Reading Community Vaccine Champions

Evaluation Report 2023

READING BOROUGH COUNCIL PUBLIC HEALTH AND WELLBEING TEAM

Reading Borough Council
Working better with you

acre
alliance for cohesion and racial equality

READING VOLUNTARY ACTION

BOB
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care System

Contents

AUTHORS

Katie Badger – Reading Borough Council

Rojina Manandhar – Reading Borough Council

Yasmine Illsley – Reading Borough Council

Nina Crispin – Reading Borough Council

Sarah Hunneman – Reading Borough Council

Jonathan Sclare – Reading Borough Council

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- Reading Borough Council Public Health and Wellbeing Team
- Reading Buses
- Reading Golders lunch club
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- Royal Berkshire Foundation Trust
- The Weller Centre
- Whitley Development Community Association

GLOSSARY OF TERMS

CO-PRODUCTION

Co-production is an approach to decision making and service design where service users and providers work together to reach a collective outcome.[1]

HEALTH ON THE MOVE VAN (HOTMV)

The Health on the Move Van is a specially adapted vaccination van offering residents COVID-19 vaccinations co-ordinated by Berkshire West Clinical Commissioning Group (CCG), in partnership with local authority teams from Reading, Wokingham and West Berkshire. Berkshire West Clinical Commissioning Group.[2]

INDEX OF MULTIPLE DEPRIVATION (IMD)

The Index of Multiple Deprivation (IMD) is a measure of relative deprivation for small areas (Lower Super Output Areas (LSOAs)

MIDDLE LAYER SUPER OUTPUT AREA (MSOA)

An MSOA is a geographic area. They have a minimum size of 5,000 residents and 2,000 households with an average population size of 7,800. They fit within local authority boundaries.

MINI HEALTH CHECK

Mini health checks cover blood pressure, blood sugar, height, weight and BMI. They are used to both signpost individuals to further help but also to engage them in wider discussion around health issues and build their trust in health care services.

MAKING EVERY CONTACT COUNT (MECC)

Making Every Contact Count (MECC) is an approach to behaviour change that utilises the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing. MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations.[3]

1 Co-production: Co-production | involve.org.uk [Accessed 10th February 2022]

2 Health on the Move hits the road. Health on the Move hits the road | Berkshire West Clinical Commissioning Group (berkshirewestccg.nhs.uk) [Accessed 19 Dec. 2022]

3 Making Every Contact Count: How NICE resources can support local priorities: Making Every Contact Count (nice.org.uk) [Accessed 30th January 2023]

Executive Summary

On 20 December 2021, the Minister for Communities announced that the Department for Levelling Up, Housing and Communities (DLUHC) would provide up to £22.5m of funding to support those communities who have been shown to experience the lowest rates of COVID-19 vaccine uptake, through a new scheme called 'Community Vaccine Champions'[4]. The Reading Community Vaccine Champions (CVC) Programme was funded by the DLUHC and was awarded £485k in early 2022, with programme inception in January 2022, and delivery running until the 31st October 2022.

The Reading programme aimed to increase vaccination uptake, increase visibility, awareness and interaction of Community Vaccine Champions within the local area and increase the reach and trust of public health messaging for target communities. To achieve this, six workstreams were formed, derived from the national aims of the programme, and local data and needs (Figure 1), with the following key achievements:

- Increase in dose 1 COVID-19 vaccinations by more than 300% from the month prior to delivery of programme activities – March 2022, (371 vaccinations) to April 2022 (1563 vaccinations).
- Public Health in partnership with Alliance for Cohesion and Racial Equality (ACRE) recruited and trained 50 community vaccine champions from communities with low uptake rates.
- 61 people were trained, with 80.8% of participants reported feeling confident in having conversations about the COVID-19 vaccination, with 70% saying they felt confident in having conversations about health and wellbeing more generally.
- 51 engagement events, including 33 pop-up vaccination opportunities were delivered across Reading. There was successful outreach to vulnerable groups including homeless/rough sleepers, substance misusers, refugees, and to locations with low vaccine uptake including Kennet Island, Palmer Park, South Reading, hosted at community venues such as The Warehouse, Southcote Community Centre, Coley Community Centre, and ACRE.
- 10 small grants were awarded to local community and voluntary sector organisations, enhancing their work to improve health outcomes for their communities.

This report will present the successes, challenges, key learning and recommendations going forward from the work of the Reading CVC programme through workstream case studies.

Figure 1. Workstreams operating within the Community Vaccine Champions programme in Reading

4 GOV.UK. (n.d.). £22.5m of funding announced in new community push to get nation boosted now. [online] Available at: https://www.gov.uk/government/news/225m-of-funding-announced-in-new-community-push-to-get-nation-boosted-now.

Recommendations

A summary of the key recommendations made from case studies and from the overall programme within this report.

CASE STUDY RECOMMENDATIONS

1. Development of culturally sensitive tailored resources using insights from champions to raise awareness on vaccination and other health issues.
2. Creation of a one stop shop for all the vaccine related information and other local support services relating to health issues as a useful toolkit for champions.
3. Review and refine the needs of champions to help shape the future training offer.
4. Building Making Every Contact Count (MECC) into the core champion training going forward – developing a pathway for this to sit within champions network, to enable support and partnership working to flourish between champions and ACRE.
5. For future vaccination pop-ups, ensure a contingency plan and contract is in place with other(s) vaccination provision to allow access to alternative route for vaccine/vaccinators so that planned events are not threatened or cancelled at the very last minute.
6. Take forward learning that the promotion of vaccine or health messages fronted by areas of public interest can increase attendance at pop-ups and events.
7. Incorporate project planning time, thinking space and resources before implementation. The project was completed on very short and tight timescales; it was a success because infrastructures and relationships were already established and in place to build upon.
8. Ensure there is sufficient time for the promotion, application window and delivery time within the timeframe of future projects and programmes.
9. Careful consideration of the grant criteria, to ensure that the Voluntary and Community sector is empowered to work alongside Public Health and that the criteria is not restrictive.
10. Consideration of how to resource all stakeholders to avoid creating internal competition for resources within the project.
11. Consideration of how to ensure the Voluntary and Community sector are supported with grant applications and monitoring according to need.
12. Review of processes to ensure these are proportional and promote the inclusion of all stakeholders.

OVERARCHING RECOMMENDATIONS

13. Maintain the champions network and develop ways in which they can support public health campaigns, informed by local need and insight.
14. Review and refine the needs of champions to help shape the future training offer.
15. To look for opportunities to develop a pathway to enable the champions network to continue, thus providing a mechanism for evidence based and best practice around training for champions.
16. Develop further partnership working, to include sharing health and wellbeing information between Reading Borough Council, Health and the Community and Voluntary sector.
17. Establish a process or build on the existing network of champions for working with smaller Community and Voluntary sector groups on joint public health outcomes to maintain relationships.
18. Explore the potential to engage further with pharmacies and GP surgeries in future activities.

Overview of national programme

On 20 December 2021, the Minister for Communities announced that the Department for Levelling Up, Housing and Communities (DLUHC) would provide up to £22.5 million of funding to support those communities who have been shown to experience the lowest rates of COVID-19 vaccine uptake, through a new scheme called 'Community Vaccine Champions'.[5]

The Community Vaccine Champions scheme provided targeted help to those areas and communities facing the greatest challenges in relation to vaccine uptake. Recognising that local authorities, their partners and local people are best placed to decide the right approach for their communities, it was intended to be co-designed locally, to respond to the needs of a specific place. Participating areas were able to increase resources for both existing and new activities. Local authorities utilised Champions to build connectivity and trust in those groups who needed it most, including those from inclusion health groups, young people and ethnic minority communities; empowering individuals to protect both themselves and those around them.

> "THE COMMUNITY VACCINE CHAMPIONS SCHEME PROVIDED TARGETED HELP TO THOSE AREAS AND COMMUNITIES FACING THE GREATEST CHALLENGES IN RELATION TO VACCINE UPTAKE.

5 GOV.UK. (n.d.). £22.5m of funding announced in new community push to get nation boosted now. [online] Available at: https://www.gov.uk/government/news/225m-of-funding-announced-in-new-community-push-to-get-nation-boosted-now.

Local approach

The Reading Community Vaccine Champions (CVC) Programme was funded by the DLUHC and awarded £485k in early 2022. Programme initiation took place in January 2022 and included the production of a delivery plan that was agreed with DLUHC. Phase 1 of the programme ran from April 2022 until the 31st July 2022. Following this, phase 2 of the CVC programme encompassed the extension of activities granted by the DLUHC, for all aspects of the programme, until October 31st 2022.

Prior to the award of funding, there were several programmes in place to strengthen our community engagement and outreach, that Reading Borough Council (RBC) worked in collaboration with:

- Reading Voluntary Action (RVA) delivered their 'No one left behind' project, including a voluntary and community sector (VCS) support group and participation grants until September 2021. They also managed a Vaccine Support helpline, co-ordination of vaccine volunteers, supporting Primary Care Networks to deliver vaccine roll out, and pop-up health promotion activities. RBC provided £34K for the work outlined.
- Reading has a local network of Community Participatory Action Researchers (CPAR) supported by four partners – RVA, ACRE, Reading Community Learning Centre, University of Reading participation lab and the Council; the group explored local issues affecting ethnically diverse communities within Reading including: Women and accessibility of Health Care services, and the Impact of COVID-19 on the Nepalese Community.
- The Health on the Move Van (HoTMV)[6] was deployed in low vaccine uptake areas offering the vaccine plus mini health checks, by the Meet PEET team (Patient Experience Engagement Team) from the Royal Berkshire Foundation Trust. Mini health checks cover blood pressure, blood sugar, height, weight and BMI. They are used to both signpost individuals to further help but also to engage them in wider discussion around health issues and build their trust in health care services.

The Reading CVC programme presented an opportunity to strengthen the local infrastructure and partnership with our Clinical Commissioning Groups, Primary Care Networks (PCN's) and GPs, working to tackle wider health disparities and the COVID-19 recovery agenda.

6 The Health on the Move Van is a specially adapted vaccination van offering residents COVID-19 vaccinations co-ordinated by Berkshire West Clinical Commissioning Group (CCG), in partnership with local authority teams from Reading, Wokingham and West Berkshire. Berkshire West Clinical Commissioning Group. *Health on the Move hits the road.* Health on the Move hits the road | Berkshire West Clinical Commissioning Group (berkshirewestccg.nhs.uk) [Accessed 19 Dec. 2022]

RBC aimed to address the following outcomes through the programme:

SHORT-TERM

- Increased vaccine uptake rates in target communities.
- Increased awareness of Community Vaccine Champions within the local area.
- Increased visibility / activity of Community Vaccine Champions within local areas and on social media with target groups.
- Increased interaction with Community Vaccine Champions or local authority by disproportionately impacted groups.

MEDIUM-TERM

- Increased reach of, and reported trust in, official public health messaging amongst target communities.
- Increased reported confidence in challenging misinformation around vaccine safety amongst target communities.
- Evidence of behaviour change within the targeted groups, especially with regards to protective health behaviour such as vaccine uptake and challenging misinformation around vaccine uptake.

LONG-TERM

- Reduced COVID-19 transmission in the long-term.
- Increased access to guidance and awareness of local services through outreach and practical tools which could lead to improved health and wellbeing of target cohorts and their families.
- Increased coordination and dialogue with public health providers by participating local authorities with the aim to create cohesive and trusted local messaging.
- Reduced inequality and disparity in health outcomes between different groups.

Programme Methodology

The programme was complex and therefore divided into six workstreams, each managed by individual project leads (Figure 1) and led by one overall programme lead to deliver both short, medium and long-term objectives. The intention was to maximise its impact over this time frame.

At the programme's inception, the remit of each of the six workstreams was defined (Table 1). As the programme evolved, the focus of the workstreams were adapted according to need.

