



Department for Levelling Up,
Housing & Communities

Delivery Plan: Community Vaccine Champions

A Fund to promote vaccine uptake amongst hard-to-reach communities in Local Authorities showing low rates of Covid-19 vaccine uptake.

Please email form to: Community.Champions@communities.gov.uk

Your initial draft of your detailed Delivery Plan must be received no later than 4 February 2022. You will then receive initial feedback from the Community Champions team on your draft Delivery Plan by 14 February 2022. You will then have until 28 February 2022 to revise your Delivery Plan based on the initial feedback provided by the team.

Please include “Community Vaccine Champions” and the name of your local authority in the subject line.

Organisation details

Area	Reading
Local Authority	Reading Borough Council
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Guidance notes

- Please refer to the prospectus when completing this form.
- Additional supporting material and diagrams are not required but can be submitted.
- Information in your plan may be shared with other Government colleagues for the purpose of developing our understanding and informing wider policy development and best practice.
- Use of black type, Arial font 12 is preferred.

1. Provide details of your authority's current outreach, engagement and communication activities with residents who may be disproportionately impacted by COVID-19 vaccine inequity as well as your authority's current solutions which address practical barriers to accessing the vaccine (Prior to any Community Vaccine Champions funding being received).

(750 words maximum)

Including, but not limited to current:

- Research and data to understand vaccine take up and hesitancy
- Relationships with specific target population groups
- Engagement and communication activities
- Outreach activities
- Community champions or similar schemes
- Partnerships with Voluntary and Community Sector Organisations

Research and data to understand vaccine take up and hesitancy

Covid-19 vaccinations dashboard using UKSHA vaccination data used to analyse coverage by LSOA, five-year age group and ethnicity and identify areas and demographics where vaccination take up is low. This information has been shared with neighbourhood and outreach teams, including the Health on the Move Van (HotMV).

Comparison of population denominators has also identified areas where there are high numbers of unvaccinated people and discrepancies between patient lists and population estimates, which may suggest that patients may no longer be contactable.

From June to September 2021 Vaccination Canvassers visited over 1,400 addresses of residents who were registered to one of four GP practices and who had not come forward for vaccination. 60% of addresses (more than 800) were successfully canvassed (for the remainder, either the address could not be accessed or there was no answer at the door). At around half of addresses the patient was reported to have moved away, around 10% of

patients reported hesitancy and 7% said they would refuse. Some were away, often with family in other countries and not able to return easily, including some who had been vaccinated overseas and others reported barriers including caring responsibilities or lack of transport.

Relationships with specific target population groups / Engagement and communication activities

The HotMV was deployed in low vaccine uptake areas offering health checks plus the vaccine, which proved successful. Seldom heard communities welcomed the van for general health purposes i.e. blood pressure checks as opposed to only offering the COVID vaccine. Leaflets advertising the van were co-produced with the communities and information shared by the community via word of mouth and community communication channels. Leaflets were distributed in person by trusted members of the community – providing the opportunity for conversation. The HotMV deployed to The Warehouse in East Reading targeted audiences including Chinese, Nepalese, Indian and Pakistani residents. Both faith and community groups including Reading Islamic Centre, Reading Cultural Centre, Ramgarhia Saba Sheikh temples, Reading Chinese Association, Greater Reading Nepalese Association, Wycliffe Church shared messaging and encouraged engagement instilling trust in what the HotMV was offering.

Local insight from face-to-face conversations told us:

- The most effective communication channel was word of mouth from local community groups and influencers, e.g.
 - Bernice - Kenyan Lead Nurse - Royal Berkshire Hospital - video views 12,213 <https://www.youtube.com/watch?v=Krij13p7VzIE&t=47s>
 - Jim - Irish Reading resident - video reached/views 1,344 <https://www.youtube.com/watch?v=uysVBxe4qvA&t=23s>
- Whilst Council advertising makes it clear ID and NHS numbers not required at pop up walk-in vaccine sites, in reality every person was asked for their ID and NHS number on at least four occasions (marshals and NHS). To build long term trust we should be mindful of relationship building at these points of access and adopt a person-centric relationship building approach
- Where English was not the first language the NHS strapline “Grab a Jab” *‘did not sit well with me as this is quite a slang and also just does not sound right.’*
- There is a general sense of mistrust from ethnic minorities due to the vaccination being pushed so hard and advertised everywhere
- Those who were getting vaccinated were motivated to do so to protect their family/parents/friends and concerned that they might lose their job if they weren’t vaccinated
- The approach to translated material needs to be carefully managed and planned

