

# Community Led Approaches to Vaccine Access and Inequality in Salford



## Background

In August 2022, NHS England (NHSE) in Greater Manchester (GM) made funding available to improve access and reduce inequalities associated with COVID-19 vaccination during the winter of 2022/23. The Salford Public Health team submitted a successful bid on behalf of Greater Manchester Integrated Care (Salford) and the programme commenced in October 2022.

The Associate Director of Public Health Healthcare in Salford City Council approached Aqua to support the delivery of the project, which commenced with a launch event on the 19<sup>th</sup> of Oct 2022.



## Project Aims

An evaluation framework was developed by Aqua and Salford Public Health, with the following 3 aims:

1. Increase **uptake of COVID-19 vaccine** in target groups
2. Demonstrate the benefit of using **community insight and assets** to design tailored COVID-19 vaccine programmes that impact on wider determinants of health
3. **Change system understanding** of health inequality and benefits of collaborative delivery



## Scope

Task and finish groups were formed using the geography of the five Salford primary care networks (PCNs). By the end of January 2023, each neighbourhood team was asked to:

- gain insight into local barriers to vaccine uptake, by engaging local voluntary and community groups
- co-design culturally appropriate approaches to raise awareness of the vaccine in these groups
- provide opportunities to improve access to the COVID-19 vaccine.

Using data and local insight, each team identified target communities and opportunities for locally sensitive engagement and awareness raising, alongside the provision of accessible walk-in vaccination clinics. The target communities were:

- **Eccles and Irlam** - Polish and Yemeni communities
- **Broughton** - Geographical areas around Mandley Park and Broughton Green, Eritrean/Ethiopian Communities
- **Salford South East** – Pendleton area, with a focus on Ethnic Minority Communities and areas of higher deprivation.
- **Swinton** – The Valley Estate
- **Walkden & Little Hulton** – City of Praise church community – African/Black British



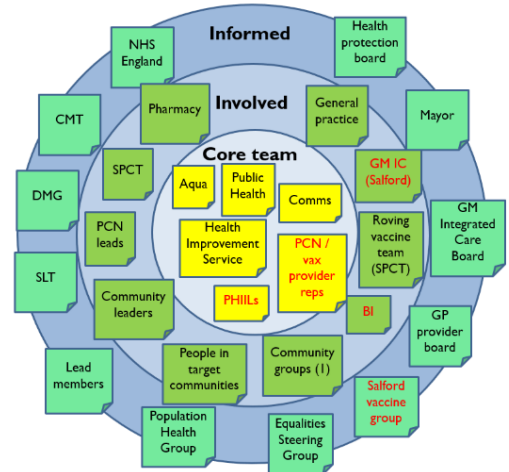
## Approach

Aqua and Salford Public Health worked closely to co-design this programme. Aqua provided a programme management, quality improvement (QI) and outcomes reporting structure for the project. Public Health and Health Improvement led on community insight, engagement and the delivery of walk-in clinics.

### Initiation and Launch

At the launch event in October 2022, project teams were formed. The teams planned their initial response using a structured QI framework. The teams met weekly to plan delivery and included:

- Public Health Inequalities Improvement Lead
- Health Improvement Officer and/or a Community Development Worker
- Aqua neighbourhood lead
- Primary care network representatives
- Links to business intelligence and communications



Using intelligence gathered at the launch event, Aqua and Public Health undertook stakeholder mapping and developed a bespoke evaluation framework.

### Engagement and Vaccination

Each pop-up clinic and some of the wider health promotion activities were individually evaluated. The scheme evaluations include details of the project aims, planning, community engagement, staff and public feedback, learning, and outcomes. The common ingredients of successful delivery are described below.



1. Decide the target group and design around their needs
2. Undertake pre-engagement to:
  - develop cultural insight through community groups and influencers.
  - design the programme around the communities' greatest need e.g. mental health, cost of living;
  - build awareness and trust in the public services and health / vaccination services.
3. Successful walk-ins all had:
  - a warm and welcoming environment in places communities already visit and trust.
  - 'visual sellers' like winter warm packs or food.
  - a range of support including health checks, flu vaccines, welfare advice.
  - Community Leaders co-designing and co-delivering the Pop ups/engagement.
  - The needs of the community/system on an equal footing.

 **Results**

The project results, both quantitative and qualitative, demonstrate the value of working collaboratively across organisations and with the local community to understand their challenges and design a tailored solution. As a result of this work, the teams:

- Strengthened existing relationships with grassroots organisations, building trust and ensuring people felt listened to.
- Made connections with eight community groups who were not previously known to the teams, generating valuable longer-term assets and relationships.
- Built relationships between public health, health improvement and the PCN teams. This programme was the first time many of these teams had worked together on a shared project.