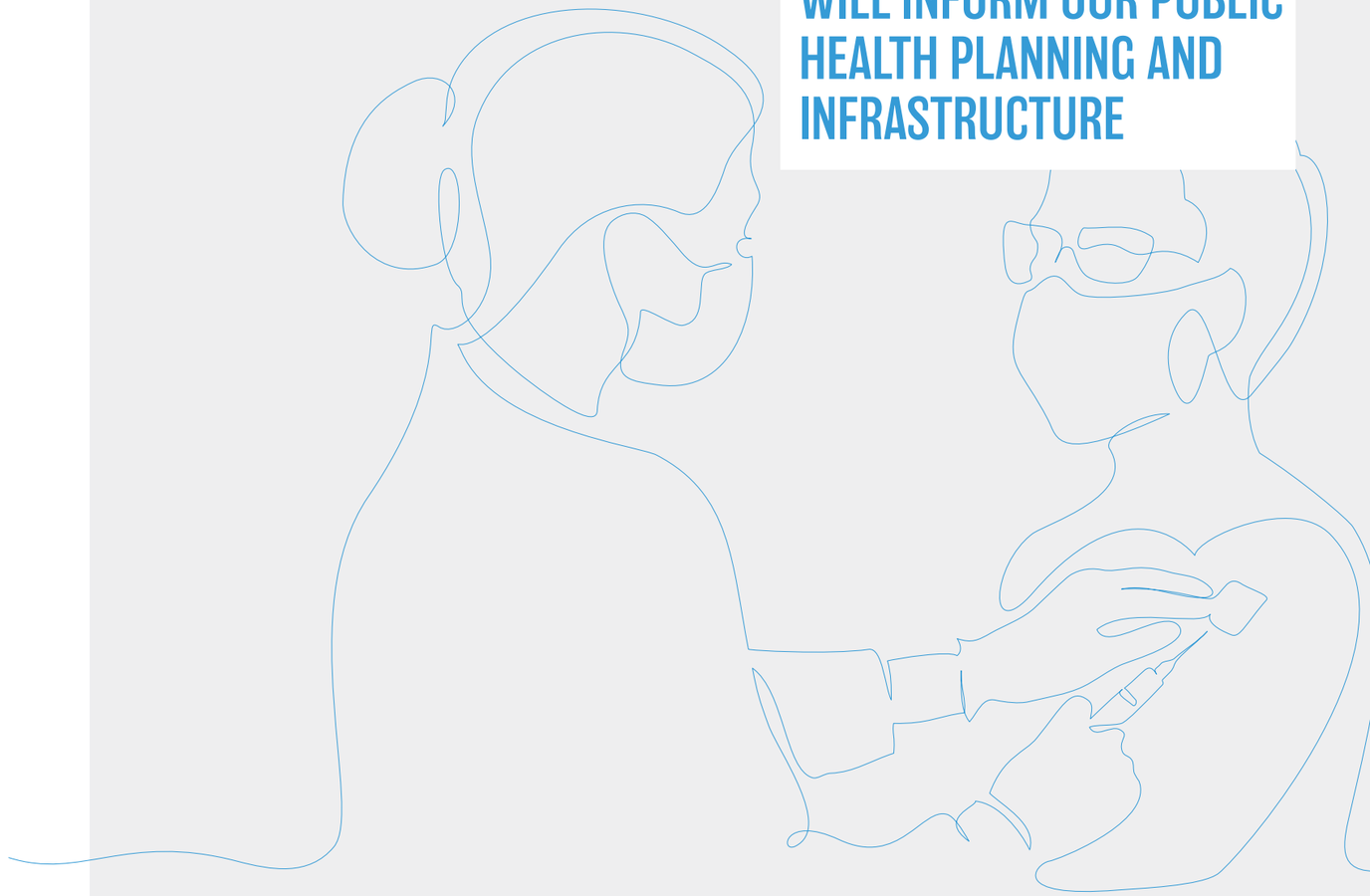
Table 1: Remit of workstreams in Community Vaccine Champions programme

Data analytics/surveillance	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. GP demographic and patient-level data utilised 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 organisations, 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, the community champions and discussion with local communities, develop a robust evidence- based Community Champions Training programme. Enable recruited champions to feel confident and empowered to have meaningful and helpful conversation with peers/community around COVID vaccination, and broader health and wellbeing
Community Grant Fund	Issued grants to smaller voluntary organisations, enabling them to extend our outreach efforts into specific communities in Reading. It also worked with local PCNs (with the lowest uptake rates) to develop a payment incentive scheme that recognises and responds to increase vaccine uptake.
Outreach – Pop Up sites and transport	Established an active network of community champions, through partnership working with community leaders, faith groups and voluntary sector organisations. It supported champions to share accurate and up to date COVID-19 related information with local residents.

The planned activity was focused largely on the short and medium term aims of the programme. Delivering this programme of work aimed to also met 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
- Finding 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 have built local relationships and understanding that will inform our public health planning and infrastructure to further accelerate our work to reduce health inequalities

> "BY WORKING AT A MACRO LEVEL WITH LOCAL COMMUNITIES, GROUPS AND LEADERS WE HAVE BUILT LOCAL RELATIONSHIPS AND UNDERSTANDING THAT WILL INFORM OUR PUBLIC HEALTH PLANNING AND INFRASTRUCTURE



Target Groups

In Reading, a considerable amount of work to analyse, understand and identify low COVID-19 vaccination uptake rates across the Borough had been undertaken prior to the CVC programme. COVID-19 vaccinations dashboards using UK Health Security Agency (UKHSA) vaccination data were used to analyse coverage by Middle Layer Super Output Areas (MSOA)[7], five-year age groups and ethnic groups to identify areas and demographics where vaccination take up was lower. Comparison of population denominators also identified areas where there are high numbers of unvaccinated people and discrepancies between patient lists and population estimates, which suggested 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, with more than half (55.7% of those canvassed) no longer living at the address with which they were registered with the GP practice (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. Others reported barriers to vaccination including caring responsibilities or lack of transport.

At programme inception, uptake rates were particularly low in the Chinese population, Black or Black African and Asian / Asian British Pakistani groups. There was a lower uptake rate in younger adults, areas of deprivation (Index of Multiple Deprivation (IMD)[8] 3 and 4) and MSOA's Battle and Caversham Bridge, Kennet Island & Green Park, Palmer Park, Reading Central and Southampton Street & Redlands Road.

There was also a recognition that many of the most vulnerable population groups in our borough (such as those experiencing homelessness, substance misusers and refugees) have poorer access to vaccinations and lower uptake rates.

This was used to define the target groups for the CVC programme, as detailed below:

MSOA: Battle and Caversham Bridge, Kennet Island & Green Park, Palmer Park, Reading Central and Southampton Street & Redlands Road

Ethnicity:
Chinese population, Black or Black African and Asian / Asian British Pakistani

Age Groups:
20–24 years old, 25–29 years old, 30–34 years old

BASELINES FOR TARGET GROUPS

The following section provides an overview of the numbers of people unvaccinated within the CVC target groups as a baseline to demonstrate why these groups were chosen as target groups. The baselines take the form of the % of people not vaccinated (zero doses of a COVID-19 vaccine), and the numbers of people not vaccinated (zero doses of a COVID-19 vaccine). This is presented alongside the Reading totals for all ages, 16 and over, and 18 and over as a comparison. The baselines shown are for the 2nd April 2022; this date is at the beginning of phase 1 of the programme, before activities within communities were delivered.

Firstly, the baselines at the 2nd April 2022 for the MSOA target groups are depicted in table 2. The target MSOA's for the CVC programme all had a higher % of people unvaccinated for all ages, those aged 16 and over, and aged 18 and over in comparison to the Reading totals. Notably, for those aged 18 and over, Reading Central had the highest % unvaccinated at 35%, in comparison to the Reading total of 24% unvaccinated.

7 An MSOA is a geographic area. They have a minimum size of 5,000 residents and 2,000 households with an average population size of 7,800. They fit within local authority boundaries.

8 The Index of Multiple Deprivation (IMD) is a measure of relative deprivation for small areas (Lower Super Output Areas (LSOAs)

Table 3 below shows the baselines for the target ethnicity groups. For all age groups, each of the target ethnicities had a higher percentage unvaccinated in comparison to the Reading total. The Chinese population within Reading had a notable % of the population unvaccinated, at 52%.

The percentage not vaccinated for the target age groups are depicted in table 4 below, with each of the age groups having a higher % not vaccinated than the Reading total for those aged over 18 years old.

Table 2. Number and % of Unvaccinated Population in MSOA Target Groups at 2nd April 2022

	% not vaccinated (zero doses of a COVID-19 vaccine)			Numbers not vaccinated (zero doses of a COVID-19 vaccine)		
MSOA	All Ages	16 and Over	18 and Over	All Ages	16 and Over	18 and Over
Battle & Caversham Bridge	42%	31%	31%	5774	3507	3423
Kennet Island & Green Park	39%	26%	25%	5895	3031	2878
Palmer Park	41%	30%	30%	5519	3379	3298
Reading Central	43%	35%	35%	8731	6227	6128
Southampton Street & Redlands Road	40%	33%	33%	5489	3843	3754
Reading Total	35%	24%	24%	70494	39535	38182

Table 3: Number and % of unvaccinated population in Ethnicity Target Groups at 2nd April 2022

	% not vaccinated (zero doses of a COVID-19 vaccine)			Numbers not vaccinated (zero doses of a COVID-19 vaccine)		
Ethnicity	All Ages	16 and Over	18 and Over	All Ages	16 and Over	18 and Over
Chinese	52%	48%	48%	1682	1352	1337
Black/Black British African	41%	28%	27%	2634	1365	1304
Asian / Asian British Pakistani	40%	21%	21%	3080	1198	1108
Reading Total	35%	24%	24%	70494	39535	38182

Table 4: Number and % of unvaccinated population in target age groups at 2nd April 2022

Age Group	% not vaccinated (zero doses of a COVID-19 vaccine)
20–24 Years	25%
25–29 Years	26%
30–34 Years	25%
Reading Total (aged 18+)	24%

Source: RBC Vaccinations Dashboard based on UKSHA COVID-19 Situational Awareness Explorer Vaccine Coverage data, *UK coronavirus (COVID-19) dashboard

Date downloaded: 04/04/2022, Vaccination Coverage at 2nd April 2022

Key Performance Indicators

Key Performance Indicators (KPIs) were set during the programme's inception in January 2021. The climate during the national scoping of the CVC programme was during the Omicron variant crisis; uptake at that stage was high nationally and was reflected in Reading's data (Figure 2). However, the time from that point until programme delivery in April 2022 saw a drastic reduction in uptake, possibly due to a combination of vaccine fatigue and much of the health-conscious population having already been vaccinated.

The programmes workstreams also had individual KPIs which were monitored throughout the programme. As the programme developed three of the KPIs were removed as detailed in table 5 below. Aside from those removed, the outcomes against KPIs at the beginning of the programme, were all exceeded at programme closure on the 31st October 2022. More detail on the vaccination rates KPI can be found in appendix 1.

Figure 2: Reading Dose 1 Activity by date

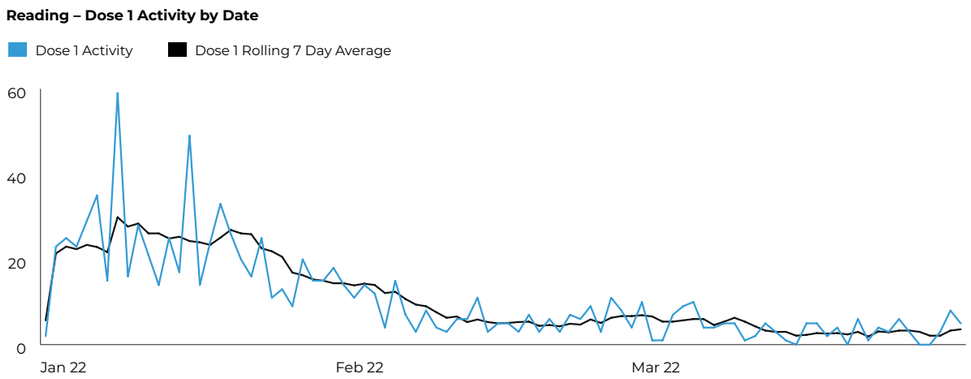


Table 5: CVC Programme KPIs

KPIs at the beginning of the programme (January 2022)	Outcomes against KPIs at programme closure (31st Oct 2022)
20% unvaccinated rate across the whole of Reading 10% increase in vaccination rates across Reading (specifically decreasing % of unvaccinated population and increasing booster uptake rates)	KPIs removed due to significant changes to the NIMS population figures used as a denominator (more detail can be found in appendix 1)
30 Community Vaccine Champions recruited, trained and delivering	50 Community Vaccine Champions recruited and trained
30 Pop-up Vaccination opportunities delivered	33 Pop-up vaccination opportunities delivered
250 individuals transported to vaccination sites	KPI removed because there was adequate community[9] and public transportation
7 Community Grants provided	10 Community Grants provided
Monthly increase in CVC communications 'impressions' throughout programme from March 2022	KPI removed as local intelligence indicated that some target population groups were less likely to engage with our local digital channels.

