

# Leaders' Committee

## The London Vaccine Equity Programme      Item no: 6

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<b>Summary</b>	This report summarises the aims and objectives of a London Vaccine Equity Programme, in which London boroughs and London Councils will be a partner with NHS (London Region). The programme will bring partners together around development of new and innovative models which tackle vaccine and immunisation inequity. London Councils is invited to act as the financial host to the programme.
<b>Recommendations</b>	<p>Leaders' Committee is asked to:</p> <ol style="list-style-type: none"><li>1. Comment on the proposed programme summarised in this report.</li><li>2. Agree that London Councils act as financial host to the programme, with £2.5 million funding having been secured by partners in NHS (London Region). Subject to Leaders' decision, this funding will be transferred to London Councils.</li><li>3. Note the proposed role for London Councils summarised in paragraphs 18, 19 and 20.</li></ol>

# The London Vaccine Equity Programme

## Background

1. Whilst the COVID-19 pandemic has impacted all Londoners, the direct and indirect impacts have been felt more acutely in some communities than others.
2. Public Health England (PHE) published its [first report](#) into the disparities in risks and outcomes from COVID-19 following the first wave of the pandemic. This confirmed COVID's disproportionate impact across a range of characteristics including age, sex, geographic area of residence, socio-economic status and race/ethnicity. The accompanying [Beyond the Data](#) report highlighted the social, cultural, economic and societal factors underpinning these disparities, including access and delayed presentation to health services, low levels of trust and engagement.
3. These disproportionate impacts have continued through successive pandemic waves, despite the collective efforts of partners to prevent and mitigate inequalities, including through a continuous focus on tackling inequalities in vaccine uptake through flexible and hyperlocal models of delivery.
4. The recent emergence of the Omicron variant of concern has led to the acceleration and expansion of the booster programme in England. Yet we know that with every 'at pace' expansion of programme delivery, within which the emphasis is more on scale at speed, we risk a widening of inequalities and a loss of momentum and focus on engaging and reaching those communities who remain wholly or only partially unvaccinated.
5. An equity analysis of infections, hospitalisations and deaths during the most recent 'third wave' of COVID-19 in London demonstrate the persistence of these stark inequalities, including:
  - The Black Caribbean population had the highest age-standardised COVID-19 case rates (May to October 2021), significantly higher than in the general population.
  - The Black Caribbean population had highest crude COVID-19 hospital admissions rate (May to Sept 2021), followed by the Bangladeshi population.

- The Bangladeshi population had highest cumulative age-standardised COVID-19 mortality rate (May to October 2021), followed by the Black Caribbean population.
  - COVID-19 mortality rates were five times higher in the Bangladeshi population compared to the white population, and more than three times higher in the Black Caribbean population (May to October 2021)
6. Significant inequalities in vaccine uptake persist within and between communities across London, associated with ethnicity, deprivation, age, faith and often the intersection of these and other multiple factors. Some of the lowest rates of vaccine coverage are seen in London's Black communities and in certain inclusion health groups, such as people who are homeless.

### **Vaccine Equity in London**

7. Working with boroughs and London Councils, NHS London Region and the London Office for Health Improvement and Disparities have developed a two year programme of ambitious and innovated activities to target inequalities. The programme will initially focus on COVID and flu vaccination, but will then move beyond. It will coordinate, facilitate and fund steps to build trust and sustainable relationships with communities, which in turn will address wider health inequalities in the medium to longer term.
8. The programme is designed to align with existing and emerging work at hyper-local, local, ICS and regional level including and the recently established Vaccine Legacy and Equity Group, chaired by Cedi Frederick. London Councils officers and CELC are represented on the Vaccine Legacy and Equity Group. Key to this work is ensuring communities and community voices are embedded and that partnership work at a local level, including working with hyperlocal, faith and VCS organisations is a core component. London boroughs have a central role in mobilising the delivery of new and innovative hyperlocal models, as well as community leaders in the local area.
9. The programme it is emerging is centred around five core areas, informed by insights gathered over the last year and from a recent 'deep dive' workshop with partners on reaching London's unvaccinated populations and developed through a workshop and discussion with key partners.

10. The establishment of a small, dedicated joint Vaccine Equity Unit in London at the interface of OHID and NHSE forms part of the proposal, with a remit to lead, coordinate and deliver the programme of work working alongside the GLA, ADPH, London Councils and ICS partners.
11. Partners have secured £2.5million over 2 years to fund the programme, with just over £500K for the core team of staff and just under £2 million for core programme areas. Of the £2 million for core programme areas, around £1.1 million is intended as part of an innovation fund for boroughs and voluntary sector groups.

