UK Health Security Agency

NHS

EVALUATION & IMPACT REPORT

April 2024

THE LEGACY & HEALTH EQUITY PARTNERSHIP

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EVALUATION AND IMPACT

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1. EXECUTIVE SUMMARY

This report provides a high-level assessment of the Legacy and Health Equity Partnership (LHEP). The purpose is to demonstrate the programme's impact and provide learning for the wider health system as the programme comes to an end.

The report is framed through five main sections:

1. Background and context of the programme and why it was developed.
2. Overview of the LHEP programme and areas of work.
3. Summary of evidence including the evaluation and reports from individual projects developed through the LHEP programme.
4. Insights from the evaluation of the LHEP programme, including a summary of interviews and focus groups.
5. Next steps and sustainability including a toolkit and recommendations.

1. BACKGROUND

The Legacy and Health Equity Partnership (LHEP) was a two-year NHS funded, multi-stakeholder programme with a focus on reducing health inequalities in screening, immunisation and access to health.

This project was initiated through London leadership in response to the disproportionate impact of COVID-19 on London communities and inequity in vaccine uptake. This evidence based and evidence generating programme, aimed to build on lessons from the pandemic, to strive for sustainable, innovative and impactful change in reducing health inequalities for London in partnership with communities and collaborate across organisations to unify partners on this critical agenda.

2. THE LHEP PROGRAMME

The programme was developed through listening to communities and health partners to identify gaps. The programme focused on system leadership with 12 core programmes of work delivered through three pillars:

Community first and community driven
- Voices of asylum seekers and refugees
- Community microgrants programme
- Community led communications
- Community and faith health networks

Engaging our workforce
- Project Health Resilience health literacy programme
- Communities of practice
- General Practice and community engagement
- Vaccine hesitancy training

New ways of working
- Looking differently at the data
- Vaccines in new spaces
- Vaccines and screening for inclusion health groups
- Research

3. SUMMARY OF EVALUATIONS AND REPORTS OF LHEP PROJECTS

A number of outputs were delivered by, or in partnership with the LHEP programme, including fifteen evaluations and reports, six presentations at national and international conferences, seven academic papers published or in process, six webinars and community workshops and five toolkits.

Key themes, findings and insights drawn from this evidence include recommendations to:
- *Start with the data and evidence:* and ensure that data and learning are shared, and behavioural insights are considered.
- *Work with communities:* co-design and co-produce with communities, take a community centered approach, build trust and focus on underserved communities.
- *Innovate and ensure sustainability:* expand perspectives on where different services can be delivered and collaborate with local community groups.
- *Consider partnerships and leadership:* communicate effectively, take a hyperlocal approach and deliver relevant training.

4. INSIGHTS FROM THE LHEP PROGRAMME EVALUATION

Those interviewed were overwhelmingly positive about the programme including the role of LHEP in system leadership for the health equity and community engagement space. They highlighted the outputs achieved, the success in meeting the programme objectives, the quality of the evaluations and the breadth of impact for such a small team, noting that the programme would be greatly missed. Insights from those interviewed were collated across three areas: the value added by LHEP, challenges and the legacy.

Value added by LHEP

- *Partnerships and leadership:* The role of a dedicated team with resources championing health equity to sustain focus, keep momentum and drive direction on health equity was seen as important, as well as the visible focus of the leadership role within the health equity and engagement space. LHEP was also seen to be a 'ring-holder' in this space, key in building successful partnerships and collaborations and had significant value in demonstrating the importance of the regional role. The successful leadership and vision of the programme itself was also noted.

- *Working with communities to reduce inequalities:* A recurrent theme was the effective role that LHEP played in community engagement and establishing relationships and networks with community partners to meet their holistic needs and enable two-way conversations between health systems and communities.
- *Championing the co-production approach:* Actively listening to communities, building trust, focusing on communities in vulnerable circumstances and respecting diversity were particularly recognised by interviewees.
- *Innovation and sustainability:* The innovation of the programme, as well as the innovation of individual programmes of work, were mentioned including the faith and community health networks, Project Health Resilience and the microgrant project. The flexibility to react in an agile, responsive way and providing tangible areas of work was seen to be important.
- *Data, evidence and learning:* It was reflected that LHEP played an important role, building on the learning from COVID-19 and developing evaluations.

Challenges

- The short-commissioned duration of the programme was felt to potentially affect the longer term impact, maturation of relationships and sustainability and funding of the projects.
- The small size of the team was referenced as a challenge in preventing more work being done in this important space, so that not all underserved communities could be reached.
- A need for greater visibility of the programme across health partners and the public was also referenced with potential for greater showcasing and sharing of the work. Potential for further transparency around governance and ways of working for communities was mentioned, as well as a desire for even more intelligence around health data.
- A further challenge raised was objectively measuring the impact of community engagement on increased vaccine uptake with so many system variables, noting that this was not specific to LHEP.

Legacy

- All those interviewed perceived that the programme had produced a lasting legacy for London.
- The aspects highlighted included the sustained relationships with communities and introduction of new partnerships for the equity agenda together with driving system leadership for the capital.
- Innovative approaches, effective community-centred campaigns and communications, the success in changing mindsets and ability to have embedded ways of working into existing structures were referenced.
- An important legacy was seen to be the influence that LHEP has had on current and future commissioning by the NHS and other statutory bodies – this was seen as one of the enduring legacies and one that goes beyond immunisations and screening.
- Most of those interviewed felt that the learning of the programme extended beyond vaccinations, beyond London and that the LHEP approach sets out a blueprint for others to follow.

5. NEXT STEPS AND SUSTAINABILITY

The legacy of LHEP is through four key areas:

- *Evaluation and evidence:* The reports and evidence generated ensuring that these are showcased and shared for learning.
- *System leadership:* Recommendations for the Health Equity Group.
- *System insight:* Embedding LHEP ways of working into business as usual.
- *Innovative programmes and partnerships:* New innovative programmes that were established through LHEP have been embedded into the London system and will now continue beyond the LHEP programme as longer-term initiatives or programmes of work for the capital.

The LHEP Approach for Health Equity

LHEP has been committed to robust evaluation, learning and dissemination of insights from the inception of the programme and throughout the two years of programme delivery.

The key themes, findings and learning generated by and through LHEP has been drawn together into the 'LHEP Approach for Health Equity', a simple but hopefully powerful framework to guide and support partners working across the health and care system to embed health equity, bringing together the four key integral pillars of data evidence and learning, partnerships and leadership, working with communities and innovation and sustainability.

A supporting toolkit of the 'LHEP Approach' is available separately, with the key elements included in this report.

RECOMMENDATIONS

Specific recommendations have been drawn from the threads of the work to support building on good practice.

For all health & Public Health partners including Directors of Public Health

- To proactively and systematically champion, adopt and embed the LHEP Approach for Health Equity within your organisations, partnerships and systems.
- To actively promote and support the planned pan-London multistakeholder immunisations communications campaign for London that forms part of the London Immunisation strategy: to provide a drumbeat for London and consistent messaging for London aiming to reduce vaccine inequity.
- To identify and respond to the training and development needs of the workforce in relation to knowledge and skills for health equity and community engagement, including for health and care leaders (and future leaders), cultural competency training and supporting healthcare staff with challenging conversations such as vaccine hesitancy.

For the Health Equity Group

- To take on the system leadership legacy of LHEP by championing, integrating, promoting and building on the LHEP Approach for Health Equity. This can be facilitated at every level of the HEG ecosystem and through the subgroups including the Health Equity Community Forum, Health Equity Collaborative and Health Equity Data Collaborative. Part of this is promoting cross organisational collaboration and partnership working across London on the health equity and community engagement agenda.
- To sustain and develop a regional focus on health equity to support once for London approaches, and shared learning including identifying communities with greatest need for focused initiatives across London.
- To have oversight of the faith and community health networks as they transition to their next phase through the Health Equity Community Forum and Health Equity Collaborative.
- To support system work to improve the quality and completeness of data including on protected characteristics and other dimensions of equity, such as inclusion health indicators through the Health Equity Data Collaborative.
- To promote and disseminate widely the findings and lessons from LHEP, beyond vaccinations and screening, to partners across the wider health and social care systems.

For ICS leads

- To continue to adopt community-centered approaches to service planning, design and delivery. Planning effectively for collaboration and co-design including ensuring realistic timelines (making time for feedback) and budget, considering the holistic needs of communities and work to support engagement with underserved communities through engaging them in relevant sites and piloting new locations.
- To distill, consider and act on learning from the LHEP General Practice and community engagement study to support potential for best supporting primary care on the health equity and community engagement agenda.

THE IMPACT OF LHEP SUMMARISED IN NUMBERS

12
Innovative LHEP partnership programmes of work

10,000s
of people from underserved communities across London reached through LHEP programmes

5 Community & Faith Health Networks established, delivering
8 health stands
9 Community conferences and events

20 Community health engagement programmes funded through
£100k
of microgrants to support partnership working with underserved communities

50 community health programmes across **8** London boroughs discussing health priorities and barriers with
4,648
Black Londoners

9,085
bookmarks given to targeted children in London schools to promote vaccines

20,500
Bangladeshi Londoners encouraged to take up winter vaccinations in local Bangla media

63 Project Health Resilience health literacy sessions delivered by health professionals

Health literacy sessions provided to over
1,000
16-19 year olds

3 Vaccines in new places
11 pilots in different clinics
immunising **100** young people

11 JITSUVAX confident vaccine conversations sessions for health professionals across London

3 Communities of practice
1 Community advisory board for migrants and refugees

1 Pan-London General Practice community engagement survey

8
Community conferences, workshops and webinars

11 academic papers published or in process

5 conference presentations
6 evaluation reports shared

10 Principles for vaccination established for London and embedded in the London Immunisation Strategy

1
Pan-London pan-agency community co-produced immunisation communications campaign

2. INTRODUCTION

The Legacy and Health Equity Partnership (LHEP) was a two-year, NHS funded, multi-stakeholder programme of work with a focus on reducing health inequalities in immunisation, screening and access to health in London.

The programme aimed to build on lessons from the pandemic to strive for sustainable, innovative and impactful change in partnership with communities and health and care organisations to ensure that no community is left behind.

This report seeks:
1) To understand and analyse:
a. Where LHEP added the most value
b. Challenges and obstacles
c. Perceived legacy of the programme

2) To produce principles of health equity and how they can be integrated into 'business as usual' within the current system, including how they can be applied to engage communities to ensure equibility of service design.

3) To make recommendations for regional and system leaders to facilitate the integration of the principles into the wider London system for the longer-term including specific recommendations for the Health Equity Group where system leadership of the programme will continue.

Methodology and framing
This impact report is framed through five sections

1. B*ackground and context:* of the LHEP programme

2. *Overview of the LHEP programme:* and areas of work

3. *Summary of evidence:* a list of all the evaluation and reports, peer review papers, conferences and webinars and community workshops delivered by or in partnership with the LHEP programme. This section ends with a summary of the key themes, findings and recommendations drawn from this evidence.

4. *Insights from the evaluation of the LHEP programme:* A series of 16 semi-structured interviews (20-45 minutes) and five focus groups with key stakeholders and partners (NHS and integrated Care Boards, Association of Directors of Public Health, London Councils, Office for Health Improvement and disparity, Greater London Authority and UK Health Security Agency) have supported the development of this report. The interviews were conducted by seven interviewers (aiming to match interviewees with those they would not know well) with a purposely selected sample over January to March 2024. Interviews were conducted over Microsoft Teams and Zoom. Key areas explored in the interviews included LHEP's strengths and weaknesses, where it added value and what future work in this space is recommended. All interviews were recorded and transcribed with the data coded inductively and drawn into preliminary themes. Ethics for interviews was obtained through the UKHSA Research Ethics Group.

5. *Next steps and sustainability:* The report concludes by outlining the next steps planned, provides detail of the 'the LHEP Approach for Health Equity', including a checklist, and recommendations for partners.

3. BACKGROUND & CONTEXT

3.1 CONTEXT AND BACKGROUND OF THE LEGACY AND HEALTH EQUITY PARTNERSHIP (LHEP)

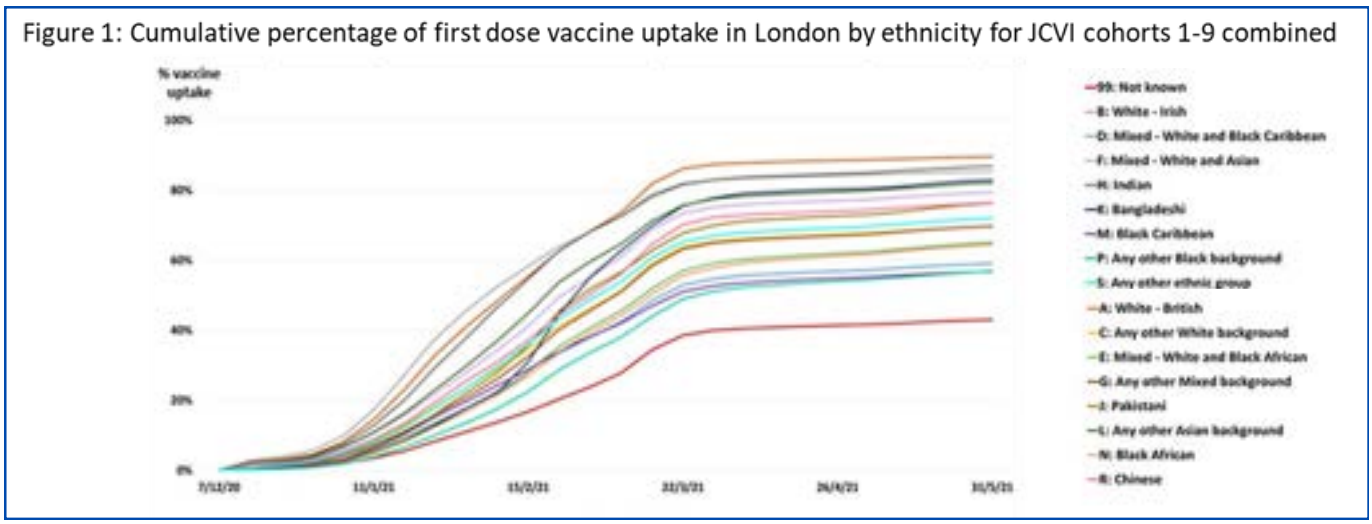
The COVID-19 pandemic had a disproportionate impact on many communities with respect to disease and vaccine inequity, which exacerbated preexisting health inequalities. These inequalities are in the context of historically low routine vaccination rates across the capital; despite continued efforts of partners, London has the lowest childhood immunisation uptake of any region in England with wide variation in uptake across local boroughs.

Figure 1 highlights the substantial inequalities in COVID-19 vaccine uptake after the first six months of the COVID-19 vaccination programme, with stark differences in uptake by ethnicity ranging from 90% in White British compared to 57% in groups with the lowest uptake.

Much was learnt from the delivery of the vaccine programme around working with communities to reduce health inequalities with health partners wanting to act on that new knowledge.

Following on from the work of the Vaccine Legacy and Equity Group, which was established in 2021, there was a commitment to continue to place health inequalities at the core of London work. The aim was to create sustainable improvement driven by a shared ambition to make London a healthier city.

Figure 1: Cumulative percentage of first dose vaccine uptake by ethnicity for JCVI cohorts 1-9 combined



Source: Halvorsrud et al., 2022 - [Tackling barriers to COVID-19 vaccine uptake in London: a mixed-methods evaluation]

In response to this, in March 2022, senior London leaders committed to the development of the Legacy and Health Equity Partnership (LHEP); a two-year multistakeholder programme of work aiming to close the equity gap in vaccinations, screening and access to health, funded by the NHS and delivered in collaboration with London partners (including UKHSA London, OHID, GLA, London Councils, ADPH) and London communities. The aim was to build on the lessons from COVID-19 and to go beyond vaccination with a focus on underserved communities considering their access to health as part of the programme.

The LHEP approach was for creative, innovative, sustainable approaches in a model that was evidence based (including behavioral insights), and evidence generating (through sharing good examples of work, producing rigorous evaluations, and publications) to build on best practice.

The intention was also to support system leadership in health equity on this agenda for London across organisational boundaries and to showcase the work demonstrated by all London partners in this space. Also key, was building trust and working holistically with communities and co-designing activities with them with the intention of embedding new ways of working as business as usual, was also key to the LHEP approach.

Delivery has been multifaceted, bringing together activities at the hyperlocal, borough, Integrated Care Systems (ICS) and regional levels, together with national partners.

