

Southwark Covid-19 vaccination programme - communications and engagement strategy (01/02/21)

Key roles

Lead spokesperson: Cllr Kieron Williams, Leader

Supporting spokespeople: Cllr Evelyn Akoto, Cabinet Member for Community Safety and Public Health; and Jin Lim, Director of Public Health

Chief officers: Eleanor Kelly, Chief Executive/Caroline Bruce, Strategic Director, Environment, Leisure and Public Health

Lead officer: Louise Neilan, Head of External Affairs

Supporting officers: Kirsten Watters, Justin Ashworth, Jess Leech, Rosie Dalton-Lucas, Scott Compton, Ella Rogers

Background

In December 2020, the national rollout of the first Covid-19 vaccine began. The vaccine, in its various forms, is hoped to be the key to ending the pandemic and returning to more normality in the coming year.

South east London, because of its two flagship hospital trusts, was one of the first parts of the country to start administering the vaccine and has since administered approximately 50,000 vaccines to local people based on national prioritisation. These start with the oldest age groups, the most vulnerable, and some health and social care staff.

Polling suggests that the majority of those offered the vaccine will accept it, and the confirmed numbers of vaccines administered suggest this is happening. However, polls also show considerable levels of concern and hesitancy about the vaccine, particular among Black people and those from other ethnic minorities. These concerns are complex, vary by ethnicity, and in many cases predate Covid and are deep-rooted in communities.

If having the vaccine is the best long-term strategy for us to protect ourselves, our families and our communities from Covid-19, it is incumbent upon all public bodies with responsibility for health to encourage take-up across all our communities, particularly in the context of the disproportionate impact that the virus has had on residents from ethnic minorities.

This strategy sets out how the council, working with neighbouring boroughs and local health partners, will work with communities to answer their questions, address their concerns, and ensure as many residents as possible are protected from this deadly virus. It is one strand of Southwark Council's vaccination strategy in support of the borough's delivery of the vaccine.

Research and insight

In summary

- Polling suggests that support for having the vaccine is already high amongst the general population and is trending upwards.

- However, a significant proportion of people are hesitant and have concerns about vaccinations, whilst a small minority are anti-vaccines in general.
- One poll from December found that 43% of BAME respondents were unlikely to accept a vaccine – but were also likely to change their minds if they received more information from their GP or a health professional.
- Early intelligence suggests low take-up of the vaccine among social care professionals.
- One study concluded that emphasising collective over personal responsibility is key to overcoming vaccine hesitancy, and that public messaging may benefit from highlighting the ‘prosocial’ benefits of a COVID-19 vaccine and the positive contributions of the NHS.
- The three vaccines approved for use in the UK have met strict standards of safety, quality and effectiveness. They have been tested on tens of thousands of people from ethnically diverse backgrounds in several countries globally. The UK has some of the highest safety standards in the world.
- Recent vaccine comms focus groups carried out by Hackney Council suggest doctors and health professionals are more trusted than politicians, and photos of people getting the vaccine are more appealing than graphics

Opinion polling and research data

Office for National Statistics, Opinions and Lifestyle survey, 22 Dec – 3 Jan 2021
(3,756 participants)

- 85% of adults reported they would be either very likely or fairly likely to have the vaccine if offered. This is an increase from 78% over the period 10 to 13 December 2020. However, in London it was lower, at 80%.
- Amongst the crucial 70+ age group, 97% would be very or fairly likely to have the vaccine, and 90% of 50-69 year olds.
- 7% of adults reported that they are very or fairly unlikely to have the COVID-19 vaccine if offered. Among those, the most commonly reported reasons why were: **feeling worried about the side effects (51%), feeling worried about the long-term effects on their health (51%), and wanting to wait to see how well the vaccine works (47%)**.
- The other key reasons were: **I do not think it will be safe (38%), I do not feel the coronavirus is a personal risk (16%), I am worried about the effect on an existing health condition (14%), and I am against vaccines in general (6%).¹**

Greater London Authority poll (internal only), 11-17 Dec 2020
(1,127 participants)

- 22% of Londoners say that they would be unlikely to take a vaccine if offered one on the NHS, including 13% who would be very unlikely to do so. This is down from 25% the previous month.
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- 66% say they would be likely to take the vaccine, up 4% since November. Likelihood to get a vaccine decreases rapidly the younger you are.
- Higher social grade Londoners say they are more likely to get a vaccine, 72% to 56% of lower social grades.
- 75% of white Londoners say they would take a vaccine, but only 41% of Black Londoners and 45% of Indian, Pakistani and Bangladeshi Londoners would do so. Black Londoners are the least likely to want a vaccine.
- Of the 22% of Londoners who are unlikely to get a vaccine, the biggest reasons for not getting a vaccine are broadly similar to last month.
 - **a lack of trust in a specific vaccine** (49%)
 - **wanting to let others take the vaccine first** (36%)
 - **generally not thinking the vaccine will be safe** (37%)