9 ReadiBus is the dial-a-ride bus service for people with restricted mobility in and around Reading, UK. ReadiBus has facilitated a large number of elderly, disabled and clinically extremely vulnerable residents to attend vaccination appointments from the outset of the vaccination programme. ReadiBus also provided an 'enhanced service' for a much smaller number of residents who needed additional support.

Case Studies

Case studies can be defined as an is an in-depth, detailed examination of a particular case (or cases) within a real-world context[10]. The case studies within this report detail key activities undertaken within the CVC programme, their challenges, lessons learned, and outcomes generated. This approach allowed for practical recommendations for future work to be captured.

10 Feagin, J.R. Orum, A.M., & Sjoberg, G. (Eds.)(1991). A Case for the Case Study]

Case study
Recruiting Community Vaccine Champions to raise awareness of COVID-19 vaccination amongst residents in Reading

CASE STUDY SYNOPSIS

Reading Borough Council worked in partnership with local voluntary sector organisations and health partners to rollout out the Community Vaccine Champions Programme with an aim to help communities in Reading to get facts on COVID-19 vaccination and to support residents to make informed decisions on vaccine uptake. Establishing a community vaccine champions network was one of the key workstreams of this programme. Within the short timeframe of six months Public Health in partnership with ACRE recruited and trained 50 community vaccine champions from communities with low uptake rates. This active network of community vaccine champions is continuing to support residents with vaccine related information and wider public health messages.

OVERVIEW OF CVC NETWORK WORKSTREAM

Local level vaccine uptake data was used to identify community groups with low vaccine uptake and the CVC network workstream focused on recruiting champions from these groups. A promotional flyer that summarised the key role of the champions was developed to improve sign-up of champions.

The pathway for recruiting active champions involved an invitation from the Public Health team to residents to sign up as champions. This information was shared through the Wellbeing Newsletter, residents' emails, and through different community networks. Interested individuals had the opportunity to express their interest and ask questions to a designated point of contact at the Council. Once recruited, a Making Every Contact Count (MECC) approach training was offered to all champions that covered key messages around vaccination, vaccine hesitancy and how to access reliable scientific information on COVID-19 vaccination, as well as wider health issues to share with their peers and communities. The offer of MECC training to newly recruited champions helped them build confidence to have conversations with their peers and contacts around vaccination and other health topics. A support package including a reward voucher scheme was made available for all champions to support their communities.

The Public Health and Wellbeing Team at Reading Borough Council worked in partnership with ACRE to establish a network of champions and provide on-going support. A project coordinator sat within ACRE to facilitate support sessions for all champions. ACRE also hosted a series of induction sessions and champions networking meetings to provide further support. During these networking meetings, champions shared insights to knowledge, attitude and beliefs of their community with regards to different health topics, with a special focus on vaccination and perspectives on how to engage more effectively with the ethnic minority groups.

The focus of the workstream was to continuously support and engage with champions through network events to retain a workforce of active champions. Champions network meetings were held both virtually and onsite to gather feedback on barriers that communities are facing to access vaccination support and service. Champions had opportunities to build on their knowledge around vaccination and other health topics by attending different information evenings. These sessions were facilitated by trained health professionals including a local GP, pharmacist, and a professor with years of experience in drug discovery, development and pharma regulation.

Figure 3: Image from a Pakistani Community Health and Vaccine Awareness Event organised by CVC champions

Figure 4: Image from "Debunking Myths around Vaccination" Event

Champions also had opportunities to engage with residents at various community events such as pop-up vaccine and community health awareness events. A resources toolkit for champions was developed, enabling them to have ongoing access to latest, updated information on COVID-19 guidelines, vaccination, and vaccine support services in Reading. ACRE also designed a very simple notebook that champions could carry with them to record the nature and location of any health conversations they have had within the community.

CHALLENGES

There were lot of challenges experienced by the workstream lead and the voluntary sector organisation (ACRE) which is outlined as follows.

- Not able to engage with all the identified community groups within the very short timeline of the programme.
- To continuously engage with the champions to retain them within the network.

As the programme was time constrained, it required full attention of workstream leads to enable effective delivery, which was not always possible due to other work priorities. From the VCS perspective, arranging and booking champions to attend training and pop-up vaccination clinics demanded a lot of administrative time.

During the champion's recruitment phase, there was a lot of interest from charities who supported visually impaired and deaf residents, but it was challenging to develop training resources within the short timeframe to support these individuals.

Some of the events including training and pop-up events were postponed due to weather, protests and other reasons (such as the death of Queen Elizabeth II) and it was difficult to link and arrange champions to attend training and support events at short notice.

Engaging with wider health partners such as GPs and pharmacies to have them on board for the programme was challenging. This was mainly due to the stretched capacity of the workforce within the practices and limited timelines to plan and deliver activities within these settings.

From the champions' perspective, as shared during the champions' network meeting, it was challenging to have conversations with individuals who are vaccine-hesitant, and reportedly less receptive to vaccine related information. Champions found that sudden closure of the walk-in vaccine center at Broad Street Mall for some time during the programme timeline was another barrier to people accessing vaccination.

THE IMPACT

"The Community Vaccine Champions programme has recruited 50 community vaccine champions within a short period of six months."

The CVC network helped to reach out to and engage with, communities with low vaccine uptake such as ethnic minority groups, refugee and asylum seekers. There were 8 champions recruited from the refugee and asylum seeker community throughout the programme.

This programme has helped to build the knowledge and skills of dedicated volunteers from different communities to inform and motivate individuals in their communities to make positive changes in their lifestyles, and to improve their health and wellbeing. During the programme champions were given a logbook to keep a record of the number of conversations they had with their contacts. This logbook highlighted that residents were keen to receive information around different health issues including vaccinations, alcohol misuse, smoking, diet, diabetes, and

mental health support services. Champions have fed back during the champion's network meeting that they have found the overall experience of signing up as a champion to be very rewarding.

Champions have worked in collaboration with faith and community leaders to promote the uptake of COVID-19 vaccinations. Their work aimed to reduce vaccine hesitancy by debunking the myths around COVID-19 vaccines through community talk in other languages and dialects. Some of the health information events such as the "Health and Vaccine awareness event" organised by the Pakistani community vaccine champions (Figure 3) and "Debunking Myths Around Vaccination" (Figure 4) was well attended and very popular amongst the champions and residents.

HOW THE NEW APPROACH IS BEING SUSTAINED

The ongoing partnership between all the organisations involved in this programme is essential to the sustainability of this programme going forward and enabling it to expand to address health and wellbeing issues beyond vaccine uptake, which will reduce the levels of health inequalities in Reading. The voluntary sector organisation hosting the champions network are continuously engaging with champions through their community wellbeing hub. All those interested in signing up as community vaccine champions will have access to free MECC training from the Public Health team. Public Health and Wellbeing Team at Reading Borough Council worked collaboratively with ACRE to develop a resources toolkit for champions to have access to latest, updated information on COVID-19 guidelines and vaccination, and vaccine support services in Reading.

A sustainability officer role was identified as a method of support for the Voluntary Sector Organisation hosting the champion's network with the remit to identify resources to keep the champion's network active.

LESSONS LEARNED

There have been many learning points from this programme that can be utilised in future.

- It is important to continuously engage and support champions to retain them within the network.
- Reward vouchers are a good form of incentive to keep the champions engaged.
- It was also noted that community events have a high attendance if there is a lot of pre-engagement to promote these events locally.
- The messaging around COVID-19 vaccination is well received by residents when it is included as part of a wider health discussion. It is important to work collaboratively with other stakeholders to disseminate clear and consistent messages around vaccination.
- Working in partnership with VCS, faith groups, health partners and community groups is vital to implement any community-based projects.

RECOMMENDATIONS

1. Development of culturally sensitive tailored resources using insights from champions to raise awareness on vaccination and other health issues.
2. Creation of a one stop shop for all the vaccine related information and other local support services relating to health issues as a useful toolkit for champions.

Case study
Upskilling local people to serve their communities to address vaccine hesitancy - a MECC approach

EXECUTIVE SUMMARY

This workstream focused on developing and delivering evidence-based training package to newly recruited champions. The hypothesis being: training will provide the skills and confidence needed for champions to have meaningful conversation with their communities to support vaccine uptake. During phase 1 and 2 of the programme, nine MECC informed training sessions were delivered. Champions also had the opportunity to engage in a range of other information sessions to address emerging training needs. Formative feedback and a final evaluation involving champions, Support Network Coordinator, training facilitator and a range of partner organisation along with internal RBC colleagues, indicated that the training approach did endorse the hypothesis with 88% of champions feeling confident to have meaningful conversation around vaccine hesitancy. Champions were also able to host or support pop up events across Reading.

AIMS AND OVERVIEW OF THE WORKSTREAM

At the start of this programme, the training workstream had two overarching aims: increase capacity of people who could deliver vaccination, assuming there was a gap; and to upskill community champions to take simple health messages to the heart of their communities to address vaccine hesitancy. Having completed a mapping exercise, it was soon apparent that the first of these aims – increase capacity of vaccinators was not required due to sufficient capacity within the system, with Oxford Health still providing vaccination within Reading (May 2022).

Confidence in vaccination is a complex issue that needs to be addressed on multiple levels. Ensuring people have access to evidence-based information is one component in a multi-pronged approach to addressing hesitancy. Ensuring this information comes from a trusted source – i.e., from someone *who looks like me* and has *a lived experience similar to me* was key to the model of delivery.

The hypothesis for this piece of work was based on the assumption that local residents from a wide range of backgrounds could be empowered through provision of a comprehensive and practical training to have meaningful conversations with their local communities. Those conversations would incorporate signposting to vaccination hubs, helping to debunk myths around vaccine hesitancy and raising awareness of health services and resources available to them.

A revised budget of £6K was allocated to the training workstream in phase 1 and a further £6K in phase 2.

TRAINING OBJECTIVES

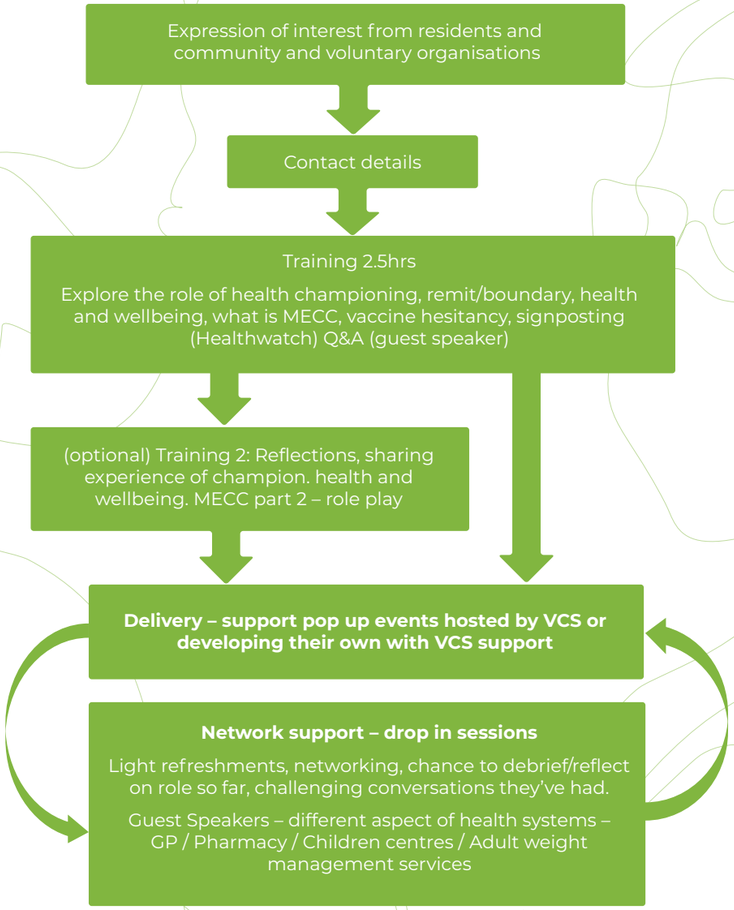
- Through partnership working with health care professionals, community leaders, and the community champions/ discussion with local communities, develop a robust evidence- based Community Champions training programme.
- To incorporate learning from other regions to develop a training offer, for community champions to have meaningful conversations about the vaccine to increase vaccine uptake.
- Evaluate the training offer to ensure that both access to, and content of, the training package continues to meet the needs of champions to ensure a high-quality champion programme

As this programme commenced at the latter stages of the pandemic, the focus moved towards addressing health inequalities more broadly to improve health and wellbeing.