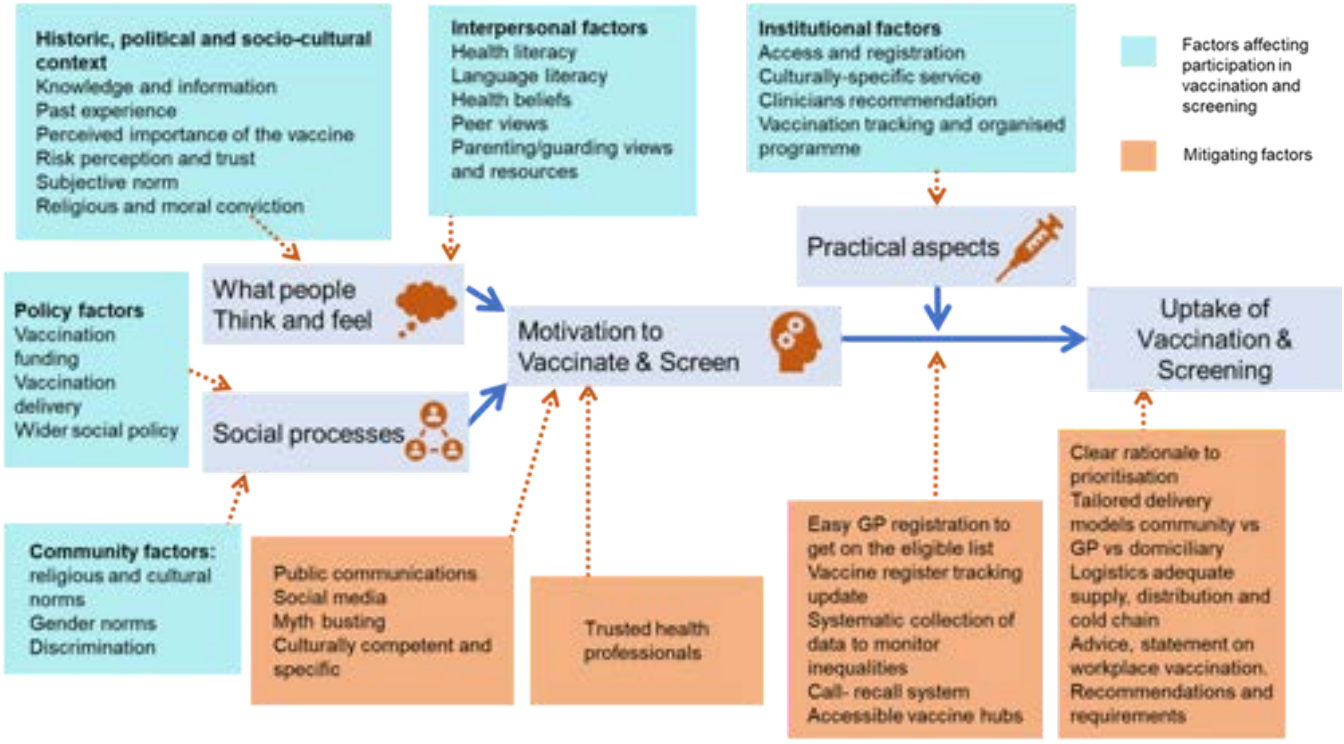
The model of LHEP was established upon a theoretical framework based on the factors affecting participation in vaccination and screening (figure 2).

In addition the work was underpinned by an approach with commitment to:

- learn from round tables with communities and community engagement by London partners throughout the pandemic and beyond.
- listen to health partners as to what they saw as the gaps in this space, as well as understanding what would facilitate their work.

The evolution of this learning from the pandemic and into the LHEP programme is demonstrated in figure 3 on the following page.

Figure 2: The Theoretical Framework behind LHEP



Adapted from: Brewer, N. T., Chapman, G. B., Rothman, A. J., Leask, J., & Kempe, A. (2017) - Increasing Vaccination: Putting Psychological Science Into Action - Noel T. Brewer, Gretchen B. Chapman, Alexander J. Rothman, Julie Leask, Allison Kempe, 2017 (sagepub.com) and Campos-Matos, I., and Mandal, S. (2021) - Annex A: COVID-19 vaccine and health inequalities: considerations for prioritisation and implementation - GOV.UK (www.gov.uk)

> Building on the lessons of the pandemic LHEP provided a standard narrative and shared purpose on the equity space.
>
> *Interviewee*

> LHEP has created a focal point for working with communities for health equity in London. It now has an identity and reputation as a positive project showcasing creative ways of working across London.
>
> *Interviewee*

Figure 3: How LHEP developed programmes from lessons learnt from the pandemic

	Lessons from the COVID-19 pandemic		Activities
	From responding to the COVID-19 pandemic, we know:	**To build a lasting legacy there was a need to:**	**LHEP built a legacy for London through:**
COMMUNITIES FIRST, COMMUNITY DRIVEN	London's communities are resilient and can take action to protect and improve their health	Provide communities with the support and infrastructure necessary to deliver lasting change to the health outcomes of populations	**Community and faith health networks** Developed community-led networks that are supported by health partners to address key health issues
	Many communities experience significant health inequalities	Holistically engage with communities Provide platforms for communities to share their experiences	**Round table discussions** Provided a forum to listen and respond to the health needs of communities – as well as update on progress
	Existing health services do not completely meet the needs of many communities	Raise awareness of essential services through community-specific communications Support collaboration between service providers, commissioners and communities	**Community-led communications** Embedded tailored communications around screening and immunisations through co-produced messages that meet community needs
	Communities don't feel they have a voice to change health services and systems to better represent their needs	Provide platforms for communities to share their experiences	**Voices of asylum seekers and refugees** Listened to experiences, views and needs of asylum seekers and refugees are captured to build on best practice
ENGAGING WITH OUR WORKFORCE	Communities can lack trust in health services and systems to meet their health and care needs	Holistically engage with communities Improve patient experiences by making meaningful changes to the way we deliver health services	**Inclusion Health/Gypsy, Roma and Traveller support** Supported communities of practice and other forms of support bring health partners together to improve healthcare design and delivery for IH groups
	Communities want health advice and information from *'people who look and sound like them'*	Support health professionals and community representatives to become health advocates in their communities	**Community Champions & Bureau of Speakers** A platform to promote key health messages in their communities
	Some Londoners have challenges in accessing health services	Bring health partners together to collaborate and share best practice in engaging with communities experiencing vulnerability	**Community of practice for asylum seekers and refugees** A forum to share insights from work with this community
	Some Londoners don't always receive appropriate information and education to make informed choices about their health	Improve knowledge and understanding of the health system and how to access key services	**Project Health Resilience** Delivered a health literacy programme in schools to improve knowledge and confidence of health services
EMBEDDING NEW WAYS OF WORKING	Service delivery impacts health outcomes and inequalities in London	Deliver services in new and innovative ways that better respond to the needs of communities	**Vaccines in new spaces** Coordinated pilots for long term learning – with a focus on new delivery models for childhood immunisation delivery
	High-quality data can support effective, targeted health service delivery	Develop data tools that allow us to identify and explain health inequalities across London	**Developing inequalities data** Brought programme and demographic data together to inform thinking and messaging around inequalities
	Joined-up and collaborative approaches to delivering health services are most effective for communities	Support effective system collaboration across regional, system and place-based levels	**Mapping and sharing practice across London** To understand ongoing work around screening and immunisations across London
	Specific approaches are needed to meet the health needs of London's most vulnerable populations	Continue to support targeted approaches to service delivery for inclusion health groups	**Vaccination and screening for inclusion health groups** Developed specific approaches to support inclusion health groups

> No one listens. We ask again and again for culturally specific resources, and more culturally appropriate services.
>
> *Turkish Community Support Worker*

> We need a clear reason why it is important to have the vaccine – especially for younger members of the community.
>
> *Pakistani Community Support Worker*

> The health system is not set up for me.
>
> *Young Black Student*

4. THE LHEP PROGRAMME

4.1 AN OVERVIEW OF LHEP

LHEP's approach focussed on gathering insights from communities and co-producing interventions to reduce health inequalities and build community resilience.

The projects were developed (figure 3) and delivered under three key pillars (figure 4):

- Community first and community driven
- Engaging our workforce
- New ways of working

Under the three pillars, there were 12 programmes of work - with a strand of system leadership for each pillar. The operational projects allowed piloting of different areas, building of evidence, and development of an understanding of what works and what needs adapting to support focus for the system leadership.

Figure 4: Three key pillars

Community first & community driven

Engaging our workforce

Embedding new ways of working

system leadership

Facilitating community engagement across London
Ensuring the experiences, views and needs of communities inform delivery, communications and engagement

Building a sustainable model that recognises the role of the workforce in supporting health literacy and trust

Piloting, testing and evaluating to embed ways of working into business as usual across partners.

programmes of work

Voices of asylum seekers
Working with partners across policy, research, and clinical practice to enable the voices of asylum seekers and refugees to be reflected across the system.

Community Microgrants Programme
Supporting hyperlocal, community led initiatives through the delivery of a programme of micro grants to develop best practice approaches and development of community boards.

Community-led communications
Embedding tailored communications around vaccinations and screening in partnership with communities.

Community & faith health networks
Establishing networks that are led by communities and supported by health partners to address the health issues that matter to them.

Project Health Resilience Health literacy programme
delivered by doctors and health professionals to 16-19 year olds in schools and youth settings to improve knowledge, confidence & trust in health services.

Communities of Practice
Forums for public health and health professionals to share best practice and discuss barriers to delivery and engagement for London communities.

General Practice and community engagement
Partners across the primary care system and academia established a baseline for community engagement through General Practice to reduce health inequalities in London.

Vaccine Hesitancy Training - JITSUVAX
To support health professionals have vaccine confident conversations using an evidence-based approach.

Looking differently at the data
Linking data from different programmes and with census and other demographic data to inform thinking and messaging in inequalities.

Vaccines in new spaces
Supporting pilots for long term learning including a focus on opportunistic childhood immunisations in outpatient departments, pharmacies and in community settings.

Vaccines and screening for inclusion health groups
Working with partners to ensure a focus on access for inclusion health groups in planning and delivery.

Research
Publications in journals, case studies in WHO reports, abstracts in conferences, with opportunity to co-present some with the communities themselves.

Key LHEP milestones

MARCH 2022

London commits to a two-year NHS London funded project to mitigate health inequalities in screening, immunisations & access to health: The Legacy and Health Equity Partnership (LHEP).

APRIL to JULY 2022

- Following 'Town Hall' events with communities during the pandemic, several faith and community health networks were developed - the London Jewish Health Partnership established in May, followed by a health stand at Maccabi fun run
- London Muslim Health Network (LMHN) established & first ever health stand at Eid in the Square
- London Immunisation Challenge & Action Day
- Summer Community Childhood Vaccination Drive workshop

AUGUST to OCTOBER 2022

- London Muslim Health Network host a stall at the Halal food festival
- Vaccines in New spaces: Evelina Children's Hospital pilot launches
- Immunisation deep dive workshop in partnership with the Jewish Community
- UK Public Health conference presentation on engaging with communities

NOVEMBER 2022 to MARCH 2023

- Poster presentation at the UK Public Health Science Conference in Glasgow
- 10 Principles for Immunisations in London developed with partners for the London Health Board
- Evaluation of 8 boroughs programme for INSPIRE and Black Londoners – interviews with key partners

MARCH TO SEPTEMBER 2023

- Project Health Resilience (PHR) phase 2 pilot sessions started across London
- First cohort of PHR ambassadors recruited
- Health and Wellbeing stands at many community events
- Data Triangulation programme - ICBs breast screening data pilot
- Polio Passover co-produced campaign
- Community & Health Conference
- #StartWithPeople session on engagement of people
- First JITSUVAX vaccine confident conversations launched in London

OCTOBER 2023 to MARCH 2024

- Launch of Microgrants programme & Community Conversation Conference
- Webinar to launch the London Bangladeshi Health Partnership
- Launch of General Practice and community engagement survey
- Asylum seeker and refugee community co-production event, in partnership with St George's
- Embedding 'culturally appropriate' communications practices with partners across health system, and a pan-London immunisations communications campaign plan launched
- Faith & Community Health Networks Conference
- Evaluation of Faith and Community Health Networks – interviews with key partners
- The LHEP Approach for Health Equity Toolkit was launched at the UKHSA conference
- Programme evaluation leading to impact report and wrap up event

4.2 LHEP PROGRAMMES OF WORK

The LHEP programme involved 12 programmes of work under three pillars. Each of these projects is briefly described below. A fuller outline of the individual projects can be found in the appendix.

4.2.1 COMMUNITIES FIRST AND COMMUNITY DRIVEN

Capturing the Voices of Asylum Seekers and Refugees: regional public health, local authorities, asylum seeker and refugee communities and St George's University have worked together to develop a proposal for a health-focussed community advisory board; to act as a sustainable mechanism of creating two-way dialogue with communities and ensuring that public health policy and practice, and service improvements, are informed by the voices of asylum seekers and refugees.

Microgrants for Community Programmes: funding was allocated to 20 not for profit London-based organisations, delivering for Londoners, to support direct engagement with communities impacted by health inequality aiming to develop sustainable relationships between development of sustainable relationships between health partners and community-led organisations. These community-led initiatives were delivered between November 2023 and May 2024.

Community-led communications: are a shift away from a top-down approach that have fostered a more inclusive, effective, and people-centered approach to communication.

Community-led communications seek to ensure that everyone involved is part of the journey, avoiding stigmatisation and making communications accessible and impactful for all.

Health information and communications that are co-produced with communities, increases their buy in, especially with tailored messaging, images and tone, and when shared through culturally appropriate channels.

Five **Community and Faith Health Networks**: were set up by LHEP, led by communities and supported by health partners to address the health issues that matter to them. They have proven to be a key conduit for effective co-produced engagement programmes that have addressed community health needs, but also supported outreach for key public health priorities.

4.2.2 ENGAGING WITH OUR WORKFORCE

The health workforce strongly reflects the communities in London and therefore there is a need for leaders and organisations to engage with staff to develop, shape and contribute to specific community related activities and projects. Feedback has highlighted the importance of for staff morale and to develop trust with communities, so that they can hear from people who 'look and sound like me.'

Project Health Resilience (PHR): is a health literacy programme delivered by doctors and health professionals to 16-19 year olds in schools and youth settings to improve knowledge, confidence & trust in health services.

PHR was first developed in Camden in 2019, together with sixth form leads and young people. In 2021 pilot sessions were rolled out in Camden over a four-month period. After the success of the initial pilot, the syllabus continued to be developed in partnership with young people and health partners. In 2023 the programme has been rolled out more widely across London.

Communities of Practice: aimed to bring together colleagues working to support the health and wellbeing of asylum seekers and refugees across London, with the goal of improving their health and wellbeing and ensuring that the safety and dignity of these populations are being met at all times.

The Community of Practice was well attended with a well engaged membership. The Community of Practice contributed to work supporting the Asylum and Health Task and Finish Group.

PHR doctors and public health professionals involved in developing and delivering the programme photographed on the first 'PHR ambassador' induction and training day.

General Practice and community engagement: is a programme of work where partners from across the primary care system and academia established the baseline of community engagement in General Practice and find out the perceptions of the workforce, what community engagement strategies General Practice use and their effectiveness, what their barriers and facilitators are, and how to achieve best practice working with underserved communities across London.

Vaccine Hesitancy Training: JITSUVAX is an EU Horizon 2020 funded project coordinated by the University of Bristol working with five other EU institutions as well as one in Canada. The programme uses refutation-based learning to enhance vaccine uptake and knowledge among healthcare professionals and the public.

The vaccine communication training has been offered to staff across NHS Trusts, UKHSA staff and local authorities in London and the ESRC Impact Acceleration Account (IAA) Funding Panel has approved an application for an Award for funding for the next year as a partnership with UKHSA and NHSE. This is important for the region, which has one of the lowest vaccination rates in the country, and struggles to effectively communicate with a diverse, highly mobile population that experiences a high level of health inequality.

4.2.3 EMBEDDING NEW WAYS OF WORKING

Looking differently at the data: enhances system understanding of need at hyper-local area level to inform the design and implementation of health inequalities reduction initiatives. Standardising area-level reporting for screening and immunisation programs and integrate demographic insights from the census supports communications, engagement and health interventions to be more informed and targeted.

