

INTRODUCTION

During the pandemic, a multi-agency meeting was set up to ensure the COVID-19 vaccination programme was successful, targeted those most in need and was distributed equitably.

The Scarborough locality was flagged as having significant health inequalities that needed to be addressed, not just for the COVID-19 vaccine, but across many screening and immunisations programmes. Although we do not have publicly available data for immunisations at district level, latest data shows that uptake is lower than national benchmarks countywide for pre-school boosters (DTaP and IPV booster), second doses of MMR and the HPV vaccine (see Table 1).

Given this context and lessons learnt from the pandemic, uptake in Scarborough is likely to be lower than other districts.

AIM

To address screening and immunisation related inequalities in Scarborough by:

- Increasing awareness of screening and immunisation programmes
- Understanding reasons for low uptake of those programmes
- Working with the wider public health system to facilitate uptake
- Supporting collaborative working between partners

PROJECT

A whole-system approach (Royal College of Paediatrics, 2020) was used to establish the group, led by local authority Public Health in collaboration with partners. These include:

- NHS England
- North Yorkshire School Age Immunisations Service (SAIS)
- Humber and North Yorkshire Integrated Care Board
- Primary Care Networks and General Practice managers
- North Yorkshire Council Early Help
- Stronger Communities
- Libraries
- Local Voluntary Community and Social Enterprise (VCSE) organisations

RESULTS

Through community links, organisations in Scarborough were identified that are able and willing to promote resources around screening and immunisation programmes to increase awareness.

Through discussions with the SAIS, it was identified that schools could be doing more to promote uptake and support local delivery of immunisations.

As a result, joint webinars have been delivered by Public Health and the SAIS in order to offer schools practical ways of increasing uptake of immunisations.

The partnership approach has also led to further collaborations across the system including behavioural science methodologies to inform invitation letters.

Clinics organised by primary care have been promoted through the group and colleagues from across the system have referred people to them.

Partners have attended various community events and talked about the importance of screening and immunisations.

The SAIS supported primary care to vaccinate refugee and asylum seeker families in North Yorkshire.

Training courses around increasing confidence in immunisations and talking to people about cancer screening have been shared with the group and cascaded widely, thereby increasing local capacity and capability to talk about these issues.

Work has also been undertaken to engage with local communities to understand vaccine hesitancy which is now being expanded to include more engagement activities and look at the development of bespoke communications to address issues around immunisations.

Primary care data shows improvements in uptake of immunisations when comparing 2021/22 to 22/23.

SUMMARY / CONCLUSION

Whole system approaches have strong potential to address health inequalities as they allow for better understanding and collaboration between organisations.

Understanding reasons behind low uptake is vital in order to increase uptake.

Introducing behavioural science methodologies and techniques to improve health communications can help overcome some of the barriers to uptake.

Having a clear common purpose in multi-agency meetings is key to maintaining good engagement, particularly given the capacity issues many services face.

Although there is more work to be done, this collaboration has made some headway in addressing health inequalities in Scarborough and illustrates how partnerships flourish and continue to find solutions outside of formal meetings.

ACKNOWLEDGEMENTS

With thanks to all partners who have been supporting this work for the last 18 months.

Table 1: Uptake of immunisations in North Yorkshire County

Indicator	Period	N Yorkshire		Region		England		England	
		Count	Value	Value	Value	Worst	Range	Best	
Population vaccination coverage: DTaP and IPV booster (5 years)	2021/22	5,161	89.3%	87.7%	84.2%	56.1%		95.3%	
Population vaccination coverage: MMR for two doses (5 years old)	2021/22	5,193	89.8%	88.7%	85.7%	58.9%		95.6%	
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)	2021/22	2,321	70.5%	74.5%	69.6%	34.3%		93.2%	
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male)	2021/22	2,118	62.4%	67.6%	62.4%	27.8%		92.3%	
Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 years old) (Female)	2021/22	1,753	53.3%	70.1%	67.3%	0.0%		91.6%	

REFERENCES

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