DEVELOPMENT OF THE TRAINING

- Conducted a mapping exercise to understand *who our champions are,* and what skills would be required to enable them to fulfil their role as a champion.
- Explored existing models/approach to upskilling champions.
- This led to further research around the MECC approach[11] and how MECC aligned with the above skills needs.
- Devised a trainer briefing to set out expectations of the role of the facilitator, role of the Council, outputs and outcomes and timescales to ensure timely delivery.
- Developed a training pathway to meet the outline training needs.
- Recruited a facilitator – Three trainers were approached, and following an initial conversation, a trainer who had a wealth of experience delivering MECC, who also came with high recommendation for delivering similar training was appointed. Her understanding of the project aims and objectives and her passion to support the project has been integral to the workstream's outcomes.
- Ensured monitoring processes were embedded whilst project delivery was in the "norming and forming" stage. Two early training sessions were to be delivered as part of the pilot session, using different models of delivery to inform future direction of training. Feedback from trainers and delegates were also embedded into the training programme.

Figure 5: Champions Training Pathway



11 Making Every Contact Count: How NICE resources can support local priorities: Making Every Contact Count (nice.org.uk) [Accessed 30th January 2023]

DELIVERY OF TRAINING

- The package of training was delivered as either online or face-to-face, held in a central Reading location on the Oxford Road.
- Each core champion training session was brief yet comprehensive which followed MECC guidelines to ensure rigor and robustness. Emerging resources to address vaccine hesitancy were also provided.
- Training pathway* was closely linked with the support network, providing additional training
- Opportunities for champions along their journey – providing opportunities for debriefs and reflection, as well as opportunities for further learning as needs developed on the larger programme.

*Please note further details around the development of training i.e. skills needs mapping, training brief and pathway development is available by request – wellbeing.service@reading.gov.uk

THE CHALLENGE AND SOLUTION

Co-Production – Recruiting willing and appropriate members of the community you wish to work with as part of co-production takes time. Unfortunately, pressure to provide this training offer quickly meant that timescales did not align. RBC was able to seek feedback from volunteers from the pilot session to help shape the training which was continually reviewed. The skill set and knowledge of the trainer and use of a robust MECC training model, meant we could confidently adapt tried and test materials to our needs in Reading. An early evaluation questionnaire helped to iron out teething issues such as the length of training session, as well as providing insight into how the training needed to be delivered. Close working relationships with partner organisation, ACRE, meant that a mechanism for feedback from the support network could be set up. They also provided detailed feedback at the end of each session on questions and issues that were flagged, to support RBC efforts, to ensure the training remain current and relevant to newly recruited champions and was able to direct RBC on where more information was needed

Training Pathways – The need to train champions quickly to support pop up events did have a negative impact on the induction process. The assumption was made that some form of induction/orientation into the role of a champion was covered within the recruitment phase. However, this was not the case, which then negatively impacted the champions' ability to understand the project, their role and how they fitted in. Our feedback loops and open communication with the partner organisation and trainer soon picked this up and addressed the issues – including an induction was carried out immediately before the training session, which received positive feedback. For the second phase of the project, which started in August 2022, an enhanced recruitment process helped to support the selection and orientation of the role of a champion, ahead of an induction, which was always delivered ahead of the training sessions.

Data sharing agreements – The need for a data sharing agreement was not identified early enough in the project planning which became problematic working across boundaries. Multiple organisations needed to keep track of the number of recruited champions and a log of training records became challenging until a data sharing agreement was drawn up between ACRE (organisation commissioned to lead the support network) and RBC. As part of the revised recruitment process and to avoid ambiguity, the data sharing needs were communicated in a way that met the needs of each champion.

A specific SharePoint folder with agreed access supported by RBC ICT was used to enable shared documents to be used across boundary working.

Building more resilience – One trainer was appointed in March to develop the training with input from RBC. When the programme was extended it was believed there was a need to build in resilience to enable the offer to continue at an increased scale. Therefore, two additional trainers were brought in to support the programme for the second phase. However, as the training sessions were booked at the end of phase 1 to meet the demand, the estimated quantity of training required matched the projected need and thus these additional trainers did not need to be called upon. Health Education England (HEE) were instrumental in supporting the programme to have access to a wide pool of possible MECC trainers.

THE IMPACT

TRAINING OUTPUTS:

Table 6 shows some of the key outputs from the training itself, below are also two graphs displaying some of the and outcomes around confidence building as reported by recipients. Table 7 shows other training opportunities that champions could engage with.

UNINTENDED CONSEQUENCES

- **Networking/relationship building** was evident for champions within the training session, especially when delivered face-to-face. Participants really helped to support each other, including those with very limited English or disabilities – in one session a participant with a visual impairment was included.
- **Legacy building through underspend** – Due to forecasted underspend, and desire to plan for the future and sustainability, funds were allocated to building a website to host a lot of the training material for champions as well as being a platform to link champions with various local assets which is under construction.

Table 6: Training sessions measures and outputs

Measures	Outputs
Number of Champions Training session delivered	9 sessions delivered 4 face-to-face @ ACRE 5 online
Number of people trained	61 people trained from a range of small grant organisations and residents in a voluntary capacity
Other key outcomes from Core champions training	4.7/5 was the average rating for the training 88% of delegates strongly agreed that the trainer was knowledgeable and engaging. 88% reported feeling more confident having conversation to support communities' health and wellbeing 81% reported feeling more confident post training in addressing vaccine hesitancy. Based on 26 responses

Figure 6. Training outcomes in term of confidence to have meaningful conversations:

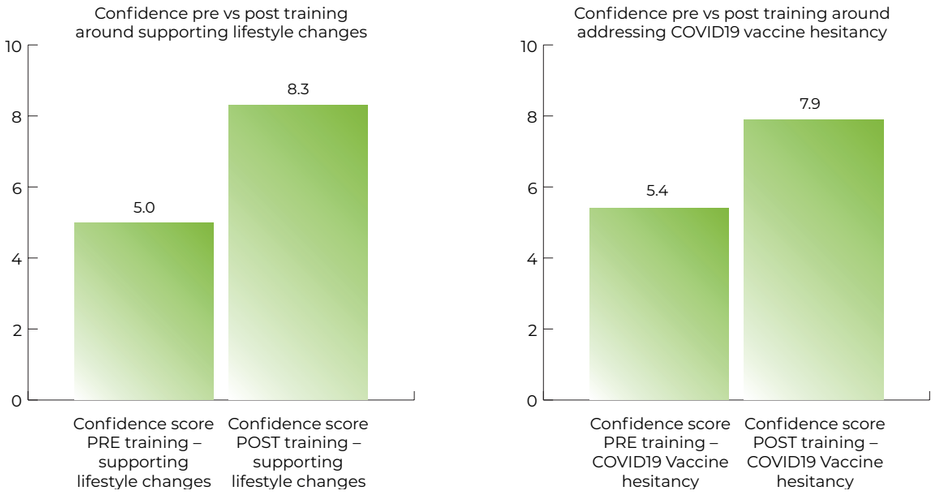


Table 7: Other training opportunities Champions could engage with:

Measures	Outputs
Core Offer	Safeguarding training (Greys Matter) Lone Working (Greys matter)
Additional information session/ training opportunities	Mental Health Awareness (July 2022) Mental Health and Covid (July and September 2022) Myth Busting session with local GP (7th September 2022) Conference with Professor Abid Masood (18th October 2022) which was attended by the Council leader and other Councillors
Other	Website to host training material October – ongoing development

Figure 7: Road map of key activities and outcomes

BUDGET

A revised budget of 6K for phase one, increasing by 15K for phase 2 for a more ambitious plans, including a large-scale conference. Due to limited extension, and challenges within the system to support project further, a small underspend was forecasted and communicated to support wider aspect of the project including the funding of a MECC Coordinator.

- Phase 1 Spent £4,175 which was an underspend.
- Phase 2 Spent £10,860, again an underspend.

LESSON LEARNT

- Collecting evaluation forms online was problematic. Even with significant signposting within the training session, a measure added in the second phase to try to increase uptake did not prove successful.
- Time taken to find a trainer who not only had the right experience delivering MECC, but whom also had an invested local interest in supporting Reading's community health and wellbeing and who was fully engaged and understood the programme's aims and objectives was pivotal for this workstream.
- Building positive effective working relation with our trainer and ACRE, keeping communication channels open, and allowing honest feedback, enabling both ways to enhance the service (training) delivered. The trainer described the experience as a 'reciprocal learning' experience where she was able to gain insight into some of the challenged people were faced with.

SUSTAINING THE OUTCOMES

- Secure the opportunity to secure Motivational Interview training from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) for champions – planned for quarter 4 for 2022/23
- Forward plan to embed an evergreen training offer for all newly recruited champions, and to ensure that the current needs of existing champion are being met, as new challenges face communities such as surge of infectious diseases.

RECOMMENDATIONS GOING FORWARD

1. Review and refine the needs of champions to help shape the future training offer.
2. Building MECC into the core champion training going forward – developing a pathway for this to sit within Champions network, to enable support and partnership working to flourish between champions and ACRE. Feedback from partners was that this was an effective way of embedding new and emerging training needs into their learning system, as well as a way of understanding

CONCLUSION

MECC informed training was well suited to the needs of the project, seeing RBC successfully delivering a training offer that was well received by champions, from a wide background, that met the developed brief and was able to evolve through phase one and phase two of the programme to meet the evolving needs of champions as their role developed through the life course of the programme.

Training achieved the ambition in upskilling locally people to have meaningful conversation with their communities, enabling them to support community pop events as detailed below as well as host their own community events such as those described in the community network case study.

Ensuring that a similar training offer continues to support newly recruited champions will be integral to continuing these outcomes beyond phase 2 of the programme.

Case study
A community-based programme of outreach and engagement: Vaccination pop-ups

EXECUTIVE SUMMARY

This case study will provide an examination of the outreach and pop-ups strand of the CVC programme. The outreach and pop-ups project was a community-based programme of outreach and engagement that built on existing local programmes. The project aimed to increase awareness of local support and guidance and increase uptake of the vaccine through removing barriers such as transport and providing access to localised vaccination sites. A total of 51 engagement events across Reading across both phase 1 and 2 of the programme were delivered, 33 of which were vaccination pop-ups, with successful outreach completed with our populations in Reading most at risk of experiencing health inequalities.

> "THE PROJECT AIMED TO INCREASE AWARENESS OF LOCAL SUPPORT AND GUIDANCE AND INCREASE UPTAKE OF THE VACCINE THROUGH REMOVING BARRIERS SUCH AS TRANSPORT AND PROVIDING ACCESS TO LOCALISED VACCINATION SITES.

METHODOLOGY

RVA were funded during phase 1 of the CVC programme on the 18th March 2021, £85,000 by Reading Borough Council to deliver this project, to provide a minimum of 30 vaccine outreach opportunities within Reading. During phase 2 of the project, RVA were funded a further £51, 833 to continue to deliver this project, providing a minimum of 20 events. The project had the following target groups and age groups:

LOCALISED AREAS

- Reading Central
- Southampton Street & Redlands Road
- Kennet Island
- Palmer Park
- Battle & Caversham Bridge

TARGET GROUPS

- Unvaccinated population, refugees, substance misusers and rough sleepers/homeless population across Reading

TARGET AGE GROUPS

- 16–18 year olds
- 20–35 year olds
- 35–39 year olds

BACKGROUND INFORMATION

Since 2021, RVA have worked in partnership with the Council, ACRE and health colleagues to engage communities at pop up health promotion events and the Health on the Move Van for specific ethnic groups and isolated neighbourhoods. These activities were very successful where sufficient notice could be given, allowing time to engage the community and ensure leaders, champions and volunteers could fully participate. The CVC programmes decision to capitalise on already established infrastructures and fund VCS partners to maintain/ continue their work meant a smoother delivery of the outreach and pop-ups element of the programme.

DLUHC funding included a substantial amount for transportation support for people with mobility issues or on low income. In Reading, this wasn't needed as the borough has access to free community transport service for residents with mobility issues and a comprehensive bus service around the town.