The Council’s current COVID campaign uses straightforward signposting to the mass vaccination centre in Reading town centre. Messaging based on Cabinet communications behavioural insight doesn’t try to pressure, convince or persuade allowing the resident to make their own choice. Channels used for messaging include; public transport, screens at

Reading FC, local press both print and online advertisements, local radio, social media, pubs, supermarkets and digital screens in and around Reading town centre.

Outreach activities / Community champions or similar schemes

Reading Voluntary Action (RVA) are delivering their 'No one left behind' project. Work so far has included:

- RVA VCS Vaccine support group and grants: RVA hosts a partnership of voluntary sector groups, working together to support people to access the vaccine. RVA provided participation grants until September 2021
- RVA Vaccine support helpline: A one-door helpline to answer queries from individuals, carers, family members and professionals
- RVA co-ordinates vaccine volunteers: To support PCN's to deliver the universal vaccine and booster roll out within neighbourhoods the VCS have supported with language skills, buddy support and a warm welcome. By the end of June 2021 over 150 volunteers had provided approximately 4,608 volunteer hours having helped support around 17,000 members of the local community to access their Covid-19 vaccination. Volunteers have continued to play a key role supporting PCN's during the Booster rollout
- Pop up health promotion activities: RVA has worked in partnership with the Council and health colleagues to engage communities at pop up health promotion events and the HotMV for specific ethnic groups and isolated neighbourhoods. These activities have been very successful where there has been sufficient notice to allow time to engage the community and ensure leaders, champions and volunteers are able to fully participate. On five separate occasions when community locations hosted the van, there were a total of 128 vaccines administered and over 50 blood pressure and BMI health checks carried out. The majority of vaccinations and healthcare checks given to people were from an ethnic minority background who also had an additional language to English

We are also working closely with the Berkshire West Clinical Commissioning Group to support the outreach work contained in their Berkshire, Oxford and Buckinghamshire (BOB) Integrated Care Partnership Vaccination Inequalities Plan.

Partnerships with Voluntary and Community Sector Organisations

The Council has provided £34k to RVA from a different funding stream for the work outlined above. Discussions have also been held with Alliance for Cohesion and Racial Equality (ACRE) and Healthwatch. Opportunities for further VCS working will be explored in this project.

Reading has a local network of Community Participatory Action Researchers (CPAR) supported by four local VCS partners and the Council. This group has been exploring local issues affecting ethnically diverse communities in Reading including:

- Women and accessibility of Health care services
- Impact of Covid-19 on the Nepalese community

The findings from this research will be shared shortly and any relevant learning used to support the work to address vaccine inequity. The CPAR network of local researchers will also be asked to contribute their insight and expertise.

2. Briefly set out proposals for additional activities your authority would like to deliver to increase outreach, engagement and communication with residents disproportionately impacted by COVID-19 vaccine inequity as well as to develop solutions which address practical barriers to accessing vaccines.

(750 words maximum)

Including, but not limited to:

- Recruitment and retention of Community Vaccine Champions
- Developing partnerships with Voluntary and Community Sector Organisations
- Engagement and communication plans with specific target populations
- Examples of planned activities
- Improvements to data and evidence around vaccine take up and hesitancy
- Relevant anti-fraud, due diligence and safeguarding policies

Recruitment and retention of Community Vaccine Champions

To recruit we will:

- Identify and make contact with existing community champions (including RVA/ACRE community champions, youth champions, social prescribers, faith groups), with a view to engaging them on our programme too
- Conduct a gap analysis in order to target the expansion of our Community Vaccine Champion (CVC) Programme
- Create role descriptions and work with VCS and other partners to recruit further community champions, including in Primary Care Networks and the homelessness service
- Identify existing websites/helplines and either use them/add to them or if we set up our own ensure they complement existing channels

