

	<h2 style="text-align: center;">Health and Wellbeing Board</h2> <h3 style="text-align: center;">16th March 2023</h3>
Title	Community Vaccine Champion programme
Report of	Tamara Djuretic, Joint Director of Public Health and Prevention
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1: Overview of the Community Vaccine Champion programme
Officer Contact Details	Bhavita Vishram, Public Health Strategist, Bhavita.Vishram@Barnet.gov.uk Dr Janet Djomba, Consultant in Public Health, Janet.Djomba@Barnet.gov.uk

Summary

Barnet Council acquired funding from the Department of Levelling Up, Housing and Communities (DLUHC) in January 2022 to support communities who have been shown to experience the lowest rates of COVID-19 vaccine uptake, through a scheme called 'Community Vaccine Champions'. The scheme built upon the first successful Health Champions programme which focussed on taking action to improve support and protection for those communities and groups who had been shown to be most at risk from COVID-19.

The Barnet Community Vaccine Champion (CVC) programme has been providing targeted help to areas and communities facing the greatest challenge in relation to vaccine uptake, these include:

- Young people (12–30-year-olds)
- Wards of high deprivation - Golders Green, Hendon, Childs Hill, Colindale, Burnt Oak, West Hendon
- Ethnic minorities - Eastern European, Black Caribbean/African/other black communities
- Faith Groups – Ultra orthodox Jewish, Muslim, Evangelical
- Marginalised groups – asylum seekers and the homeless population
- Pregnant women
- People with serious mental health illnesses
- People with learning disabilities

The programme expanded to include a broader range of topics including, Cardiovascular Disease Prevention; Childhood/School Aged Immunisations; Flu; Mental Health; living with covid/cost of living; whilst still retaining capacity to address COVID-19 vaccinations.

A year on from receiving the funding, we present all the work achieved from the programme and lessons learned that can inform future public health programmes tackling health inequalities.

Officers Recommendations

- 1. That the Board note progress made to date on the Community Vaccine Champion programme and lessons learned to inform future Public Health programmes to reduce health inequalities.**

1. Why this report is needed

- 1.1 This report outlines the work to date for the Community Vaccine Champion programme, a year on from when the funding was awarded.
- 1.2 COVID-19 has impacted some groups disproportionately and exacerbated already existing health inequalities in vulnerable groups. Whilst the vaccine programme has been hugely successful both nationally and locally, there remain disparities in uptake between communities within Barnet. DLUHC recognised a need to create a specific, targeted programme to continue to address vaccine inequity and funding was awarded to a selection of Local Authorities across England including the London Borough of Barnet (LBB).
- 1.3 LBB received £485,000 in March 2022 to increase COVID-19 vaccination rates in target areas and groups where it is low under the Community Vaccine Champions (CVC) programme.
- 1.4 The CVC programme recognises that tailored local approaches built on effective community engagement were used to address the health inequalities exposed through the pandemic and utilises the mobilisation of community champions as an approach to build healthier, resilient communities.
- 1.5 Working with our local partners (Voluntary Care Sector (VCS) organisations, Young Barnet Foundation, Groundworks), we designed a local approach to develop practical solutions, communication and engagement activities tailored to meet the needs of our local communities, to make a difference to the promotion and uptake of vaccines.
- 1.6 The full details of the delivery of the five workstreams are outlined in Appendix 1.