CHALLENGES FACED

The project relied upon a sole vaccination provider for localised pop-up events. This reliance was challenged the penultimate week of Phase 1 when the vaccination provider demanded to cancel planned events due to internal restructuring and vaccination costs. This highlighted the need to have a contingency plan and contract in place with other(s) vaccination provision to allow access to an alternative route for vaccine/vaccinators so that planned localised vaccination events were not threatened or cancelled at the very last minute.

Due to the short timescales of the programme, a key challenge was meeting the deadlines and KPIs at very short notice including having sufficient time for the promotion of engagement events, the coordination of events with community venues, partners and key stakeholders.

RESIDENTS JOURNEY

The vaccination pop-up programme provided a unique opportunity to engage with residents at risk of health inequalities, at their 'doorstep', going to community places they are familiar with and working with champions they trust. To make the most of each engagement, pop-ups included mini health checks, information about health & wellbeing activities, social prescribing and taster sessions. The communications workstream of the overall CVC programme supported the pop-ups through joined up campaigns, ad bikes, using local insight to target 0.25–0.5-mile radius high footfall areas.

The value of access to health care services and wellbeing messages delivered directly to community venues proved a motivating factor for local populations to engage, removing access barriers and providing support to improve their own health outcomes. The location of pop-up and wellbeing events within the community also allowed for community members to hear about health and wellbeing messages from people they know and have come to trust, such as the champions. A focussed evaluation discussion with partners involved in delivery and hosting pop-up vaccination sites highlighted motivating factors for residents to engage in the events:

Figure 8 and 9: Adbikes supporting and complementing outreach work; vaccination and wellbeing pop ups

FOCUSSED DISCUSSION WITH CVC PROGRAMME PARTNERS, OCTOBER 2022

'Incorporating health and wellbeing, and vaccinations into public engagement events such as education events. Flexible and understanding' (What went well?)

'Incorporating vaccinations into health and wellbeing events' (What went well?)

'Having health on the move van events without other health events – need to have other elements incorporated' (What have I learned?)

SOLUTION AND IMPLEMENTATIONS

Implementation of the pop-ups and outreach workstream was focused upon key activities detailed below:

- Make contact through existing relationships, visit community spaces, discuss opportunities and how to approach for their community
- Arrange mobile vaccinations with health partners, dependent on suitability and availability
- Liaise with community leaders on requirements, including health and wellbeing alongside vaccinations, access, risk assessments, communication materials and event audience
- Production of communication materials, including translated flyers and posters to attract target communities
- Co-ordination of volunteers and champions
- Provide telephone support helpline number for those who may need further support

The result of the programme of work was the delivery of 51 engagement events across Reading across both phase 1 and 2 of the programme, with 33 vaccination pop up opportunities. There was successful outreach to vulnerable groups including homeless/rough sleepers, substance misusers, refugees, and to locations with low vaccine uptake including Kennet Island, Palmer Park, South Reading took place. This included 3 engagement and COVID-19 information sessions taking place with refugees in phase 2 in central Reading, resulting in 10 mini health checks[12] completed, and 31 COVID-19 conversations.

Myth busting messages to reduce vaccine hesitancy and conversations about health and wellbeing (including mental health wellbeing being) were held in a variety of settings, including community centres, town events, focus groups/café. During phase 1, there was a successful partnership with BOB Oxford Health vaccination provider to meet the programme objectives of holding vaccination pop-ups.

JOURNEY & END RESULTS

During phase 1 of the programme (April 2022 to July 2022), 149 vaccines were administered at vaccination pop-up events against a benchmark of 200 vaccinations: corresponding with the peaks in dose activity for phase 1. Several factors influenced the number of events and vaccines that could be delivered, including restructuring of the vaccination provider organisation and the July heat weather warnings which affected delivery of events. Throughout phase 2 of the programme, pop-up and outreach events were centred upon the wider health and wellbeing offer to make the most of the engagement opportunity with local communities. A key element of this was the incorporation of mini health checks with a total of 441 completed throughout the programme.

Feedback from attendees has been gathered through feedback cards at pop-up events by RVA. In July 2022 feedback demonstrates attendees had a positive experience, as demonstrated in the figure below. Comments left by attendees focussed upon accessibility and convenience –

'Really great having somewhere local and convenient to come within the local community', (Pop-up event attendee, July 2022)

'Thank you very much for making it this accessible and lovely visit :)' (Pop-up event attendee, July 2022)

'Disabled young man got through fine, great, understanding staff'. Pop-up event attendee, July 2022)[13]

The impact that accessibility and location for accessing the vaccine has been demonstrated by case studies provided by RVA:

A 30-year-old male came to ask questions, he had not the booster and was unsure if he needed to have it. After sharing his concerns to RVA staff at the door, he was introduced to the lead nurse and had a discussion. He decided he would have the booster and proceeded to have it at the pop-up clinic. (Pop-up event, May 2022)

A 60-year old male came for his first dose. He has been wanting the vaccine but at a small, quiet venue where he didn't need any paperwork. He has been moving around a lot and was happy to attend where he had a link to the place he was having his vaccine at and people to support him. He is being supported to have his second dose at the recommended time interval (Pop-up event, June 2022)

9 Mini health checks cover blood pressure, blood sugar, height, weight and BMI. They are used to both signpost individuals to further help but also to engage them in wider discussion around health issues and build their trust in health care

10 Feedback from Engagement Events Reading Voluntary Action – July 2022

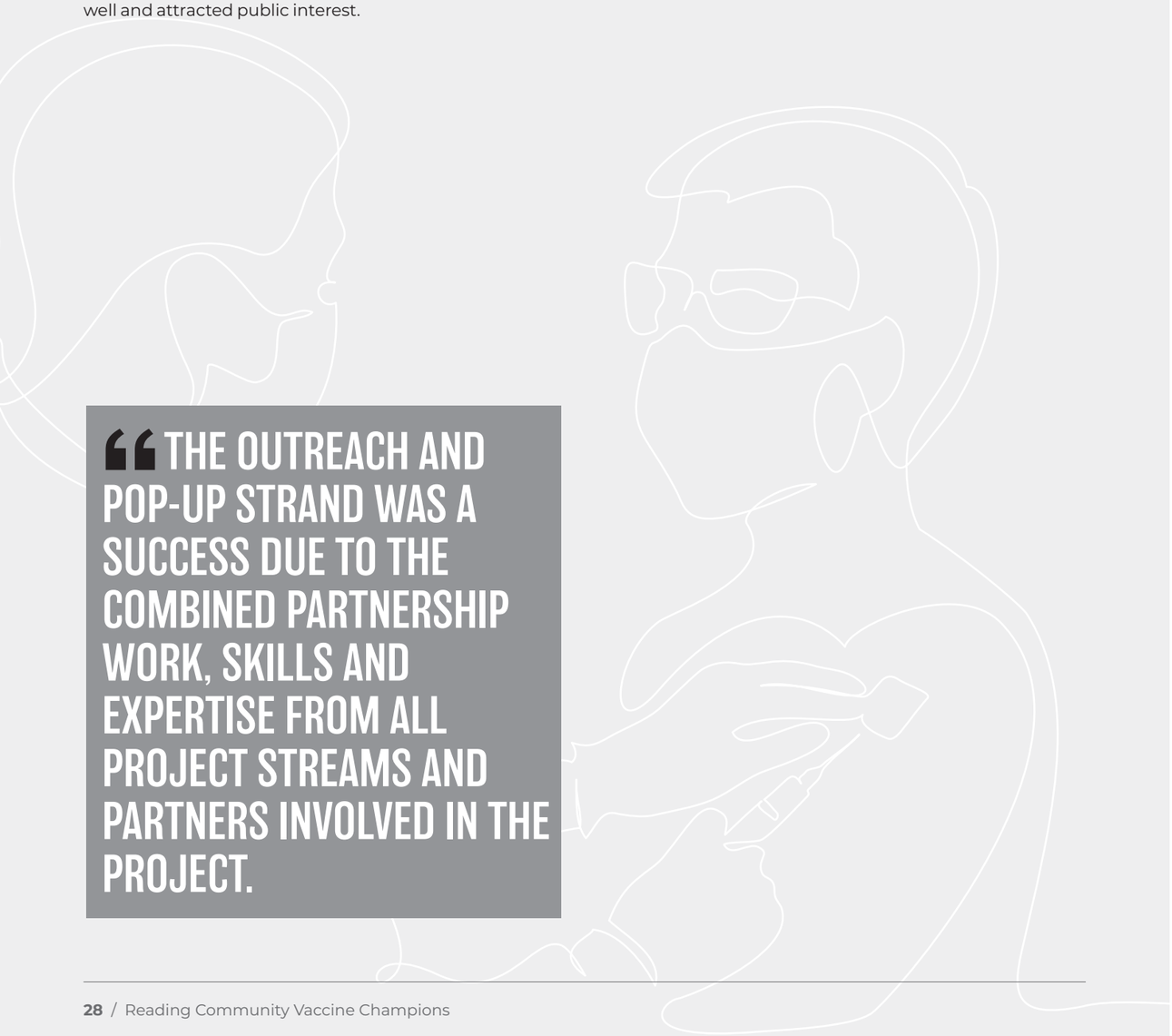
CONCLUSION

The Outreach and Pop-Up Strand was a success due to the combined partnership work, skills and expertise from all project streams and partners involved in the project. Voluntary organisations were vital for the successful engagement of residents not reached through social media or other mainstream communication. The project benefited from their trusted relationships, established gatherings and communication networks.

The project struggled to reach communities that didn't have a voluntary or community group acting as a conduit. There was a marked valuable impact from the number of mini-health checks uptake highlighting a demand and need for such localised services. Health promotion of vaccine/statutory health services fronted by other key messaging related to other areas of interest worked very well and attracted public interest.

RECOMMENDATIONS

1. For future vaccination pop-ups, ensure a contingency plan and contract is in place with other(s) vaccination provision to allow access to alternative route for vaccine/vaccinators so that planned events are not threatened or cancelled at the very last minute.
2. Take forward learning that the promotion of vaccine or health messages fronted by areas of public interest can increase attendance at pop-ups and events.
3. Incorporate project planning time, thinking space and resources before implementation. The project was completed on very short and tight timescales; it was a success because infrastructures and relationships were already established and in place to build upon.



> "THE OUTREACH AND POP-UP STRAND WAS A SUCCESS DUE TO THE COMBINED PARTNERSHIP WORK, SKILLS AND EXPERTISE FROM ALL PROJECT STREAMS AND PARTNERS INVOLVED IN THE PROJECT.

Case study
Small Grants: Strengthening links to improve health outcomes

EXECUTIVE SUMMARY

This case study showcases VCS engagement in supporting vaccine safety information and vaccination rates in Reading through a small grants programme run by Public Health. The project engaged VCS groups who had not previously worked with the Council and supported vaccine outreach into ethnically diverse and low socio-economic status communities. There were difficulties ensuring the grants were fully accessible to all groups, but this project demonstrated that health outcomes and local relationships can be enhanced through local public health small grants.

The aims of the small grants:

- Increase or improve existing work with Reading residents disproportionately affected by barriers to vaccination, including COVID-19.
- Address misinformation about vaccine safety, including COVID-19 and increase trust in / reach of official public health messaging
- Support Reading residents to access vaccines such as the COVID-19 vaccine and booster, the flu vaccine and the MMR vaccine

METHODOLOGY

The programme followed the Council's existing internal processes for small grants. This was to ensure that the work stayed within organizational guidelines and aligned with internal audit requirements. A total of £50K had been set aside for the small grants programme. A maximum of £5K per grant was offered, with a minimum award of £3K per grant. There was an option to apply for £10K for organizations who wished to make a joint application with a partner, however, this was not taken up. The KPI at the beginning of the programme was set at 7 small grants to allow for this. There was an underspend on some other parts of the programme which enabled us to provide some extension funding, beyond the original £50k, to organisations involved in the first funding round.

The criteria for the grant were created using the outcomes from the main programme and the purpose for the funding clearly outlined – for example, VCS organisations could apply to cover their running costs. Any groups that had the potential to work with relevant target populations could apply, the only exemption was individuals and non-constituted community groups.

The details of the grant were shared through the Council's website, Reading Voluntary Action (who provide support to Reading's VCS sector) and key local VCS groups with a wide reach into the local VCS, such as ACRE. Information about the grant was also presented at community meetings and through Council mailing lists. The grant application was timed to avoid clashes with other Council funding applications to avoid over-loading VCS capacity to apply.

