Vaccination Programme

Autumn/Winter 2021-2022 Flu & COVID-19

Equality Impact Assessment

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About this document

1. Section 149 of the Equality Act 2010 places a duty (known as the public sector equality duty, or PSED) on public authorities to have due regard to the need to eliminate discrimination, advance equality of opportunity and promote good relations between people who share a protected characteristic and those who do not.

2. The Scottish Government introduced Regulations, (the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012) which set out specific duties to enable better delivery of the PSED. Regulation 5 (5) of the Specific Duties requires that a listed authority must make such arrangements as it considers appropriate to review and, where necessary, revise any policy or practice that it applies in the exercise of its functions to ensure that, in exercising those functions, it complies with the equality duty.

3. The Scottish Government is mindful of the three needs of the Public Sector Equality Duty (PSED) - eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity between people who share a protected characteristic and those who do not, and foster good relations between people who share a protected characteristic and those who do not. Where any negative impacts have been identified, we have sought to mitigate/eliminate these. We are also mindful that the equality duty is not just about negating or mitigating negative impacts, as we also have a positive duty to promote equality. We have sought to do this through provisions contained in the Regulations, or by current support and guidance available.

4. Therefore this Equality Impact Assessment has been carried out to ensure that the Flu and COVID-19 Vaccination Policy considers the needs above.

5. The vaccination programme is continually developing and responding to emerging clinical advice, and therefore this EQIA represents the position at autumn 2021. Given the impact of the COVID-19 vaccination programme on the population of Scotland, it is vital that Inclusion and Equity are firmly embedded at its heart and central to of all aspects of its work in order to reach everyone and ensure that no one is left behind, both for individual health and our collective community wellbeing.

6. This document details the policy aims and approach, the evidence reviewed and stakeholders consulted in development of this EQIA, an impact assessment for each of the protected characteristics, learning and next steps.

Introduction

7. On 11th March 2020, the World Health Organisation declared COVID-19 a Global Pandemic with symptoms ranging from those akin to a common cold to more severe diseases affecting the respiratory system and resulting in death.

8. On 1st September 2020, the Scottish Government published its Programme for Government. As part of this the Scottish Government gave its commitment to promoting lifelong health and wellbeing - by tackling COVID-19, remobilising and reforming the NHS and social care and tackling health inequalities[1].

9. As part of the response to the COVID-19 Pandemic the Scottish Government established a COVID-19 Vaccination Programme guided by the Joint Committee on Vaccination and Immunisation (JCVI) advice and that of Chief Medical Officers on priority and timescales.

10. Tranche 1 of this programme (to autumn 2021) offered two doses of COVID-19 vaccine to all adults over the age of 18; young people aged 12 to 17 who have underlying health conditions that put them at higher risk of severe COVID-19; and children and young people aged 12 years and over who are household contacts of persons who are immunosuppressed.

11. Additionally, a single dose of the vaccine is being offered to all remaining 16 & 17-year-olds, and 12 to 15-year-olds not already eligible. In addition, individuals aged 12 and over with severe immunosuppression are to be offered a third primary dose of the vaccine. This offer is separate from the booster programme.

12. Delivery of the autumn/winter COVID-19 booster and flu programme (Tranche 2) is now under way guided by the JCVI advice on eligible groups and timing. Those who are at highest risk of harm from COVID-19 will be offered a booster dose of the vaccine at least six months following their second dose. NHS Scotland has begun to roll out its biggest-ever flu vaccination campaign.

13. The COVID-19 and flu vaccination programme potentially affects everyone in Scotland with an initial focus on the whole adult population with children coming into scope as scientific evidence of risk and benefit becomes available. Therefore the scope of this equality impact assessment is extended beyond the list of protected characteristics to include wider socio-economic considerations: including people living in remote, rural areas and island communities; in areas of multiple deprivation; prisoners; and migrant workers.

14. Based on the current available clinical data, and having considered the risks and benefits of the vaccine in younger members of our society, young people aged 12 and over are now in scope. We are therefore undertaking a full Children's Rights and Wellbeing Impact Assessment.

[1] Protecting Scotland, Renewing Scotland: The Government's Programme for Scotland 2020-2021 https://www.gov.scot/publications/protecting-scotland-renewing-scotland-governments-programme-scotland-2020-2021/pages/2/

COVID-19 and Flu Vaccine Policy Aim

15. COVID-19 vaccines are a critical part of suppressing the virus to the lowest possible level, in order to save lives, protect health and wellbeing, reduce health inequalities and maintain quality of life. The vaccines produce an immune response that we know reduces severity of illness from the virus. It therefore makes a significant contribution to reducing the impact of the wider economic, educational attainment and work impacts of the pandemic on people, families and communities.

16. The COVID-19 pandemic has produced disproportionate impacts across a range of outcomes for a number of groups, including households on low incomes or in poverty, low paid workers, children and young people, older people, disabled people, minority ethnic groups and women. These groups and intersections between them have been considered in development of the policy approach and delivery.

17. Immunisation programmes are designed to help protect the population from serious vaccine-preventable diseases. The JCVI advises that the first priorities for the current COVID-19 vaccination programme should be the prevention of COVID-19 mortality and the protection of health and social care staff and systems[2].

18. Our aim is to deliver our vaccination programmes in a way that ensures no-one is excluded, in particular those most at risk from COVID-19. The offer of COVID- 19 vaccination will remain open to those newly eligible, or those who have not yet taken up the offer of a vaccine, for the initial programme and the booster programme. This offer will be reviewed regularly.

19. The COVID-19 and flu vaccination programme contributes to the delivery of the Scottish Government's National Outcomes 3 and 10.

- Ensure healthy lives and promote well-being for all, at all ages;
- Reduce inequality within, and among countries.

20. The approach being taken focusses on ensuring as many people as possible who are eligible have the relevant information to make an informed decision about taking up the offer of vaccination against flu and COVID-19 this autumn and winter. Through delivery we aim to:

- Protect people in Scotland most at risk of harm from COVID-19 and Flu through timely vaccination of Flu and COVID-19 boosters;
- Contribute to public health protection and improvement;
- Ensure the programme is person centred and informed by those most at risk of inequalities in access to or uptake of vaccination.
- Support elimination and recovery from COVID-19, minimizing the need for non-pharmaceutical interventions;
- Reduce the pressure on the NHS; and

[2] https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020/joint-committee-on-vaccination-and-immunisation-advice-on-priority-groups-for-covid-19-vaccination-30-december-2020

- Increase uptake rates for those most at risk of flu and COVID-19.

21. The complexity and pace of the COVID-19 vaccination programme has been unprecedented and progress has been remarkable. Along with testing and other safety and hygiene measures, vaccination remains our best route out of the pandemic and easing restrictions where we can, and we continue to strongly encourage everyone who has not already done so to come forward for their first and second doses.

22. The **Joint Committee on Vaccination and Immunisation (JCVI)** is an independent scientific advisory body charged with providing recommendations to all Governments within the UK, including on the safety and efficacy of vaccines. The advice provided supports the government in the development of a vaccine strategy for the procurement and delivery of a vaccine programme to the population. A Scottish Government Senior Medical Officer, Dr Syed Ahmed, is an observer on JCVI and continues to monitor the emerging clinical advice.

23. The safety of all vaccines and medicines is monitored by the **Medicines and Healthcare Products Regulatory Agency (MHRA)** on a UK wide basis.

Approach

24. Evidence[3] from the UK indicates that the risk of poorer outcomes from COVID-19 infection increases dramatically with age in both healthy adults and in adults with underlying health conditions. Those over the age of 65 years have by far the highest risk, and the risk increases with age. The JCVI advised that evidence strongly indicated that the single greatest risk of death from COVID-19 is increasing age, and that the risk increases more rapidly with increasing age. Additionally, the JCVI considered frontline health and social care workers who provide care to people who may be at highest risk of severe illness a high priority for initial vaccination. Further details about this are set out in the JCVI's advice on who should be initially prioritised for vaccination[4].

Tranche 1

25. In summary, the JCVI advised that 9 groups of people should be initially prioritised for vaccination. These are (in order of priority):

1. residents in care homes 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
5. all those 65 years of age and over

[3] Priority groups for coronavirus (COVID-19) vaccination: advice from the JCVI, 2 December 2020 (publishing.service.gov.uk)
[4] Joint Committee on Vaccination and Immunisation: advice on priority groups for COVID-19 vaccination, 30 December 2020 - GOV.UK (www.gov.uk)

6. all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality, and unpaid carers
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

26. This approach to prioritisation in the first phase of the vaccination programme was supported by all 4 UK Nation Chief Medical Officers, in line with the advice from the JCVI, who agreed that this approach is most likely to achieve the initial aims of reducing mortality (death) from COVID-19 and maintaining our health and social care systems. Following further advice from the JCVI[5], vaccinations for people experiencing homelessness and rough sleeping were carried out alongside cohort 6.