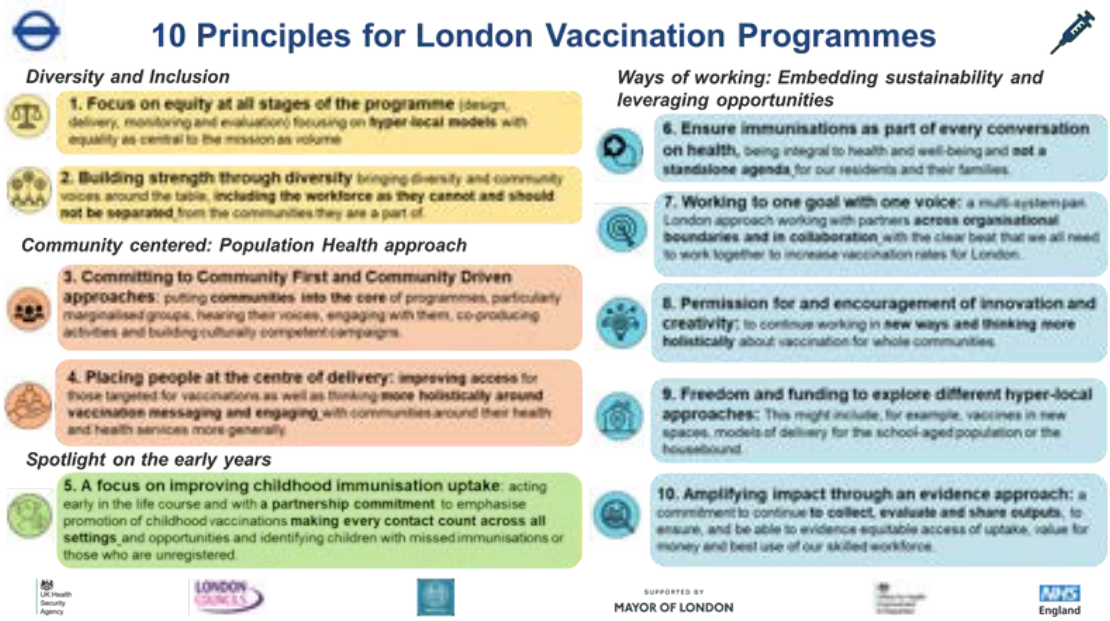
Vaccines in new spaces: programme was developed to pilot innovative models of immunisation delivery in London, with a particular focus on reducing inequalities in childhood immunisation uptake and support the healthcare workforce to deliver immunisations who would not be involved in routine delivery. A key example was opportunistic vaccinations in an outpatient department at the Evelina Hospital.

To support vaccines and screening for inclusion health groups: additional work focusing on expanding access to Primary Care services for communities who are at increased likelihood of encountering barriers include a supporting role played by LHEP in the expansion and promotion of the Doctors of the World Safe Surgeries programme in London. The LHEP team have played a connecting role, working with Doctors of the World and Asylum Health leads in London to identify a strategic route to embed the programme via the Asylum Seeker Health and Wellbeing Task and Finish Group action plan, alongside providing contextual and strategic insight regarding recent and ongoing multi-agency initiatives in the capital to mitigate access barriers in General Practice and beyond.

Research - see 5. Summary of evaluations and reports of LHEP projects

Part of system leadership for this pillar included developing the **ten principles for London vaccination programmes** (see figure 5). This was facilitated by LHEP and were developed for the London Health Board building on existing work and evidence and with a focus on reducing inequalities. They have been collectively written and agreed by UKHSA London, London Councils, ADHP London, GLA, OHID and NHS to identify areas for collaborative working and system leadership and to underpin the next phase of partnership and delivery of all London Vaccination.

Figure 5: Ten principles for London vaccination programmes



London Immunisation Strategy

To improve access and uptake in vaccines and screening for inclusion health groups, the LHEP team have supported the drafting and development of the London Immunisation Strategy (LIS), aligning LHEP principles with regional planning for increased and equitable immunisation uptake in London with a focus on the access barriers and enablers for communities who may experience exclusion from health services, including newly arrived migrant populations. The team continue to work on the LIS implementation plan, ensuring the involvement and feedback of London's community and faith health networks and ensuring consistency with the 10 principles, the London Immunisation Campaign and LHEP principles for a whole systems approach, with one voice for London. Key learning and recommendations were also shared with NHSE National Team to inform their *What Does Good Look Like? Equitable access to NHS vaccination programmes toolkit*, which LHEP played a role in drafting.

4.3 THE IMPACT OF LHEP IN WORDS

> The incredible reach of LHEP has enabled us to build new networks and partnerships and tackle health inequalities. Most importantly, LHEP has shown a welcome high level of cultural sensitivity.
>
> Faith Partner

> I feel outreach collaboration like LHEP can form a big part of future care and two-way education. I think it could be a good opportunity to facilitate educating our communities beyond our limited 10-minute consultation slots.
>
> Local GP

> The absolute ferocity of LHEP making sure that communities are heard and listened to, and the right people are in the room. It's really inspiring.
>
> Interviewee

> LHEP has worked with a number of different community groups in the borough – different religious groups, ethnic groups and age groups, building trust in the community.
>
> Borough partner

> LHEP enabled us to reach out to Muslim Londoners by having health stands at key Muslim community events over the last two years.
>
> These engagements and conversations, and indeed the optics of such partnerships, will go a long way in restoring trust and credibility in health services.
>
> Faith Partner

> The equity focus of LHEP kind of got mainstreamed into that, which was really positive and welcome.
>
> Interviewee

> The empowerment that the LHEP team gives by working with community partners, I think has been probably the biggest shining star.
>
> Interviewee

> Applauding the LHEP team for their enthusiasm and passion, because when you're passionate, that energy comes to others and that inspires others.
>
> Interviewee

> LHEP supported us to test novel innovative engagement interventions that we wouldn't have been able to do otherwise.
>
> Community Partner

> Working with LHEP has been a great opportunity to engage with a wide range of people and bring information to them in a format they can interact with and understand. I have learnt so much and feel the vaccine work will leave a legacy of better engagement in the years to come
>
> Senior NHS Clinical Adviser

> Sometimes it's just about connecting people, and then once they're connecting, there's a whole lot of energy that you see and people moving forward, and that's really important.
>
> Interviewee

THE IMPACT OF LHEP IN IMAGES

5. SUMMARY OF EVALUATIONS AND REPORTS OF LHEP PROJECTS

This section presents a list of all the evaluation and reports, peer reviewed papers, conference abstracts, webinars and community workshops delivered by or in partnership with the LHEP programme. This section ends with a summary of the key themes, findings and recommendations drawn from this evidence.

Full detail of the evidence, findings and recommendations from the individual reports can be found in APPENDIX B.

Evaluations and reports:

- Women's Health and Beyond: Evaluation of "London Informed" event with the Charedi Orthodox Jewish community (March 2022)
- Evaluation of health and wellbeing stand delivery at Eid in the Square and the Maccabi GB Fun Run (September 2022)
- Summary of routine childhood immunisation coverage sources, flows and reporting (August 2022)
- Confident conversations with health professionals – (September 2022 to December 2022)
- 10 Principles for London Vaccination Programmes – developed with partners as part of a report for the London Health Board Immunisation and Vaccinations in London: past, present and Future. (November 2022)
- Development of a refugee health assessment toolkit for specific populations to support primary care in Promoting the health of refugees and migrants: experiences from around the world. World Health Organisation Publication. 2 March 2023
- Communications Campaign for Childhood immunisations in London: An overview of the London case (May 2023)
- London Muslim Health Network: Eid in the Square 2023 Evaluation report
- Health Stand at Maccabi GB Fun Run with NWL Roving team Summary report (June 2023)
- Communications and engagement campaign for increasing childhood immunisation uptake in London Jewish communities: A community and health system partnership (January 2024)
- Health Stand at Shomrim event - Summary report (July 2023)
- Supporting the health and wellbeing of Black Londoners: Evaluation of the "8 Boroughs" programme (Dec 2023)
- Communications and engagement campaign for increasing childhood immunisation uptake in London Jewish communities: A community and health system partnership (January 2024)
- Evaluation report of the Faith and Health Network Conference (March 2024)
- Delivering an opportunistic immunisation programme in a paediatric outpatient setting: Evaluation of the vaccination service at Evelina London Children's Hospital to support the London Inactivated Polio Vaccine (IPV) booster campaign

Peer reviewed papers:

- 'Childhood immunisation programme: working with the Jewish communities - "We're potentially worsening health inequalities": Evaluating how delivery of the 2022 London polio booster campaign was tailored to Orthodox Jewish families to reduce transmission vulnerability' SSM Qualitative Research in Health 2023
- A partnership approach to supporting the health and wellbeing of the Charedi (Orthodox Jewish) community in London - The Lancet 2022. This was also included as a poster in the UK Public Health Science Conference November 2022

Papers in progress:

- The Voices of Asylum Seekers and Refugees and establishment of a migrant health community advisory board – with St George's University London
- Evaluation of faith-based health networks - with The London School of Hygiene & Tropical Medicine (LSHTM)
- Study of community engagement and General Practice - with Imperial College London
- Opportunistic vaccination in a paediatric outpatient setting - with the Evelina Hospital
- Evaluation of Project Health Resilience, education based health literacy programme - with LSHTM

Toolkits:

- Toolkit to support the delivery of health and wellbeing was showcased at the UKHSA conference in October 2022.
- The LHEP Approach for Health Equity Toolkit (March 2024)
- Faith and Community Health Network Toolkit: in progress
- Development of a refugee health assessment toolkit for specific populations to support primary care' - European Journal of Public Health. (October 2022)
- Development of a refugee health assessment toolkit for specific populations to support primary care. 15th European Public Health Conference 2022. Berlin, Germany. Boshari T, Hassan S, Hussain K, Billett J, Garry S, Weil L.

Webinars & community workshops:

- ICB's community engagement workshop (August 2023)
- Engaging underserved communities – showcasing at NHSE London all staff (August 2023)
- Reflecting on Bangladeshi history and recognising the contribution of the British Bangladeshi diaspora to London and the NHS (August 2023)
- London Informed workshops, webinars and events (December 2021 to March 2022)
- Immunisation workshop in partnership with the Jewish community (September 2022)
- Schools and immunisations focused session - workshop hosted by LJHP (March 2023)

Conferences and presentations:

- The LHEP Community Action for Partnerships in Health: A Community Conversation Event (July 2023)
- The LHEP Faith and Health Network Conference (December 2023)
- Project Health Resilience presented at Royal College of GPs One Day Essentials Conference on Adolescent Health (September 2023)
- UKHSA Conference ePoster for Project Health Resilience (November 2023)
- UK Public Health Science Conference November 2022 - A partnership approach to supporting the health and wellbeing of the Charedi (Orthodox Jewish) community in London presented as a poster.
- UKHSA conference in Oct 2022: showcased Toolkit to support the delivery of health and wellbeing.

Summary of key themes and recommendations from LHEP programme reports and evaluations

These insights are drawn from the summary of evidence taken from LHEP programmes outlined in APPENDIX B

Working with communities

- **Co-design and co-produce with communities:** Embrace actively listening to local communities, to support effective co-production of local strategies and approaches. Ensure the communication channels used are appropriate for the community and respond to key community health concerns. It is important to ensure communities are engaged in both the design and production/delivery of the interventions to guarantee the activity covers the needs of the community targeted and that the information is appropriate and culturally sensitive. Listening is important to understand concerns and barriers.
- **Take a community-centred approach:** Support the development of community-centred service design and delivery models that improve access to services for residents, alongside improvements to awareness of, and experiences within services. Community centred approaches also means addressing holistic and wider health programmes important to the community rather than focusing only on vaccinations or another health agenda.
- **Build Trust:** a need to build trust between health partners and communities through finding solutions together. Involving and partnering with trusted voices and leader was also important. The system needs to share back information, outcomes, and planned responses to communities to complete the loop and build trust.
- **Focus on underserved communities:** Look to focus support on underserved communities and there is a need for digital inclusivity for people of all ages and from all backgrounds.
- **Promote local health services:** Ensure communities are aware of available local services, and support their accessibility and ensure that health services are supporting health literacy of communities.
- **Consider faith and health**: recognise faith as part of holistic health, the role of racism in health outcomes and recognise 'anchor' role faith leaders and faith networks play in their communities.
- **Recognise the potential of health stands:** can be an effective method of engaging with communities, an opportunity to discuss health topics relevant to the community and support sign posting/access to services, demonstrates commitment to inclusive health practice, develops community relationships, supports reaching those not engaged with health services and should be seen as one important tool for outreach and engagement.
- **Promote community engagement as business as usual (BAU):** Support health and care services and health professionals to engage with residents and communities as a core part of their roles and engage with communities not just at times of crisis.
- **Make Every Contact Count:** to support conversations.

Data, evidence and learning

- **Start with the data:** Data should be used to identify priority populations for reducing inequalities and access to timely and relevant data should be supported. Granular level data should be shared early on in a response process to facilitate identification of those who are most vulnerable to harm, enabling targeting of resources and support to reduce disparities in outcomes.
- **Access to timely and relevant data:** is needed to facilitate public health responses.
- **Work to improve the quality and completeness of data held on inclusion health groups:** There is a need to improve the quality and completeness of data held on inclusion health groups including homeless communities and those with no resource to public funds. Underpinning needs assessments are recommended.
- **Consider behavioural insights:** to identify effective messaging and partnerships.
- **Share data and learning:** Data sharing guidance and principles should be developed and agreed to support effective sharing across organisations. Shared learning can support coordination and best practice.
- **Formalise Oversight:** A formal mechanism to support oversight of public health data across London that would also support problem solving for key issues as they arise.

Innovation & sustainability

- **Expand perspectives on where different services can be delivered:** for example to support co-locating services with other health promotional activities and access communities in places that are familiar, or access communities that may otherwise not have engaged. Opportunistic vaccines in an outpatient department was an example of this. Integrated models for vaccine delivery in secondary care settings should be explored, focusing on settings where benefits of vaccination are highest and where existing immunisation uptake is low. This should explore delivery in both outpatient and inpatient settings.
- **Consider the role of outreach and venues valued by communities:** and of the "hyper-local" service offering, with flexibility in timing of delivery that can increase access to diverse communities.
- **Collaborate with local community groups:** and outreach teams can help widen participation in health services more generally.
- **Share learning across systems:** communities are often spread across London so wider coordination can support shared learning.
- **Invest in community-specific approaches:** to support communities to be adequately and sustainably resourced longer term. For example, co-designing with schools for specific approaches that address barriers to immunisation uptake, or explore different channels of communications.

Partnerships and leadership

- **Sustain partnership working:** with a joined-up, coordinated approach across multiple organisations and agencies, understanding different assets across organisations and utilising existing networks to access communities and create two-way dialogue.
- **Establish or maintain partnerships:** with Voluntary Community Sector (VCS) organisations. Ensure VCS organisations play a central role in the approach to addressing health inequity through sustainable funding and developing resilience within the sector.
- **Communicate effectively**: Ensure clear and consistent communication and messaging across national, regional and local systems. Working with community partners to ensure effective and the right communication channels and diversifying communications channels is important.
- **Take a hyperlocal approach:** Engagement is best coordinated at a local level and local areas should be supported to design and deliver engagement that meets the needs of their residents. Regional networks should be used for once-for-London activity (e.g. resource development) and to share best practice across the region
- **Deliver relevant training:** to support skills in working with communities, understanding cultural sensitivity and skills to tackle misinformation and supporting health professionals with the right resources to use. Where non-traditional settings are used for the delivery of immunisations, a programme of training should be delivered to ensure staff can have confident conversations with patients and families, and to ensure high-quality service delivery.

6. INSIGHTS FROM THE EVALUATION OF THE LHEP PROGRAMME

Insights from the LHEP programme evaluation based on the interviews and focus groups have been divided into three core sections: where LHEP was seen to add value; analysis of the challenges; and perceived legacy. Each of these is described in more detail below.

6.1 WHERE LHEP WAS SEEN TO ADD VALUE

Those interviewed were overwhelmingly positive about the programme including the role of LHEP in system leadership for the health equity and community engagement space, the outputs achieved, the success in meeting the programme objectives, the quality of the evaluations and highlighted that the programme would be greatly missed.

PARTNERSHIPS & LEADERSHIP

LHEP was viewed positively as a dedicated resource that championed health equity, with the ability to keep momentum, drive direction and sustain focus on health equity.

Many of those interviewed highlighted the role of LHEP as a 'ring holder' in this space 'keeping this issue on the minds and hearts of London system leaders'.

"I think the strength has been having team members who are ring fenced dedicated and committed to the community work. So it's that it's almost like having those communities in the room. They're not an afterthought."

"[LHEP] has done a fantastic job on keeping the focus on equity and community and community led approaches."

It was noted that having a dedicated team was also important as a clear contact point of contact for communities across London to link with health partners.

The dedicated team was highlighted as being valuable both for the LHEP programme as a whole but also in terms of supporting individual projects.

"So having someone like (FHN project manager) for the last 6 months, it took a little bit of the pressure off us (chairs of the network)."

Part of this was also the dedicated financial resource that came with the programme that could be invested in community work.

"Putting resources directly into the community, so not just the team being there, which is really important, but also by giving small amounts of funding and money to partners allows them more space and capacity to engage."