To retain we will:

- Establish an appropriate remuneration system for champions (i.e. High Street vouchers, covering travel expenses)
- Ensure our champions are provided with suitable training:
 - Develop a training offer for champions to include 'Making Every Contact Count' with some champions to be trained to train the trainer to increase the network
 - CVC Vaccinator Training Programme to increase local capacity to administer vaccinations, involving people from the low uptake communities
- Co-ordinate a support network for local champions by facilitating regular meetings and communicating programme news, training opportunities and avenues for support

- Hold information evenings with health professionals to disseminate accurate and up to date information about Covid-19 and vaccines to champions, leaders and the wider community. Healthwatch held regular sessions during the pandemic which were designed to meet community needs with appropriately chosen professionals, which have been repeated recently, so we know this works well

Developing partnerships with Voluntary and Community Sector Organisations

The Council has well-established relationships with the Reading VCS. Partnership working has grown during the pandemic with the establishment of the One Reading Community Hub and close links with the Council's Public Health Team. In order to continue to build on these relationships we will:

- Invite RVA, Readibus, Healthwatch and ACRE to the monthly CVC Steering Group (first meeting held 7 February) – to inform the programme and link up across the Council, VCS and NHS
- Work with the VCS to establish existing community champions and assets (e.g. Voluntary Sector Vaccine helpline) and work with them to scale up where appropriate
- Provide the VCS with opportunities to deliver (funded) programme activity – where capacity, interest and organisational skill sets allow
- Work with and fund VCS transport groups to provide transport to vaccination sites
- Launch a Community Grants Fund (up to £5,000 per organisation) to promote innovation and creativity where uptake rates are particularly low. The funding is to support the infrastructure and/or additional capacity needed by smaller VCS organisations to expand existing services, deliver services in a different way or to develop new activities at a local level. Funding can be used towards running costs such as hall hire for events or additional staff capacity. The objectives of this fund are:
 - To increase or improve existing work with Reading residents disproportionately affected by barriers to vaccination
 - Deliver projects to address mis-information about vaccine safety and increase trust in / reach of official public health Covid-19 messaging
 - Deliver projects that will support Reading residents to access the Covid-19 vaccine and booster

Engagement and communication plans with specific target populations

We will, through micro-level insight, understand the motivations of each of our hard-to-reach audiences (and the nuances within those audiences) - to increase local vaccination rates for our:

- Chinese residents
- Black or Black African residents
- Asian residents
- Asian British Pakistani residents
- Younger adult residents
- Central Reading residents
- Leighton Park residents
- Battle residents

- Caversham Bridge residents
- Homeless residents
- Substance misuse residents
- Refugee residents

We will develop co-produced, bespoke, meaningful, engaging communication campaigns for each audience, mindful of local social sensitives and delivered through trusted and relationship-centric channels, to support direct engagement, create awareness, provoke action and encourage sustained behaviour.

Examples of planned activities

Additional activity (not included above) includes:

- Undertaking an insight and social marketing exercise into barriers for individual groups with lower uptake. The intelligence gathered from this exercise, from the frontline from VCS partners and from the Healthwatch Vaccine Survey, translated into 6 different languages (results to be shared at 7 March Steering Group), will continue to inform our communications messaging and strategies for targeting different unvaccinated groups (e.g. due to medical, cultural, ethical, religious, misinformation, mobility, anxiety, societal). Emerging areas/strategies can be funded by the contingency fund, via work with VCS partners and the programme will be flexed to adapt accordingly
- Research via Community Researchers (CPAR) delivered by University of Reading, to inform communications and strategies for the unvaccinated
- Work with PCN's with lowest uptake rates to develop a payment incentive scheme to increase uptake in their non vaccinated eligible populations
- Engage with elected members to act as champions within their own wards
- Develop a six-month programme of outreach and pop-up vaccine sites in areas of low uptake, utilising the Health on the Move van, door knocking and identifying local community venues and workplaces to achieve higher uptake. We plan to significantly capacity build (fund) our umbrella VCS partners to deliver more and better pop up activity to scale up existing successful activity
- Look into 'Grab-a-jab' taxis to take people to vaccination sites
- Launch an online COVID Champions toolkit including downloadable posters (including translated versions) and information on vaccine safety