27. The JCVI subsequently published further advice that COVID-19 vaccine should be offered to the whole adult population based on age, starting with the oldest adults first and continuing in the following order:

- all those aged 40 to 49 years
- all those aged 30 to 39 years
- all those aged 18 to 29 years

28. The JCVI's advice is supported by evidence that the risk of hospitalisation and critical care admission with COVID-19 increases with age. Those at highest risk of hospitalisation outside of the JCVI priority 1 to 9 are those aged 40 to 49 years, and the risk reduces with reducing age.

29. The JCVI have advised that children and young people aged 12 to 15 years old who have particular underlying conditions that make them clinically extremely vulnerable should be offered the COVID-19 vaccine[6].

30. Children and young people will also be eligible for the COVID-19 vaccine in the following circumstances but not necessarily in this order:

- 16-17 year olds who have underlying health conditions and young carers, and meet the criteria for this as set out in Phase 1;
- for operational flexibility the vaccine is offered to all 17 year olds who are within 3 months of turning 18;
- 12-15 year olds with the following underlying health conditions:
  - severe neuro-disabilities,
  - Down's Syndrome,
  - underlying conditions resulting in immunosuppression,
  - those with profound and multiple learning disabilities, severe learning disabilities or who are on the GP learning disability register.
- 12-15 year olds who are healthy but are household contacts of individuals (adults and children) who are immunosuppressed. The purpose of this is

[5] JCVI final statement on phase 2 of the COVID-19 vaccination programme: 13 April 2021 - GOV.UK (www.gov.uk)
[6] JCVI statement on COVID-19 vaccination of children and young people aged 12 to 17 years: 15 July 2021 - GOV.UK (www.gov.uk)

primarily to protect the household member who is immunosuppressed (16-17 year old household contacts are already offered the vaccination).

31. On 4 August 2021, the JCVI advised the routine offer of the COVID-19 vaccination to all 16 and 17 year olds[7] for a first dose, with further advice on second dose in due course. At this stage, those who are 16 and 17 years old and in one of the at-risk categories will continue to be offered two doses of the COVID-19 vaccine with an 8 week gap.

32. On 14 September following advice from Chief Medical Officers the First Minister announced that all 12-15 year olds not covered by previous JCVI advice should be offered a single dose of Pfizer vaccine.

Tranche 2

33. For autumn/winter 2021/22 the JCVI advises[8] individuals who received vaccination in Phase 1 of the COVID-19 vaccination programme (priority groups 1 to 9) should be offered a COVID-19 booster vaccine. This includes:

- those living in residential care homes for older adults
- all adults aged 50 years or over
- frontline health and social care workers
- all those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19 (as set out in the green book), and adult carers
- adult household contacts (aged 16 or over) of immunosuppressed individuals

34. As most younger adults will only have received their second COVID-19 vaccine dose in late summer or early autumn, the benefits of booster vaccination in this group will be considered at a later time when more information is available. In general, younger, healthy individuals may be expected to generate stronger vaccine-induced immune responses from primary course vaccination compared to older individuals.

35. JCVI will review data as they emerge and consider further advice at the appropriate time on booster vaccinations in younger adult age groups, children aged 12 to 16 years with underlying health conditions, and women without any other clinical risk factors who are pregnant.

36. The above eligibility aligns broadly with the initial JCVI cohorts 1-9 who were prioritised in phase 1 of the COVID-19 vaccination programme, but with a specific emphasis on, and prioritisation of, adults who are immunosuppressed.

37. It should be noted that JCVI advises that the booster programme should be deployed in the same order as during Phase 1, with operational flexibility exercised where appropriate to maximise delivery.

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[7] JCVI issues updated advice on COVID-19 vaccination of young people aged 16 to 17 - GOV.UK (www.gov.uk)

[8] JCVI statement, September 2021: COVID-19 booster vaccine programme for winter 2021 to 2022 - GOV.UK (www.gov.uk)

38. The delivery of boosters in Scotland commenced during the week beginning 20 September 2021 with residents in care homes for older people, housebound patients and other priority groups not requiring to be appointed at a mass clinic who will be offered flu and COVID-19 booster vaccination.

39. People on the highest risk list who were severely immunosuppressed at the time of their last COVID-19 vaccination are also being offered a third primary dose at this stage. Other eligible groups, including all those aged 16 to 49 years with underlying health conditions, adult carers, unpaid and young carers, adult household contacts of immunosuppressed individuals and all adults over 50 will be called next.

40. It is expected flu immunity will be lower because there was very little flu circulating in 2020/21 due to national lockdowns, therefore for 2021/22 a free flu vaccine is offered to an expanded group:

- over 50s;
- people with underlying health conditions which put them at risk;
- pregnant women;
- children aged 2-5;
- health and social care staff;
- unpaid and young carers;
- all primary and secondary school age children, (given in school setting);
- independent NHS contractors, (GP, dental and optometry practices, community pharmacists), laboratory staff (working on Covid-19 testing) including support staff;
- teachers, nursery teachers and support staff in close contact with pupils;
- prison staff and support staff and inmates;

Inclusive approach

41. Throughout tranche 1 JCVI also advised that implementation should involve flexibility in vaccine deployment at a local level with due attention to:

- mitigating health inequalities, such as might occur in relation to access to healthcare and ethnicity;
- vaccine product storage, transport and administration constraints;
- exceptional individualised circumstances; and
- availability of suitable approved vaccines, for example for specific age cohorts.

42. Scottish Government and the NHS worked together with partners to implement the recommendations in the Health Inequalities Impact Assessment developed by Public Health Scotland. The actions taken are outlined in this EQIA and include adapted approaches for the vaccination of people experiencing homelessness, refugees and asylum seekers, people affected by addictions, some ethnic minorities, people with low income and those with poor literacy and health literacy, prisoners and other groups. This work has reported regularly to the Programme Board.

43. Scottish Government's overall approach is set out in more detail in these published plans:

COVID-19 Vaccine Deployment Plan January 2021 -
https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2020/12/coronavirus-covid-19-vaccine-deployment-plan-2021/documents/coronavirus-covid-19-vaccine-deployment-plan-2021/coronavirus-covid-19-vaccine-deployment-plan-2021/govscot%3Adocument/COVID-19%2Bvaccine%2Bdeployment%2Bplan%2B14%2BJanuary%2B2021.pdf

COVID-19 Vaccine Deployment Plan March 2021
Coronavirus (COVID-19): vaccine deployment plan: update - March 2021 - gov.scot (www.gov.scot)

COVID-19 Vaccine Deployment Plan July 2021
Coronavirus (COVID-19): vaccine deployment plan: update - July 2021 - gov.scot (www.gov.scot)

Vaccination Autumn-Winter Strategy September 2021
Scotland's autumn/ winter vaccination strategy 2021 - gov.scot (www.gov.scot)

Impact Assessment

Age

44. The vaccination programme approach is guided by JCVI advice on prevention of severe illness and mortality and the functioning of health and social care systems. This prioritises people primarily because of their age and other clinical risk factors.

45. Older people are confirmed as having coronavirus at a higher rate than younger people - as at 16 August 2020, people aged 75-84 were confirmed as having coronavirus at a rate of 766 people per 100,000 population, and for those aged 85 and over, the rate was 2,214 people per 100,000 population. This is compared to a rate of 418 people per 100,000 population for people aged 45-64[9]. As of 09 August 2020, more than three quarters (77%) of all deaths involving COVID-19 were of people aged 75 or over[10]. There are a higher ratio of women to men in older age groups, reflecting women's longer life expectancy. For example, women make up 65% of people aged 85+ in Scotland[11]. Measures that may help limit the spread of coronavirus are designed to positively affect the entire population, but may particularly benefit older individuals.

46. Those most at risk as a result of their age have been offered vaccination first. The impact on younger people is that they are the last to be offered vaccination. Lockdown measures have had the highest impact on young people. JCVI advised that implementation of the COVID-19 vaccine programme should aim to achieve high vaccine uptake and that an age-based programme would likely result in faster delivery and better uptake than an alternative model.

47. Primary schools in Scotland have successfully supported the flu immunisation programme since 2014. Flu can be serious and life-threatening, even for healthy children. This year the programme is being extended to secondary school pupils to reduce the risk of children and young people spreading flu to friends and family and to help prevent the flu virus putting extra strain on our NHS services this winter.

