

Community Vaccine Champions (CVC) Programme

Health and Wellbeing Board Update

March 2023

Background

The Department of Levelling Up, Housing & Communities (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). In January 2022, LBB were awarded £485,000 to promote vaccine uptake amongst disproportionately impacted communities.

Since the launch of the national COVID-19 vaccination programme, it has become clear that there are also regional and local disparities in vaccine uptake between various groups and communities. These disparities occur at a very local level and have a wide range of causes. These disparities are affected cohorts with prior vulnerabilities, in both COVID-19 impact and socio-economic terms; and it is these groups that the Community Vaccine Champions programme seek to support.

The pandemic has demonstrated how important communities and community action are to public health and to the broader response. The CVC programme recognises that tailored local approaches built on effective community engagement are 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.

Working with our local partners (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.

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 with 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

Aims of the programme

In collaboration with our local partners, the aim of the programme is to support communities who face additional barriers to accessing vaccines to:

- Tackle misinformation around vaccine safety, develop initiatives to minimise practical barriers to accessing vaccine, increase trust and vaccine uptake, with a particular focus on young people.
- Increase vaccination rates overall to get as many people vaccinated as possible.
- Improve the reach of official public health messaging on vaccine safety to hard-to-reach communities through local trusted voices.

Other longer-term aims of this programme include:

- To reduce disparity and inequalities in health outcomes.
- To increase trust and engagement with government and public health messaging, building bridges between communities, community organisations and local government.
- Increase community resilience and build local networks and infrastructure to enable local areas to better respond to future crises.
- Learn from what works through increased community engagement and evidenced two-way-dialogue and build this into future messaging and engagement with disproportionately impacted people and places.

Barnet's CVC model

Commissioned: The Barnet CVC programme is commissioned by the Public Health department and uses our local partners, (Groundworks, Young Barnet Foundation and Barnet Together) which have strong existing relationships with the council, to fund smaller voluntary and community sector organisations in activities that engage communities and residents on specific themes of interest.

Broader remit: High levels of 'COVID fatigue' in recent times mean that the best route into conversation is via other health and wellbeing topics of interest. Vaccine messaging can be then introduced once engagement and trust has been established. The CVC programme has merged with larger streams of works on health inequalities. The programme expanded to include a broader range of topics including; Cardiovascular Disease Prevention, Childhood/School Aged immunisations, Flu, Mental Health, Living with COVID-19, Cost of Living, whilst also still retaining capacity to address COVID1-9 vaccinations.