Leadership role in health equity and engagement

A key theme from the interviews was the importance of the visible focus of leadership of the team in the health equity and community engagement space. Most felt that LHEP's work has had a wide reach across London for such a small team, with the ability to engage with and develop strong relationships with existing and new community groups, bringing people together. The team and the faith networks were seen as a bridge between community and faith leaders and the health system, with the ability to mobilise people.

The commitment of senior London Leaders to champion the programme was also highlighted as being of value to ensure the work remained on the agenda and enabling LHEP to work across partner organisations, championing innovation, demonstrating creativity and embedding new ways of working and solutions in the system. It was also highlighted that through the various projects and networks:

"LHEP has brought to the fore a whole new collection of leaders across London."

The successful leadership and vision of the programme itself was also commended.

Partnership and collaboration

In was generally felt that LHEP facilitated effective links and collaborations between health system partners and community partners (including commissioners, policymakers, community organisations, and researchers), 'breaking down silos', getting the right people involved, playing a key role as connector, promoting collaboration and optimising resources.

"LHEPs ability to convene, not only sort of main system leaders, but also other community assets as well."

"I think the convening role that LHEP has had in bringing together all of the partners, I think sometimes even at national [level], we don't necessarily have capacity or the expertise to do that."

The mix and range of partners that LHEP brought together was also highlighted as a strength to facilitate conversations and ensure everyone was heard as well as by introducing new partnerships – which was seen to add new dimensions and perspectives to some of the work being done.

"In the project that I was working on, there was a mixture of public health backgrounds, clinical backgrounds, administrative backgrounds with outreach support down to education setting level at council and borough level. I have not been involved in a project which was this wide scoping before. So I think that for me was one of the biggest strengths of the project."

"it's often the NHS that has the biggest voice and it's taking over the meeting and I don't think it should be that. I think LHEP has done such an excellent job of, kind of making sure that even all of the quiet voices are heard."

Connecting and supporting health system leaders to understand the importance of working collaboratively with community partners was seen as important by many. Members of the workforce coming forward wanting to engage with and reach into their communities was also mentioned.

As well as successful community in-reach and working in partnership across the system, it was mentioned that a success was also public institutions reaching out to organisations to make connections to different communities, along with members of the workforce coming forward wanting to engage with and reach into their communities.

"This has led to clinicians from these communities volunteering, saying 'Use me, I am a GP in Brixton... How can I help, How can I play a part?'"

A pan London approach

Interviewees felt that the Pan-London approach was significant.

"W*here you have communities that are quite scattered across London. It helps to just have a London resource where we bring that together."*

"Communities aren't contained within geographical boundaries, so having that regional oversight for example the Jewish community having that Hackney, Haringey, Barnet, insight is really important because then you can tailor the response and learn from each other rather than having it ICB specific where if it was NEL we might only talk about the Orthodox community, which is very different from the Barnet (Jewish) community."

Part of this was finding a role for the region to support local work.

"When I was working as a community development officer, I'd say to people working [in the] region, you know, don't do the stuff I can do. Do the stuff I can't do that helps me do the stuff I can do."

"I think there is a role for regional level innovation and groups that help cross-pollinate some of the work that might not get shared if there isn't the forum for that."

WORKING WITH COMMUNITIES TO REDUCE INEQUALITIES

Direct approach and understanding of communities

The role LHEP played in community engagement came out strongly throughout the interviews. It was noted that there was real engagement with faith leaders and community partners with community facing activities and 'having those direct links to communities'.

"The perseverance and the empowerment that the LHEP team have given to working with community partners, I think has been probably the biggest shining star."

"LHEP has created a focal point for working with communities for health equity in London. It now has an identity and reputation as a positive project showcasing creative ways of working across London."

It was reflected that LHEP has been playing an important role in building community resilience by establishing and sustaining relationships with community and faith partners.

"The UK Government's Resilience Framework concentrates resilience efforts on a whole-of-society approach, which LHEP has directly been contributing to by building connections, partnerships and trust between community and health partners."

LHEP's approach of responding to deep concerns raised by communities, and meeting them where they were on their health journey - their level of health literacy, vaccine hesitancy and access issues and understanding of the nuances, has been met with enthusiasm and positivity across communities and health professionals.

"I think LHEP understands the value of community partners in a way which I don't, I think hasn't been done before and it's a way where community partners feel included and respected."

Part of this was said to be approaching communities, to meet their holistic needs rather than going to them with the siloed agenda of the health system. It was also enabling two-way conversations between health system partners and communities.

"Communities want us to come to them, not when we want something from them, but to talk more holistically about their health."

"We're forming relationships, so we're making the steps to go into those communities rather than expecting them to come to us. And then secondly, we're respecting the fact that, for some communities the NHS doesn't have the same standing as we do for the broader population."

The relevance of this to empower communities was also noted for some of the health literacy work with young people.

"I think it's empowered those young people to take a bit more of an interest and take a bit of control in how to access healthcare and think about how they can engage with a health system."

Part of the work was also about producing communications and materials specifically for communities was referenced by interviewees.

"I mean in terms of the COVID and flu programme. Their support was invaluable in developing and coproducing a whole suite of materials for some of the low uptake groups. Which is something that we hadn't had before. We haven't had that kind of integration before."

Co-production with communities

Facilitating coproduction was highlighted as an important aspect of the LHEP programme.

"Acknowledgment, awareness and acceptance of the importance of co-production, community engagement, community led approaches as a tool, a set of techniques ,[is] a thing that we need to do and embed in all our work across the system. I don't think that was there before and I think LHEP is a big part of that."

Interviewees also reflected that the co-production in the development of resources, communications and engagement for specific communities had a great impact.

"I think that audience centered and co-production approach has been really useful it has encouraged us to consider how we work with our London audiences."

"Co-production and co-creation with young people and very much a focus on empowering the voice of the young person. What do they like? What do they not like? And getting feedback from them the whole way through.."

Actively listening to the voices of the communities themselves was also mentioned.

"I think definitely bringing the voice of VCS into the bigger picture into the really important big conversations that are happening [...] it's really important to actually listen to the organisations that actually work with the people directly, and I think LHEP been really great at bringing those partners into the room."

It was felt that the close partnership with communities was also reflected in the way the system was better able to work quickly and reactively.

"It meant that when we had new challenges appearing in a post-acute phase of the pandemic from Mpox, poliovirus in the water in London, and other challenges, I think we were much better prepared with our community centred approach because we had the LHEP infrastructure in place."

The polio campaign for Passover (Pesach) was seen as an example of this.

"What happened before Passover, when we had the polio scare, how very quickly communications were able to be pulled together and shared in the right places in a big hurry. That needs to be the legacy of this.."

Building trust

Trust was a theme that came out strongly. Many interviewees pointed to a 'real highlight', that can be demonstrated from LHEP's work, being the trust built with communities, through their community and equity first approach.

"I think that's a real highlight that you can demonstrate from this work. It does take a huge amount of work to build trust with organisations."

One interviewee reflected on LHEPs starting point, where a young Black student did not feel the health system was for him, and highlighted how people are now starting to believe that the health system is for them.

"People are now starting to believe that the health system is for them. They are now seeing it as aright that they can demand... fundamentally people are now starting to say I do have a right to good health, my children do have a right to be protected from measles and so on and so forth."

A focus on communities at increased likelihood of increased health inequity and respecting diversity

It was noted in a number of interviews that LHEP particularly played a role in focusing on communities in vulnerable circumstances such as asylum seekers.

"*We had not been able to get the voices of asylum seekers and refugees for the pieces of work that we were doing. So, LHEP did a specific piece of work that was targeted and looked at working closely with the workforce to think a bit differently. I think was important."*

"...really focusing on those kinds of groups that have got the lowest uptake and that have got the highest to gain from having an inequalities [inaudible] angle on their wider health."

Others reflected on the role of the programme to spotlight diversity.

"What the LHEP programme did, or has done and will continue to do, is start to respect the true diversity of London."

"In London, this is a real challenge in relation to our mobile populations, our high areas of deprivation, the high ethnic mix in our communities. And I suppose what LHEP have done has really shone a light on that."

INNOVATION AND SUSTAINABILITY

Novel approaches through specific projects

A number of individual projects were specified as bringing value to the system.

The faith and community health networks and the development of the 'network of networks' for its '*collective strength in intersectionality'* to support other communities were particularly mentioned with an appreciated that the work supported embedding communities into the NHS with the understanding of how all fits together.

"I think the community and faith networks, if we can actually use these connections that they've made and actually – if it could be an ongoing network – I think potentially it's quite powerful.
If we didn't have [faith and health network anchor organisation] then we would have actually really struggled to do any of the activities that we've done."

The Inspire brand was mentioned in a few interviews.

"Now that the inspire brand has been out there, we are getting bombarded" "People really want to do more research in this space."

"We've got the connections now, we could bring people together and talk about why black people in London should put themselves forward for trials and research and so on, because actually you're playing a part for the next generation to be healthier."

The microgrants were one of the areas picked up on as an opportunity for the communities to have selected their own projects through the available funding and as way of bringing people together and build the trust.

"I think the Micro Grant Programme is absolutely critical going forward... I think what is now emerging as the network of networks, because it is a collective strength [in] intersectionality."

The triangulation of the data to identify communities in need was also mentioned to be of value.

Interviewees also referenced the value of Project Health Resilience (PHR), which aimed to improve health literacy and confidence in navigating our health system, which is not currently taught in schools. It was noted that the future focus should be on ensuring that sessions reach the groups of young people who have the least support and may be less well-equipped to navigate health systems independently.

"[PHR] has so much potential and I think it's a really fantastic initiative in reaching into schools. I think that's that's really, really important."

Other elements of innovation highlighted included the flexibility to be able to react to different areas of work and providing tangible ways of working in health equity, an area that can often feel amorphous.

"Health inequalities can feel very intangible, and that's why it was important that we were not only working with system leadership but were doing tangible projects and tangible pieces of work. So, you could test things out, see how they work, and then take those examples into system leadership."

"It's a very tangible doing kind of programme that was proving the concept in real time.Its showing what you can achieve with a relatively small injection of resource."

DATA, EVIDENCE AND LEARNING

Building on the learning from COVID-19

Many reflected on the benefits of the programme in drawing out the learning from COVID-19 providing a space to sustain efforts initiated during the pandemic, ensuring we do not revert to previous approaches and how we worked before and to provide focus for that learning.

"*I guess as the focus from COVID vaccination lessened and although obviously it's been continuing, I think it was important that there was some way of distilling some of that learning some of the relationships, some of the skills that had been harnessed because I think what would have been an absolute shame would be to forget all that."*

Data and evidence

The importance of sharing data and making it relevant to communities was noted.

"I think there's been some really great work between LHEP and the data team. So I've seen that particularly through the COVID and COVID and flu programmes, about how we've managed to produce much more granular detail on things like ethnicity and deprivation."

The importance of qualitative as well as quantitative data was also mentioned.

"I think there is another theme that is about valuing qualitative data as much as we value quantitative data.... Really valuing the insight in qualitative and more ethnographic data. The kind of data that you'll get through co-production working with communities."

Praise was given to LHEP's evidence-based and evidence-generating approach, with evaluating projects simultaneously to delivery, seen as a key part of the way that LHEP operates.

"[LHEP are] really great at evaluation as well.....on another level when it comes to kind of reporting and sharing information."

"LHEP do almost live evaluation where you're almost doing a project by evaluating at the same time, I think is such a key part of the way that LHEP operates."

"LHEP has had a rigorous approach to evaluation and dissemination of information through complex network of public health, NHS, LA, and communities. There have been academic papers, leaflets, and other useful outputs."

The importance of the ongoing reflection and evaluation through an agile approach was also highlighted.

"I sort of feel like whenever we've kind of come back or had discussions around 'What do we need to do differently', that's absolutely been taken on board."

Supporting Change

Some respondents noted the role of LHEP in supporting change within the system:

"Colleagues across the health system have started thinking differently about how to tackle health inequalities and how to work with communities."

"Lessons from LHEP are being integrated into daily practice and that's phenomenal because it changes the power dynamic in how we are conceptualising and delivering programmes."

This was said to be through the role of demonstrating and sharing learning about what community engagement and mobilisation looks and feels like, what's required, how it could work and securing this new way of working, with the next steps to begin to embed community-centred approaches to tackling inequality into the health system.

6.2 ANALYSIS OF THE CHALLENGES

A number of challenges were identified through the interviews.

Short duration of the programme and longer term sustainability

Many of those interviewed posited that the programme could have been commissioned over a longer time scale and that engagement activity and building trust takes longer which would affect capacity and sustainability of the programme, maturation of relationships and working to impactful change.

"It takes a good year or two to crack the barriers that there are to getting work done, build relationships, build trust so we are now at this perfect position where you could really roll with stuff, when it's coming to an end!"

There was consistent feedback that LHEP, its work and team would be greatly missed, leaving a gap, with some feeling it should remain to provide leadership and focus in this area.

It was also highlighted that with the short span of the programme affected the continuity of LHEP staffing and that there is uncertainty of what is next in this space and a need to manage expectations of partners.

"So there needs to be really serious conversations now. About - we've just done these two years- what is going to happen now?"

Many of those interviewed discussed the sustainability aspect of the programme.

"So how do you make something sustainable and embedded and I think it's really hard. I think is the real key thing and I think that is really hard, especially with initiatives like this. I think it's very difficult to do."

The legacy and sustainability was particularly highlighted with concern for longer term funding for work of partners.

"Because our partners have not really been remunerated for their work...so we're relying on a lot of goodwill. And relying on goodwill in the long term is not healthy."

Establishing the programme.

Some interviewees felt that more time could have been spent in the design stage of the programme. LHEP and the programmes took an approach of really listening to communities and the needs of partners, which was noted to be positive but the timescale of the project as a whole meant that this had to be done quickly.

"More time should have been spent designing it before launching. It was designed as it went along, which was responsive, however planning would have been helpful. This speed is a problem because it will make evaluation trickier as there was less clarity about exactly what to focus on."

This was also reflected in the time to set up governance and advisory groups:

"I think the stakeholder advisory group was stood up quite late into the life cycle so I can't necessarily say that as an advisory group, we did have any significant input into the structure of the programme."

Small team

While it was noted that LHEP had 'a wide reach across London for such a small team' the size of the team and the short duration of the programme led to some to reflect on the pressures of team members and that not all underserved communities – such as Gypsy Roma Traveller and, homeless people and sex workers – were not reached.

Other projects that the team wanted to explore more included building on the 'bureau of speakers' that was begun during COVID-19 but there was not capacity in the team to roll this out further.

"There was a lot to do and issues with recruitment because of the restructuring of NHS and UKHSA at the time - it would have been great to have had a bigger team."

Footprint and focus

A few interviewees mentioned that whilst the work had been intended to have a focus on inequalities in immunisations, they would have liked more opportunity for a focus on screening.

Some respondents noted that they would value similar work over a wider footprint than London to support learning for and beyond the capital.

One aspect highlighted from the work was the lack of public visibility - with having no resource or website to direct people to.

"[There needed to be] a place that we can go and read about what's happening and updating people of what's happening. Because doing that would show your value so much more."

One interviewee felt that many teams across the system were unaware of the work of LHEP or the outcomes of the evaluations although it was noted that this got better as the programme moved forward.

"Many people don't know about a lot of the work that LHEP has done, for example, project health resilience. We haven't really like been able to shout about a lot of the stuff that you know we're working on and doing as a team."

Ways of sharing the information were suggested.

"So I'm not saying do a newsletter. But, you know, perhaps a monthly roundup of all of the activity."

Others highlighted that they would have liked more clarity of where LHEP fits into the system and how LHEP communicates with all health system partners including how you involve front line clinicians in this work.

"Where does LHEP fit into other structures? ....How does it interface with, you know, ICBs, with PCNs?"

It was mentioned that there could have been closer direct engagement with delivery teams, alongside communities.

"I suppose it's looking at the value of engaging more directly with the teams that are delivering those programmes of work. I felt that I had to reach into LHEP at times as opposed to LHEP reaching in to me and my team."

It was also noted that there could be an overreliance on the individuals, and that the networks were build based on relationships with key people that can be complex.

"Trusted relationships are sometimes built with gatekeepers, and you have to rely on that to then filter down to everyday people. However, it's hard to track if the messages have reached the intended audience and if we have built trusted relationships with everyone in the community."

Governance and transparency

One interviewee felt that governance arrangements and ways of working could have been more transparent.

"I don't think we have really got a strong enough accountability framework. I have chaired meetings with different stakeholders, who have been required to deliver, and I don't think we have been structured enough in terms of accountability."

Some of the community groups also highlighted that they would have liked to have known more about what was going on and at times knew that there were aspects that could not be shared.