Royal Society of Public Health poll, 4-6 Dec 2020

- 76% of the UK public said they would take a COVID-19 vaccine if advised to do so by their GP or health professional, with just 8% stating they would be very unlikely to do so.
- However, only 57% of BAME respondents said they were likely to accept a COVID-19 vaccine, compared to 79% of white respondents. Confidence was lowest among Asian respondents – at only 55%, whilst it was 58% amongst Black respondents.
- **Encouragingly, 35% of BAME respondents said they would likely change their minds and get the vaccine if given more information by their GP or other health professional on its effectiveness**, 32% would do so if they got more information on side effects, ingredients (32%) and how it works (30%).
- A similar proportion would change their mind and get the vaccine if it was required in order to go to work (34% of BAME respondents compared to 24% of White respondents), and if it was required in order to travel abroad (36%).
- The polling also revealed significantly more hesitancy among lower income groups, with just 70% of lowest earners likely to say yes to the jab compared to 84% of highest earners. Men (80%) were also likelier to get the vaccine than women (73%).
- On a regional level, 14% of Londoners reported they are “very unlikely” to get the vaccine – the highest proportion in the UK. ²

Key concerns and myths

Southwark CCG has gathered insights and intelligence into the concerns driving vaccine hesitancy locally:

- Distrust over the speed of production.
- Concern over side effects – cancer and other serious health problems.
- Historic distrust of big pharma – especially Pfizer, with previous trials in Africa with bad results and researchers misleading test subjects.
- Concern over the effect on long-term conditions– sickle cell; COPD and other lung disease conditions.
- Concern around whether one vaccine is better than the other.
- People feeling prepared to wait out the virus and that it will run its course.
- Concern that virus mutations will make the vaccine ineffective.
- Confusion over how often will we need a vaccine and how long will it last.
- Individuals feeling forced to have it otherwise their freedoms will be removed.

One Afro-Caribbean community lead advised that parents went for their vaccine because their GP wrote to them requesting they did. It was felt that these communities may therefore be more likely to listen to a local voice of authority such as a doctor or religious leader. However, we also know that in some parts of our community, the NHS is not seen as a trusted voice, so a variety of approaches and spokespeople will be needed.

The CCG also identified a need for clarity over the number of injections, whether the vaccination needs to be annual and how long immunity lasts for, and whether the vaccine prevents transmission.

Motivators:

- Belief in vaccinations and trust that they work
- Wanting to get life back to normal and see family & friends
- Belief that having a vaccine is the right thing to do
- Hope – being at risk and wanting to feel safe
- Ease of getting the vaccine

Barriers:

- Lack of trust and confidence: concern about unknown side effects; distrust of pharmaceutical companies and authority; distrust of vaccines in general
- Lack of information from trusted sources
- Perception of not being at risk
- Belief that vaccination is another form of control
- Lack of understanding of who is at risk and whether people are guinea pigs
- Concern about ingredients

False claims and misinformation

There have been reports in the media that “*anti-vaccination messages have been specifically targeted*” at some ethnic and religious communities, particularly through WhatsApp.³

Further research

We have commissioned further research with Lambeth council to dig deeper into the views and concerns of local people about the vaccine. This will help us to hone our messaging and adapt our strategy based on what we learn. The research will seek the views of 1,000 local people from the two boroughs and we should have the findings by mid-March.

Objectives

The NHS has been tasked with 'offering' every resident in target age groups the vaccine. Collectively the council, local NHS partners and councils across London want to ensure that local people:

1. Understand the risks that COVID-19 poses to themselves, their families and their community
2. Know the plan for the vaccine rollout and what to expect
3. Feel confident in their decision about taking the vaccine, based on facts and official information
4. Are able to discuss their concerns about the vaccine with trusted experts
5. Feel supported to take the vaccine by local partners, and by their communities

If we are successful we will achieve our overall objective which is:

- To encourage confidence in the vaccine and therefore ensure high takeup among all our communities, to help protect all our residents from COVID-19.

Strategy

As the insight above shows, there are two quite distinct groups we need to talk to about the vaccine:

1. Those who are keen to get their vaccine, need basic information about how, when and where, and may be impatient
2. Those who are reluctant because of genuine concerns

Group 1 will be mainly communicated with by their GP/CCG or hospital trust. The council can amplify key messages about waiting to be contacted, why some groups are being prioritised, what to expect, and where to go should mass vaccination sites open in Southwark, but the council is unlikely to be lead this communications. We will amplify these messages through our channels, not least because it may help to normalise the process and encourage more hesitant residents to join those who have already had it. With that in mind we will want to use case studies of this group getting their vaccines.