2. Reasons for recommendations

- 2.1 Learning outcomes from the CVC programme will inform how we effectively apply the power of Community Champions as a form of two-way engagement with vulnerable and difficult to reach communities in order to address systemic health inequalities over time.
- 2.2 A year on into the delivery of the programme, the points below outline a summary of the lessons learned, detailed summary provided in Appendix A:
- 2.3 Embracing new ways of working: CVC programme highlighted new ways of working which were born out of a temporary state of urgency that demanded novel solutions where 'business as usual' was not adequate. Whilst short term changes aren't always sustainable owing to funding, they do reveal opportunities to address long standing systemic issues such as health inequalities, lack of trust, and misinformation. Community Champions discovered creative ways to meet new people in their own environment.
- 2.4 Communications: The programme has highlighted the importance of implementing regular, two-way communication channels over time. These help breaks down barriers through an ongoing listening exercise so that it's not just the council broadcasting messages. It is vital the council is seen to be collaborative and acting upon communities' needs by being more connected to what is happening on the ground.
- 2.5 Building trust: While the CVC programme is inherently based upon sharing information and subsequent behaviour change, we can only achieve this from a position of trust, particularly with communities that are hard to reach or reluctant to engage with statutory services. The CVC programme has demonstrated that trust can be built and needs time to do so. Trust cannot be achieved with piecemeal projects in the short term; it requires months, if not years, of repeated engagement, action and delivery follow through.
- 2.6 Developing new capabilities: The CVC programme is a powerful tool to develop new capabilities among residents and community organisations. The training we've offered to participants of the programme has empowered and enabled them to move forward with new skills, funding opportunities, and employment. We also adopted a hands-off approach with our VCS grantees, which allowed them the time and freedom to empower their local VCS organisations to develop projects that work for the community. They were able to deliver innovative, practical solutions which addressed health concerns and helped overcome barriers to accessing vaccinations and other health services. This approach required Barnet Council to place trust in VCS grantees.
- 2.7 Evaluations: Measuring, monitoring and evaluating the CVC programme is essential, but has been, and continues to prove problematic. There is no guarantee that a conversation will lead to vaccination, and it is ultimately difficult to measure whether there is any enduring trust. Monitoring and evaluation tools can place disproportionate pressure on grassroots groups as often they don't have the administrative infrastructure to effectively collect and report on outputs to funders. For these reasons, there is more precedence to capturing qualitative case studies.
- 2.8 Funding: In order for us to develop and sustain our VCS organisations, they need to be well-resourced. There is a risk of inappropriately offloading work to unpaid residents in

the name of cost cutting and managing stretched budgets. It is important that we recognise the value and contribution of our VSC community and avoid taking them for granted.

- 2.9 Collaboration with our local partners: The CVC programme has been a collaborative working partnership between Barnet Council and Barnet Together (LBB's official infrastructure partnership), which includes Young Barnet Foundation, Groundwork London, and Inclusion Barnet. Barnet Together have access to VCS partners who themselves have access to target communities that the council would otherwise struggle to engage given the timeframe of the programme.

3. Alternative options considered and not recommended

- 3.1 The alternative is not acknowledging the progress of the CVC programme and not supporting its further implementation. We don't recommend this option as the progress to date outlines recommendations and lessons learned on reducing health inequalities that can be applied to health topics beyond immunisation programmes.

4. Post decision implementation

- 4.1 Public Health will continue to run the CVC programme and capture learnings to inform future programmes.

5. Implications of decision

5.1 Corporate Priorities and Performance

- 5.1.1 The Barnet Corporate Plan 2023-2026 includes tackling inequalities; the aim of our CVC programme addresses local disparities in vaccine uptake between various groups and communities.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 The CVC programme has been funded from the DLUHC Community Vaccine Champions funding. Barnet Council received a total of £485,000 in March 2022. The DLUHC funding has covered all costs for the programme. Budget breakdown is included in Appendix 1.

5.3 Legal and Constitutional References

- 5.3.1 Article 7 of the council constitution sets out the functions of the Health and Wellbeing Board. These functions are:
- a. To jointly assess the health and social care needs of the population with NHS commissioners and use the findings of a Barnet Joint Strategic Needs Assessment (JSNA) to inform all relevant local strategies and policies across partnership.
 - b. To agree a Health and Wellbeing Strategy (HWBS) for Barnet taking into account the findings of the JSNA and strategically oversee its implementation to ensure that improved population outcomes are being delivered.