### **Programme Objectives**

12. The aims of the London Vaccine Equity Programme are –

- To increase COVID-19 vaccine uptake and reduce inequalities in London over the next two years, taking a population health approach and supporting the critical role of local teams and partners working in and with communities at the local and hyper-local level.
- To nurture, support and learn from innovative initiatives and effective approaches that can be used as a model for tackling inequalities in health in the medium and longer term
- To take the learning from the COVID vaccination programme and work with partners to apply and embed this into the planning and delivery of other immunisation and preventive health programmes in London, including other immunisation and screening programmes, to address other long-standing health inequalities. This will include learning in relation to how hyperlocal models have been effective.
- To work with and engage communities and partners across London to shape programme priorities and deliverables, ensuring it responds to what people and communities tell us what matters to them and what will add value
- To identify and leverage additional and novel opportunities and assets in London to extend the reach and impact of this work.

13. As part of a cross-cutting model of leadership and delivery, the programme will engage and work with –

- NHS vaccine data and analytics leads.

- Community Champions.
- London communications leads (GLA, London Councils, ADPHL, UKHSA)
- London borough vaccine and immunisation leads.
- London Councils.
- London borough Chief Executive ICS leads.
- ICS vaccine programme leads.
- The UK Health Security Agency (UKHSA).

### **How the Programme will work**

14. The programme will –

- Support hyperlocal, local and ICS vaccine equity priorities and delivery: the programme will support and enable local and hyperlocal delivery, through: the provision of funding for local innovation and tailored; the delivery of research, insight, analysis and evidence to support practice across the system; and through 'once for London' interventions and activities as needed to support and amplify ICS, local and hyper local.
- Work with ICSs, borough-based partnerships, London Councils, the voluntary and community sector, UKHSA, GLA, and professional networks.
- Be governed by the London Vaccine Programme Board would maintain overall oversight of the Vaccine Equity Programme. A refreshed Vaccine Legacy Equity steering group (VLEG), chaired by Cedi Frederick, is being re-established to bring together key strategic partners and would be the ideal group to steer and oversee implementation of the Vaccine Equity Programme.
- Be enabled by the partnership funding provided by NHS London Region, held and administered by London Councils as a project partner.
- Report to London Councils' Leaders' Committee and to the OHID Regional Director and NHS London Region Vaccination Programme Director.
- Be supported by an evaluation framework.

### **London Councils' Partnership Role**

15. NHS London Region has identified and secured the £2.5 million programme budget, but will require support to allow for the flexible spending across multiple financial years in a way that is not able to. London Councils, as a partner with more financial agility, has been invited to act as host for the programme funding.

16. London Councils officers have sought legal guidance from the City of London in respect of whether our constitution allows for London Councils to act in this capacity. That role summarised below in paragraphs 18,19 and 20 is consistent with the legal powers available to London Councils.
17. London Councils and NHSEI, through this agreement, commit to working with each other and to engaging other key London partners, including London boroughs, the Office for Health Improvement and Disparities (OHID) (London), UKHSA, the GLA, NHS providers and integrated care partnerships operating on ICS and borough footprints, and professional networks, such as ADPH London, ALDCS and London ADASS, in the development and delivery of this partnership programme of work.
18. As part of our agreement to receive and administrate the programme funding, London Councils will convene, coordinate and broker key relationships and networks across London local government and beyond in support of the delivery of programme aims and objectives; facilitate the application and award of programme resources to key partner organisations for the delivery of programme activities in accordance with London Council's financial regulations and constitution; maintain oversight, management and regular reporting of programme activities and budget; participate in and facilitate programme evaluation activities.
19. London Councils will not have any role in the direct delivery of COVID or other vaccinations, or of any other health services and interventions.
20. London Councils is currently unable to provide direct grant funding to London boroughs. We have, therefore, agreed with NHS (London Region) that any grant funding to boroughs will be administrated by the NHS and that the funding required to do this will be transferred back from London Councils.
21. Subject to Leaders' decision, a detailed Memorandum of Understanding with NHS (London Region) will be put in place.

## **Recommendations**

Leaders' Committee is asked to:

- Comment on the proposed programme summarised in this report.
- Agree that London Councils act as financial host to the programme, with £2.5 million funding having been secured by partners in NHS (London Region). Subject to Leaders' decision, this funding will be transferred to London Councils.
- Note the proposed role for London Councils summarised in paragraphs 18, 19 and 20.

### **Financial Implications for London Councils**

Subject to the decision of Leaders' Committee, London Councils will take receipt of £2.5 million in programme funding and will be responsible for the administration of that funding in accordance with our constitution and financial regulations.

Discussions with health partners will consider and agree the approach to the reimbursement to London Councils of any costs associated with programme oversight and coordination.

### **Legal Implications for London Councils**

London Councils will take receipt of £2.5 million in programme funding and will be responsible for the administration of that funding in accordance with our constitution and financial regulations. A detailed Memorandum of Understanding with NHS (London Region) will be put in place

### **Equalities Implications for London Councils**

The programme aims to tackle the drivers of vaccine inequality as outlined in this report and will directly benefit those experience vaccine inequity in London.