The ethos of the programme was to strengthen links between Public Health and local organisations for improved health outcomes and to ensure all the involved partners were supported. The programme steering group included Public Health, RVA, ACRE, the BOB ICB, health partners and Healthwatch. A weekly 'outreach' group was open to all members of the steering group and the small

grants organisations were also invited, to raise their profile locally and to ensure communications were as effective as possible between all partners. Throughout the programme, the funded VCS organisations were supported by the wider steering group and partners, to create a joined-up approach to the programme. For example, the Council and other partners helped to promote the VCS events and activities and the VCS was supported 'on the ground' by a liaison coordinator from RVA, who helped to connect them to local health clinicians and vaccinators.

BACKGROUND INFORMATION

The VCS organisations in Reading have experience and insights into working with a diverse range of communities, many of whom are ethnically diverse and of low socio-economic status. These communities experience health inequalities, including increased barriers to receiving the COVID-19 vaccines and lower levels of trust in health services. Many of the VCS groups are already providing services that deliver public health outcomes, working to break down inequalities and to improve the health and wellbeing of the communities and individuals they support. However, the VCS groups maintain an extremely sensitive balance between supporting health outcomes and supporting individuals to make informed choices, without being perceived as becoming authoritative and 'telling' communities what to do. In addition, there can be uncertainty for VCS groups about who to contact for Public Health advice and information.

There are precedents for using small grants to encourage the development of community initiatives for local public health outcomes[14]. A small grants project was run to support the outreach strand of the community vaccine programme and to engage and empower the local VCS. The purpose of the programme was twofold; to recognise the public health contribution of grassroot community groups and charities, and to incorporate their experience and expertise into the CVC programme. This included supporting local communities to build increased trust in public health messaging, knowledge of vaccine safety and reducing barriers to accessing vaccinations.

11 Kari A. Hartwig, Richard Louis Dunville, [...], and David L. Katz (2010) Promoting Healthy People Through Small Grants. Volume 10, Issue 1. https://doi.org/10.1177/1524839906289048

CHALLENGES FACED

1. Time restrictions affected the promotion of the grants, the application window, and the delivery timeframe. It is likely that the unrealistic time pressures prohibited some groups from making applications. To try and compensate, the small grants team were contacted and where possible, organisations who were unsuccessful applying for other funds were contacted and invited to apply for the CVC small grant. The opportunity to make verbal, rather than written applications was also offered, however, this offer had a low up-take.
2. The grant criteria was more restrictive than typical small grants and discouraged applications. The VCS organisations were therefore given flexibility in how they used the grant funding and how they addressed the criteria. This resulted in some extremely creative solutions and a wide range of community initiatives and public health outcomes.
3. The requirements for detailed reporting and the weekly engagement meetings placed stress on the capacity of the small grants organizations. The additional support required by the groups in turn placed demands on the programme lead – approx. 33 hours a month in phase 1. To mitigate against this as much as possible, simplified reporting templates were created for the groups and one to one support completing these was provided by the project lead.
4. The limited capacity of local health resources meant that the VCS groups were effectively competing against one another to have clinicians in attendance at their events. This was exacerbated by the condensed time frame for the delivery of events. It was not possible to resolve this fully and the organisations without their own venues were the most likely to lose out as they needed more time to co-ordinate their events.
5. There was a lack of understanding about the difference between a small grant and a contract. This resulted in repeated requests for the small grants organisations to submit invoices and to perform against a set of programme KPIs, which the project lead was concerned were creating dis-proportional requests for the funding allocated. This was resolved with advice from the Policy & Voluntary Sector Manager and regular meetings between the project lead and the programme managers. This enabled the project to meet the requirements of the programme and to follow the Council's procedures without creating additional unnecessary administration.
6. Some of the VCS organisations were inexperienced in applying for small grants funds and completing the reporting paperwork. However, this was a sign that the grant had successfully attracted new organisations to work with the Council. The issues were partially resolved through one-to-one support to the small grants organisations although this did lead to additional demands on the VCS and the project lead.

"THE VCS ORGANISATIONS IN READING HAVE EXPERIENCE AND INSIGHTS INTO WORKING WITH A DIVERSE RANGE OF COMMUNITIES, MANY OF WHOM ARE ETHNICALLY DIVERSE AND OF LOW SOCIO-ECONOMIC STATUS.

JOURNEY AND END RESULTS

The small grants project ran 2 rounds of funding, with additional funding for phase 1 partners to extend their work.

The VCS have key strengths and abilities to deliver health to local communities. They have in-depth knowledge of the health beliefs that are currently held by the groups that they support and an understanding of how to deliver information in a way that people can engage with it. This goes beyond language translation to creating projects and communications that have a 'look and voice' which is trusted within local communities.

The approaches used by the VCS may not be typical 'health interventions' and therefore the VCS groups should be given space to explain their rationale. Building trusted relationships takes time and the VCS organisations have already invested greatly in local communities. However, these relationships need to be carefully maintained and can be damaged by short term or exploitative programmes that do not acknowledge the needs of local communities.

Figure 9: Small grants pathway

Phase 1	**Jan – April** Preparing and promoting live grant	**May – July** Workstream delivery and reporting
Extension Grant	**June – July** Phase 1 groups submitted proposals for extension funding	**August – September** Approval of proposals and extension payments
Phase 2	**June – July** Preparing and promoting 2nd round	**August – October** Workstream delivery and reporting

Figure 10: IRDC created printed materials in Nepali and worked with local health teams and champions to provide outreach at a football tournament

जनस्वास्थ्य सचेतना कार्यक्रम रेडिङमा संचालन हुने :

जनस्वास्थ्य सचेतना कार्यक्रमको उद्देश्य : ईङ्ल्याण्ड राज्य (वेल्सबाट) जनस्वास्थ्य विज्ञ प्रचारप्रसार निकायले प्रवाहगर्ने जनस्वास्थ्य सम्बन्धी सूचना, जानकारी जस्तै: कोभिड -१९ पत्नु, हाम्रो शरीरमा कसरी देखापर्छ? यसका लक्षणहरु कस्ता हुन्छन्, कसरी पहिचान गर्ने? भ्याक्सिन (खोप) हरु कसरी बन्छन् र भ्याक्सिन लिनासाथ हाम्रो शरीरमा कसरी काम गर्छ? समयमा भ्याक्सिन नलिंदा हाम्रो शरीरमा कसरी ध्य जोखिम धपिन्छ र आफुसंगै एउटै घरमा बस्ने अरु सदस्यलाई के कस्तो जोखिम रहन्छ आदिबारे अनुभवी फिजिसियन वा नर्सले सहजीकरण गर्ने यस विविध कार्यक्रममा सहभागी हुनको लागि आह्वान गरिन्छ।

उक्त कार्यक्रम संचालन पछाडि -

- सहभागीहरुले कोभिड१९, पत्नु खोप सम्बन्धी जानकारी प्राप्त गर्नेछन्,
- समयमा खोप लिनुपर्ने महत्व बुझ्ने छन्
- खोप कसरी, कहाँ लिनेबारे प्रस्ट जानकारी पाउने छन्,
- आफु कसरी स्वस्थ रहने बाहा पाउने छन
- व्यक्तिगत स्वास्थ्य सम्बन्धी आफुमा कुनै दुविधा भएमा प्रस्ट हुने छन्
- आफ्ने जानेका कुराहरु आफ्नो परिवारसँग वा छरछिमेकमा पनि जानकारी गराउन थुरु गर्ने छन्।

कार्यक्रम संचालन हुने -	
मिति : आईतवार, अगष्ट २१, २०२२	स्थान : सन्ड्रिज कम्युनिटी सेन्टर, आरजी१३बेएक्स
समय : दिउँसो २३० बजेबाट ५३० बजेसम्म	सम्पर्क फोन : ०७९३९६६५४८२

यो कार्यक्रम सबैको लागि निशुल्क हो। विद्यापान र हल्का स्न्याकको व्यवस्था छ।

एकीकृत अनुसन्धान तथा विकास केन्द्र, वर्कशायर यु.के, सी.आइ.सी

Below are some examples of how the small grants were used by the VCS organisations and how their understanding of the needs of their communities helped to shape their responses. The examples also help to demonstrate how the participation of the VCS organisations supported the programme to be inclusive of the needs of ethnic minority groups and low socioeconomic groups in Reading.

THE WELLER CENTRE

The Weller Centre is within an area of Reading with poor transport links and low-income households. The Weller had previously offered support as a vaccine venue but this offer had not been taken up. The Weller Centre used their small grant to set up and expand regular community groups; a lunch club, a youth group and a parent and baby clinic and as part of the project hosted vaccine drop in clinics, administering 32 vaccines. Their extended offer of community groups provided a safe environment to share health information, and the regularity of sessions meant trust could be developed and conversations built up over time, so that individuals could address their immediate and urgent needs and priorities while still developing the confidence to discuss their health needs. The work broadened from vaccine safety into other public health messaging including smoking cessation, sexual health and breast feeding.

"We as a team have found it easier to 'drop' health info and questions into conversations and it's become more 'normal' to ask these questions, as well as react to the responses"

WHITLEY COMMUNITY DEVELOPMENT ASSOCIATION – USING COMMUNITY DEVELOPMENT TO DELIVER HEALTH OUTCOMES

The WCDA have a community café in a large area of Reading with low-income households and have gained the trust of the local community with a reach of over 5000 residents through their social media, which is shared by local pages including 'Whitley Gossip Girls' and 'The Ding'. Residents in the area have previously expressed concerns that they are discriminated against for living in the area. The WCDA have experience in community development and used their grant to part fund the development of a health hub at the café, branded 'Wellbeing Wednesday' which included a pop-up vaccine clinic, health check-ups and health and wellbeing information and support, including a food bank. The WCDA used their small grant to set up a training package which provided their volunteers with opportunities for self-development and long-term investment for future work. This includes up-skilling volunteers to facilitate group discussions on health issues and the WCDA are already engaging in other public health related projects, such as food security.

INTEGRATED RESEARCH AND DEVELOPMENT CENTRE (IRDC) – USING COMMUNITY NETWORKS TO DELIVER HEALTH OUTCOMES

Integrated Research and Development Centre (IRDC) is a formal community interest company exist since 2016 in Berkshire Reading with aim to integrate minority communities, primarily the Nepalese communities through horticultural projects, training support and public health awareness. The majority of the working community members, volunteers do not have an online presence, but used their extensive network to plan and deliver a series of community events, including making use of larger existing events such as; a local football tournament organized by Greater Reading Nepalese Community Association, Forgotten Gurkha Association members' meetings.

Vaccine awareness and basic health check sessions were offered and as with other groups, the delivery extended into broader public health outcomes such as; health walk, basic exercise, healthy eating.

The event programme coordinator was able to liaise with the Gurkha, some Pakistani and African communities in Reading and his passion to support his local communities-led to over-delivery of the planned and agreed programme events.

CONCLUSION

- Although some of the small grants organisations, such as the Weller Centre and the IRDC, were keen to support Public Health and the Council they did not always have an effective pathway for accessing support. The small grants have been effective as a method for developing relationships between the VCS and Public Health and in increasing the understanding of public health within the VCS.
- VCS organisations have insights into how to present health information effectively to their networks but there can be a conflict when the health topics are potentially sensitive e.g. vaccines. It is therefore important to use a community strengths based approach and to be informed by the knowledge and experience of the VCS.
- VCS organisations have an effective reach through their social media platforms and can strengthen the reach and trust of public health messages. However, it is likely that that there will be feedback and queries in response to the messaging and public health teams should be ready to provide timely responses.
- Working alongside the VCS to deliver public health outcomes has created new scenarios, such as the delivery of mini health checks in the community. This has led to learning and the need to create new guidelines for the VCS to ensure essential standards are maintained, however, this is likely to make it easier for additional VCS organisations to engage in future projects.
- Public health funding was an opportunity for some partners to recognise their contribution to health and wellbeing.
- Following on from this programme, it is important not to lose the momentum that has been gained in bringing the health agenda to the community.
- Important to keep requests to the VCS proportional to the funding they have received.

RECOMMENDATIONS

1. Sufficient time for the promotion, application window and delivery time frame of the project.
2. Careful consideration of the grant criteria, to ensure that the VCS is empowered to work alongside Public Health and that the criteria is not restrictive.
3. Consideration of how to resource all stakeholders to avoid creating internal competition for resources within the project.
4. Consideration of how to ensure the VCS are supported with grant applications and monitoring according to need.
5. Review of processes to ensure these are proportional and promote the inclusion of all stakeholders.