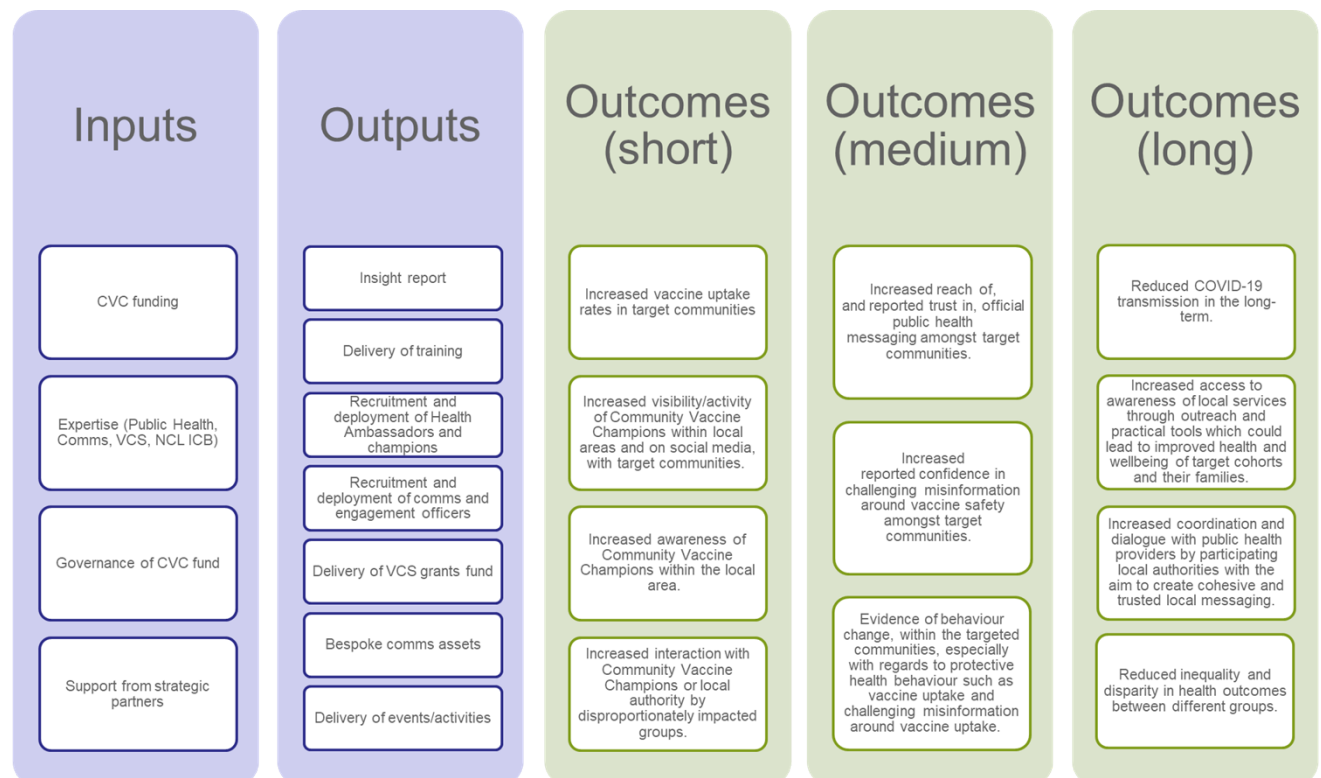
Blended approach (Paid & Voluntary): Our approach involved a blended approach to paid Health Ambassador, grant funded projects to voluntary members of the Health Champion network. On the one end, recruits to the programme are paid employees

of statutory bodies or voluntary and community sector organisations, either on a permanent, sessional basis or via grants. At the other end, the work coordinated the network is essentially unfunded, added to other council roles, and participants receive no compensation beyond occasional expenses or access to accredited training.

Two-way communication: our models involves two way communication which involved residents speaking directly to public health officials and seeing their input actioned by the statutory bodies. There was also feedback loop from broadcast communications (e.g. email, Whatsapp, social media) from communities into public health to inform strategic priorities.

Outputs and Outcomes

Figure 1 Logic model outlining the outputs and outcomes (short, medium and long) of the CVC programme.



Steering Group membership

The CVC steering consisted of following roles and organisations:

Table 1: CVC steering group membership

Role	Organisation
Consultant in Public Health/Deputy Director of Public Health	Barnet Council, Public Health
Public Health Strategist	Barnet Council, Public Health
Public Health Registrar	Barnet Council, Public Health
Public Health Officer	Barnet Council, Public Health
Senior Communications and Communications Manager	Barnet Council, Public Health
Communications and Engagement Officer	Barnet Council, Public Health
Community Operations Manager	Groundworks
Project Manager	Groundworks
CEO	Young Barnet Foundation

Workstreams

CVC programme was developed in Spring 2022, working across five distinct workstreams including:

1. Communications and Insight
2. Health Champions
3. VCS grants
4. Asylum seeker/refugee outreach
5. Training

Communications and Insight

To support the Community Champions programme, qualitative research was commissioned to:

- To understand and identify smaller populations of hesitant and unvaccinated people in Barnet, and their sources of influence.

- To identify key barriers to vaccine uptake in 2022 in different communities and areas
- To identify channels for effective communications and engagement for different communities and areas

The findings provided key reasons for non-vaccination and concerns of low uptake groups about vaccinations, and potential community engagement and communication interventions to increase uptake. The data informed our communication planning on where we targeted our efforts, bespoke communications developed and supporting health champions/ambassadors with conversations.

Communication and Engagement Officers were recruited to provide:

- a strategic overview of all communication and engagement activities across the programme and,
- support VCS organisations through tailored and targeted evidence based messaging.