Group 2, who are the main focus on this strategy, will be communicated with both by health colleagues and the council, often indirectly via community leaders and local groups. This aspect of the strategy is far more complex and will require a range of messaging to both address specific concerns, and encourage a more general confidence in the vaccine. We will use a comprehensive mix of communications and

engagement methods, that we have used successfully and adapted and expanded throughout the pandemic, to reach all our different communities, creating spaces and opportunities for local people to discuss their concerns and have their questions answered.

Key to this will be using case studies and spokespeople from the first group to help normalise the process and reassure all residents that this a safe thing to do, that many thousands of local people have already done.

Key messages

We will develop three complementary sets of key messages as part of this campaign, which can be adapted for different age groups over time.

1. The first will address the specific concerns about the vaccine that we know are circulating in our communities with clear factual information on issues like speed of development, ingredients, the pharmaceutical industry, impact on specific groups, and other issues as they emerge. These messages will be at the core of our engagement work.
2. The second will attempt to normalise the vaccine by talking about how many local people have had it, and use pictures and videos of people from a range of backgrounds and ethnic groups taking the vaccine (staff and residents.)
3. The third will focus on the personal benefits to local people of taking up the vaccine, as research shows this is a key motivator. Under the banner 'I'm looking forward to...' we will use real case studies in our communications, of local people telling us what they're looking forward to as a result of taking the vaccine and the country starting to recover. Initially we imagine this will focus on things like seeing friends and family, going on holiday, not worrying about getting sick. We will need to be clear in the messaging that the vaccine doesn't immediately release you from the current restrictions, but giving people hope should encourage better take up. We can adapt this for younger audiences as the rollout moves to younger groups with messages such as 'I'm looking forward to Glastonbury 2022'

Target demographics/audiences

The operational communications about the vaccine will be focused at all our residents, helping them to understand the prioritisation and process.

For our work on vaccine hesitancy, we need to target the demographic groups who we know are most concerned about the vaccine, either through research or through local intelligence from community groups. We will also soon be able to identify which demographic groups are refusing the vaccine, as new data becomes available, and target our communications accordingly.

Audiences

These key local audiences are important to this strategy both as groups whose behaviour we aim to influence, and as allies to help us reach a larger number of local people.

- All residents including those in our vulnerable and diverse communities or those least likely to access public sector communications (eg non-English speakers, our traveller community)
- Anyone who is concerned about the vaccine or is from a community where vaccine hesitancy is more common (some of our main target audiences will therefore be Black and ethnic minority groups, and younger people as the vaccine rolls out to younger age groups)
- Council staff
- Councillors and MPs
- Voluntary and community sector organisations
- Community and faith leaders
- Workforce of local sectors/organisations who can help us raise awareness – e.g. TfL, NHS, Health and Social Care
- Businesses – from small businesses to large organisations
- Trade unions
- Early years settings, schools, universities
- Staff in high-risk settings – e.g. care homes
- Media – including media aimed at specific communities e.g. local BAME media
- Local stakeholders – e.g. SCG comms group, NHS London, Metropolitan Police, universities

Tactics and channels

Communications channels

We will use the following channels to get our message out to those who live and work in the borough:

- We will seek support for our campaign from local media including Southwark News, SE1, South London Press and News Shopper (some good local reach via print, social media and BBC syndication)
- Regional and national media are better read by our residents and NHS London is already achieving daily coverage on vaccinations helping to normalise it and show the number of people who are getting vaccinated. We are working with them on opportunities to tackle hesitancy by showing a range of Londoners from all backgrounds getting vaccinated, and address concerns head on via the media.
- Council enewsletter – goes to 100,000 subscribers, open rate around 30-40%.
- Internal communications - many of our staff are residents, others have direct daily contact with our residents and businesses, and so it will be essential to

engage our staff in this campaign. We will also need a specific work stream to support our social care staff to take up the vaccine.

- Social media – we will use Twitter, Facebook and Instagram to reach our followers with a mix of clear messaging and brief videos from our spokespeople and community leaders (in different languages as appropriate). We will also try to engage local celebrities or influencers to help extend our reach.
- We can use paid for social media marketing to target specific groups in our communities with key messages about the vaccine.
- Schools – we will keep our schools updated with the latest situation, and ask them to share key messages with parents and families through their regular communications
- GP surgeries – we know from research that GPs are key to creating confidence in the vaccine. We will work closely with the CCG to ensure there is a clear strategy to respond to what people are telling us which is that clear factual information from the GP can persuade hesitant residents to have the vaccine.
- Out of home advertising – we will use our InLink units and explore other outdoor advertising options to help promote the vaccine.