Vaccination uptake analysis

This section will outline the vaccination data uptake analysis from pre programme delivery (March 2022) through to after the delivery of CVC programme activities (November 2022). The analysis below provides a description of the uptake of both dose 1 COVID-19 vaccinations and dose 3 COVID-19 vaccinations for target groups within the programme.

The vaccination uptake has been divided into 4 periods for analysis:

1. Pre CVC-Baseline Period: 1st March 2022 – 31st March 2022
2. Phase 1 CVC Period: 1st April 2022 – 30th June 2022
3. Phase 2 CVC Period: 1st August 2022 – 31st October 2022
4. Post CVC Baseline Period: 1st November 2022 – 30th November 2022

VACCINATION UPTAKE – DOSE 1: CVC PROGRAMME MSOA AREAS TARGET GROUP

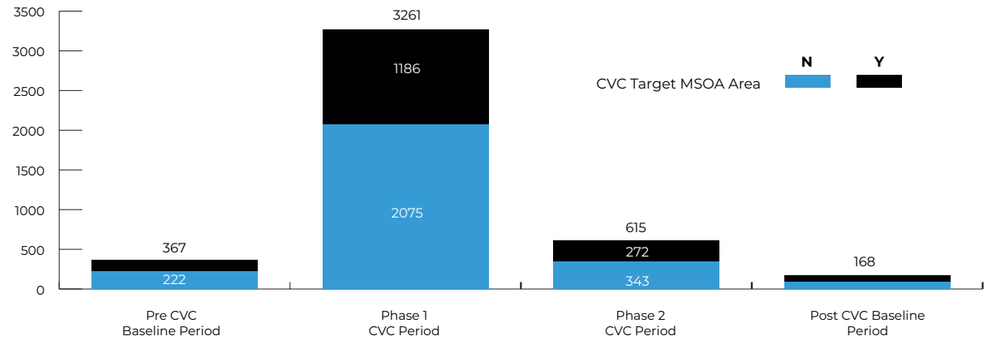
Table 8 below depicts a chart showing the total number of dose 1 jabs by CVC target areas, for the 4 periods of analysis. The darker the shade of blue, the higher the concentration of doses. In the pre baseline period, the total number of dose 1's administered to residents within the target MSOA areas was 145. During phase 1 of the CVC programme, the total number increased to 1186, nearly a threefold increase in actual doses. The 7-day rolling average for MSOA target groups in the pre programme baseline period was 4.86 dose 1's per day, rising to 6 dose 1's per day in the phase 1 period, an increase in 1.14 doses per day.

Figure 11 is a graph of the total dose 1 vaccinations for the four periods of analysis. This visually shows the increase in uptake from the pre-baseline period for both the CVC MSOA target groups, and the MSOA's outside of the target groups.

Table 8: Total Dose 1 vaccinations by CVC Target MSOA's

Vaccination Period	Total Reading Dose 1	Total Target MSOA Dose 1	Total Non Target MSOA Dose 1	Reading 7 Day Average Dose 1	Target MSOA 7 Day Average Dose 1	Non Target MSOA 7 Day Average Dose 1
01 Pre CVC Baseline Period	367	145	222	12.4	4.86	7.57
02 Phase 1 CVC Period	3261	1186	2075	15.1	6.00	9.14
03 Phase 2 CVC Period	615	272	343	11.0	4.43	6.57
04 Post CVC Baseline Period	168	84	84	4.9	2.0	2.86
Total	4411	1687	2724	4.9	2.0	2.86

Figure 11: Total dose 1 vaccinations by CVC analysis period by CVC target MSOA's



VACCINATION UPTAKE – DOSE 3: CVC PROGRAMME MSOA AREAS TARGET GROUP

Table 9 below depicts a chart for the same periods of analysis for the target MSOA groups, for dose 3 COVID-19 vaccinations. The highest concentration of dose 3 vaccinations took place during phase 1 of the programme, seeing an increase from the pre baseline period in the totals of the target MSOA's, and the total Reading doses and non-target MSOA's.

Figure 12 below depicts the percentage of the population of Reading residents within target MSOA's areas and non-target MSOA areas. This shows an increased uptake in Dose 3 based on the population. 38.24% of the Reading population resided within the targeted area, however this population accounted for 42.22% of all Dose 3 received in Reading, 4% above the expected amount if the level of doses was even across Reading.

Figure 13 depicts the total dose 3 vaccinations, by target group MSOA's and non-target groups MSOA's, by the date that the vaccination was administered. An increase in dose 3 vaccinations can be seen during Mid-September through to Mid-November despite the lowest uptake and decline at the beginning of September.

During the period of the CVC programme, there was an increase in the number of vaccinations (both dose 1 and 3) administered to residents living within the target MSOA areas in phase 1 of the programme.

Table 9: Total Dose 3 COVID-19 vaccinations by CVC Target Areas

Vaccination Period	Total Reading Dose 3	Total Target MSOA Dose 3	Total Non Target MSOA Dose 3	Reading 7 Day Average Dose 3	Target MSOA 7 Day Average Dose 3	Non Target MSOA 7 Day Average Dose 3
01 Pre CVC Baseline Period	1859	792	1067	51.7	22.29	29.43
02 Phase 1 CVC Period	3585	1451	2134	19.1	7.71	11.43
03 Phase 2 CVC Period	1112	408	704	16.6	6.43	10.14
04 Post CVC Baseline Period	329	141	188	8.6	4.86	3.71
Total	6885	2792	4093	8.6	4.86	3.71

Figure 12: Population percentage by CVC target MSOA's and Dose 3 vaccinations percentage by CVC Target MSOA's

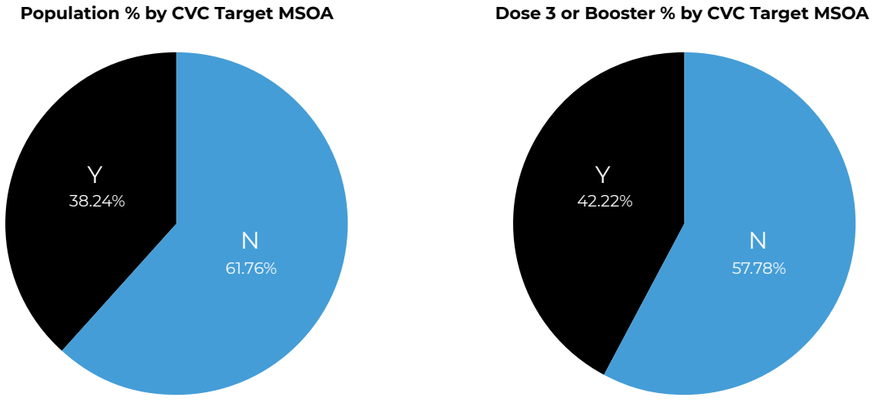
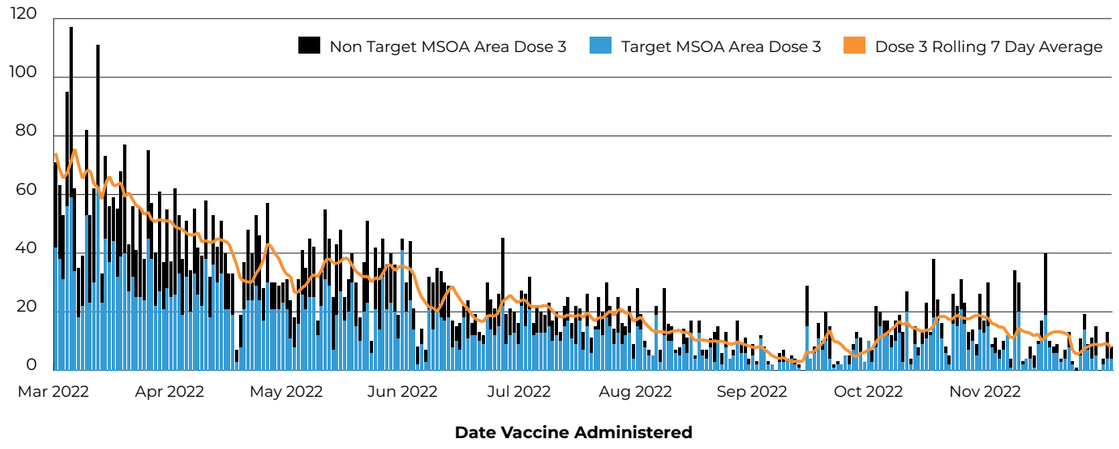


Figure 13: Total Dose 3 COVID-19 vaccinations by CVC Target Areas



VACCINATION UPTAKE: TARGET AGE GROUPS

Age groups 20–24 years old, 25–29 years old, 30–34 years old were the target age groups for the CVC programme. Table 10 below depicts age groups over the age of 16 for both dose 1 and dose 3. The darker the shade of blue within the figure, the higher the concentration of doses. The target group 20–24 years had the highest concentration of doses out of all age groups for phase 1, with 97 dose 1 vaccinations, accounting for 20% of vaccinations in that period. Dose 3 vaccinations in phase 1 for this group also had the highest concentration of doses out of all age groups, with 593 vaccinations, accounting for nearly 17% of all vaccinations in that period. The age groups 25–29 and 30–34 years old also had a high concentration of doses during phase 1 and phase 3 of the programme, as depicted in the figure below.

Table 10: Total Doses by Age Bands

Dose 1 by Target Age Bands

Vaccination Period	16–17 years (Y)	18–19 years (Y)	20–24 years (Y)	25–29 years (Y)	30–34 years (Y)	35–39 years (Y)	40–44 years (N)	45–49 years (N)	50–54 years (N)	55–59 years (N)	60–64 years (N)	65–69 years (N)	70–74 years (N)	75–79 years (N)	80+ years (N)	Total
01 Pre CVC Baseline Period	22	30	52	37	33	22	20	13	–	–	–	–	0	0	0	243
02 Phase 1 CVC Period	62	58	97	56	50	48	32	14	14	10	–	–	–	–	–	464
03 Phase 2 CVC Period	16	12	33	34	32	33	13	–	10	–	–	12	–	–	0	230
04 Post CVC Baseline Period	–	–	14	15	18	12	11	–	–	–	–	–	–	–	–	111
Total	–	–	196	142	133	115	76	41	35	20	25	24	15	13	–	1048

Dose 3 by Target Age Bands

Vaccination Period	16–17 years (Y)	18–19 years (Y)	20–24 years (Y)	25–29 years (Y)	30–34 years (Y)	35–39 years (Y)	40–44 years (N)	45–49 years (N)	50–54 years (N)	55–59 years (N)	60–64 years (N)	65–69 years (N)	70–74 years (N)	75–79 years (N)	80+ years (N)	Total
01 Pre CVC Baseline Period	162	134	271	278	248	223	140	133	80	51	42	25	17	12	38	1854
02 Phase 1 CVC Period	349	279	593	490	510	394	275	182	124	97	42	34	25	25	102	3521
03 Phase 2 CVC Period	98	46	105	109	108	115	67	68	75	52	54	45	45	27	30	1044
04 Post CVC Baseline Period	27	–	19	29	37	19	24	13	29	27	23	16	–	–	11	296
Total	636	–	988	906	903	751	506	396	308	227	161	120	–	–	181	6715

VACCINATION UPTAKE: TARGET ETHNICITIES

Table 11 depicts the number of dose 1's for the target ethnicities by vaccination period; target ethnicities for the programme were Chinese population, Black or Black African and Asian / Asian British Pakistani. An increased dose uptake can be seen in all Asian or Asian British Ethnicities and Black or Black British – African Ethnicities.

The highest concentration of doses (shown in the table as the darkest shade of blue) can be seen within the non-stated ethnicity category, which refers to refers to where ethnicity has not been recorded by NHS systems on registration or at appointment.

Notably, target ethnicities make up 8.77% of the population of Reading but during the programme they accounted for 11% of all Dose 1's as shown in figure 18.

Figure 14 below depicts the number of dose 3's for the target ethnicities by vaccination period. Similar to the pattern seen with dose 1 uptake, an increase can be seen for Asian or Asian British Ethnicities and Black or Black British – African Ethnicities. The highest concentration of dose 3's were in the White British group, followed by the group not-stated.