The flu vaccination programme is now available for:

- children aged 2 to 5 years and not yet at school (children must be aged two years or above on 1 September 2021 to be eligible);
- primary school children (primary 1 to primary 7);
- secondary school pupils (years 1 to 6);
- NHSScotland recommends that children and young people get the flu vaccine this year.

[9] Public Health Scotland (2020) COVID-19 statistical report (This data is from the supplementary data published alongside the 19 August 2020 report)
[10] National Records of Scotland (2020) https://www.nrscotland.gov.uk/files//statistics/covid19/covid-deaths-report-week-32.pdfcases) was mentioned on the death certificate.
[11] National Records of Scotland (2020) Mid-2019 Population Estimates Scotland

Disability

48. Around a third of adults reported a limiting longstanding health condition or illness in the 2017 Scottish Health survey. Twenty-nine percent of men and 34% of women in Scotland reported living with a limiting long-term condition. For people aged 75 and over 56% had a limiting long-term condition[12]. 1 in 5 Scots identify as disabled and more than a quarter of working age people acquire an impairment[13].

49. There is significant evidence of the negative impact COVID-19 pandemic has had on disabled people. The Office for National Statistics published Coronavirus and the social impacts on disabled people in Great Britain: February 2021[14]. The Glasgow Disability Alliance published 'Supercharged – A Human Catastrophe'[15] which sets out the impacts on poverty and food security, digital exclusion, isolation, mental and physical health inequalities and social care issues. We know that the COVID-19 pandemic has produced disproportionate impacts across a range of outcomes for a number of groups, including households on low incomes or in poverty, low paid workers, children and young people, older people, disabled people, minority ethnic groups and women. Overlap between these groups mean that impacts may be magnified for some people.[16]

50. Given the considerable proportion of the Scottish population that is disabled and the significant impact of the COVID-19 pandemic access to the individual and public health benefits of vaccination are important. People who are clinically extremely vulnerable or have particular health conditions are prioritised for early vaccination in this policy. This means that disabled people with a pre-existing medical condition[17] likely to experience more severe ill-health from contracting COVID-19 than the general population have been prioritised by this policy. However this is not all disabled people and not everyone with pre-existing medical conditions is disabled.

51. The JCVI gave specific advice on learning disability[18]. This was subsequently augmented by additional guidance for vaccination of people with learning disabilities in Scotland[19]. In addition the Flu Vaccine, COVID-19 Vaccine Health Inequalities Impact Assessment (HIIA), developed by Public Health Scotland in November 2020, includes potential impacts for disabled people including physical, sensory and learning disability; mental health conditions; and long-term medical conditions and advises on service design and delivery mitigations.

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[12] Scottish Government (2018) Scottish health survey 2017: volume one - main report
[13] Scottish Government (2018) A Fairer Scotland for Disabled People: employment action plan
[14] Coronavirus and the social impacts on disabled people in Great Britain - Office for National Statistics (ons.gov.uk)
[15] Supercharged: A Human Catastrophe • Glasgow Disability Alliance (gda.scot)
[16] Scotland's Wellbeing: The Impact of COVID-19 | National Performance Framework
[17] https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-general-advice
[18] https://www.gov.uk/government/news/jcvi-advises-inviting-people-on-learning-disability-register-for-vaccine
[19] https://www.gov.scot/publications/coronavirus-covid-19-immunisation-programme-for-people-with-learning-disabilities/

52. Programme delivery seeks to address specific issues that are more likely to affect disabled people, for example,

- accessible vaccination venues, e.g. for people who use wheelchairs or have sight loss;
- proximity to a suitable vaccination centre;
- availability of passenger assistance;
- availability of information available in accessible formats and languages;
- availability of information about how to access appointments in BSL;
- elimination of other communication barriers;
- the provision of quieter spaces, allowing more time for appointments, smaller clinics and appropriate staff training to support the needs of people with Learning Disabilities, Autism, Sensory Impairments and mental health conditions;
- consideration of the needs of people with mobility impairments or mental health conditions who may be unable to leave their home to attend an appointment;
- provision for the needs of people who may require to attend the vaccination appointment with a support (paid/unpaid carer, family member, friend, interpreter, guide support etc.);
- access to digital and non-digital information and services; and
- consideration of the needs of those who may be experiencing anxiety at their appointment.

53. Learning and engagement with stakeholders during Tranche 1 has led to a commitment in Tranche 2 of embedding more of the above measures and making translation and transport information easy to access. The collection of disability data to support the design and monitoring of Scotland's public health approach to immunisation is also being considered.

Sex

54. While more men died from COVID-19, women's well-being was more negatively affected than men's during the first year of the pandemic. In general, men and women's experiences of life in lockdown tended to differ. Women were more likely to be furloughed, and to spend significantly less time working from home, and more time on unpaid household work and childcare. However, when looking at mortality from the coronavirus, more men died from COVID-19 than women. (Pre-pandemic annual mortality rates for all causes were already higher for men than women in England and Wales)[20]

55. Consideration has been given through the programme to the location, timings and travel of vaccination clinics to ensure people with different working and caring responsibilities are not excluded. Information has also been updated to make clear it is ok to bring people you care for to your appointment. A digital and phone rebooking

[20] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19andthedifferenteffectsonmenandwomenintheukmarch2020tofebruary2021/2021-03-10

service was developed to enable people to change the time, date and location of their appointment. As the programme has progressed more drop in clinics have also been available at sports grounds, shopping centres and workplaces.

56. Vaccination uptake data is monitored. This has shown that as we move down the age groups uptake among men is lower than women. The programme seeks to address this with additional bespoke communication and delivery methods aimed specifically at men for example in partnership with Scottish Football Association and local football teams.

57. Health boards have responded to local data and intelligence regarding uptake changing the time and location of clinics, engaging with third sector and community groups to reach people experiencing homelessness or women involved in commercial sexual exploitation, for example. They have also engaged with larger employers to reach particular parts of the population.

58. Data and intelligence are being monitored and differing impacts on men or women responded to as they arise with learning built into future approaches.

Pregnancy and Maternity

59. Pregnant women are offered flu vaccine. The JCVI has advised that all pregnant women should be offered the COVID-19 vaccine at the same time as people of the same age or risk group. The vaccine can be given at any stage during pregnancy. All pregnant women are being called for vaccination in line with age and clinical risk. There is emerging evidence that some women are not coming forward for vaccination due to concerns around fertility. Fertility advice is therefore included in these resources.

- PHS supplies copies of the PHS COVID-19 Vaccine Important Information about pregnancy and breastfeeding leaflet
- Royal College of Obstetricians and Gynaecologists (RCOG) information leaflet and decision aid is issued to all maternity and vaccination clinics.
- The PHS leaflet is available in a range of languages and alternative formats, including British Sign Language, Audio, Easy Read, Large Print, etc.

60. People should be given the PHS and RCOG leaflets from maternity services before they attend for vaccination and are encouraged to read both leaflets. Both PHS and RCOG leaflets say the vaccine is safe at any stage of pregnancy or fertility treatment. RCOG leaflet notes in addition that some women may choose to delay their vaccine until after the first 12 weeks - this reflects the issue that some women may take less risks in first trimester of pregnancy. A range of new resources have been produced, including posters and social media assets.
Pregnancy, breastfeeding and the coronavirus vaccine | The coronavirus (COVID-19) vaccine (nhsinform.scot)

61. JCVI will review data as they emerge and consider further advice at the appropriate time on booster vaccinations for women who are pregnant without any other clinical risk factors.

Sexual Orientation

62. No differential impacts have been identified. However many health boards are working pro-actively with LGBTIQ+ organisations to ensure local arrangements are accessible and welcoming to this population and to address any issues of trust.

63. SG worked with the Scottish Trans Alliance to ensure that trans people are receiving the correct information about the programme and prepared a frequently asked questions document to support people with the self-registration systems. We are also supporting call handlers on the phone-line so they have the appropriate information to ensure trans callers are treated with dignity and respect.

Race and Ethnicity

64. The HIIA identified a number of potential issues affecting access to vaccination and uptake relating to race and ethnicity. For example different cultural and historical approaches to vaccines, availability of accurate information in different languages and that is culturally sensitive, differences in GP registration, access to digital resources, and being comfortable attending particular venues.

65. The programme approach has been to consider these issues and to constantly adapt to intelligence and data regarding uptake in consultation with third sector and community groups. Initial activity included:

- informed consent materials are available in 25 different languages on NHS Inform and in accessible formats such as Easy Read, BSL and audio:
- a QR code on all vaccination appointment letters which takes people to this information so they are fully informed ahead of their vaccine.
- ongoing stakeholder relationships have helped shape our marketing activities and better reach communities via their trusted voices, such as community leaders and influencers.
- £80,000 SG funding to organisations working with minority ethnic communities to help inform and promote the programme. Activities undertaken include the facilitation of focus groups, provision of translations, hosting awareness-raising events and the development of tailored resources for certain communities.
- Close working with BEMIS the national umbrella body supporting the development of the Ethnic Minorities Voluntary Sector in Scotland.
- Development of the COVID-19 Vaccine NHS Scotland Explainer Video was informed by third sector and community partners. It provides key facts about the COVID-19 vaccines for those who may have questions or concerns, or for those more likely to have been exposed to myths or misinformation. It is available in 19 languages and a range of formats.