See below - Final report on *Understanding the vaccine hesitant and unvaccinated population in Barnet, Public Perspectives*



LBB Vaccination
Research - Report FIN

Extension of Health Champions programme

This workstream built upon the successful Health Champion programme managed by Groundwork London. The CVC funding was used to extend the programme by:

- Further recruitment and development of volunteer health champions with a specific focus on vaccinations in groups and areas where vaccine uptake is currently low, supported by our community engagement and comms officers and additional training
- Recruitment and deployment of Health Ambassadors* where the VCS are unable to do so (as a second wave).
- Working closely with VCS organisations hosting their health ambassadors, to align the training and coordinated efforts of all health ambassadors across the borough

Health Ambassadors aim to build connectivity and trust in communities where vaccination uptake is low. Health Ambassadors empower individuals to protect themselves, their families and their networks.

Nine Health Ambassadors have been recruited:

- 7 from VCS organisation through the grant funding process
- 1 directly recruited to work with the Jewish community by Groundworks
- 1 directly recruited by Barnet Council to work with Asylum seeker/refugee community

See below – Health Ambassador Job description



Health Ambassador
example JD (1).pdf

VCS Grants fund

The programme funded a range of VCS organisations focusing on areas and groups where vaccine uptake is the lowest. The fund was designed to build connectivity and trust in those groups who need it most. The funding was disseminated through our VCS administered Barnet Community Fund, managed by Barnet Together, LBB's official infrastructure partnership which includes Young Barnet Foundation, Groundwork London and Inclusion Barnet.

Two rounds of VCS grants funds were launched to fund;

- Small grants (£500 – £2000) to hold events and work with pool of Health Ambassadors to undertake awareness/community events
- Larger grants (up to £20,000) to employ a Health Ambassador to support Barnet Council and local NHS to understand local barriers and needs raise awareness of local support and to promote vaccination uptake OR create a project to address one of the target groups and run events across a period of up to 12 months to aid vaccine uptake.

The Barnet Together Partnership, in collaboration with Barnet Council, awarded 11 Organisations to undertake this work, totalling £151,500.

Table 2: Barnet Community Fund – Vaccine Confidence Grant Award summary

Organisation	Amount funded	Location of Project	Target groups
The Romanian and Eastern European Fund	£20,000	Burnt Oak/Colindale	Eastern European community
SAFA CIC (Skills, advice, food aid)	£20,000	Burnt Oak/Colindale	Black Caribbean, Black African and other black communities
BeLifted	£20,000	Colindale, Edgware, East Finchley	Black Caribbean, Black African and other black communities. Muslim faith groups

Exposure Organisation	£20,000	Colindale/Edgware/ East Finchley	Young people
Barnet Somali Community Group	£2,500	Hendon, Colindale, Burnt Oak	Black Caribbean, Black African and other black communities. Muslim faith groups, Eastern European communities
Barnet TV	£2,000	Barnet wide	Eastern European communities
Community Network Group	£20,000	Finchley	Asylum seekers, residents with serious mental health
Centre of Excellence	£20,000	Grahame Park	Black Caribbean, Black African and other black communities. Muslim faith groups, Muslim faith groups
The Langdon Foundation	£20,000	Edgware	Residents with learning disabilities and their carers, orthodox/ultra orthodox Jewish communities
The 4Front Project	£20,000	Grahame Park	Young people, Black Caribbean, Black African and other black communities. Muslim faith groups
African Cultural Association	£2,000	Hendon	Black Caribbean, Black African and other black communities. Muslim faith groups

See below the full list of the award summary, VCS organisations and project outlines :



Barnet Community
Fund Vaccine Confide

Asylum Seeker/refugee outreach

Barnet has over 1000 asylum seekers housed within five hotels in the borough. The funding was used to work with VCS organisation (New Citizens Gateway and

Persian Advice Bureau) who specifically support these groups to increase awareness, engagement and uptake of vaccines. As part of this workstream, a Health Ambassador was recruited to build connectivity and trust in the communities where uptake is low. The Health Ambassador will work to empower individuals to protect themselves, their families and their networks.