Figure 14: Population % by CVC target ethnicities and Dose 3

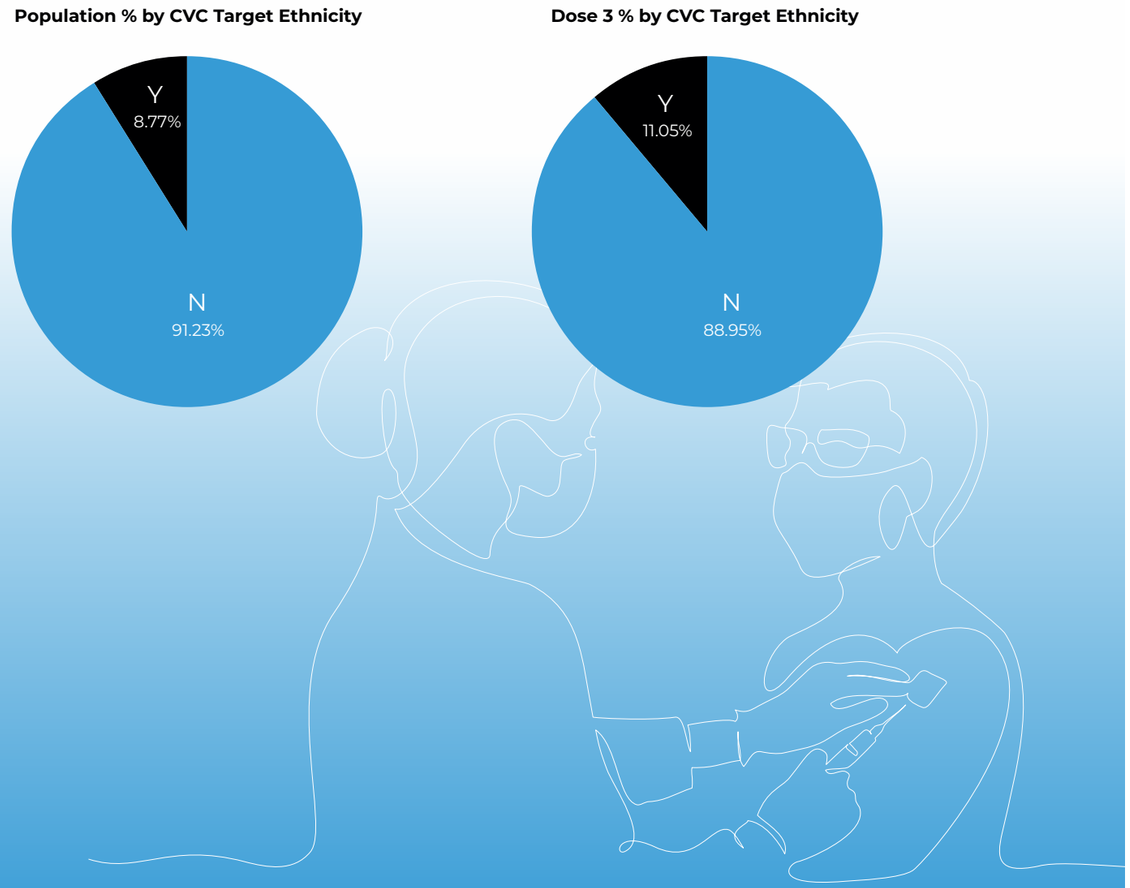


Table 11: Total dose 1's by ethnicity for CVC uptake analysis period

Dose 1 by Ethnicity (CVC Target Group)

Vaccination Period	01 Pre CVC Baseline Period	02 Phase 1 CVC Period	03 Phase 2 CVC Period	04 Post CVC Baseline Period	Total
Arab (N)	0	0	0	0	0
Asian or Asian British – Any Other Asian Background (N)	-	30	15	-	62
Asian or Asian British – Bangladeshi (N)	-	-	-	0	6
Asian or Asian British – Indian (N)	-	23	12	10	–
Asian or Asian British – Pakistani (Y)	17	38	21	-	–
Black or Black British – African (Y)	11	27	15	12	65
Black or Black British – Any Other Black Background (N)	-	-	-	-	14
Black or Black British – Caribbean (N)	-	-	-	-	14
Chinese (Y)	-	-	-	-	25
Mixed – Any Other Mixed Background (N)	-	12	-	0	18
Mixed – White and Asian (N)	0	-	0	0	2
Mixed – White and Black African (N)	-	10	-	0	17
Mixed – White and Black Caribbean (N)	-	-	-	-	11
Not Stated (N)	85	142	91	44	362
Other Ethnic Groups - Any Other Ethnic Group (N)	13	20	10	-	–
White – Any Other White Background (N)	15	27	13	-	–
White – British (N)	56	105	33	15	209
White – Irish (N)	-	0	0	0	–
Total	243	464	230	111	1048

Table 12: Total dose 3's by ethnicity for CVC uptake analysis period vaccinations % by CVC Target ethnicities

Dose 3 by Ethnicity (CVC Target Group)

Vaccination Period	01 Pre CVC Baseline Period	02 Phase 1 CVC Period	03 Phase 2 CVC Period	04 Post CVC Baseline Period	Total
Arab (N)	-	0	0	0	–
Asian or Asian British – Any Other Asian Background (N)	140	202	72	30	444
Asian or Asian British – Bangladeshi (N)	12	17	13	-	–
Asian or Asian British – Indian (N)	155	232	66	11	464
Asian or Asian British – Pakistani (Y)	54	90	46	12	202
Black or Black British – African (Y)	52	111	44	14	221
Black or Black British – Any Other Black Background (N)	16	35	12	-	–
Black or Black British – Caribbean (N)	17	34	19	-	–
Chinese (Y)	58	70	22	-	–
Mixed – Any Other Mixed Background (N)	23	54	-	-	–
Mixed – White and Asian (N)	19	20	-	-	49
Mixed – White and Black African (N)	17	20	11	-	–
Mixed – White and Black Caribbean (N)	-	31	10	-	51
Not Stated (N)	322	584	114	37	1057
Other Ethnic Groups - Any Other Ethnic Group (N)	96	137	38	24	295
White – Any Other White Background (N)	228	383	101	27	739
White – British (N)	626	1480	451	106	2663
White – Irish (N)	10	21	-	-	39
Total	1854	3521	1044	296	6715

Sustaining the programme outcomes

Sustaining and building upon the outcomes achieved through the programme, encompassing the lessons learned is of upmost importance for maintaining the momentum and continuing to tackle health inequalities for Reading residents. Maintaining and building upon relationships with partners contributing to and carrying out activity within the programme will form a key role within this. A successful stakeholder virtual workshop was held on 22nd Sept 2022 focussing on best practice, sustainability of infrastructure created and maintaining legacy of the programme; Below is a breakdown of feedback from breakout groups in the virtual workshop, demonstrating the ways in which activity can be built upon and learned from:

- Upkeep connections that have been made throughout the programme, for example with pharmacies.
- Handover for the booking of and links to mobile vaccinations is needed, as they are available until the end of March 2023.
- Explore opportunities with partners and RBC around the booking of community spaces for health and wellbeing events and costs associated.
- Upkeep links with winter forums with the VCS helps which covers covid, flu, food provision, energy.
- Exploring the possibility of offering safeguarding and lone working training offer in the long term.
- Keeping information up to date on the webpage, with training material and as a support platform.
- Utilising the experience and lessons learned of partnership and delivery the CVC programme.
- Role of the Partnership and Sustainability Lead to support the development and sourcing of additional funds.
- New focus for target groups going forward – men and 16 – 19 years old are underrepresented.
- Exploration of other avenues, such as arts, drama, sports clubs to engage with residents.

To maintain the momentum, and partnership and infrastructures created throughout the programme, a Partnership and Sustainability Lead has been employed by RBC. The key deliverables for the role are detailed below:

- Identification of possible funding sources for a potential phase 3 of the programme, to encompass the impact of long covid.
- Complete a thorough stakeholder mapping exercise.
- Prepare a proposal for the delivery of a potential phase 3 of the CVC programme.
- Act as a signpost and inform charities about funding opportunities and sustainability avenues.

Conclusion

During the CVC programme there was an increase in COVID-19 dose 1 vaccinations by nearly 300% during Phase 1 (1st April 2022 – 30th June 2022) compared to the month prior to the programme (1st March 2022 – 31st March 2022). The target age groups saw the highest concentration of dose 1 and dose 3 COVID-19 vaccinations for phase 1, and an increased COVID-19 vaccination uptake has been seen in all Asian or Asian British ethnicities and Black or Black British – African ethnicities. The CVC programme demonstrates the power of partnership working for tackling health inequalities; the engagement of all members of the CVC steering group, VCS partners, health and RBC has made the programme possible, and have such great reach into our communities in Reading. Whilst increasing vaccination uptake was the primary focus of the programme, the activity of the each of the workstreams has achieved health and wellbeing outcomes, and generated learning and insight that will extend beyond the life of the programme. Key to this will be maintaining the legacy, sustaining the infrastructure generated, and building upon the lessons learned; the following final recommendations outline how this can be achieved going forward.

Overarching Recommendations:

1. Maintain the champions network and develop ways in which they can support public health campaigns, informed by local need and insight.
2. Review and refine the needs of champions to help shape the future training offer.
3. To look for opportunities to develop a pathway to enable the champions network to continue, thus providing a mechanism for evidence based and best practice around training for champions.
4. Develop further partnership working, to include sharing health and wellbeing information between RBC, Health, and the VCS.
5. Establish a process or build on the existing network of champions for working with smaller CVS groups on joint public health outcomes to maintain relationships.
6. Explore the potential to engage further with pharmacies and GP surgeries in future activities.

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Appendices:

Appendix 1
Denominators for COVID-19 vaccination statistics

To allow vaccine uptake percentages to be calculated, data on the size of the population is needed for the denominator in the calculation. For the level of detail required to monitor the target groups the National Immunisation Management System (NIMS) denominators were used. NIMS denominators are the numbers of individuals registered with the NHS who are currently alive in the resident population. Overall, they are likely to overestimate the population and so underestimate vaccine uptake percentages, as death registration data is subject to a reporting lag. More information on this can be found on the NHS Digital website15. Concerns remain about people who are no longer resident in England being counted in NIMS.

The NIMS denominators can therefore be treated as an estimated minimum. It should be noted that the ONS 2020 mid-year population estimates are not available by ethnic group and the NIMS denominators are often used for this type of analysis.

At the beginning of the programme the variation in NIMS population figures showed a significant increase in population to be vaccinated. This created both a moving target for the numbers to be vaccinated and an inability to accurately track the uptake as a percentage compared to the pre programme baselines, as shown in table 4. This was also reflected in the population numbers for the programmes target groups.

Table 4: NIMS monthly population figures February to April 2022

Month	UK Population aged over 16	Reading Population aged over 16	Difference in the denominator for the UK population	Difference in the denominator for the Reading Population	UK Population Difference expressed as a %	Reading Population Difference expressed as a %
Feb 2022	51,563,700	163,772				
Mar 2022	51,602,972	163,680	39,272	-92	0.08%	-0.06%
April 2022	52,064,490	164,907	461,518	1227	0.89%	0.74%

Due to the variation and subsequent inability to track the uptake as a percentage compared to the pre programme baselines, the decision was made to remove the percentage uptake KPI. This was discussed and agreed by DLUHC. The programme shifted to focussing upon the number of vaccinations delivered, and an increased emphasis on capturing qualitative data.

The challenges posed by the variation in NIMS population figures were beyond the control of the programme, which was recognised and experienced nationally by DLUHC and other local authorities involved in the CVC programme.

15 NHS England Covid-19 vaccinations website: https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2022/02/Denominators-for-COVID-19-vaccination-statistics.docx

Appendix 2
List of Voluntary Sector organisations/ organisations that supported the pop-up project

Abu Bakr Masjid

Alana House

Alliance for Cohesion and Racial Equality

Autism Berkshire

Coley Park Community Association

Coley Park Community Centre

Dee Cafe

East Reading Festival

Faith Christian Group

Fellowship Educational Society

Fidget and Bob

Greenwich Leisure Limited

Hallmark Association

Indian Community Association

Integrated Research and Development Centre

Meadway Sports Centre

New Beginnings

Pakistani Community Centre

Reading College

Reading Golders lunch club

Reading Language Community Centre (RCLC)

Reading Mencap

Southcote Community Hub

The Atrium Café

The Weller Centre

Whitley Development Community Association

Whitley Wood Community Centre

ORGANISATIONS WITH INFORMATION STALLS AT EVENTS:

Avanti

Citizens Advice

Communicare

Compass Recovery College

Draughtbusters

Get Online

Macmillan Cancer Support

Museum of English Rural Life

Nature Nurture

New Directions

South Reading Patient Voice

Sport in Mind

Reading Borough Council
Working better with you