Improvements to data and evidence around vaccine take up and hesitancy

We will use population and vaccination data to identify small areas with high numbers of unvaccinated residents and work with GP practices in those areas to identify unvaccinated patients, audit and appraise communications and provision of information and risks that patients are non-contactable or may have moved away. We will then use GP demographic and patient-level data to target CVC outreach and other interventions for each key area.

Relevant anti-fraud, due diligence and safeguarding policies

We will ensure that all organisations we work with have appropriate safeguarding policies in place and that volunteers/champions are DBS checked and given safeguarding training.

Due diligence will be undertaken with organisations we fund, and we will ensure we adhere to anti-fraud legislation.

3. Deliverability of proposal

Please briefly set out how the proposals for activities in section 2 will increase support for residents not engaging with the COVID-19 vaccination programme, and meet the desired aims, outputs and outcomes of the Community Vaccine Champions Fund (see Section 2 of the Prospectus).

(750 words maximum)

Including, but not limited to:

- Detailed plans as to *how* barriers to accessing vaccines will be overcome
- Outcomes and outputs aimed to achieve (written in a SMART format)
- Timescales to deliver proposals within the timeframe set out in the prospectus
- Details on how planned activities will deliver the programme's desired aims and outcomes

Detailed plans as to *how* barriers to accessing vaccines will be overcome

All the activities planned in section 2 above are designed to overcome barriers to accessing vaccines. In addition, we will:

- Use learning from what has worked locally and in other Council's to tailor our approach to communication and the vaccine offer, truly understanding the various medical, cultural, ethical, religious, misinformation, mobility, anxiety, societal barriers holding people back from getting vaccinated
- Listen to our communities and adapt our approach accordingly
- Use multiple data sources and analysis to ensure we target the unvaccinated in an efficient and targeted manner
- Use local people to have local conversations at a person by person level
- Take the vaccine to residents (HotMV) and residents to the vaccine (Pop-up sites) by providing transport to enable target populations to get to vaccination sites
- Overcome language barriers by ensuring messaging comes from trusted champions and influencers
- Harness the strengths of our VCS partners who know our communities best, equipping them to deliver

Outcomes and outputs aimed to achieve (written in a SMART format)

- Monthly increase in CVC communications 'impressions' throughout programme from March 2022
- 20 CVC's recruited, trained and delivering by end of June 2022
- 30 Pop-up Vaccination opportunities delivered by July 2022
- 250 individuals transported to vaccination sites by July 2022

- 7 Community Grants provided by end of April 2022
- 10% increase in vaccination rates across Reading by end of July 2022 (specifically decreasing % of unvaccinated population and increasing booster uptake rates)

Timescales to deliver proposals within the timeframe set out in the prospectus

See broad timeline below:

January:

- Programme initiation and set up
- Programme resourcing
- Launch of Steering Group (7 February)

February:

- Detailed programme and project planning phase
- Strong engagement with VCS partners (inc. workshop with VCS 16 February)
- Some delivery to begin (data work, comms insight, review of existing assets, development of training package, CVC role descriptions/recruitment documentation)
- Existing Outreach activity continues / scaled up
- Regular data / dashboard sharing commences

March:

- Commissioning of various work packages
- Continued outreach activity and full outreach offer commences
- Launch Community Grant Fund
- Recruitment of CVC's to begin
- Comms/marketing campaign to begin
- CPAR research to begin

April:

- Continued outreach activity
- CVC training launched
- Champions Toolkit launched
- CVC Network / communication to begin
- Outreach work via CVC's to begin
- Information evenings commence
- Community Grant Fund awarded – local work begins

May:

- Continued outreach activity
- CVC Network / Information evenings continue

June:

- Continued outreach activity
- CVC Network / Information evenings continue

July:

- Continued outreach activity
- CVC Network / Information evenings continue
- Programme to move into BAU stage
- Programme evaluation and long term / sustainability planning

Details on how planned activities will deliver the programme's desired aims and outcomes

The planned activity in section 2 is focused largely on the short and medium term aims of the programme. Delivering this programme of work in the way we intend to should also meet the long term aims of the programme in the following ways:

- More people will be vaccinated which will reduce transmission and once vaccinated at least once will also increase the likelihood of getting future boosters
- We expect to find new mechanisms for working with and communicating with our communities that we can build into future public health messaging
- By working at a macro level with local communities, groups and leaders we will build local relationships and understanding that can inform our public health planning and infrastructure to further inform our work to reduce health inequalities

Here is a summary of the 6 key projects that form our CVC Programme:

- **Data analytics/surveillance:**
We will use population and vaccination data to identify small areas with high numbers of unvaccinated residents and work with GP practices in those areas to identify unvaccinated patients, audit and appraise communications and provision of information and risks that patients are non-contactable or may have moved away. We will then use GP demographic and patient-level data to target CVC outreach and other interventions for each key area
- **Behavioural Insights and Comms:**
Through micro-level insight, understand the motivations of each of our seldom heard audiences (and the nuances within those audiences) - to increase local vaccination rates. Developing co-produced, bespoke, meaningful, engaging communication campaigns for each audience, mindful of local social sensitives and delivered through trusted and relationship-centric channels, to support direct engagement, create awareness, provoke action and encourage sustained behaviour
- **Community Champions Network:**
Through partnership working with community leaders, faith groups and voluntary sector organisation, establish an active network of community champions. Support recruited champions with resources to share accurate and up to date Covid-19 related information with local residents. Recruited champions to be provided with the opportunity to attend training and regular meetings where they can learn about the latest guidance and share their feedback
- **Training:**
Through partnership working with health care professionals, community leaders, and the community champions and discussion with local communities, develop a robust evidence-based Community Champions vaccinator training programme. Enabling recruited champions to feel confident and empowered to have meaningful and helpful conversation with peers/community around COVID vaccination, increasing local capacity
- **Community Grant Fund:**

(i) Launch a Community Grants Fund to promote innovation and creativity in increasing vaccine uptake amongst seldom heard communities and groups disproportionately affected by barriers to the vaccine. Empowering local communities to utilise their expertise and insight and develop their existing assets to remove barriers to vaccination, tackle the misinformation around vaccine safety and increase trust in public health messaging

(ii) Work with local PCN's with the lowest uptake rates to develop a payment incentive scheme that recognises and responds to the needs of local residents and increase vaccine uptake in eligible populations

- Outreach - Pop Up sites and transport:

Through partnership working with key local organisations and the community champions and discussion with local communities, develop a community asset-based programme of outreach and engagement that builds on existing local programmes to increase awareness of local support and guidance and increase uptake of the vaccine, removing barriers such as transport and access to localised vaccination sites

4. Financial Viability

Set out all costings and total amount required to implement the proposal outlined at Section 2 of this form.

Please note the funding period is from **January 2022 to 31 March 2022, with delivery to 30 July 2022.**

Including, but not limited to:

- Detailed cost breakdown of all planned programme activities, including unit cost breakdown for all staff, activity, admin etc.
- Details of assessment of costs and basis on which cost estimates have been made, including details and evidence (where possible) of local benchmarks
- Funding to be provided to Voluntary and Community Sector Organisations (VCSO), with clear rationale
- Assessment of how value for money will be achieved