Key priority areas of work:

- Vaccinations
- Education and access to healthcare
- Mental Health

Training

The aims of the training workstream are:

- To equip all new recruited staff under the CVC programme (including health champions, health ambassadors, outreach workers, comms and engagement officers) with the knowledge, confidence, skills and tools to tackle barriers and hesitations to vaccine uptake
- To ensure staff working under this programme have a basic understanding of vaccines in general and the COVID-19 vaccine in particular, including common myths, lack of confidence, how to signpost, motivational interviewing skills
- To equip staff working under this programme to have informed discussions with residents on wider health issues as/when they arise
- To ensure all new staff under this programme understand the wider context within which vaccine hesitations and barriers occur, including health inequalities, wider determinants of health, the local health services landscape and health governance across the borough.

A three-level training programme was offered at the following levels:

Table 3: Summary of training offered during the CVC programme

Level	Training programme	Target groups
Basic	Making Every Contact Count (MECC) – consists of a 45-minute online Make Every Contact Count (MECC) training delivered through Social Marketing Gateway. This training is free and offers participants the knowledge and skills to make the most of each opportunity to help people improve their health and wellbeing. The MECC e-learning course aims to give the skills and confidence to 1) recognise an opportunity to have a conversation, 2) offer advice and 3) signpost to local support	This training is offered to all staff and volunteers under the CVC programme but is particularly aimed at health champions who show an interest in vaccine inequity and would like to be upskilled.

Intermediate	consists of a 2-3 hour face-to-face training on 'Conversational skills to reduce vaccine hesitancy' delivered through Social Marketing Gateway and will harness the building blocks of motivational conversations and the core skills, strategies and processes required to have them	This training is offered to all staff and volunteers under the CVC programme but is particularly aimed at health champions who have completed their online MECC training and would like to upskill themselves and become vaccine champions.
Advanced	Consists of a 1-day training (8 hours) face-to-face from the Royal Society of Public Health (RSPH) for a Level 2 Award in 'Encouraging Vaccination Uptake'. This training provided learners with the knowledge and understanding to promote the importance of vaccination programmes and to use behaviour change models and motivational techniques to support individuals in making a decision to receive a vaccination.	This training will be mandatory for those directly recruited under the CVC programme including: Comms & Engagement Officers Health Ambassadors Outreach Officers This training will also be available for anyone working under this programme who would like to complete it.

Alongside the 3-level vaccination training, staff under this programme will need a comprehensive induction programme and ad-hoc training (to be continually reviewed) to understand the context in which vaccine inequity exists, which should include:

Induction	<p>An introduction to London Borough of Barnet – to include local demographics</p> <p>An introduction to Barnet Public Health - to include local health context, priorities and services available, as well as an introduction to our comms & engagement officers and our outreach officer under this programme</p> <p>An introduction to Barnet CCG – to include vaccine offers, sites, etc.</p> <p>An introduction to Groundwork – to include information about the health champions programme and the monitoring and evaluation requirements of the programme</p>	This training will be mandatory for those directly recruited under the CVC programme including: Comms & Engagement Officers Health Ambassadors Outreach Officers
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Ad-hoc training	Specialised training to be stood up and offered to staff on this programme according to need. The steering group will review the training needs of the programme and commission training through Groundwork. Examples of training may include: childhood immunisations, how to edit and record videos for communications.	This training will be mandatory for those directly recruited under the CVC programme including: Comms & Engagement Officers Health Ambassadors Outreach Officers
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Monitoring and Evaluation

Monitoring and evaluation has been planned throughout the course of the CVC programme.

Table 4: Summary of three different monitoring and evaluation forms for the CVC programme

DLUHC monitoring and evaluation form	Monthly monitoring forms	End of programme outcomes and experience evaluation report
Completed by LBB, Public Health	Completed by VCS grantees	Completed by VCS grantees at the end of their projects
Monthly progress reports were provided to DLUHC using a set template up to August 2022, progress reports after this point were requested quarterly. Data requested on: Current spend and progress against delivery plans, number of health champions/ambassadors recruited, number of events/activities, number of key collaborators	As a funding requirement, all VCS grantees were required to complete a monthly monitoring form. The form was based on the data requested on the DLUHC form. There were two forms; one for smaller grants and one for larger grants:	For grantees to obtain their final 10% of funding, they will be asked to complete a final monitoring and evaluation report to provide feedback on their experience, key achievements, and lessons learned. This will provide us qualitative data on how the grantees used the funding to effectively deliver the objectives of the CVC programme.