"We're not told everything ... we feel that some negotiations are going on on ...I understand you don't, may not want to sort of tell us wrong information, or get our hopes up about something, but sometimes it feels a bit like we're being kept at arms length or kept, or not, or things aren't shared til a very late date."

One interviewee highlighted that they would have liked more leadership from those on the LHEP oversight board to take the enthusiasm and commitment generated through meetings into their respective organisations.

"I would have liked to have seen more overt leadership from individuals who were part of the LHEP oversight group, and to know that they were leaving those meetings going back to their respective sectors, organisations or whatever , and really really really banging the drum."

Data
Many of those interviewed felt that they would have liked more intelligence and granular health data to support the communities that they were working with. They felt that the data they received was *'poor'* and *'slow to reach them'* and that they did not have access to the data necessary to tailor interventions. They would like to see more can be done more generally in this area because it allows for a deeper, more nuanced understanding of the specific challenges, preferences, and priorities of different groups within a community.

Knowing the overall impact
It was noted that it is difficult to understand the attributable impact of community engagement interventions on vaccine uptake and that outputs are not always measurable - with deliverables being 'more than just jabs in arms'. This was a challenge for evaluation and measuring impact.

"It's always difficult with this kind of thing to know what the overall impact would have been and has been, and again, this is not specific to LHEP."

6.3 PERCEIVED LEGACY AND LEARNING

There were various themes that came out through the discussion around the perceived legacy of the programme.

Communities and ways of working with them
A core areas was the *ring holder* role LHEP played in bringing health communities and health partners together, and the learning around co-productions and communities that was felt to be important longer term.

"I think it's developed a really sort of clear approach and method to engagement. And co-production and it would be a real shame to lose that when the program comes to an end. So I think we need to embed that."

"There's a lot I'm taking away from here, feeling much more empowered. And the hope that there will still be some kind of structure there to support more of this work."

Some of this was around meeting communities where they're at, such as health literacy, vaccine hesitancy, access issues. Building the trust was also seen as being important.

"I think people now in the communities I speak to and amongst the Black leaders I think there is a lot less cynicism or scepticism around peoples intent."

"It come back to this word trust. I think slowly, ever so slowly, trust in the NHS in London is being restored."

Co production as a way of working was a key theme through the legacy.

"I hope this will be an opportunity to highlight the experience of co-production in reality. The challenges, the importance of resources, but also the value in it."

Partnerships and leadership
Working in partnership across statuary organisations, the convening role and the value of the whole system approach as well as the collaboration across the system were seen as key areas to take forward.

The role of the ICB was mentioned multiple times as being a key role in the future of the space as was continuing the regional role LHEP played.

Innovation in working
An important legacy was said to be the influence that LHEP has had on current and future commissioning by the NHS and other statutory bodies – that was seen as '*one of the enduring legacies and one that takes us beyond immunisations and screening.'*

Toolkits, insights and co-production approaches transferrable to other areas beyond vaccinations were seen as important ways of working.

"It's really important that we value the expertise, the insights, and the relationships and connections that they're that LHEP has built and that has the coalition that has built around some of the works streams. I think we're very good in the in the NHS, doing good things and then forgetting all about it. So, it would be a shame to forget all about this and I think we do need to continue strands of this work."

It was noted that innovation doesn't have to be something *'new and shiny'*, it can also be working in new ways, bringing people together in new ways and for systems to think a bit differently and that innovative ways of working should be encouraged.

Specific innovative programmes that were seen to be of value to the system were also seen to be important for the legacy.

Data evidence and learning

There was also commitment to learn around the data and 'not just to gather it but to use it'.

"So I think the legacy should be a commitment to continue to make data available. And accessible and kind of what stakeholders need. To inform their work."

One of the themes drawn out was about the leadership and understanding of cultural sensitivities.

"I think there is something around when you're working with different communities, just making sure that you understand the historical context that you're not coming into it with the rash attitude and some understanding of that particular community."

This highlighted the need to support others who might not be confident in leadership around health equity, in co-production, cultural sensitivity or community engagement and therefore a potential role for specific training.

"Provide guidance and training, leadership training in order to embed health inequality. You know, improving health equity. I think that's essential. ... Is there any sort of value in having sort of, I don't know, linking in with the London leadership academy?"

The evidence pulled together from the programme was also felt to be important to the long-term learning and this included the need to share learning of the reports and evaluations but also the development of toolkits and embedding the work in the NHS.

"There's something about how do we share resources across partners and across geographies, boundaries so that we're not. Sort of reinventing the wheel or starting completely from scratch every time."

There was a lot of interest in the toolkit the, LHEP triangle and how this can be incorporated into a longer-term work including a regular drum beat of information sharing including potential for providing training on how to use the LHEP triangle for equity.

"I think that people will really respond positively to some outputs and toolkits."

There were a few ideas that were raised about holding a central repository for good news and lesson sharing: including NHS futures page, Newsletter and sharing work in key meetings and the importance of maintaining the rigorous scientific approach of LHEP of writing up and evaluating.

Extend to other areas as an equity lens approach to all health programmes

The learning of the programme was seen to go beyond screening and immunisation but to further support broader areas of health such as cancer and diabetes.

"I think, you know, and certainly, this is the approach that I would advocate is that if you can do it for vaccinations it should be done for other things cancer screening, long-term condition management, obesity, all of these conditions that impact disproportionately on deprived communities and communities who are non-white? Those inequalities don't just exist in immunisation, they exist across loads of different patient experiences."

"You know, the people who are not coming forward for their vaccinations. They're often the people who are also not coming forward for screening or for other things."

Others highlighted that the programme even transcends to life skills through projects such as project Health Resilience.

"As much as I see this project as very much a health project but in a way it's not. It's more of a skills-based project. And I think having that mindset is, is very, very important and I think going into you know meetings with stakeholders with that mindset that we're actually teaching skills and offering something to the community which is non- health based."

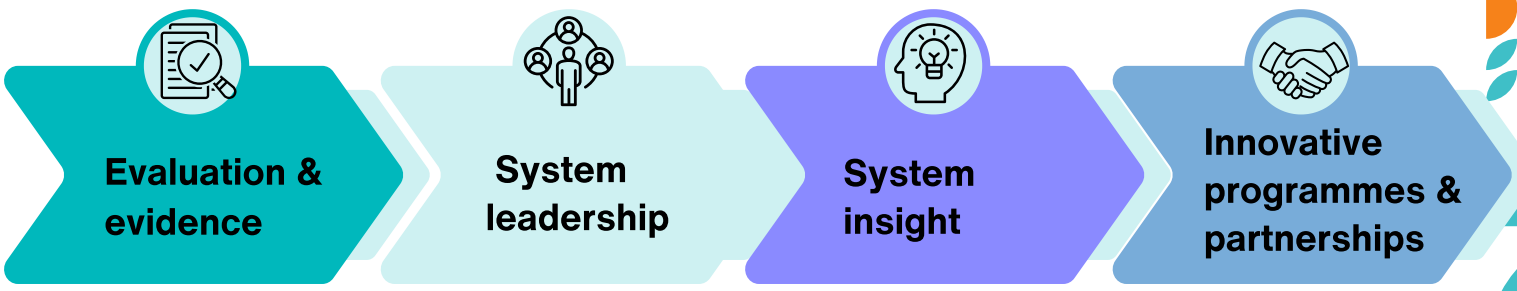
Many of those interviewed reflected that LHEP has scope that extends geographically beyond London, not only to other urban cities in the United Kingdom but internationally as well, and that it *'sets out a blueprint for others to follow.'*

"It's quite unique, I think there would be a lot of interest beyond London just in the journey that [London] went on, what we did I think."

"I don't think there is anything quite like it [in other regions]. I don't think any other region has had such a high profile, well resourced partnership of equity focused programme."

7. NEXT STEPS & SUSTAINING MOMENTUM

7.1 Next steps



1. Evaluation and evidence
A key part of LHEP was to ensure that the programme was evidence generating. A number of evidence reviews and publications have been produced as well as this report and the LHEP Approach for Health Equity and accompanying toolkit, which will be available longer-term as reference for partners. The intention is that these evidence reviews will inform future commissioning and decision making.

Vital to this will be sharing the work across the system both in London and beyond.

2. System Leadership
LHEP was held to account and had oversight from a senior London LHEP oversight group. The oversight for LHEP has undergone a six-month transition and shadow arrangement into to the Health Equity Group and its underlying subgroups including the Health Equity Collaborative.

NHSE London are keen to support ongoing engagement working with ICS leads to ensure the efforts and learning from the work of LHEP are not lost and that there is a focussed space within the organisation to continue to ensure work is community first and community driven, to continue to build trust, engaging the workforce in these endeavours.

3. System Insight
A key goal of LHEP was to embed an equity framework into individual organisations and board structures including for:

- Communications and engagement
- Policy
- Programme delivery

Some of the ways in which LHEP has been embedded into business as usual, includes the 10 principles for vaccinations for London, and embedding the findings into the London Immunisation Strategy.

LHEP is also embedding core ways of working into communications methods for vaccine messaging, and working towards next steps planning for a pan London multistakeholder immunisation communications campaign.

4 . Innovative Programmes and Partnerships
There were new innovative programmes that were established through LHEP that have been embedded into the London system and will now continue beyond the LHEP programme as longer-term initiatives or programmes of work for the capital.

These include: the faith and community health networks, Project Health Resilience and the Voices of Asylum Seeker and Refugees programmes.

The proposed sustainability of individual LHEP programmes follows.

	PROGRAMME	PROPOSED HOSTING ORGANISATION
	System Leadership	HEG and subgroups, and NHSE London
Community first & community driven	Voices of asylum seekers and refugees	London Asylum and Health Task and Finish Group to establish a new home for this
	Community microgrants programme	Individual partnerships made
	Community-led communications	NHSE London & UKHSA London
	Faith & community health networks	HEG and in discussion with NHSE
Engaging our workforce	Project Health Resilience	Proposals with GLA and ADPH - in discussion
	Communities of Practice	ADPH
	General Practice and community engagement	In discussion
	Vaccine Hesitancy Training - JITSUVAX	UKHSA London & NHSE: one year grant has been awarded
Embedding new ways of working	Looking differently at the data	NHSE London
	Vaccines in new spaces	Learning for the wider system
	Vaccines & screening for inclusion health groups	London Asylum and Health Task and Finish Group
	Research	Ongoing

7.2 THE LHEP APPROACH FOR HEALTH EQUITY

The components of the LHEP Approach for Health Equity have been developed from the learning throughout the LHEP programme, and the findings as described in this report both from the evidence reviews and the interviews and focus groups.

This model is suggested as an approach that can apply to systems beyond London and beyond vaccinations with applications across the health agenda.

A full toolkit is in development and review by LHEP. Aspects proposed for inclusion in the toolkit are set out below.

COMMUNITIES AT THE CENTRE

- ☑ Start by meeting with communities and understanding their needs, health concerns and aims for collaboration - ensuring not to only approach them when you want something from them
- ☑ Adopt an ongoing collaborative, consultative approach with a focus on listening that incorporates co-production and co-design throughout
- ☑ Feedback to communities the impact and changes driven by their interactions
- ☑ Facilitate an environment where individuals within communities are encouraged and given the skills to lead
- ☑ Facilitate navigation of health services for community colleagues and connect them with relevant health partners
- ☑ Consider compensation/resource for community partners so that there is limited reliance on 'goodwill'
- ☑ Build partnerships and networks with other agencies working with your communities of interest
- ☑ Produce culturally appropriate, non-stigmatising communications and engagement activities and support communities to hear from people who *'look and sound like them'*
- ☑ Consider the imagery, language (and translations), messaging, channels, messengers and delivery mechanisms for any campaign with an additional focus on health literacy and digital inequalities
- ☑ Building and maintaining trust should be key objectives of any project or programme
- ☑ Note that not all communities are homogeneous and that there is intersectionality across community groups, as well as considering factors such as faith and health
- ☑ Recognising that our system workforce reflects the diversity of our communities, which is important in how we support their needs and involve them
- ☑ Promote local health services and Make Every Contact Count
- ☑ Build specific programmes to support underserved communities

DATA, EVIDENCE & LEARNING

- [x] Start with the data to identify underserved communities or those in vulnerable circumstances
- [x] Review the data at a granular level regularly and through an inequalities lens
- [x] Encourage triangulation of data across programmes of work to to prioritise communities at increased likelihood of experiencing health inequalities for targeted interventions
- [x] Share data wherever possible to support learning, and agree principles and guidance for effective data sharing
- [x] Be guided by evidence-based interventions, including behavioural insights
- [x] Conduct pilot studies to help assess feasibility and effectiveness of interventions in the local context
- [x] Evaluate impact from the start with continuous monitoring evaluation – including a focus on applied and qualitative research, as well as quantitative data
- [x] Incorporate peer-led and co-produced research methodologies
- [x] Consider academic partnerships to build a robust evidence base and foster opportunities for applied research
- [x] Ensure that findings are shared with a range of partners in a variety of formats including case studies, reports, academic publications, briefings or webinars
- [x] Work to incorporate lessons learned into policies, guidelines and standards of practice

INNOVATION & SUSTAINABILITY

- [x] Develop programmes of work based on gaps in health equity identified through talking to communities and health partners
- [x] Expand perspectives on where services can be delivered through outreach models to meet communities where they are
- [x] Create a safe space for innovation - that can extend to new ways of working, new partnerships or new approaches
- [x] Be willing to iterate and refine interventions based on feedback, emerging evidence, and lessons learned from implementation
- [x] Learn from and collaborate with partners beyond health to stimulate novel ways of thinking
- [x] Pilot new ways of working and be open to agility for interventions
- [x] Consider sustainability from the start – working to embed programmes into established structures and ways of working
- [x] Mainstream engagement activities as part of core budget and business cases
- [x] Provide effective, evidence-based training to support the health equity agenda including cultural competency, health equity within leadership (including future leaders) and to support staff with difficult conversations including vaccine hesitancy

PARTNERSHIPS & LEADERSHIP

- [x] Commit to health equity across all levels of leadership
- [x] Establish clear governance for equity programmes of work
- [x] Establish dedicated health equity champions/leads across your organisation
- [x] Take a multi-stakeholder and multi-footprint approach to activities, operating across hyper-local, ICS, regional, and even national footprints, sharing learning across each level
- [x] Bring communities onboard as key partners and consider community representation at meetings or boards
- [x] Ensure diversity in representation across partnership programmes
- [x] Establish tangible, discrete, equity projects to support more general system leadership approaches

8. RECOMMENDATIONS

8.1 In addition to the findings from the report and the LHEP Approach for Health Equity and toolkit, specific recommendations have been pulled from the various threads of the work to support building on good practice.

For all health & Public Health partners including Directors of Public Health

- To proactively and systematically champion, adopt and embed the LHEP Approach for Health Equity within your organisations, partnerships and systems
- To actively promote and support the planned pan-London multistakeholder immunisations communications campaign for London that forms part of the London Immunisation strategy: to provide a drumbeat for London and consistent messaging for London aiming to reduce vaccine inequity
- To identify and respond to the training and development needs of the workforce in relation to knowledge and skills for health equity and community engagement, including for health and care leaders (and future leaders), cultural competency training and supporting healthcare staff with challenging conversations such as vaccine hesitancy

For the Health Equity Group

- To take on the system leadership legacy of LHEP by championing, integrating, promoting and building on the LHEP Approach for Health Equity. This includes incorporating communities at the centre; data evidence and learning; innovation and sustainability and partnerships and learning – at every level of the HEG ecosystem and through the subgroups of the Health equity community forum, health equity collaborative and health equity data collaborative. Part of this is promoting cross organisational collaboration and partnership working across London on the health equity and community engagement agenda
- To sustain and develop a regional focus on health equity to support once for London approaches, and shared learning including identifying communities with greatest need for focused initiatives across London
- To have oversight of the faith and community health networks as they transition to their next phase through the Health Equity Community Forum and Health Equity Collaborative
- To support system work to improve the quality and completeness of data on protected characteristics and other dimensions or equity, including inclusion health indicators through the Health Equity Data Collaborative, to enable appropriate understanding and the ability to respond to and address inequalities at a local and regional level, with reflection on the necessity and impact of analyses undertaken
- To promote and disseminate widely the findings and lessons from LHEP, beyond vaccinations and screening, to partners across the wider health and social care systems

For ICS leads

- To continue to adopt community-centered approaches to service planning, design and delivery. Planning effectively for collaboration and co-design including ensuring realistic timelines (making time for feedback) and budget, considering the holistic needs of communities and work to support engagement with underserved communities through engaging them in relevant sites and piloting new locations
- To distill, consider and act on learning from the LHEP General Practice and community engagement study to support potential for best supporting primary care on the health equity and community engagement agenda.