Engagement

We will establish a major 'Let's talk about the vaccine' campaign, that gives 1000s of people who are concerned about the vaccine across our borough the opportunity to talk about it with trusted medical professionals and community leaders drawn from the communities who are most worried about it. This work will include:

- Online Facebook live and zoom etc events (including events hosted by faith, community and tenants groups etc)
- Radio shows
- Local news features (where residents can write in with their concerns and get a response, perhaps in partnership with the S. News & SLP etc)

To enable the above we would like to recruit a panel of trusted people to have the public conversations at event and on the radio etc, including BAME medical professionals, and community and faith leaders.

As part of this work we will aim to train 1,000 local people including frontline workers and community leaders so they are able to have informed conversations about the vaccine and point people to trusted sources of advice on it. We will work with existing networks and establish new ones in order to do this.

Throughout the Covid pandemic we have nurtured and expanded our network of community champions, all of whom have been hugely supportive and engaged in helping us reach our many diverse communities with key public health messages. In

In addition to our established links with the VCS and faith groups, we have set up a new Community Ambassador programme with over 50 members who help us communicate with a range of communities. We have also valued the reach of our Councillors and Tenant and Resident Association chairs, who have helped us to get our messages out, often with the support of local mutual aid groups. We have also recently commissioned a number of small charities and organisations with reach into specific communities and groups, to help us share our key messages.

We therefore have solid infrastructure in place, and an energised and supportive network of community voices who we will work with to ensure our key messages reach all our communities. It will be important to ensure we provide them with those messages but then ask them to use their own words and voices to speak directly to their communities, as trusted local leaders and voices. We will also ask them for feedback about how the information is being received, and any new concerns so that we can help to address those too.

Evaluation

The responsibility for the vaccine programme sits with the NHS, but keeping our communities safe is the number one priority for the council, working in partnership with the CCG, hospital trusts, and other public sector partners. We will monitor the success of our communications in signposting residents to vaccine information, and work with the community to measure awareness and sentiment. The success of this strategy depends on constant evaluation of our success, by monitoring rates of vaccine takeup and refusal when data is available, and adapting our plans and approach accordingly.

Action plan

Action to date

- 1) A number of briefings have been held or are already planned with key local partners, including community groups, to start sharing information and messages about the vaccine alongside other key Covid information.

| Date | Host | Audience |
|-------------|---------------------|-------------------------------------------------------------------------------------------------------|
| 18 Dec 2020 | SELCCG | SEL VCS organisations including Southwark partners |
| 10 Jan 2021 | Southwark Council | Southwark faith leaders |
| 11 Jan 2021 | Southwark Council | Care home staff |
| 14 Jan 2021 | Southwark Council | Care home staff |
| 18 Jan 2021 | SELCCG | SEL faith leaders (including over 10 Southwark faith leaders) |
| 19 Jan 2021 | Community Southwark | Staying connected in lockdown – including sections on testing and covid vaccinations – general public |
| 20 Jan 2021 | SELCCG | SEL community champions |
| 20 Jan 2021 | Community Southwark | Southwark community champions |

| | | |
|-------------|-------------------|----------------------------------------------------|
| 25 Jan 2021 | SELCCG | SEL VCS organisations including Southwark partners |
| Late Jan | Southwark Council | Tenant and Resident Associations |

- 2) Basic vaccine messages have been shared by all partners on social media, and through council channels.
- 3) The latest Leader's Southwark News column was focused on the vaccine programme.
- 4) Our Community Ambassadors have been sent FAQs and useful information about the vaccines to share with their networks

Next steps

| Date (from) | Activity | Message | Audience |
|----------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Phase 1 | | | |
| 20/01/21 | Social media messaging | Start with national messaging re safety | All Southwark followers |
| | Enewsletter to residents | Update and signposting to more info | 100,000+ subscribers |
| 22/01/21 | Cllr/MP email briefing | Key messages, ask to share | Potentially all constituents |
| 25/01/21 | Message to all staff encouraging takeup when offered | Signposting to key safety and reassurance info | Our staff |
| 25/01/21 | Arrange meetings with key Latin American and West African community groups | We want to work with you to reach your communities and answer their questions | Latin American and Spanish speaking, and West African communities in Southwark |
| 29/01/21 | Professional photography collecting photos and quotes at our vaccine centres | To be used with our key messages in phase 2 | All Southwark residents |
| 01/02/21 | Southwark Life | General info | All Southwark residents |
| | Plan a detailed schedule of engagement events | Addressing key concerns, hearing from residents | All Southwark residents |
| 01/02/21 | Email pack for local community groups | Key messages on hesitancy, safety etc | Networks of residents served by VCS/faith groups/TRA chairs |
| 01/02/21 | Work on council web content on the vaccine | | |
| 02/02/21 | Discuss/agree media partnership with local paper | | |