Budget:

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. The table on the below indicates the funding allocated to each workstream.

Table 5: Outline of CVC budget breakdown by workstream

Workstream	Total
Communications & Insight	£161,314
Health Champions	£87,800
VCS Grant	£159,000
Asylum Outreach	£36,172
Training	£20,740
Contingency	£19,974
TOTAL	£485,000

Lessons learned so far

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. Please note the summary below provides learnings to date, a final report will be produced in August 2023 to capture further feedback from VCS grantees as they complete their projects.

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. This included using mediums such as WhatsApp, Zoom, targeted social media advertising, doorstep engagement, faith buildings, food banks, and schools. More importantly there were **power shifts within relationships, enabled** by communities developing their own messaging and engagement strategies.

Communications: The CVC programme enabled communities to directly inform the council on what was happening on the ground and also allowed officials to explain the decisions being made communities’ behalf. The CVC 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 councils is seen to be **collaborative and acting upon communities’ needs by being more connected to what is happening on the ground**.

Building trust: While the CVC programme is inherently based upon sharing information 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 can not be achieved with piecemeal projects in the short term; **it requires months, if not years, of repeated engagement, action and delivery follow through**.

Local, trusted voices (e.g. local faith leaders, NHS staff, young people, locally known volunteers and people from the communities we wish to engage) have been key stakeholders in the engagement of hard-to-reach communities. Working in partnership with local VCS organisations, which have deep understanding of their community and have built trusted relationships, is key to reaching those most vulnerable.

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 offered training to grantees throughout the duration of the programme which allowed them to gain knowledge and skills to effectively engage with their communities on different health topics. The offer of training also helped to sustain interest and commitment from the grantees.

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. Along with Groundwork London and Young Barnet Foundation, the council provided the support, framework and guidance for VCS organisations to thrive.

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. It is also difficult to capture authenticity through the evaluation process. 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, evaluating programmes like this is not necessary but **capturing qualitative information through case studies may prove to be more beneficial for demonstrating success**.

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 take them for granted**.

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. Our Champions provider, Groundwork London, work closely with its Barnet Together partners and other local VCS coordinated the VCS grants funding programme. A Groundwork project manager co-ordinated the VCS grantees and provided the bridge between the council and VCS organisations. This role was integral to the provision of training, support and, infrastructure to grantees to ensure they were able to deliver to the best of their abilities. Furthermore, the **role was integral to generating enthusiasm, sustaining interest and maintaining relationships**. It was important that the role was filled by an organization outside the council.

Legacy of the CVC programme

Our Health Ambassadors/VCS grantees have been recruited from local communities by well networked community partners. They have been trained and supported to co-develop the best plan for activity for engaging people in their communities around vaccination. Co-production has allowed an equal level of position which encourages trust and respect to support our medium and longer term goals of:

- Increased trust and reach of our public health messaging
- Increased access to community groups with greater trust and cohesion
- VCS grantees feel more confident in challenging misinformation around vaccine hesitancy
- Strengthening relationships between health professionals and statutory bodies

Principles of this programme could be used as a system wide approach to link activity to tackle wider health inequalities.

Training has equipped our Champions with valuable skills to continue to empower communities to have a voice, so that their voice is heard, which helps shape stronger, safer and, more informed communities.

Next steps

Communications and Insight

- We will continue to support VCS organisations with communications and engagement in addition to supporting childhood/school aged immunisation programmes in light of the changes in COVID-19 vaccination guidance (booster doses no longer available for healthy adults)

Health Champions

- We will continue to utilise our Health Champions for the health promotion messaging.

Asylum seeker/refugee workstream

- A Health Ambassador was recruited in December 2023 for 12 months to address connectivity and trust in the communities living in the asylum hotels in the borough. The HA will work closely with the Public Health Neighbourhood team and the Borough of Sanctuary steering group to address three key priority areas: vaccinations, mental health and access to healthcare.

VCS grantees

- We will continue to support VCS grantees and Health Ambassadors to work with their communities to address health and wellbeing topics

Evaluation

- As grantees finish their projects, we will continue to collect qualitative information via case studies and monitoring and evaluation forms to assess the programme.