66. PHS began publication of vaccination uptake broken down by ethnicity and deprivation on 24 March and this is now included periodically in the weekly COVID -19 statistical reports they produce. This has shown uptake among African, Black, Caribbean and Polish communities has been significantly lower than the general population. As at 28 September 2021, in those aged 18 and over, dose 1 vaccine uptake is highest in White ethnic groups (89%) and lowest in the Caribbean

or Black ethnic groups (68%). For dose 2 this is 84% and 60% respectively. For dose 2 the lowest uptake is in African ethnic groups (59%).[21]

67. This has been a catalyst for specific national and local level activity to understand the real time concerns or constraints of particular ethnic minority groups and seek to address them. Some of the resulting activity includes:

- The Cabinet Secretary for Health & Social Care, Humza Yousaf MSP, met with the Ethnic Minority National Resilience Network (EMNRN) on 10 June 2021 to listen and give support to minority ethnic communities.
- Strengthened relationships with the African Council to better understand the needs of their communities and how best to support them through COVID-19.
- Jambo! Radio Q&A/Interview SG National Clinical Director to discuss the COVID- 19 concerns of those with African and Caribbean Heritage.
- Local partnerships have led to vaccinations clinics in mosques, African churches and community centres, gurdwaras and venues used by the Chinese community.
- Eastern European charity based in Edinburgh, Feniks, hosted a Q+A session with SG National Clinical Director for the Polish community. The session focussed on issues and concerns relating to the vaccine and the session was streamed on Facebook and Zoom and has been made available to re-watch.

68. Working with the Expert Reference Group on COVID and Ethnicity it has now been agreed that data on ethnicity will be requested from people as part of future vaccination programmes starting during Tranche 2.

69. The National Vaccine Inclusive Steering Group, available data and stakeholder relationships continue to shape the policy and approach.

Religion or Belief

70. The HIIA identified ingredient information and the potential to hold vaccination clinics in places of worship.

71. From the programme outset, SG and PHS have engaged with faith leaders and representatives asking for support to promote the vaccination programme and their advice on any adaptations to delivery that should be made to enable people to receive and take up their offer of vaccination. A number of faith leaders have publicly endorsed the vaccination programme.

72. Through partnerships built between Scottish Government, Public Health Scotland, local health boards and faith leaders:

- vaccinations have taken place in places of worship;
- A Ramadan film was developed in partnership with the British Islamic Medical Association and PHS to reassure Muslims concerned about getting the vaccine while observing Ramadan;
- PHS has produced information on vaccine ingredients;

[21] https://www.publichealthscotland.scot/publications/covid-19-statistical-report/covid-19-statistical-report-6-october-2021/

- The explainer video was developed with engagement from a number of stakeholders including faith groups.

73. The National Vaccine Inclusive Steering Group, available data and stakeholder relationships continue to shape the policy and approach.

Deprivation

74. The HIIA identified access to venues and digital access as potential issues affecting people living in deprived communities. PHS equalities data also found lower uptake in Scotland's more deprived communities. As at 28 September 2021, 84% of those aged 18 and over in the less deprived areas had received their first dose of vaccine for COVID-19 compared to 76% in more deprived areas. For dose 2 this figure is 80% and 69%. though at time of writing the Tranche 1 programme is still live.[22]

75. Health boards have responded by ensuring access to vaccination clinics and pop up clinics are within familiar local settings in deprived communities. Decisions on where to locate these and hours of opening have often been made with local authorities and local communities.

76. Biological age in the most deprived communities is significantly different from in the most affluent communities. This plays out in a marked difference in life expectancy and the fact that onset of 'diseases of old age' is around 15 years earlier. Therefore an age based approach may disadvantage people from the most deprived neighbourhoods.[23] JCVI advice allows for local flexibility to mitigate health inequalities.

Remote Rural/Island Communities

77. We considered whether there might be a need for a separate Island Communities Impact Assessment, however, this was not deemed necessary after January 2021 when the decision was taken to vaccinate people in the JCVI cohorts on islands en masse. This decision was based on the low numbers of residents, difficulties in logistics and vaccine characteristics making it more sensible to vaccinate all residents in one visit rather than in phases. Island communities have had high uptake and constantly adapted approaches to reach everyone possible.

Relationship Status

78. Gender based violence (GBV) and control may involve limitation of internet access or control of a person's mail. Coercive control is one factor of GBV which may have an impact on the women's or men's ability to leave the house to attend a vaccination clinic. Qualitative research by the Scottish Government on the experience of individuals and families experiencing domestic abuse found that in some cases, victims and their children were at greater risk due to the increased time

[22] https://www.publichealthscotland.scot/publications/covid-19-statistical-report/covid-19-statistical-report-6-october-2021/
[23] Lancet 2012 Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study

spent in isolation with the perpetrator. This research took place over the initial 8 weeks of the COVID-19 'lockdown'. Many services involved in the research reported that the impact and risk of domestic abuse is magnified by lockdown[24].

79. Mitigating measures are in place to help support those affected by domestic abuse. The Scottish Government's COVID-19 guidance has been updated to reflect these exemptions and provides information on domestic abuse support[25] while Ready Scotland's additional support page[26] also provides links to support for anyone experiencing domestic abuse, forced marriage or anyone affected by sexual violence. Engagement with organisations that support women affected by commercial sexual exploitation have advised on how best to include people in the vaccination programme. This advice has been shared with local health boards.

Other Factors Impacting on Equality

80. Progress on the COVID-19 vaccination programme has been unprecedented and every opportunity has been made to take a national collective approach and improve the offer to the public, for example, the introduction of digital systems in addition to letters and phone line. In addition to the above impact assessments, specific approaches have been taken to ensure that the following eligible groups are not excluded from the programme as a consequence of their particular circumstances.

Prisoners

81. Scottish Government and PHS created tailored resources on informed consent for prisoners. A prisoner 'door-drop' letter from clinicians was sent to each prisoner with accompanying leaflets outlining what to expect after vaccination and information about vaccine safety. The SG National Clinical Director attended HMP Barlinnie for a Q&A session with prisoners which was available via prison radio and TV. Prisoners due to be released now have leaflets in liberation packs encouraging them to receive second dose in the community and information on how they can do this. PHS has published data on prison vaccine uptake showing it is close to the population as a whole.

Migrant seasonal agricultural workers and seafarers

82. We agreed with health boards that an assertive outreach model will be used to offer vaccinations to this group. The majority of seasonal agricultural workers are within 4 health board areas (Grampian, Highland, Tayside and Fife) and we have shared details of the farms and expected numbers of workers to support outreach. As most will not be registered with a GP, we have agreed that vaccines can be administered and details recorded so CHI numbers can be retrospectively produced.

[24] Scottish Government (2020) Coronavirus (COVID-19): domestic abuse and other forms of violence against women and girls - 30/3/20-22/05/20
[25] https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-domestic-abuse/
[26] https://www.readyscotland.org/coronavirus/where-to-find-additional-support/.

83. Various approaches have been tried to reach seafarers from a range of countries who are often living on their vessels and sporadically on and off land. Health and Social Care Partnerships worked with local Fishermen's Missions to hold clinics providing translators and transport for those attending.

Refugees and asylum seekers

84. PHS co-produced COVID-19 vaccine 'Statement of Facts' in partnership with the Scottish Refugee Council with films of community representatives reading them in their own languages circulated. Clear messaging and reassurance is provided to undocumented migrants that NHS Scotland does not pass personal details to the Home Office for the purpose of immigration enforcement and that immigration checks are not required to access vaccination.

Afghan Relocation and Assistance Policy

85. A number of people from Afghanistan will be arriving in Scotland under the Afghan Relocation and Assistance Policy (ARAP) scheme. This is an emergency response to the deteriorating situation in Afghanistan, whereby people who worked for British institutions, particularly the military, are being offered relocation to the UK because of the risks they now face as a result of their service to the UK. Although many of the people coming to the UK speak good English, this is not universal, particularly among family members. COVID-19 health information available on NHS Inform in the two main languages used in Afghanistan Dari and Pashto.