Detailed cost breakdown / funding to be provided to VCS

Area	Activity	£
Understanding needs and barriers	<ul style="list-style-type: none"> • Undertake an insight and social marketing exercise into barriers for individual groups with lower uptake • Research via University of Reading Community Researchers (CPAR) to inform communications and strategies for the unvaccinated 	30,000
Develop and deliver practical solutions such as	<ul style="list-style-type: none"> • Expand the pool of community champions via Primary Care Networks and homelessness service and add capacity to existing community 	75,000

recruiting Community Champions, as well as provision of funding to local organisations	<p>champions (including RVA/ACRE community champions, youth champions, social prescribers, faith groups)</p> <ul style="list-style-type: none"> Advertising costs, equipment, uniform etc 	
Develop and deliver practical solutions such as recruiting Community Champions, as well as provision of funding to local organisations	<ul style="list-style-type: none"> Establish an appropriate remuneration system for champions (i.e. High Street vouchers, travel expenses etc). The full offer for champions is currently being scoped 	70,000
Develop and deliver practical solutions such as recruiting Community Champions, as well as provision of funding to local organisations	<ul style="list-style-type: none"> Set up a Community Grants Fund (up to £5,000 each) to promote innovation and creativity in the sectors where the uptake rates are particularly low. Bids for top end of bid range must evidence scalability/size of impact <p>VCS opportunity: Detail included earlier in report – aimed at supporting smaller VCS organisations to drive up vaccine uptake at local level</p>	50,000
Develop vaccine delivery capacity	<ul style="list-style-type: none"> Set up a Community Vaccine Champion vaccinator training programme to increase local capacity, involving people from the low uptake communities 	6,000
Build on the existing infrastructure or develop new networks of champions to promote COVID-19 vaccine take up	<ul style="list-style-type: none"> Set up a support network for local champions by offering regular meetings, communications, training and support Hold information evenings with health professionals to disseminate accurate and up to date information about Covid-19 and vaccines to Leaders, Champions and the wider community Room hire, refreshments, etc <p>VCS Opportunity: VCS organisations will be able to bid for this funding to lead on developing and delivering the network and information evenings, informed by local knowledge and insights from our communication and insight work</p>	25,000
	<ul style="list-style-type: none"> Develop a training offer for community vaccine champions – linking to ‘Making Every Contact Count’ <p>VCS opportunity: VCS organisations will be able to bid for this funding to develop and deliver the CVC training on behalf of the Council</p>	25,000

	<ul style="list-style-type: none"> Work with PCNs with lowest uptake rates to develop a payment incentive scheme to increase uptake in their non vaccinated eligible populations. The detail of how this might work is currently being scoped in discussion with PCN's 	29,000
Increase access – outreach and pop-ups	<ul style="list-style-type: none"> Develop a six-month programme of outreach and pop-up vaccine sites in areas of low uptake, utilising Health on the Move van, preceded by outreach teams, door knocking, identifying local community venues and workplaces to achieve higher uptake <p>VCS opportunity: This will likely be a direct award to Reading VCS umbrella groups (RVA and ACRE) who will scale up existing pop up provision and deliver in areas / to cohorts identified through our data team as highest priority</p>	95,000
	<ul style="list-style-type: none"> Develop a community transport to support access to vaccination sites/pop-ups (working with existing local community and considering 'Grab a Jab' taxis) <p>VCS opportunity: This will likely be a direct award to Readibus (Reading's VCS Community Transport operator) to provide additional transport for people who may be unable to access vaccination sites (e.g. due to mobility issues) / where pop up sites are not provided in their area</p>	30,000
Resources and publicity	<ul style="list-style-type: none"> Promote the local Voluntary Sector Vaccine helpline Set up an online COVID Champions tool kit and offer as downloadable resources, posters that can be use in translated versions and information on vaccine safety. Increase vaccine confidence through list of community leader's spokes people willing to speak out 	10,000
Programme Management	<p>A Programme Manager will be appointed to take over from the interim Programme Manager, focused on the following areas:</p> <ul style="list-style-type: none"> Work with the Interim Public health Consultant to oversee the delivery of the Programme Matrix manage Project Manager Oversee Project Working Groups 	35,000

	<ul style="list-style-type: none"> • Oversight of Programme Plan and advise project plans • Management and oversight of the budget and expenditure • Draft progress reports for key stakeholders both internally and externally • Higher level negotiations with Voluntary & Community Sector • Oversee funding arrangements and negotiations with partners • Plan Steering Group meetings • Coordinate communication between Programme Team, Working Groups and key stakeholders – SharePoint, Huddle meetings etc • Manage overall RAID Log 	
Contingency	Programme Management costs have been reduced so the remaining £5k will be held in a contingency fund to be diverted to high priority areas that may transpire as the programme progresses and in fast changing pandemic times. If new areas do not emerge funding to be used for possible second round of Community Grants Fund, more comms work, more outreach work	5,000
TOTAL		485,000