<u>Data</u>			A few quotes from some of the stakeholders post vaccination:	
A summary of the key data from the walk-in vaccine clinics:				
<b>111</b> COVID-19 vaccines delivered	<b>76</b> flu vaccines delivered	<b>459</b> people signposted to cost of living support	<p><b>Yemeni Community Association stakeholder:</b> “Success beyond numbers – a warm welcoming atmosphere, outreach beyond the targeted community, local pharmacy support including interest in involvement for future engagement”</p>	<p><b>Yemeni Community Association stakeholder:</b> “It wasn’t a typical vaccination approach”</p>
<b>10%</b> of COVID-19 vaccines delivered were 1 <sup>st</sup> doses	<b>4461</b> people engaged	<b>79</b> health screens/checks		
<b>345</b> people signposted to existing COVID-19 and flu vaccine clinics	<b>324</b> winter warm packs given out	<b>172</b> lateral flow tests given out	<p><b>City of Praise community:</b> “Thank you for showing us you cared”, “We appreciate you gave a balanced discussion on vaccinations, acknowledging people’s concerns”</p>	<p><b>City of Praise lead vaccinator:</b> “The work we did at the pop-up clinic was invaluable and we vaccinated more patients in one day (<i>from the target community</i>) than the previous 6 months.”</p>

The teams identified the following factors as vital to the success:

- Grass root engagement: community leaders championing the programme in their communities.
- Multi-medium engagement and awareness raising using social media, leaflets and doorstep approaches.
- Responsive and holistic “every contact counts” delivery tailored to the community’s needs, including flu vaccines, signposting to cost of living support and welfare advice, warm packs and health screening/checks.
- Using familiar locations for the walk-in clinics and adapting the set-up to meet cultural needs.
- Involvement of local community volunteers to share leaflets and engage people at the engagement sessions.
- Involvement of other local assets e.g., a local pharmacy delivering flu vaccines at a walk-in clinic.

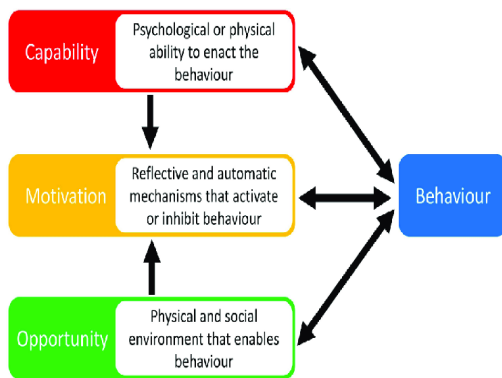


## Learning

A rapid evaluation approach was used to evaluate the programme against its original aims. An end of programme learning workshop took place in February 2023. This was an opportunity to celebrate success and synthesise learning from key stakeholders representing the neighbourhoods.

The participants used the **COM-B framework** to capture behavioural change analysis:

### COM-B framework



### Learning event focus

**Psychological Capability:** knowledge of the vaccine and the reported benefits

**Physical capability:** physical strength or skill to access the vaccine

**Reflective Motivation:** personal motivation to take up offer of vaccine (e.g. take action to book an appointment)

**Automatic Motivation:** desires, impulses and inhibitions e.g. concerns about vaccine, don't feel it will protect them, stifle freedom of choice

**Physical Opportunity:** aware of the opportunities to access the vaccine

**Social Opportunity:** impact of social norms and cultural cues of community / friends

### Project highlight

A perceived lack of trustworthy information about the benefits and risks of the vaccine

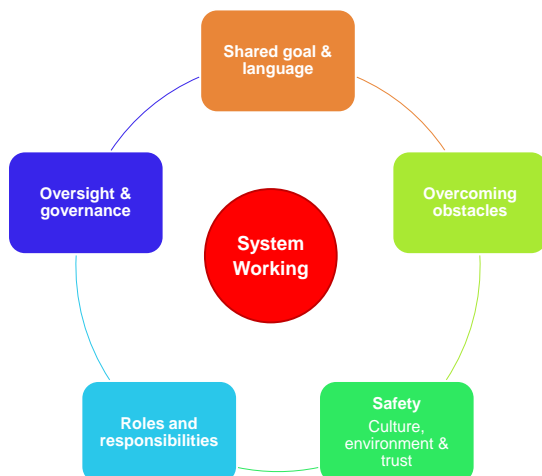
A lack of trust of health and care services and beliefs that COVID-19 is not a serious condition

The behaviour and beliefs about COVID-19 and vaccination in geographical, religious, and cultural communities remain a significant barrier.

The participants used the **Collaboration Continuum** to assess changes to system working relationships. They reported that:

- **Communication** was excellent throughout the programme and worked very well.
- At the start people felt there was sometimes a lack of **co-operation** between individual teams, and it was difficult to get all stakeholders onboard. However, through collaborative working the teams built relationships and came together to achieve successful outcomes.

The participants made suggestions for improving future **system working**.



Learning was that future programmes would benefit from:

- improved definitions of roles and responsibilities
- relationship building between teams
- earlier and greater involvement from communications and business intelligence colleagues
- earlier access to data
- greater visibility of the evaluation framework across stakeholders
- a shared programme aim.



## Legacy and next steps

Although the programme did not deliver large numbers of COVID-19 or flu vaccinations, it did deliver considerable success against its wider aims. The programme:

- Overcame deep-set myths and provided around eleven first dose vaccinations
- Identified new community assets for future engagement and delivery
- Demonstrated the value of working with mature community groups to deliver tailored approaches to health promotion and vaccine delivery
- Showcased the benefits of providing vaccination and screening clinics alongside wider health and welfare support, including health checks, screening and welfare advice
- Provided a replicable model of delivery that can be used for wider immunisation and vaccination and health screening programmes.

Building on the learning from working with community assets within this programme:

- A Community Leaders Development programme has been launched in Salford to proactively act to reduce health inequalities - building the improvement and engagement capability of community leaders to work in partnership and support public health insight and health improvement.
- Public health and PCN teams are identifying ways to develop joint engagement and health promotion programmes in 2023/24, continuing to build relationships with local communities and tailor services to their needs.

## FURTHER INFORMATION

This case study has been produced by Aqua, in conjunction with Public Health Salford.

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