86. Impact Monitoring and Mitigation

Have positive or negative impacts been identified for any of the equality groups?	The programme offers vaccination to all adults and some children in Scotland and may be of particular benefit to people who experience one or more protected characteristic. This will be positive for those who take up the offer but may be negative for those who decline. All possible efforts are being made to understand, address and mitigate the reasons for people not taking up a vaccine offer.
Is the policy directly or indirectly discriminatory under the Equality Act 2010?	The prioritisation of age groups for vaccination, according to JCVI guidance is based on vaccinating older age groups first.
If the policy is indirectly discriminatory, how is it justified under the relevant legislation?	Older people are at greater risk of serious illness or mortality from contracting COVID -19 or Flu. Those most at risk as a result of their age, have been vaccinated first.

If not justified, what mitigating action will be undertaken?	

What might prevent the desired outcomes being achieved?

87. Achieving the desired short and long term aims of the policy is dependent on the effectiveness of the COVID-19 vaccines that are produced and distributed to the people of Scotland. There are multiple dependencies which may prevent such an outcome. These are, but not limited to:

- vaccine efficacy and/or immunogenicity in different age and risk groups;
- the safety of administration in different age and risk groups;
- the effect of the vaccine on acquisition of infection and transmission;
- the transmission dynamics of the SARS-CoV-2 virus in the UK population;
- the epidemiological, microbiological, and clinical characteristics of COVID-19, in particular, emerging variants and the effect of the vaccine on these variants and any vaccine escape;
- secure supply of effective vaccines, including the impact of challenges with development, manufacture and logistics which may be affected by geopolitical issues;
- the storage, transportation and pack down of available COVID-19 vaccines
- the lack of single dose COVID-19 vials which would facilitate opportunistic vaccination for example in primary care and community pharmacy settings; and
- inequitable access to and uptake of the vaccine across the Scottish population.

Summary of learning from Tranche 1

88. Potential barriers to uptake of the vaccination programme on the grounds of inclusion or equalities issues have been identified and the programme has developed to address these.

89. **Diversity**. People experiencing homelessness were unlikely to receive postal invitations for their COVID-19 vaccinations (barrier) but pre-established and trusted relationships with healthcare services and third sector organisations (facilitators) enabled the delivery of drop-in clinics at homeless GP practices, temporary accommodation sites or other familiar settings.

90. **Flexible delivery models**. Bespoke outreach models were used to deliver COVID-19 vaccinations to population sub-groups who would face specific barriers to mass vaccination centres. For example, the Scottish Ambulance Service (SAS) drop-in clinics using a mobile vaccination unit. Outreach models were most successful when: (i) clinics were held in local, familiar and accessible community venues (e.g. places of worship, retail centres); (ii) community link workers were given adequate

notice and time to enable promotion and advertisement, (iii) trusted community members attended clinics on the day (e.g. to provide encouragement and support). (iv) they specifically targeted people who would not otherwise have attended an appointment (some large employers facilitated on site vaccinations where employees were reluctant to take time off work).

91. **Stakeholder engagement**. Multi-partnership buy-in and action, spanning from high-level organisational leaders to ground-level population representatives, was key in delivering inclusive actions. Engagement with individuals and organisations who were in regular communication with communities (e.g. third sector, healthcare providers, local authority services, faith leaders) was especially important in understanding specific barriers that were being faced by different population sub-groups and what actions would be helpful to overcome these barriers. These stakeholders provided trusted voices and had well-established networks through which to deliver key vaccination messages.

92. **Communications and information**. Tailored information about the COVID-19 vaccines had to be considered for all population sub-groups. Key points were that messages should be: (i) Clear and unambiguous, (ii) up to date, (iii) timely, (iv) address key questions or concerns that different population sub-groups had, (v) available in multiple formats (different languages, written and audio-visual, easy-read), (vi) available on multiple platforms (websites, social media, hard copy leaflets, TV, radio, webinars, telephone), (vii) delivered by trusted individuals.

93. **Data**. Collecting and analysing real-time data on vaccine uptake by basic demographics (postcode, age, gender, ethnicity, religion) is key to understanding the effectiveness of current delivery models and highlighting geographical areas or population sub-groups for whom additional resources to support and deliver COVID-19 vaccines was required. Early in the vaccination programme a lack of data on vaccine uptake made it difficult to plan effective use of resources. However, we developed high-quality data to identify geographical areas of poorest uptake and this was used to inform where mobile vaccination units and pop-up clinics could be located.

94. **Equity**. Populations which experience the greatest barriers require greater resource to promote and support vaccination uptake. Outreach clinics in local Mosques, for example, required additional time and resources to delivery bespoke clinics, but reached populations of undocumented migrants who would never have attended mass vaccination sites.

How has considering the Equality Impact of the programme shaped the policy making process so far

95. The work done to address Inclusion and Equality throughout the programme is captured in this this Equality Impact Assessment and has shaped and been informed by programme policy, design, communication, inclusion and delivery considerations. It is vital for the current COVID-19 and flu vaccination programme to

reach everyone eligible and that no one is left behind, both for individual health and our collective community wellbeing.

96. To help achieve this, the Scottish Government's Vaccinations Inclusion and Equalities team and Communications team is working across the Programme to ensure that inclusion is embedded across all aspects of the vaccination programme.

Actions to date include:

- Our approach to inclusive vaccinations has strengthened over the course of the COVID-19 vaccination programme. We have worked with health boards, Public Health Scotland (PHS) and a wide range of stakeholders to help inform this work and ensure it is fully embedded across our planning and delivery, building on the HIIA from November 2020, developed by PHS.
- In response to the HIIA, work was undertaken at an early stage to prepare information on informed consent, provide translations of key documents in a number of common community languages and begin to develop relevant communications and marketing activity.
- In line with their Public Sector Equalities Duties, health boards were expected to undertake their own Equality Impact Assessments.
- As health boards rapidly stood up their local delivery in winter 2020/21, it became clear that additional support was required from the national programme to ensure they were fully considering and catering for everyone in our society – in particular those who make up our under-served communities.
- A National Vaccine Inclusive Steering Group for COVID-19 was set up to share examples of practice and to advise on planning, communications and delivery of the programme. Membership includes faith, community and third sector organisations; umbrella bodies such as Voluntary Health Scotland; health professionals including GPs working in practices in deprived areas, PHS, NHS boards, Scottish Ambulance Service; relevant SG policies; a range of minority ethnic communities and disabled peoples' organisations.
- We have also responded to recommendations from the Expert Reference Group on COVID-19 and Ethnicity regarding ensuring the programme is accessible for those in minority ethnic communities and about the collection of ethnicity data from Tranche 2.
- The national programme has sought to improve communications to ensure they are suitable for everyone in Scotland. Details are included throughout this document.
- Each local health board produced an Inclusive plan taking note of various documents including PHS's HIIA and Voluntary Health Scotland's report, '*Vaccine Inclusion: reducing inequalities one vaccine at a time'*.
- Inclusive approach is discussed at regular meetings between Scottish Government and local health boards.
- Health boards have built partnerships with local organisations and undertaken assertive outreach for communities less likely to come forward for their

vaccine in the clinics. For example, Scottish Ambulance Service (SAS) partnered with one board to go out to Gypsy/Traveller sites and mobile clinics were taken to frontline homelessness services to reach those experiencing homelessness. Information on these activities was collated and assessed against the inclusive criteria and a health board output report was shared in May to note and promote good practice.

- The national programme and health board's inclusive activities continue to be informed by new data and evidence, as we get it. For example, PHS began to publish regular vaccination uptake data broken down by ethnicity and deprivation in spring 2021. These data continue to indicate the lowest levels of uptake are amongst African, Caribbean and Polish communities and those living in areas of deprivation.
- As well as encouraging health boards to target these communities, national work has been undertaken, including building relationships with the African Council and BEMIS, hosting a Q&A session with Scottish Government Clinical Director for the Polish community and with Jambo! Radio which serves the African and Caribbean communities.

Funding

97. We have provided over £80,000 of funding to trusted organisations within communities to support vaccine uptake within minority ethnic groups. This funding includes:

- £50,000 to BEMIS, to empower local communities to host webinars, Q+As with trusted minority ethnic health professionals both in English and in their native languages.
- £15,000 to Sikh Sanjog, to carry out research, with the support of Sikh medical professionals, on take-up for the Sikh community, marketing campaign, targeting community groups and utilising local community activists to increase uptake.
- £15,000 to CEMVO, to add additional information about the vaccine and to dispel myths the 'Stay Safe Scotland' app which provides health information in various languages to and encourage uptake.

Moving into Tranche 2 and beyond

98. The need to ensure inclusion remains fully embedded in all future vaccination and immunisation programmes is clear if we want to reach everyone and reduce avoidable harm from COVID-19, flu and other viruses and health inequalities.