Value for money

We are going through an iterative process of adapting the budget to fit the activity we want to deliver. As the project areas are developing we are finding that we are needing to shift funding around. We have very few local benchmarks other than where there is existing activity, e.g. the cost of running a pop-up or the cost of a local taxi or community transport. Where we do know those costs we are budgeting accordingly. Before we commission anyone to deliver anything for the Council we will expect bidders to provide a proposal that clearly lays out the costs and provides us with the information we need to be confident that we are receiving good value for money. We will also draw upon local knowledge within the Council, e.g. with officers who have been involved with the MECC training, when commissioning the training element of the plan. The budget and funding proposals will receive scrutiny through both the CVC Steering Group and the Deputy Cex-led Social Impact and VCS Board.

5. If applicable, set out how this detailed delivery plan differs from your high-level delivery plan for the Community Vaccine Champions programme submitted in December 2021. (750 words maximum)

Including, but not limited to:

- Activities in the initial high-level plan that will no longer be going ahead
- Additional activities to be run, not previously mentioned
- Changes to delivery method
- New or changed VCSE partners

Activities in the initial high-level plan that will no longer be going ahead

n/a

Additional activities to be run, not previously mentioned

Research via Community Researchers (CPAR) to inform communications and strategies for the unvaccinated.

Changes to delivery method

- Understanding needs and barriers increased from £20k to £30k, with addition of research via Community Researchers (CPAR) to inform communications and strategies for the unvaccinated
- Expand the pool of community champions via Primary Care Networks and homelessness service and add capacity to existing community champions (including RVA/ACRE community champions, youth champions, social prescribers, faith groups) – funding reduced from £155k to £75k as more value to be had from VCS pop-up sites being scaled up, and will now focus on working with most active PCN's with capacity to deliver, with remaining budget to include funding for CVC equipment, advertising, uniform etc
- Develop a six-month programme of outreach and pop-up vaccine sites in areas of low uptake, utilising Health on the Move van, preceded by outreach teams, door knocking, identifying local community venues and workplaces to achieve higher uptake – increased from £15k to £95k in recognition of the need to scale up existing provision and enable benefits to be realised sooner
- Re-instated Programme Management costs as limited Council resource to deliver - £35k
- Programme Management costs have been reduced so the remaining £5k will be held in a contingency fund to be diverted to high priority areas that may transpire as the programme progresses and in fast changing pandemic times. If new areas do not emerge funding to be used for possible second round of Community Grants Fund, more comms work, more outreach work

New or changed VCSE partners

Healthwatch are now more heavily involved and part of the Steering Group.

This section does not form part of the Delivery Plan.

Please use this space to provide feedback on the content of webinars, national resources, communications, guides and/or assistance which would best support local delivery of Community Vaccine Champions, or similar schemes.

CVC Programme - PHASE 2 Delivery Plan

The proposed deliverables outlined below is building and extending on the delivery plan document submitted to DLUHC in January 2022. These proposed deliverables have been co-produced with our VCS organisations and health partners.

The below are indicative amounts which may be subject to additional changes. As such, fund allocation requires the flexibility to enable repurposing of any further identified underspend to new or existing activities and deliverables, that are in line with the programme's objectives. DLUHC, the funding body, has agreed to the extension period, with the caveat that underspend be committed and spent by March 2023. The Social Inclusion Board oversees the governance of this grant fund.