APPENDICES

A1.1 Co-designed Community Listening Programme: capturing the voices of asylum seekers in London with St George's University of London, Migrant Health Research Network

Context

Recent migrants, in particular asylum seekers and refugees (ASR), are a community well-recognised as experiencing inequalities in access to health. However, limited data are available to characterise health needs and previous attempts to listen to and collaborate with ASR at London level have been unsuccessful. This has been a significant gap in our work with ASR to-date.

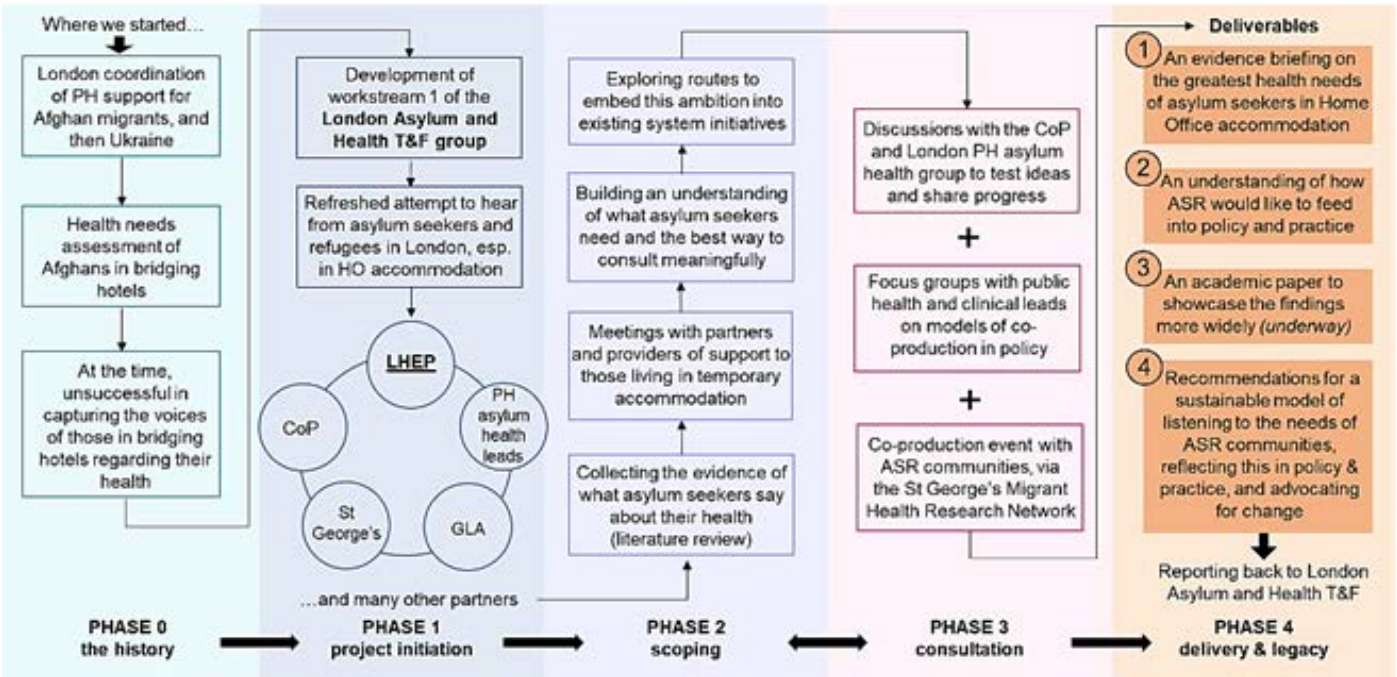
Ensuring public health policy and practice, and service improvements are informed by the voices of ASR communities has therefore been a long-standing ambition of the regional system. Several routes to reconcile this gap were considered, with the final recommendation being to pursue a community advisory board (CAB) model to facilitate ongoing two-way collaboration and feedback between policymakers and ASR communities in London.

Project design

Over a year-long period, we worked closely with partners and with communities to scope a CAB model for sustainably listening to and responding to the voices of ASR communities; and to co-develop recommendations for the London Asylum and Health T&F Group (Figure 1).

Project design: figure 1.

Figure 1. Project summary.



In collaboration with our academic partner, St George's University of London, and their Migrant Health Research Network, we held a well-attended co-production event with ASR communities in January 2024. Thirty-two participants attended, representing 19 different community groups and a range of experiences with the UK immigration system.

In small focus groups, we heard directly from asylum seekers and refugees how they felt involvement in policy and practice would benefit their communities, through recognising and responding to community heterogeneity and empowering people to speak up about their experiences. There were also frank conversations about the real challenges that policymakers will need to address and overcome for successful co-production, and how communities might like to structure future collaborations. Figures 2 and 3 summarise, visually, the focus group discussions.

Figure 2. Visual representation of the co-production event, courtesy of Ada Jursic.

Figure 3. LHEP members Ella Johnson (left) and Talia Boshari (right) at the ASR community co-production event.

> **The policymakers sit at the top and don't know what the possibilities are.**
>
> Asylum seeker and refugee community member

Impact and next steps

Four critical success factors and eight criteria for a CAB were co-produced by professionals and ASR communities through the aforementioned focus groups, forming recommendations for a high-level specification. These criteria are positioned to inform future CAB structure, leadership and governance, and areas for initial action (Figure 4).

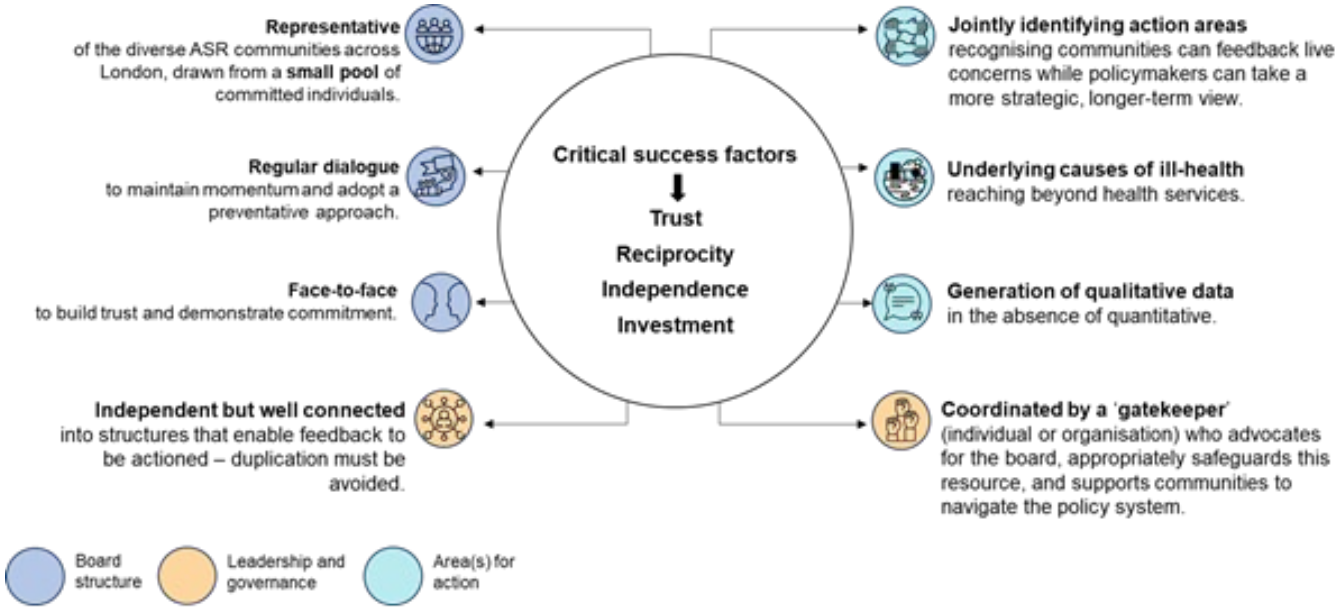


Figure 4. Visual representation of the co-produced specification for an ASR health policy CAB.

This project represented the first successful attempt by regional public health policymakers to capture the voices of ASR across London – a longstanding ambition. It also tested a proof of concept for ASR community collaboration, setting the foundations for a longer-term, sustainable model of co-production.

This work has exemplified the value of applied research, bringing together academics, communities, and policymakers to tackle live challenges in a complex policy area, and identify practical and contextualised solutions whilst placing communities at the centre to reduce longer-term health inequalities.

These recommendations are currently under review by the London Asylum and Health Task & Finish Group and policy options for implementation are under development. Finally, an academic publication is underway to share this practice more widely and contribute to the evidence base around novel ways of co-producing policy with inclusion health groups.

> **We need to try to humanise through stories and lived experience.**
>
> Public health professional

Acknowledgements and LHEP partnerships with: Dr Sally Hargreaves, Talia Boshari and Tamara Smith

A1.2 (CAPH) Community Conversation Conference in partnership with the GLA City Resilience Team, & launch of community microgrants programme

The issue
The need to build on the learning from COVID-19 and continue to foster increased trust in health services and support services to respond to the health priorities of London's communities.

The solution
Communities were invited to attend to attend LHEP's Community Action for Partnerships in Health community conversation conference in August 2023 to:

- Better understand community and health system partnerships in London and to make lasting change within the system by sharing good practice and identifying new opportunities for the health system to hear the voices of our communities.
- Build on this learning, with a focus on longer term change, through funding opportunities for programmes.

The Outcome
The conference was attended by over 100 participants representing a wide range of VCSE partners as well as national, regional and local health systems, including participants from the NHS, GLA, UKHSA and London Councils. Speakers and attendees shared their lived experiences, learning and ideas to support the strengthening of relationships between communities and the London health system.

The discussions and feedback gathered were analysed to find what the key themes emerging from the day were. These themes were then shared across the London health, public health and local authority systems, to expand learning.

The Impact
Insights were gathered via conference roundtables, panel contributions and written feedback. The discussions and feedback gathered and key themes emerging from the day were:

- Data and information sharing
- Inclusive person-centred approach
- Resourcing and sustainability
- Trust and partnership working

These themes were then shared across the London health, public health and local authority systems, to expand learning.

> **It should be acknowledged that there is a huge time commitment involved in co-ordinating a meaningful health network properly - the time it takes to plan initiatives, such as health stands etc, and allow space to do this and other activities well -** *Community organisation*

Microgrants Community Programmes: Community Action for Partnerships in Health (CAPH) a funding opportunity for London communities, in partnership with the GLA City Resilience Team

Overview
Community not for profit organisations, who are based in London and delivering for Londoners, with a turnover of less than £500,000, were invited to apply for £2,000 or £5,000 microgrants to support them to implement a work programme, gather community insights, or design and deliver an original initiative coherent with the themes of the grant programme.

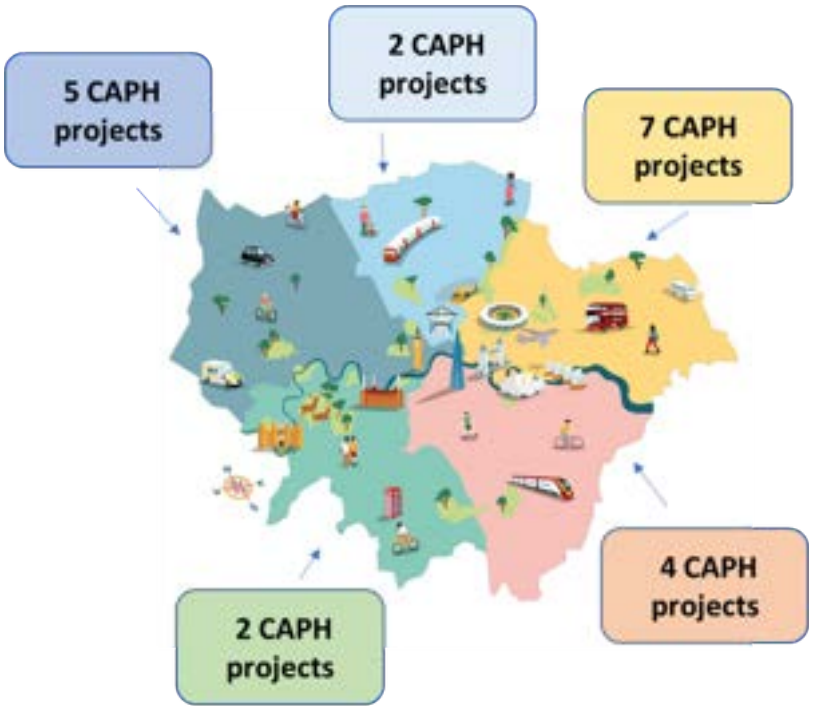
Activity
Applications needed to address one or more of the Community Health Partnership microgrants themes:

- A programme of work or project to build stronger relationships between communities and health services to increase trust in the NHS and support services to respond to community health priorities
- A programme of work or project to reduce health inequalities in access to or experience of health services to improve the health and wellbeing of London communities
- A programme of work or project to support communities to navigate health services or improve the cultural competence of services, mitigating health inequalities within underserved London communities

The Impact
Funding has been allocated to 20 organisations across all five London ICB areas for varied projects including:

- Hosting community and health dialogue events;
- Running health promotion workshops;
- Developing community health networks and more.

These community-led initiatives will be delivered between November 2023 - 31st March 2024.



Acknowledgements and partnership with: Cliff Fleming, GLA and Rocket Science

A1.3 Community-led communications: childhood immunisations communications campaign with the Jewish Charedi and wider Jewish Communities in London

Developing targeted engagement campaigns has proven to affect not only vaccine uptake, but wider screening and health. Information and communications that are co-produced with communities increases their buy in, especially tailoring messaging, images and tone to resonate with groups. London's communities highlighted what felt would make a difference in addressing inequalities in vaccine uptake:

- Culturally appropriate community engagement
- Local, targeted health and uptake data made available to communities
- Improving access to health systems
- Collaborative working between statutory organisations and voluntary and community partners

In Autum 2023, a large multipronged childhood immunisations campaign for the Jewish communities across London was agreed by health and communications colleagues across the London health sector led by multiagency colleagues from the London Jewish Health Partnership and Charedi Women's Health Alliance.

This campaign had a multifocus approach, with newspaper adverts, editorial and articles placed in Jewish and Charedi Jewish publications. Working with Springfield Park PCN in north London, where there is a high Charedi and wider Jewish community, adverts were placed in the Midweek - London Advertiser, Link It – advert, Local News – advert and Shabbos Be Shabbatoi feature article in Yiddish.

Endorsement letters, signed by local GPs and Rabbis, along with bookmarks were delivered to 29 Charedi schools in in Stamford Hill and Barnet. Culturally appropriate A4 & A3 posters and digital assets, have been provided to synagogues and GP practices in In Hackney, Haringey and Barnet who have a high Jewish population, along with a toolkit, including the communications assets, letters, FAQs and stickers, to support those working in Primary Care.

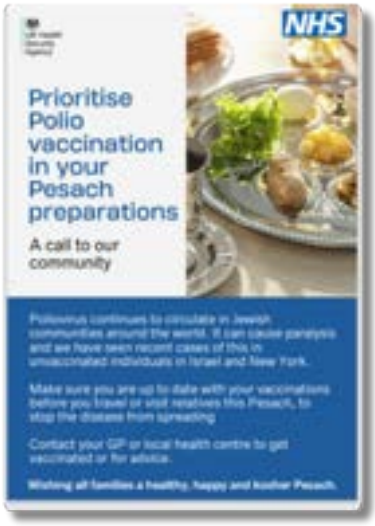
> *The children were excited about the bookmarks. They gave me the schools letter and said 'here mum that's for you' and recognised the bookmark was for them. I received letters with the bookmarks from the different boys and girl's schools my children attend, so no one felt left out.*

Community-led communications: working in partnership with the Orthodox Jewish Community on Polio immunisations

The issue

Polio was detected in London sewage with links to Orthodox Jewish community, highlighted by NHSE and UKHSA. Passover or Pesach was imminent and this was a period when the community was likely to come together in the UK and across the world.

This raised a concern that there would be an increased risk of community transmission, leading to an increased risk of paralytic polio cases. It was clear that an urgent targeted communication campaign was needed.



The solution

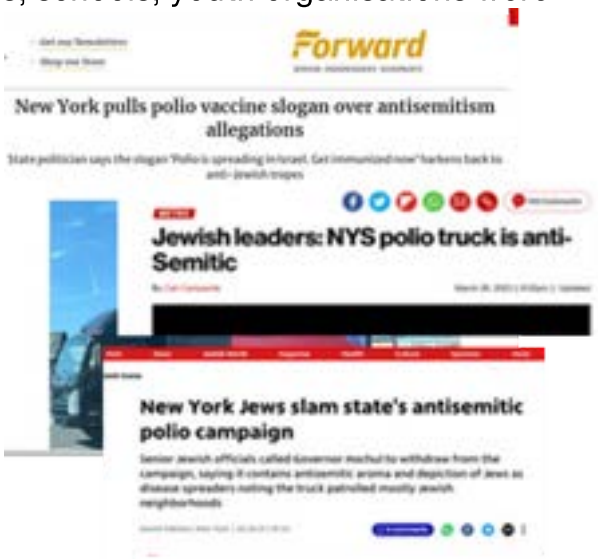
The communication approach was informed by a formal LSHTM evaluation of phase 1 of the Polio campaign in the Jewish Community. Relationships with the community were already established through the London Jewish Health Partnership, so London health partners were able to mobilise key stakeholders and respond quickly in line with the needs of the established Incident Management Team (IMT).