99. Health boards are currently considering inclusion when planning for the autumn/winter COVID-19 booster and flu programme. This includes being mindful of aspects such as the facilities at their vaccination clinics, disabled access and parking, venue proximity to public transport and appropriate staff training.

100. We will continue to host the National Vaccine Inclusive Steering Group which will shift its focus to cover all future vaccination and immunisation programmes.

101. The development of national IT systems to support vaccine booking, scheduling and recording have been major national investments as part of the vaccination programme. The accessibility of these systems will continue to be assessed as they are developed through Tranche 2.

102. Digital and non-digital systems are being updated to enable ethnicity data to be collected through vaccination programme. This will support the design and monitoring of Scotland public health approach to immunisation.

Other EQIAS

103. Other policy areas whose work impacts on the Vaccination Programme will undertake additional more specific consideration. For example, the Coronavirus (COVID-19) vaccine certification: evidence paper[27]; and work is at an advanced stage for a Children's Rights and Wellbeing Impact Assessment.

Monitoring and Review

104. Issues relating to inclusion and equalities are discussed at fortnightly meetings of the Vaccine Inclusive Steering Group and regularly reported to the Vaccination Programme Board.

105. This EQIA must be responsive to the many factors which can impact on vaccination policy and hence should be viewed as a living document. It is supported by work which has been taken forward by PHS to publish its refreshed HIIA: An inclusive approach to flu and COVID-19 vaccination service delivery in Scotland,[28] and underpinned by health boards' own EQIAs. Our intention is that this EQIA should be reviewed every six months, or in the event of other significant changes in circumstances.

[27] https://www.gov.scot/publications/covid-vaccine-certification-evidence-paper/documents/
[28] https://www.publichealthscotland.scot/publications/an-inclusive-approach-to-flu-and-covid-19-vaccination-service-delivery-in-scotland-recommendations-from-2020-and-2021-report/

Annex A Flu Vaccine COVID-19 Vaccine Governance

Annex B Development of this EQIA

Annex C Communications and Informed Consent

Annex D Examples of Health Board Inclusive Activity.

Authorisation of EQIA

Declaration: I am satisfied with the equality impact assessment that has been undertaken for the Autumn/Winter Flu & COVID-19 2021-2022 Vaccination Programme and give my authorisation for the results of this assessment to be published on the Scottish Government's website.

Name: Jamie MacDougall

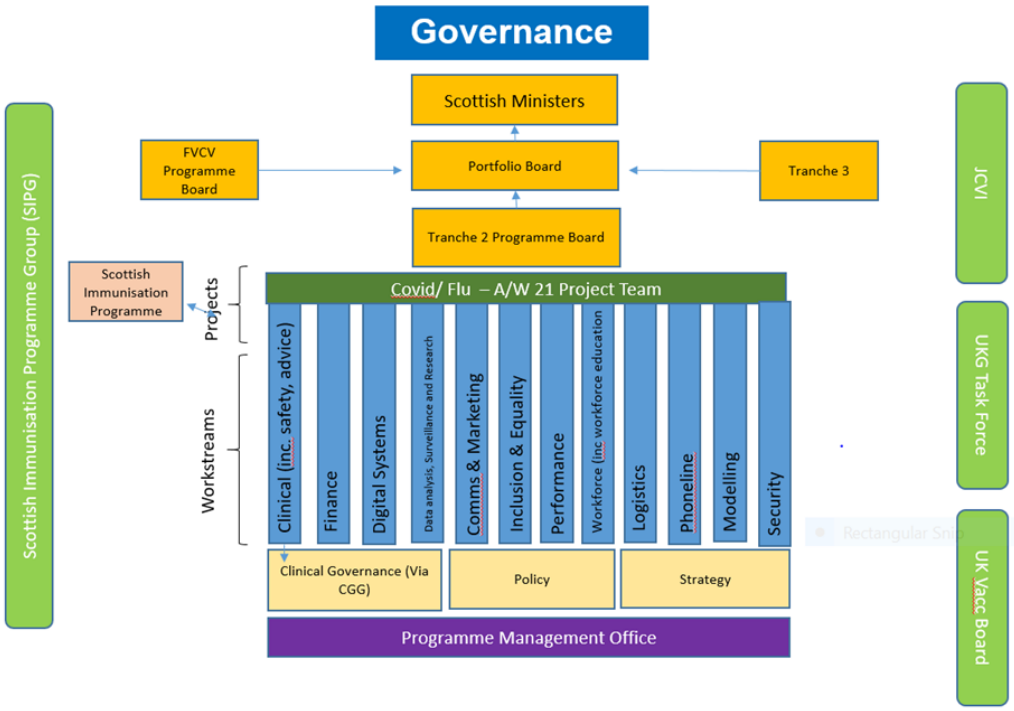
Position: Deputy Director, Vaccine Strategy Division

Annex A

Flu Vaccine COVID-19 Vaccine Programme Governance

106. The Vaccination Programme Board sits within Scotland's National Vaccination Partnership (SNVP) Portfolio and also has direct links to the Scottish Immunisation Programme (SIP) and associated sub-groups so that information and requests can flow as necessary. The Programme Board has delegated authority to make recommendations directly to Scottish Ministers and is accountable to Ministers. The Programme Board will provide updates to the Vaccinations Scotland Portfolio Board and SIPG as guided by the Chair of the Vaccination Programme Board or at the request of the Portfolio Board.

Table 1 – Governance Structure for Vaccination Programme



Overall programme stakeholder engagement

107. The Vaccination Programme Board will actively engage and communicate with wider stakeholders to ensure consistent understanding of the work being undertaken by the programme. The following groups should be represented on the Programme Board but as noted above, wider engagement and input will be achieved through individual work-streams, specific engagement activities and the National Vaccine Inclusive Steering Group.

- SG Vaccines Directorate
- Flu Vaccine, COVID Vaccine Clinical Governance Group
- Scottish Immunisation Programme Group (SIPG)
- Scottish Government (SG) Primary Care Directorate

- Local Health Board Planning Leads
- Local Health Board Immunisation Co-ordinators
- Local and National Health Board Chief Executives
- Directors of Public Health
- SG Health Workforce Directorate
- SG COVID Ready Society Directorate
- Staff side representative
- Third Sector Patient representative
- Vaccination Transformation Programme
- SOLACE representative

The following key stakeholder groups require to be regularly updated and included in the work-streams:

- Citizens / Recipients of NHS Services in Scotland
- Relevant wider work-stream stakeholders
- Equalities stakeholders
- SG Directorates focussed on COVID response

Annex B

Development of this EQIA

Evidence reviewed

108. Public Health Scotland (PHS) carried out a Health Inequalities Impact Assessment (HIIA) in November 2020[29]. The HIIA identified how population groups could be differentially impacted by the COVID-19 population vaccination programme. Complex factors such as race, ethnicity, age, religion, disability and socio-economic differences interact at a structural, community and individual level to impact people differently. The groups considered in this work included:

- **Age** - older people; middle years; early years; children and young people
- **Disability** - physical, sensory and learning impairment; mental health conditions; long-term medical conditions
- **Gender reassignment** - people undergoing gender reassignment
- **Marriage and civil partnerships** - people who are married, unmarried or in a civil partnership
- **Pregnancy and maternity** - women before and after childbirth; breastfeeding
- **Race and ethnicity** - minority ethnic people; non-English speakers; gypsy/travellers; migrant workers
- **Religion or belief** - people with different religions or beliefs, or none
- **Sex** - men; women; experience of gender-based violence
- **Sexual orientation** - lesbian; gay; bisexual; heterosexual
- **Looked after (including accommodated) children and young people**
- **Carers** - paid/unpaid, family members
- **People experiencing homelessness** - including those rough sleeping staying temporarily with friends/family; in hostels, B&Bs
- **Involvement in the criminal justice system** - offenders in prison / on probation, ex-offenders
- **Substances misuse / people experiencing alcohol or drug dependence**
- **Staff** - full/part time; voluntary; delivering/accessing services
- **Low income**
- **Low literacy / health literacy** - includes poor understanding of health and health services as well as poor written language skills
- **Living in deprived areas**
- **Living in remote, rural and island locations**
- **Discrimination/stigma**
- **Refugees and asylum seekers**

109. The HIIA made a number of recommendations that aimed to improve impacts on health and enhance actions to reduce health inequalities, avoid discrimination and take action to improve equality and enhance human rights. Recommendations

[29] Extended Flu and COVID-19 Vaccination Health Inequalities Impact Assessment (HIIA), Public Health Scotland

covered topics including communications, information materials, invitations, appointments, partners, promoting uptake, advice to professionals, and data and research. This assessment has helped to inform the development of this EQIA, the national COVID-19 and flu vaccination programmes, and the work of health boards at a local level in planning and delivery.

