produced and delivered by VCFS organisations to ensure it was tailored and adapted to those who will most benefit from it.
5. People should feel that they have equal power in shaping and designing services and programme that impact on their health and wellbeing
The enhanced phone conversations and community engagement were delivered to increase community knowledge and understanding of the covid booster and make an informed decision on the vaccination offer.
6. We should all be working together to make the best use of the assets we already have that support people's health and wellbeing.

Collaboration across the health, care and VCFS system has been vital to increase vaccination equity.
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## **1. REASONS FOR THE DECISIONS**

1.1. The Autumn Covid booster programme and eligibility is determined nationally. Locally, we have the ability to influence the delivery model, review data on health inequalities and improve and population level knowledge and understanding of vaccination importance.

## **2. ALTERNATIVE OPTIONS**

2.1. N/A

## **3. DETAILS OF THE REPORT**

3.1. N/A

## **4. EQUALITIES IMPLICATIONS**

4.1. There are health inequalities in vaccination coverage. The programme model, including community engagement, targeted phone pilot, and vaccination outreach delivery, were aimed at reducing health inequalities.

## **5. OTHER STATUTORY IMPLICATIONS**

5.1. N/A

## **6. COMMENTS OF THE CHIEF FINANCE OFFICER**

6.1. N/A

## **7. COMMENTS OF LEGAL SERVICES**

7.1. N/A

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### **Linked Reports, Appendices and Background Documents**

#### **Linked Report**

- N/A

#### **Appendices**

- N/A

**Local Government Act, 1972 Section 100D (As amended)**  
**List of “Background Papers” used in the preparation of this report**

- NONE