The Outcome

Communication messages and delivery methods were both informed and developed with the community. Several community channels including print media, circulars, social media, newsletters, posters in synagogues, schools, youth organisations were utilised.

The impact

Positive feedback was received from the community on the style, messaging and relevance of the campaign to them and they applauded that the campaign was not stigmatising. As opposed to a similar campaign in the USA which was considered stigmatising. This approach has been replicated for raising awareness and encouraging the community to protect themselves from other serious diseases.



We had medical and other professionals on board, plus practical support with non-stigmatising communications. This ensured that information was evidence-based, accurate and had clinical backing. The combined efforts paid off.

Sarah Weiss, Interlink and Chair of the Charedi Women's Health Alliance, a partner of the London Jewish Health Partnership

Community-led communications: COVID-19 and flu vaccinations in Bangladeshi, Pakistani and Black London communities

To support engagement in communities including Black African, Black Caribbean, Pakistani and Bangladeshi communites around winter vaccinations, paid adverts, translated and highlighting the fact that COVID-19 and flu injectible vaccines do not contain porcine (pork), and that a non-porcine nasal flu vaccine was available as an alternative, were place in newspaper read by the Bangladeshi and Pakistani community - including two half page page ads in November in weekly newspaper Bangla Sanglap reaching 10.000 Bangladeshi Londoners and full pages ads in November in both English and Bengali in the Bangla Post, plus quarter page ads in the Daily Jang reaching 85,000 Pakistani Londoners.

Communications also included paid for radio adverts, the script was co-produced with LBHP - on Asian Star Radio, and widely shared social media assets.

In partnership with London inspire, LHEP co-produced assets and placed them in targeted media, including print, digital and radio, as well as social media channels across the system and partner organisations throughout November. The intention was to be inclusive and authentic, so people resonated with the images and messages.

Community-led communications: “Why vaccinate?” London Immunisation Campaign

The issue
Building community confidence and acceptance of vaccination across the life course is a key component of both population and health system resilience. Given London’s unique demographics, high population mobility, increasing demand on services and decreasing workforce, the capital faces continued challenges in maintaining high vaccine uptake. London is a rich in its diversity and needs a communications approach that will resonate with our communities.

The Solution
A unique coproduced community and multiagency behaviour change campaign to ensure communities across London have the necessary awareness, knowledge, and skills to choose to be immunised. Coproduction with communities, with a focus on low uptake and underserved communities, enables resources and information to be targeted and culturally relevant.

The campaign aims:

- To be a constant drumbeat on messaging around all vaccinations for London, threading through vaccine specific campaigns to build trust and gain maintain momentum
- To provide clarity on messaging by bringing partners together with one voice
- To build health literacy for Londoners ensuring that no community is left behind
- Developing a digital strategy to mitigate misinformation
- Embedding vaccine uptake as part of the wellbeing of all communities in London
- To increase vaccine equity to reduce threat of communicable disease across all communities

The outcome
Focus groups with communities were held to understand directly from communities what was important to them in a campaign. Insights were brought together into four possible campaign concept options. These were then shared back with communities through focus groups and surveys, with clear guidance from them for developing the concept for a campaign proposal. The findings from the discovery phase in phase 1 and feedback in phase 2 were used to develop the campaign approach and potential creative concepts (see below).

The impact
The campaign proposal is in line with the focus both from the national NHS Immunisation Strategy and is being developed in line with, and as a core thread for, the London Immunisation Strategy.

The campaign would not replace individual vaccination campaigns but would be a ‘once for London’ resource, that weaves and threads across the footprint, to provide a clear drumbeat beyond individual vaccine campaigns, becoming a trusted authority, providing consistency across agencies, and delivered to resonates with our communities. The intention is that the campaign will continue to report into, and have the governance of, the London Immunisation Board.

Potential creative concepts

A1.4 Community and Faith health networks

Communities bound by faith and faith leaders play an important role in supporting the mental and physical health of their members through supporting wellbeing, guiding individuals or families through challenging times, providing social cohesion and the promotion of good health practice.

During the pandemic faith communities became extremely important to support communities during adversity, with faith leaders playing an important role in building trust between communities and health services, supporting the sharing of accurate and tailored health information around the vaccine and supporting health professionals with culturally sensitive approaches. Faith leaders also played a key role working alongside health professionals in the development of guidance, whether around congregating for prayers at the time of social distancing, or allowing communities to practice ritual bathing without the threat of disease spread.

In London, a number of faith and community networks were established during COVID-19 led by communities and supported by health partners to address the health issues that matter to them. These networks have and continue to act as a key conduit for effective co-produced engagement programmes that have addressed community health needs, but also supported outreach for key public health priorities.

Community and Faith health networks: The London Jewish Health Partnership (LJHP)

Overview

The London Jewish Health Partnership (LJHP) was formed in Spring 2022 and is led by the London Jewish Forum, as the anchor organisation, and the NHS Legacy and Health Equity Partnership (LHEP), and brings together public health and health professionals, voluntary and community partners to identify and address the main health issues that matter to the Jewish community and reduce health inequalities.

Successes

The London Jewish Health Partnership has been working on a number of key areas including supporting vaccinations, screening, and good mental health. The partnership has participated in community events hosting two consecutive years a Health and Wellbeing stall at the Community Maccabi Fun Run held at the StoneX stadium in Barnet, providing the opportunity for the public to engage with healthcare professionals and receive information and resources. The Partnership has also been involved in leading several workshops bringing community and health partners together to discuss key matters that affect the community, and continue to work with health system partners to respond appropriately to public health issues that are relevant to the community.

> **The London Jewish Partnership is an important development and an example of how the NHS, UKHSA, local authorities, wider health and social care services and the community can work together to understand and reduce health inequalities, and promote healthier communities.**
>
> *Cllr Alison Moore, Chair of Barnet Health and Wellbeing Board*

Challenges

- The Jewish community is a broad and heterogeneous community and it is important to ensure all of these nuances and perspectives are represented by the partnership.
- Digital campaigns are not relevant in the Charedi community and so there is a need to work with the community for other ways to share communications.
- Faith leaders play a key role, particularly in the Orthodox Jewish community.

Next steps

The LJHP is working in collaboration with NHS, the UK Health Security Agency London, London Boroughs, primary care and community organisations to launch a multipronged and co-produced immunisations campaign for the Jewish community across London in response to low uptake and a need to ensure that no community is left behind. The campaign will be evaluated to support learning about effective methods to support vaccine uptake not only for this community but also other communities in the capital.

Acknowledgements and partnerships with: Andrew Gilbert, Dani Myers

Community and Faith health networks: London Informed event with the Charedi Orthodox Jewish community - evaluation summary

The Issue
Specific data on COVID-19 vaccination uptake for the Orthodox Jewish community is not available. However, proxy analysis looking at uptake by LSOA area alongside census data on the distribution of the Jewish population in Hackney shows that
areas with the highest proportion of Jewish populations in the borough are also the areas with the lowest COVID-19 vaccine uptake.

The Solution
Insights from the community and local public health and primary care partners, and data on prevalence of other health conditions indicated a benefit to focusing on broader health needs as well as COVID-19 vaccination. After consultation with local community organisations supporting the Charedi Orthodox Jewish community in Hackney and Haringey, it was decided that a “London Informed” live event covering COVID-19 safety and vaccinations as well as wider health topics would be the most successful means of engaging with this community.

The Outcome
The live event took place at the Brenner Centre in Stamford Hill on 28 March 2022, with around 100 attendees present. The focus was Women’s Health, and was organised by local community organisation Interlink in partnership with regional and local health partners and other community groups.

Funded by the NHS, the event was co-produced in partnership with the community at all stages from its inception. Information was provided on COVID-19 and wider health topics through stalls set up at the event, a panel discussion and Q+A session with health professionals. Attendees were also given a “health bag” with further information and signposting to local services and support.

The Impact
The event broadened the information sources for the community and increased awareness of health issues and available support. It strengthened connections between community organisations and health services that can be used in further work to address health needs of Charedi community. The co-produced communications and information resources were effective as they were from the community for the community.



Acknowledgements and partnership with: Sarah Weiss

Community and Faith health networks: 'inspire'- by Black Londoners for Black Londoners

The issue

Across Greater London, the mosaic of diverse communities is one of its greatest strengths. However, within this tapestry lies a stark reality – historic health inequalities disproportionately affecting the Black Caribbean & African communities. The COVID-19 pandemic undoubtedly made acutely visible the state of poor health in the Black Caribbean & African communities, which contributed to excessive death rates compared to what was evidenced across the white community.

The solution

Black community organisations from across London came together with public health colleagues to co-design the 'inspire' brand for Black Londoners by Black Londoners.

In October 2021 and in October 2022, Lambeth Council partnered with NHS, UKHSA, OHID and the GLA to organise inspire Black Health and Wellbeing days. The events aimed to support vaccine uptake in the local population and address a range of health issues, including mental health, diabetes and cardiovascular disease.

Following the success of the inspire Festival, London Councils decided to build on the positive outcomes and learning from the event by developing a program of activities and events in the eight London boroughs with the lowest COVID-19 vaccine uptake and largest Black population, with each borough receiving £20,000 to fund their local inspire event.

The Impact

Building on the success of the inspire event in Lambeth, a programme of activities and events in the eight London boroughs with the lowest uptake and largest Black populations were delivered.

50 **community engagement programmes** commissioned – 62 events recorded in total

3 **main barriers** raised included access to health and care services (including primary care), socio-economic factors (e.g., poverty or access to welfare services), and access to health information, among others.

48 **community organisations/ networks** engaged with – plus more health services, community leaders and other partners

3 **health priorities** raised as key to positive health and wellbeing were hypertension, mental health and diabetes.

4,648* approximate attendances by **residents**

Acknowledgements and partnerships with: Cedi Frederick, Juliet Amoa, Charles Kwaku-Odoi, Shadi Ambrosini and Percy Akudo

Community and Faith health networks: The London Muslim Health Network (LMHN) in partnership with the British Islamic Medical Association (BIMA)

Overview

The London Muslim Health Network, established in early 2022, unites health professionals from Muslim faith communities to tackle health disparities in the capital. Initially concentrating on promoting COVID-19 vaccination, the network has since expanded its efforts to encompass issues like hypertension, cancer screening, and diabetes. Emphasising community-led health initiatives and tailored communications, the network collaborates with diverse health professionals, community organisations, and broader health partners to advance health awareness and wellbeing within Muslim communities.

Successes

- Delivering a health and wellbeing stand at Eid in the Square for two years
- Health engagement stand at the World Halal Food festival
- Community health day in Mosque – We organized a community health day at Quwat tul Islam in East Ham, successfully engaging with nearly a hundred locals by providing health checks and offering wellbeing advice. The event received support from the local authority, which included wellbeing advisers showcasing various initiatives available in the area. Moreover, we facilitated referrals to the local pharmacy for flu and COVID-19 vaccinations, enhancing access to essential immunisations for the community.
- Supporting the Every Story Matters project to increase more ethnic minorities to come forward and share their story about the pandemic and any trauma they may have experienced.

Challenges

Muslim communities have expressed considerable interest in hosting health-focused events at their individual mosques, including health days and various activities. However, our current capacity poses a significant limitation to meeting this demand adequately.

Next steps

- **Community Health Days:** This event will offer health checks and collaborate with local healthcare providers to support the community's wellbeing.
- **Organ Donation Film Screening**: We have produced a film highlighting the Muslim perspective on organ donation, set to be screened at an independent cinema in London.
- **Muslim Breast Cancer Champions:** We aim to collaborate with multiple mosques across South London, engaging Muslim women to become Breast Cancer Champions.
- **London Muslim Shopping Festival**: A pan-London Muslim event is an excellent opportunity to connect with the Muslim community and address health inequalities prevalent within it.
- **Diabetes Prevention Cooking Workshop**: Ahead of Ramadan, we're organizing a diabetes prevention workshop at one of London's largest mosques. This interactive session will feature cooking demonstrations, presenting healthy alternatives to traditional recipes for families to adopt.

Acknowledgements and partnerships with: Dr Salman Waqar and Hadjer Nacer

Community and Faith health networks: Health stands at London Eid in the Square with London Muslim Health Network

The issue

Data on prevailing health challenges impacting Muslim Londoners includes:

- Managing long term conditions
- Mental health
- Diabetes prevention and management
- Hypertension
- Immunisations – particularly childhood immunisations and COVID-19

The outcome

A health stand at Eid in the Square, led by the London Muslim Health Network, with support from regional and local health partners and volunteers, largely from Muslim faith communities themselves, and many spoke community languages.

To engage around health priorities noted above, the stand had the following:

- On-site blood pressure and blood sugar checks, along with wider MECC health and wellbeing conversations. The stand worked with North West London ICB MECC roving team to deliver a MECC offer on the day.
- Conversations with volunteer health professionals from the London Muslim Health Network (including conversations in various community languages).
- Resources, information and further support on a range of health topics.
- Children's storytelling session around wellbeing and resilience.

The impact

LHEP has enabled us to be present at key and signature events that Muslim Londoners from diverse backgrounds and all boroughs take part in, such as Eid in the Square, over the last two years.

Seeing the faith identity of tens of thousands of Londoners expressed openly, and working in collaboration with NHS partners has been seldom done before. From our conversations with members in our communities there is a clear sense of pride and ownership.

These engagements and conversations, and indeed the optics of such partnerships, will go a long way in restoring trust and credibility in health services.

Co-chair LMHN

Community and Faith health networks: Health stands at London Halal Food Festivals with London Muslim Health Network - evaluation summary

The Issue

Data and research over the past three years have shown that people who identified as Muslim had lower vaccination uptake across most ethnic groups. Cultural taboos can prevent women from going to the doctor and even discussing the subject or conducting self-examination.

The Solution

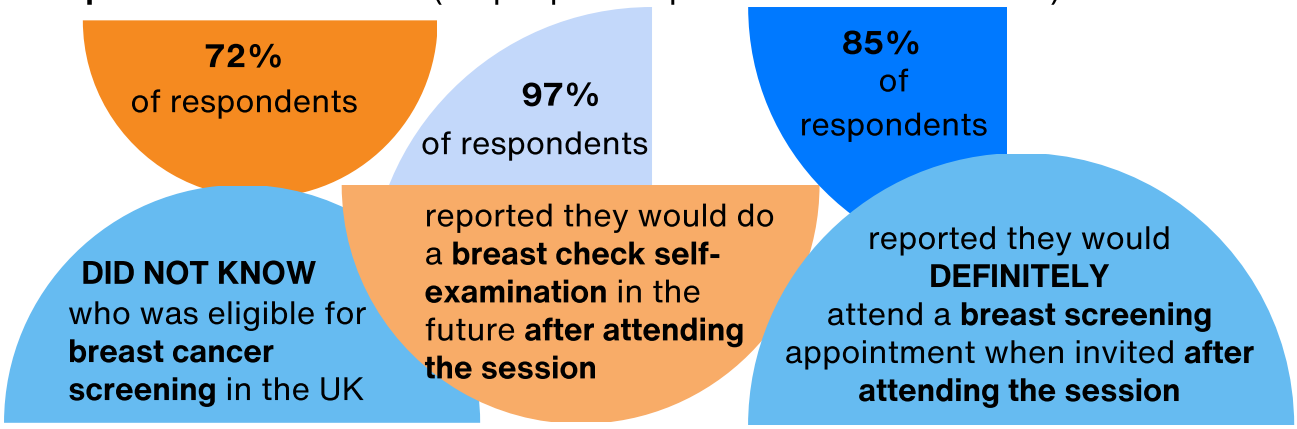
The London Muslim Health Network, NHS England, NHS London, NHS NEL ICB, the British Islamic Medical Association, London Borough of Newham Public Health Team, McCann Health and Breast Cancer Now, partnered to attend the London Halal Food Festival, hosted on 24th and 25th September at the London Stadium.

The Outcome

The partnership hosted three health stands both days, covering a wide range of health advice and information. Health resources were available from the stands, as well as conversations with health professionals. Translated resources were also available in relevant languages. An estimated 40 blood pressure checks were performed at the event on Sunday.