110. PHS carried out research over summer 2021 to refresh the HIIA drawing on the experiences and lessons learned during Tranche 1. A revised HIIA is expected to be published in October 2021.

111. Further evidence of the need for tailored approaches has also come from:

- Voluntary Health Scotland (VHS) - Final-Report-Vaccine-Inclusion-Reducing-inequalities-one-Vaccine-at-a-time.pdf (kinstacdn.com)
- UK research suggests 72% Black or Black British and 42% of Pakistani and Bangladeshi respondents reported being unlikely/very unlikely to be vaccinated.[30]
- A University of Cambridge study showed that vaccine hesitancy was associated with younger age, women, lower income and ethnicity.[31]
- Research from SAGE has shown that barriers to vaccination among minority ethnic groups include perception of risk, confidence in vaccine, distrust, lack of communication from community leaders, access issues, inconvenience, and socio-demographic context.[32]
- The four nations Chief Medical Officers meeting of 2 February agreed there is a need to improve vaccine uptake in Minority Ethnic communities.
- COVID-19 Vaccine Deployment for Marginalised Groups in Scotland, The Scottish Deep End Project, April 2021.[33]
- The Coronavirus (COVID-19) Vaccine Deployment Plans – update- March 2021. [34] [35]
- Public Health Scotland equalities statistical report[36] and Supporting data [37]
- A survey of over 7,000 frontline health and social care workers' in Scotland found that those who had decided not to take up the vaccine were proportionately more likely to be young, female and social care workers. Reasons for not being vaccinated centred around worry about long- and short-term side effects; lack of belief of the danger of the virus for them; and

[30] https://www.understandingsociety.ac.uk/2021/01/18/ethnic-minority-groups-less-likely-to-take-covid-vaccine
[31] https://www.cambridge.org/core/journals/psychological-medicine/article/covid19-vaccine-hesitancy-in-the-uk-the-oxford-coronavirus-explanations-attitudes-and-narratives-survey-oceans-ii/C30FDB5C3D87123F28E351FDAAD5351A
[32] https://www.gov.uk/government/publications/factors-influencing-covid-19-vaccine-uptake-among-minority-ethnic-groups-17-december-2020
[33] https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/generalpractice/deepend/reports/
[34] https://www.gov.scot/publications/coronavirus-covid-19-vaccine-deployment-plan-update-march-2021/
[35] https://www.gov.scot/publications/coronavirus-covid-19-vaccine-deployment-plan-update---july-2021/
[36] https://publichealthscotland.scot/media/8946/21-09-01-covid19-publication_report.pdf
[37] https://www.publichealthscotland.scot/media/8906/equality-report-supplementary-tables-dose-1.xlsx

issues surrounding pregnancy and fertility.[38]
https://www.publichealthscotland.scot/publications/frontline-health-and-social-care-workers-views-and-experiences-of-covid-19/

112. An update to COVID-19: Scotland's Strategic Framework (first published on 23 October 2020) was published in February 2021[39], in which the Scottish Government re-confirmed its strategic intent to "suppress the virus to the lowest possible level and keep it there, while we strive to return to a more normal life for as many people as possible." It described six key tools for achieving this: including 'The quickest practical roll-out of vaccinations, in line with advice from the Joint Committee on Vaccination and Immunisation (JCVI)'

113. In the latest Coronavirus (COVID-19): Scotland's Strategic Framework update – June 2021[40], the First Minister, Nicola Sturgeon said

'We have come a long way in the battle against COVID-19. Progress has been achieved through extraordinary developments in science, in healthcare and in the sacrifices that we have all made together. In particular, the success of our vaccination programme has been above and beyond expectations. However, the virus is still out there, it is still mutating and it is still harmful. So we must all follow through with our second dose of the vaccine to make sure of the best possible level of protection'.

114. Immunisation policy in Scotland is set by the Scottish Ministers, guided by advice of the JCVI, SAGE, Public Health Scotland and the Chief Medical Officer[41].

Stakeholders engaged

115. Public Health Scotland undertook extensive stakeholder engagement as part of developing the Extended Flu and COVID-19 Vaccination Health Inequalities Impact Assessment (HIIA) November 2020. Scottish Government took part in the engagement exercise in order inform policy making and this EQIA. Scottish Government officials also engaged directly with:

- Older People's Strategic Action Forum
- Disabled Person's Organisations
- Ethnic Minority Resilience Network
- Radio Awaz
- BEMIS
- MECOPP
- Gypsy travellers
- Carers groups

[38] https://www.publichealthscotland.scot/publications/frontline-health-and-social-care-workers-views-and-experiences-of-covid-19/
[39] *COVID-19 Strategic Framework Update*
[40] Coronavirus (COVID-19): Scotland's Strategic Framework update - June 2021 - gov.scot (www.gov.scot)
[41] Public Health Scotland: Improving Health
http://www.healthscotland.scot/health-topics/immunisation/overview-of-immunisations

- Trade unions
- Faith community partners group

116. Many of the members of these groups covered intersections, for example LGBTI+ older people; ethnic minority carers.

117. To ensure a strong voice for equalities groups and representatives, and provide greater leadership to inclusion and equalities as part of the Flu and COVID-19 vaccination programme, a National Vaccine Inclusive Steering Group was established in March 2021. Its purpose is to provide feedback, challenge, ideas and to advise on planning, communications and delivery of the programme. Membership includes faith, community and third sector organisations; umbrella bodies such as Voluntary Health Scotland; health professionals including GPs working in practices in deprived areas, PHS, NHS boards, Scottish Ambulance Service; relevant SG policies; and minority ethnic communities. Membership of the steering group includes representatives from:

- SG Expert Reference Group on COVID and Ethnicity
- Public Health Scotland
- Health Boards
- Local authority/COSLA
- Chief Officer representatives
- General Practice, including from GPs working in practices in deprived areas
- BEMIS
- The African Council
- Scottish Refugee Council
- Members of SG Faith and Belief stakeholder group
- Health and Social Care Alliance
- Glasgow Disability Alliance
- Community Justice Scotland
- Coalition of Care and Support Providers Scotland
- Scottish Government policy teams

118. Members of the National Vaccine Inclusive Steering Group and Vaccination Programme Board were consulted on a draft of this EQIA.

ANNEX C

Vaccination Communications and Informed Consent

Communications

119. A National Communications Plan also supports this work as well as sharing of good practice examples and lessons learned between health boards.

120. We work closely with stakeholders to amplify key campaign messages and ensure we communicate effectively to the population of Scotland, delivering messaging in an inclusive way to reach all geographies and underserved communities, including minority ethnic groups.

121. The Scottish Government works closely with NHS 24, Public Health Scotland and third sector partners to ensure key public health information on COVID-19 is available in multiple languages and accessible formats via the NHS Inform website, which is Scotland's central repository for public health information. Key COVID-19 content is available in multiple different languages and formats and can be found here:

- NHS Inform COVID-19 Information
- Self-Isolation Fact Sheet
- SG Strategic Framework Update – Summary guidance
- COVID-19 Vaccine Information on NHS Information by language

122. The COVID-19 helpline is open every day from 8 am to 10 pm. The COVID-19 helpline provides people who don't have access to the internet, or need to speak to someone, with access to the same information and services available digitally. People whose first or preferred language is not English can Use Language Line, a free over-the-phone interpreting service and Contact Scotland is there to support SL users.

123. We have been working with public and third sector partners to understand messaging, language and accessibility requirements, and have worked collaboratively to create and disseminate this information.

Informed consent

124. It is a legal and ethical principle that valid consent must be obtained before starting personal care, treatment or investigations. This reflects the rights of individuals to decide what happens to their own bodies and consent is a fundamental principle of good healthcare and professional practice. Information about consent to vaccination can be found in the Green Book - Greenbook chapter 2 consent (publishing.service.gov.uk). This includes guidance around the vaccination of adults (over 16 in Scotland) children under 16, and Adults with Incapacity.

125. PHS leads the development of informed consent materials, which include topic-specific information and information in different languages and formats can be

found on the NHS Inform website to inform consent for vaccination - The coronavirus (COVID-19) vaccine (nhsinform.scot).

Annex D

Examples of Health Board Inclusive Activity

126. Table 2 below is not comprehensive but highlights some of the range of work being undertaken by health boards and at a national level to embed inclusion and equalities.