	Workstream	Proposed Deliverables	Budget
1	Data Analytics & Surveillance	<ul style="list-style-type: none"> Ongoing developments to Key Performance Indicator dashboards and reporting on data Working with NHS to understand differences in registered patients and estimated population and include in dashboard reported to steering group Collaborative work for detailed analysis on targeted areas and supporting leads and partners to use local vaccination data 	£11,000
	Workstream 1 Total Cost		£11,000
2	Behavioural Insights & Comms	<ul style="list-style-type: none"> Reading Buses advertise internal screens on every bus route – all routes will pass through areas we need to target i.e., areas of deprivation etc. Broad Street Mall digital screens internal and external, three month's campaign, ideal shopping centre for the demographic we're aiming to reach. Adbikes to support/advertise vaccine pop up/wellbeing sessions within hard-to-reach communities August-October 2022. Community Champions (z-card) outreach reference material, design and print Focus group to inform messaging, catering Comms & Outreach lead to support delivery of activities 	£30,000 – comms activities £15,000
	Workstream 2 Total Cost		£45,000
3	Community Champions Network	ACRE (VCS Organisation) <ul style="list-style-type: none"> Recruiting further champions from local communities and getting the champions active to promote health activities. Develop retention and sustainability of community champions Improved and more stringent recruitment process 	£27,096 - ACRE

	<ul style="list-style-type: none"> • Further training to support champions to develop the skills to reach out beyond their service area • Work with champions and voluntary sector regarding key health messages that need to be promoted within their communities <p>RBC Workstream lead activities –</p> <ul style="list-style-type: none"> • Remuneration voucher scheme for Community Champions • Centralised on-line recruitment process for Community Champions 	<p>£5,000 - vouchers</p> <p>£5,000 - online page</p>
Workstream 3 Total Cost		£37,096
4 Training	<ul style="list-style-type: none"> • Continue core training package for Community Champions • Resources for Making Every Contact Count (MECC) – booklet of topics on health issues • Development of a more robust feedback process to get a sense of what material would support champions going forward • Explore development of an online platform where all information could be accessible. • GP/Pharmacy training to counteract misinformation and myths • Events to share learning and celebrate the work of the Community Champions • MECC Co-ordinator recruitment and deliverables 	<p>(£13,350 - Training)</p> <p>(£15,000 - MECC Co-ordinator role)</p>
Workstream 4 Total Cost		£28,350
5 Community Grants Fund	<ul style="list-style-type: none"> • Delivery of second phase of Community Grants fund • Extend timeline/funding for VCS providers from first phase of Community grants fund who will be delivering activities in the extension phase. 	<p>£14,500 - 1st round extension cost</p> <p>£12,131 - underspend for 2nd round</p> <p>£2000 – additional cost projection for 2nd round funding)</p>
Workstream total 5 Total Cost		£28,631
6 Outreach – Pop Up Site & Transport	<p>RVA (Reading Voluntary Action)</p> <p>To provide a minimum of four Wellbeing Pop Ups across Aug/Sept/Oct co-produced with community groups at high risk to include:</p>	

	<ul style="list-style-type: none"> • Information about all vaccines and other key messages relevant for the time. • Health checks - capturing data and following up on information • Wellbeing activities in the area - Social Prescribers • Diet and exercise information and taster sessions. • Volunteers supporting wellbeing activities • Information on relevant Long-Term Conditions for specific audiences (e.g., diabetes, self-checks etc) • Provision of refreshments • Key VCS partners - e.g., carers support, money advice. • To ensure additional Champions are working with VCS groups • Champions are responsible for sharing health information and engaging with particular communities at risk. • Interventions for Champions to be supported through the VCS groups and use their communication methods/networks. • Planning and coordinating Champions activities to spread around town and focus on health inequalities data as well as vaccine take up - e.g., LD, SMI as well as particular ethnic groups 	£16,748
Workstream 6 Total Cost		£16,748
Programme Management	<ul style="list-style-type: none"> • Programme Resource and management cost • Budget management • Programme governance and control • Monitoring, Reporting & Evaluation • Workstreams support 	£30,000
Programme Management Total Cost		£30,000
Contingency	<ul style="list-style-type: none"> • Flexibility for additional staff costs • Other Programme or business as usual legacy building projects which align to CVC Programme's objectives (flexibility to fund additional projects, within the specified timeline of the programme) 	£26267.08
Contingency Total Cost		£26267.08
TOTAL COST		£223,092.08