- c. To work together to ensure the best fit between available resources to meet the health and social care needs of the whole population of Barnet, by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council.
- d. To provide collective leadership and enable shared decision making, ownership and accountability
- e. To promote partnership and, as appropriate, integration, across all necessary areas, including joined-up commissioning plans and joined-up approach to securing external funding across the NHS, social care, voluntary and community sector and public health.
- f. To explore partnership work across North Central London where appropriate.
- g. Specific responsibilities for:
 - i. Overseeing public health and promoting prevention agenda across the partnership
 - ii. Developing further health and social care integration.

5.4 Insight

- 5.4.1 COVID-19 Vaccination uptake data was reviewed from the National Immunisation Management System (NIMS) and HealthIntent data systems to identify target groups disproportionately impacted by COVID-19 vaccine inequity.
- 5.4.2 An insight gathering report was commissioned to fully understand the barriers and attitudes to vaccination in the vaccine hesitant and unvaccinated population in Barnet. The data from the report informed where to target our efforts and developing bespoke communication.
- 5.4.3 Monthly monitoring and evaluation forms were issued for small and large grants to capture; the number of Health Ambassadors recruited priority groups they have worked with, events and activities delivered, outline of events and activities, share best practices by providing examples of impact, or good, or innovative practice. Data from the monthly forms were collated in a report to DLUHC.
- 5.4.4 An End of Programme Outcomes and Experience Evaluation Report will be completed by VCS grantees at the end of their projects. The form will ask for feedback on their experience, key achievements, and lessons learned. The report will provide qualitative data on how grantees have used the funding to effectively deliver the objectives of the CVC programme.

5.5 Social Value

- 5.5.1 The VCS Grants Funding programme was managed and co-ordinated by Barnet Together, LBB's official infrastructure partnership, which includes Young Barnet Foundation, Groundwork London and Inclusion Barnet.

5.6 Risk Management

- 5.6.1 Risk One: Key target groups not funded or covered through the grants scheme.

Control and mitigation: include target groups not represented (e.g., pregnant women) can be reached indirectly through Health Ambassadors.

- 5.6.2 Risk two: Less focus/interest on vaccinations due to cost living. The rising cost of living risks many people unable to afford essentials to maintain their health. Important to build trust whilst also promoting health.

Control and mitigations: Engagement with council's Cost of Living Lead on collaboration opportunities with CVC programme. Inclusion of cost of living as a topic to address alongside vaccinations.

- 5.6.3 Risk two: Lack of effective oversight of the whole programme to co-ordinate the five workstreams.

Control and mitigations: Programme manager assigned to manage the programme who leads on immunisation workstream. Monthly steering group to ensure programme objectives are being met, regular review of project documents. Monthly meetings with VCS grantees to ensure their work aligned with programme objectives.

5.7 Equalities and Diversity

- 5.7.1 The programme aims to reducing health inequalities that have been exacerbated by the COVID-19 pandemic. There are a number of different population groups who may be less likely to be vaccinated, and towards whom strategies to increase uptake can be targeted. These include demographic groups (for example, age, ethnicity, disability, occupation etc.) and inclusion health groups (for example, people experiencing homelessness, vulnerable migrants).

5.8 Corporate Parenting

- 5.8.1 It is intended that the Community Vaccine Champions programme improves the health and wellbeing of all Barnet residents including children and young people in care.

5.9 Consultation and Engagement

- 5.9.1 An organisation was commissioned to undertake qualitative research to understand attitudes and barriers towards the COVID-19 vaccine in groups that have low vaccination rates in the borough. The final research report is included in Appendix A.

5.10 Environmental Impact

- 5.10.1 There are no direct environmental implications from noting the recommendations. Implementing the recommendations in the report will lead to a positive impact on the Council's carbon and ecology impact, or at least it is neutral.

6. Background papers

- 6.1 None