Table 2

Health Board	Activity 18-29 year olds	Other inclusive activity to date
NHS Ayrshire and Arran	Increased drop-in opportunities	Mobile unit taken to primary school in Ayr. Location chosen to enable the vaccine to be offered to those accessing the foodbank there. The clinic was run in partnership with the primary school, the Violence Reduction Unit, Community Link Worker, South Ayrshire ADP, Homeless Service and NHS Vaccination Team. Those attending were aged between 20 and 69 and were also offered additional health advice and naloxone kits to take away. In spring, the board also arranged to put tokens for free bus travel to and from vaccine appointments in their blue letters. This was an attempt to ensure that poverty was not a barrier to travel to access vaccine clinics.
NHS Borders	Increased drop-in opportunities Contacting SFA - Coldstream, Gala and Hawick.	Mobile unit at St Boswell's fair offering drop-in vaccination and handing out lateral flow test kits to reach Gypsy/Traveller communities. Mobile units at Farne Salmon and Garnvale Potatoes offices. Consultant recorded information video for social media providing information for those pregnant or planning to become pregnant.
NHS Dumfries and Galloway	Ran LGBTQI+ session in conjunction with youth group	Produced a video addressing vaccination questions put to a Public Health consultant from members of Dumfries and Galloway Multicultural Association.

	Targeted poster campaign focusing on young people following the rules and accepting invitation for a vaccine Offering transport support	Exploring holding sign posting and popup clinics at the larger supermarkets in areas of lower uptake. Transport to vaccination clinics support supplied from D&G Council and British Red Cross.
NHS Fife	Increased drop-in opportunities Plans underway to provide pop-ups at Raith Rovers matches in July. Working with St Andrews University to offer students at start of term.	Regular meetings with local LGBTQ+ organisation which are undertaking ongoing stakeholder engagement work. Specific programme for those who are pregnant via maternity services to provide patient-centred advice and vaccination. Scoping work for outreach clinics at Amazon site.
NHS Forth Valley	Increased drop-in opportunities - targeted at college campuses	Plans to reach out to the Polish community through connections with the Roman Catholic Church in Falkirk. Outreach work with SAS and local authority teams effectively targeted people experiencing homelessness who are in emergency accommodation, and Gypsy/Traveller, asylum seeker and refugee communities. Succeeded in vaccinating 105 people who reported they would not have attended if it were in a vaccine centre or GP practice.
NHS Grampian	Video featuring young people in their 20s interviewed about their experience of receiving their first dose of the COVID-19 vaccine. Conducted local survey of 18-29 year olds. Increased drop-in opportunities In discussion on pop-ups at student halls of residence in city centre	African Church providing a venue for vaccination centre and pastor supporting community engagement. Relationship resulted in further positive contacts with African pastors for other health boards. Vaccination clinics held in other churches, community centres, sexual health clinics and food bank for pop-up clinics in July. Presentation online for local Syrian new Scots addressing misconceptions and

	and shopping centres in areas of lower uptake.	providing information about vaccinations. Discussions with SAS on possibility of sending mobile vaccination units to remote and rural areas with low levels of uptake. Engagement with North East Sensory Services (NESS) resulting in provision of advice locally to those with visual impairments to enable them to attend appointments safely. Subtitles added to walk-through video for P&J Live to support those who are deaf/hard of hearing.
NHS Greater Glasgow and Clyde	Videos for #MyJagMatters social media campaign aimed at people between 18-35 years old. Series of selfie videos from the public detailing why being vaccinated is important to them. Two videos posted each day and people are encouraged to share their stories using #MyJagMatters. Considering using transport signs to promote clinics. Pop ups arranged in schools, car parks, sports and leisure centres and football clubs - including Celtics, Rangers and Hampden.	Clinics have been held in Mosques and Gurdwaras in areas of high case prevalence. Key messages and video links shared with targeted social media channels, including religious organisations. Interview with an NHSGGC GP aired in English and Urdu on Radio Awaz, as well as a series of advertisements in English, Urdu and Punjabi. Interview with Dr Syed Ahmed aired on Radio Awaz. Selfie videos of minority ethnic community staff members receiving their vaccinations produced for social media and shared with community groups. Conversations ongoing with employers and others re further pop-ups.
NHS Lanarkshire	Mobile clinics to workplaces - Tunnocks, Sky etc. in the hope of reaching younger cohorts. Pop up arranged for Clyde Football Club.	Engagement with the local South Asian/Muslim community has taken place including a seminar to dispel some myths around the vaccine. Video promoting uptake co-produced with South Asian/Muslim community members and distributed around local networks.

		Arranged with Strathclyde Passenger Transport to have 2 free shuttle buses operating to enable people to access vaccine super centres. More local satellite clinics will be made available on a rolling basis to allow easier access to vaccination. The Keep Well programme established links with Gypsy/Traveller communities to ensure people are supported to attend for vaccination. Reaching out to student welfare leads to identify any students who may be eligible for the vaccine, but haven't been able to.
NHS Lothian	Mobile drop-in vaccination unit available at various central locations across Edinburgh and Lothians in conjunction with SAS to make it easier for people working in retail, hospitality or those who are out and about to get their vaccine. Set up a University Working Group with representation from all universities and colleges across Lothian that is planning how to promote and deliver COVID-19 vaccine to student populations #StickWithIt campaign to address fatigue with restrictions, remind people that they may still transmit the virus once vaccinated and stress importance of continued adherence to guidance.	Plans to reach out to the Polish community through Polish priests. Engagement with local Rabbi to support the Jewish community. Drop-in clinics in mosque FAQs and community messaging videos to provide reassurance about fertility. Resources also provide advice and signposting on vaccinations during pregnancy and breastfeeding. Interrogation of uptake data to better understand vaccine uptake by geographical location with aim of targeting outreach. Edinburgh Access Practice, in partnership with Streetwork and other third sector bodies, vaccinated over 700 homeless individuals through opportunistic vaccinations in the practice, outreach clinics at temporary accommodation and hostels, and drop-in-clinics at a local harm reduction centre. Some of these are undocumented migrants – e.g. 24 Chinese temporary resident workers attended.

	Bespoke weekend clinics set up for eligible 16-17-year-olds at RHCYP and at a mass centre Pop-up at Hibs v Arsenal match	West Lothian, Midlothian and East Lothian reaching people experiencing homelessness through partnership with local substance misuse teams and third sector. Best uptake when known workers encourage /accompany. High rate of DNA without these factors. East Lothian has vaccinated people at risk/experiencing homeless using outreach clinics at substance misuse services and at home visits to supported accommodation. Primary care vaccination team continue to support easy access to clinics and carryout 'mop up' vaccines.
NHS Orkney	Under 30s are being actively phoned.	Engaging with LGBT+ services to help with advice around consent and other NHS vaccine information. Deprivation and poverty - clinics have been provided locally on the outer Isles to reduce the need for travel to the mainland. Contacting businesses to encourage any un/under vaccinated staff to attend.
NHS Highland	Running rural mobile units and local messaging to advise people if they can't make appointments to attend mobile units. Community pharmacies and Superdrug being used as a trial. Encourage students recently returned home to attend.	Ongoing work with Chinese community to increase engagement with the programme. Use of two mobile clinics going out into rural communities (named 'Jagger-naught' and 'Test-a-lot') with consideration for a third ('Moves Like Jagger'). Positive comms out of this via. social media and local radio. Texting all unvaccinated portal registrants, linking with community groups and third sector organisations.
NHS Tayside	Out of hours clinics open 7-8pm to allow people to attend after work; most drop-ins open until 7pm.	Ongoing work with seasonal agricultural workers from various countries – tend to be very hesitant and challenges in getting information due to literacy and language barriers. Taking mobile units

	Running videos targeted at younger age groups #GrabAJab Plans for drop-in with St Johnstone Football Team.	to farms with translators and building up relationships. Drop-in at homeless service in Perth and Kinross and SAS bus at locations in Perth and Dundee in areas of deprivation. Chinese restaurant offered space to engage with local Chinese community, close to the Caird Hall vaccination centre and after speaking with them, encouraging them to go.
NHS Shetland	18-29 cohort has 82% uptake and the team are phoning and pushing the messaging (also targeting parents) . Work to encourage recently returned students to attend clinics.	Partnership work with local agencies which have relationships with under-served communities to ensure they are reached. Working closely with mental health and LD nurses to ensure people getting both doses. Local comms inviting temporary residents to attend.
NHS Western Isles	Poster campaign for younger cohort - 'vax and relax' Conducted survey aimed at those aged 18 or over who have not yet had their first dose to understand barriers. Encouraging students recently returned home to attend clinics.	Created posters on fertility, pregnancy and breastfeeding. Contacting employers of contractors to encourage contractors from mainland to come forward to vaccination. Includes work with seafarers and employers Provision of transport to attend clinics and where there are rural areas of deprivation, providing localised clinics with bundling of multiple groups.

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