Using the same simple gestures used to prepare bread dough, 'The Bread Exam' teaches women how to perform self-checks and detect early signs of breast cancer. A demonstration, hosted by Masterchef winner Saliha Mahmood Ahmed, was held on one of the stages, plus, over 200 tote bags promoting the Bread Exam were handed out over the course of the weekend.

The Impact - The Bread Exam (92 people completed the feedback form)



The Impact - Winter Vaccinations Campaign Insights (21 attendees provided feedback)

- Respondents identified the following factors as most important when accessing vaccinations:
  - distance to vaccination appointments (33%)
  - opening hours/times of appointments (28%)
  - number/availability of appointments (23%)
- Respondents stated that the NHS website or their GP practice was the most common way they received information on vaccinations (47% of responses)
- All respondents found it helpful or very helpful for the NHS / Local Authority outreach team to be at the festival providing information on vaccines and other health information.

Community and Faith health networks: Charedi Women's Health Alliance (CWHA) in partnership with Interlink

Overview

The Charedi Women's Health Alliance (CWHA) is a London group that aims to bring together key statutory health partners with Charedi organisations and representatives to share culturally sensitive health information to address health needs and achieve deep community reach. The forum provides a platform to share resources, raise concerns and explore co-produced solutions with statutory partners.

Successes

- Providing insight and intelligence on nuanced messaging to the Charedi community for various emerging health issues, eg Group A Strep and Whooping Cough.
- FAQ booklet on Childhood Immunisations, used for health stand, now to be used across multiple health settings as part of the resources for the Charedi community, supporting the pan-London Childhood Immunisations Campaign across all Jewish communities.
- CWHA has been put on the map by being associated with LHEP and other statutory agencies. Our work has been shared as a model of good practice and we have presented at a number of local and wider forums.

Challenges

- Remunerating core partners for their time and resources is an ongoing issue when it comes to health events and other things. We are still using their goodwill for meetings participation.
- A relatively new project, just finalised on logo, etc., and still have a way to go to be a recognised brand within the community.
- There are times when we would like to input into communications and other areas, but to remain in the background as that may work best for the particular issue. There may be other times when formal, recognised association is better. It will be on a case-by-case basis.

Next steps

- Secure longer-term funding to allow this important work to continue with a view to it being mainstreamed. Early conversations have begun.
- To slowly begin using our branding where appropriate to become a recognised brand for health and public health messaging.

Acknowledgements and partnership with: Sarah Weiss

Community and Faith health networks: The London Bangladeshi Health Partnership (LBHP) in Partnership with Bangla Housing Association

Overview

Formed in June 2023, the London Bangladeshi Health Partnership (LBHP) brings together an interdisciplinary group of key health partners with Bangladeshi community organisations and representatives. It seeks to mitigate health inequity and provide regional leadership to support embedding the lessons learned from the pandemic and providing a forum to discuss and address key health issues and respond to live issues and campaigns as they emerge.

Successes

Alongside extensive networking and relationship building the LBHP has also supported NHS London communications with the development of tailored COVID-19 and flu communication campaigns targeting Bangladeshi Londoners and partnered with Capital Kids Cricket, the Redbridge roving team and North East London ICB in the delivery of a health stand at the annual Bangladesh District Cricket Cup.

Challenges

The challenge now is to work alongside the population to embed lessons learned during COVID-19, applying them not just in the context of pandemic preparedness, but also in health promotion and prevention. There are various health, statutory and voluntary agencies involved in local work to mitigate health inequality, but there is a clear absence of a unified voice for Bangladeshis in conversations around health services design, delivery and priorities.

Next steps

The partnership are currently working on a proposal for the role of LBHP project co-ordinator to undertake mapping of existing work, planned events and campaigns and priority boroughs, coordinating with ICB, Borough and regional partners to develop a plan for co-production and working toward a summit with health, local authority and VCSE partners working in largest Bangladeshi boroughs and London-wide communities to help establish strategic challenges facing Bangladeshi Londoners and where the gaps are.

Acknowledgements and LHEP partnerships with Chairs: Riyad Karim and Sharmin Shajahan

A2.1 Project Health Resilience (PHR)

PHR is a tailored health literacy partnership programme delivered by doctors for young people aged 16-19 in educational and youth settings in London

Benefits of PHR sessions

There is a gap in health literacy education for young people as they transition to adulthood. Those with greater health literacy are more likely to use preventive services, manage long-term health conditions, and are less likely to use emergency services.

Co-produced by NHS and young people

In 2019 the programme was developed together with sixth form leads and young people who felt that these topics were a gap in their learning. In 2021 pilot sessions were rolled out in Camden School for Girls over a four-month period. After the success of the initial pilot, the syllabus continued to be developed in partnership with young people and health partners. In 2023 the programme has been rolled out more widely across London.

This NHS funded programme is a partnership of the London Legacy and Health Equity Partnership (LHEP), UKHSA London, NHSE, Camden Council, the Association of Directors of Public Health and Asthma Innovation Research. The pilot programme is being formally evaluated and has ethics approval from the London School of Hygiene and Tropical Medicine

PHR aims

- Young people know when to seek help for health conditions
- Young people know how to access health systems confidently and appropriately, and understand their right to NHS care
- Participants can discuss immunisations and key health issues in a safe space
- Reduce health inequalities in health service access and outcomes
- Improve engagement with the health system by building trust

PHR sessions

The programme is made up of four health literacy modules:

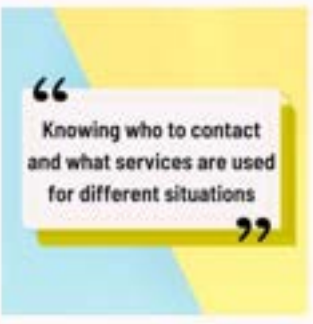
- Access to Healthcare
- Medical Emergencies
- Mental Health Resilience
- Preventative Health

Results from the pilot evaluation

A significant increase in participants' confidence, knowledge, and awareness around accessing services; facing health emergencies and which services are available.

Sessions were rated extremely highly for enjoyment, usefulness and relevant knowledge development.

Educators felt that doctors delivering the programme was uniquely valuable, and they would like to offer these sessions to future cohorts.



Acknowledgements and LHEP partnerships with: Dr Carys Lewis, Dr Clovis Rau, Dr Gabriella Landy, Dr Mishka Venables, Dr Teresa Cullip, Chrissie Dillon, Mike Mortlock, Dr Jonny Coppel, Dr Aidan Cross, Astrid Grindlay

A2.2 Communities of Practice

Association of Directors of Public Health London (ADPHL) London Health and Wellbeing of Asylum Seekers and Refugees Community of Practice

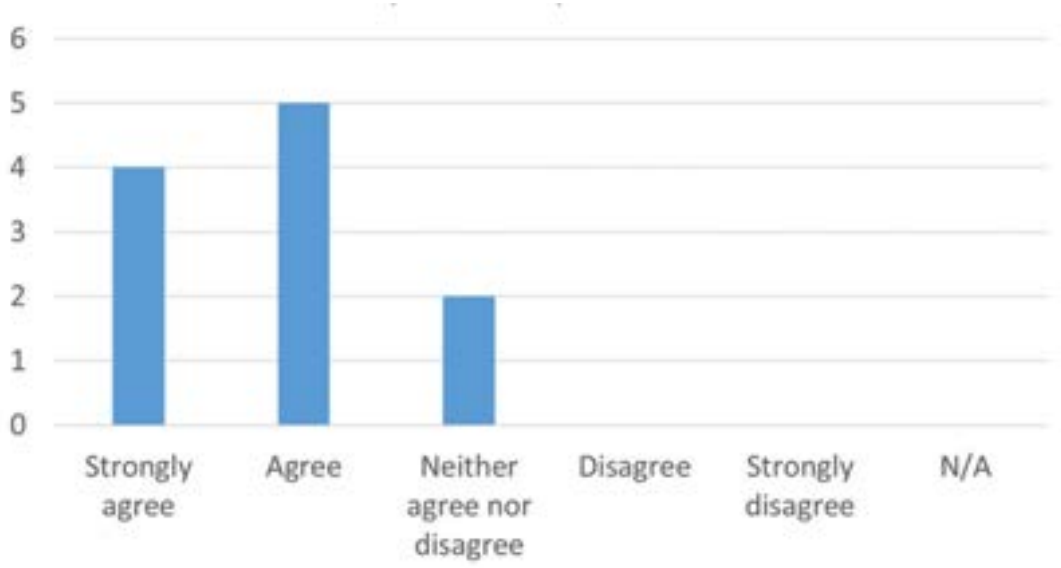
Aim of Community of Practice:
Bring together colleagues working to support the health and wellbeing of asylum seekers and refugees across London, with the goal of improving their health and wellbeing and ensuring that the safety and dignity of these populations are being met at all times.

Key Successes and Highlights from 2023:

- The Community of Practice is popular, frequent and well attended with a well engaged membership.
- A wide variety of topics were covered in the 2023 including: food security in hotels, housing, access to healthcare, children and young people and social prescribing.
- The Community of Practice contributed to work supporting the Asylum and Health Task and Finish Group.
- The Community of Practice explored further specific topic subgroup development i.e. Clearsprings data group.
- A Khub (online file sharing resource) site is now up and running to enable better sharing of information, the KHub now has 60 members.

Impact on professional practice:
We surveyed attendees of the Community of Practice using an online survey in Jan 24. Figure 1 shows there were 11 responses in total and the majority of respondents either strongly agreed or agreed the network had a positive impact on their professional practice:

Figure 1. Do you feel the network has had a positive impact on your professional practice?



N=11 respondents

Acknowledgements and partnerships with: Lizzie Owen, Chris Billington

A2.3 General Practice and community engagement

The issue

General Practice is increasingly playing a significant role in reducing health inequalities. Working with communities has been highlighted as best practice to achieve this, however there is significant variation in practice across London. What best practice looks like also remains unknown. General Practice is facing intense pressures and challenges currently, and there is a need to support the system in tackling the barriers they face in using community engagement to reduce health inequalities.

The solution

This project is a partnership between LHEP, UKHSA London, NHSE London and Imperial College London. Partners across the primary care system and academia established a baseline for community engagement through General Practice to reduce health inequalities in London. A literature review was completed and a survey designed to be disseminated to all General Practices in London. Focus group discussions were also planned for further in depth explorations. The intention was to understand the perceptions of the workforce, what community engagement strategies they use and their effectiveness, what their barriers and facilitators are, and how to achieve best practice across London.

A spotlight was also highlighted on the work General Practice does with migrants in London. As an inclusion health group, they have very poor health outcomes, are socially excluded, and face multiple barriers related to how the healthcare service is delivered. The intention was to improve the health and wellbeing of migrants in London through supporting the delivery and accessibility of integrated people-centered health services and to identify needs and solutions together.

The intended outcome and impact

This work is largely ongoing and outcomes have not yet been evaluated. However, there will be:

- policy recommendations which will influence the health system in London for better community engagement in General Practice to reduce health inequalities
- best practice guidance which will support General Practice itself in understanding best practice and how to achieve it
- an academic paper will be published to showcase this work nationally and to educate all parts of the system
- an NHS health network for migrant health will be developed and sustained to improve the health and wellbeing of migrants.

Acknowledgements and LHEP partnerships with: Datapwa Mujong, Dr Austen El-Osta, Manisha Karki, Will Huxter, Dr Agatha Nortley-Meshe, Dr Lisa Harrod-Rothwell, Dr Tehseen Kahn, Dr Oge Ilozue and Aysha Patel

A2.4 JITSUVAX - Empathetic Refutational Interview Training (ERI tool)

Overview
JITSUVAX is an EU Horizon 2020 funded project coordinated by the University of Bristol working with five other EU institutions as well as one in Canada. The project runs from April 2021 until March 2025.

The JITSUVAX team consists of psychologists, epidemiologists, behavioural scientists, clinicians and others. The global research teams are collectively investigating misinformation around vaccines which may lead to people being less likely to accept vaccination. London is partnering with the JITSUVAX team to support health literacy in health professionals and support vaccine conversations across the system.

Activity
The ERI is a tool to guide conversations in cases where a patient declines a vaccination they have been offered. The training is aimed at supporting health care professionals to deliver confident conversations about vaccines. Two training modules are available including a 90-minute one off interview training workshop and a 2 day train the trainer workshop. The train the trainer approach allows the programme to be scaled up to support confident conversations across a larger footprint.

Outcome
Train the trainer sessions were delivered in London in Autumn 2023 as an initial pilot and were offered to 3 staff groups; midwives, school aged immunisation service providers (SAIS), primary care staff. Following positive feedback from attendees and requests from partners in LAs, ICBs, PC and other services, NHSE has committed to facilitating the delivery of further monthly sessions over the course of the next year.

Impact
This project provides the opportunity for a sustained and regular programme in 2024 of vaccine communication training for staff across NHS Trusts and local authorities in London. This is important for the region, which has one of the lowest vaccination rates in the country, and struggles to effectively communicate with a diverse, highly mobile population that experiences a high level of health inequality.

Acknowledgements and LHEP partnerships with Dr Dawn Holford, Dr Emma Anderson, Dr Ginny Gould, Debra Carter, Rehanna Ahmed and Jo Wilson

A3.1 Looking differently at the data: Data Triangulation Project with NHSEL

Overview

The purpose of the Data Triangulation Programme led by NHSE London analyst teams is to improve identification of hyper local areas with low uptake across one or more screening and immunisation programmes.

Using census data enables a view of the demographic insights about the populations in those hyper local areas of low uptake, such as level of deprivation, ethnicity, caring responsibilities and health literacy. Analysing this data can support communications, engagement and health interventions to be more informed and targeted. It can also support health professionals to look at successful screening and immunisation programmes and use them as a way in to raising uptake among the same community or population that have lower uptake in the same area or other areas.

Activity: Integrated Care Boards (ICBs) breast screening improvement workshops

The insights are an overview of the variation in uptake of national breast cancer screening invitations for women aged 50-69 years living in London. It provides a comparison of correlations of uptake with certain population cohorts between the period immediately prior to the COVID-19 pandemic (those invitations issued between January 2017 to December 2019), and the period immediately following the COVID-19 pandemic (those invitations issued between June 2020 and June 2022).

Outcome

The analysis is based on aggregated LSOA* uptake data combined with other data sets, such as LSOA ethnic and religious population densities as reported in the 2021 Census. The analysis determines whether there is a correlation between certain demographic characteristics, and uptake of breast cancer screening invitations.

The analysis plots the relationship between LSOA population density for a given demographic characteristic, and the level of breast cancer screening uptake observed in the same LSOA. It then draws a line of best fit to determine the relationship between the two variables. This is then repeated for data that has been disaggregated to map each LSOA to its ICS to enable variation between ICS's across similar population cohorts in the post pandemic period to be identified.

**LSOA (Lower Super Output Areas) are geographic units used by the Office of National Statistics. They are small areas designed to be of similar population size of approximately 1,500 residents which equates to about 650 households.*

Impact

The new data triangulation insights aim to support and inform ICBs in their planning assumptions and the design of interventions to improve communication and engagement with communities where low breast screening uptake is observed.

Acknowledgements and LHEP partnerships with: Dane Satterthwaite, Oly Haworth, Faizal Mangera and Simon Hailstone

A3.2 Vaccines in new places

NHS
Guy's and St Thomas'
NHS Foundation Trust

Evelina London
Children's Healthcare

Overview

The "vaccines in new spaces" work programme was developed partnership with Evelina London Children's Hospital and Guy's and St Thomas' NHS Foundation Trust (GSTT) Vaccination Service to pilot innovative models of immunisation delivery in London, with a particular focus on reducing inequalities in childhood immunisation uptake

The programme considered "new spaces" to be piloting one or more of:

- Delivering vaccinations in "new" settings (e.g. those that fall outside of the routine commissioning arrangements for an immunisation programme).
- Using an innovative delivery model for immunisation delivery (using new operating frameworks or infrastructure).
- Supporting healthcare workforce to deliver immunisations who would not be involved in routine delivery.

Activity

Delivering an opportunistic immunisation programme in a paediatric outpatient setting: Vaccination service at Evelina Children's Hospital to support the London IPV booster campaign. London's vaccination coverage across the routine childhood immunisation schedule is well below the WHO uptake target of 95%, and there are significant inequalities in vaccination coverage in many communities across the capital.

The Outcome

Eleven vaccination sessions were hosted in Evelina Children's Hospital, between 31 August and 14 October 2022. A total of 95 vaccines were administered, or an average of around 8.6 vaccines per session.

The Impact

For children who were vaccinated in the Evelina, it is clear patients and families valued the service, particularly in increasing convenience of vaccination. Notably, this was most true early in the programme when families reported they could not access vaccination appointments through primary care.

Five recommendations have been proposed following this evaluation:

1. Findings of a feasibility study should be reviewed alongside the findings from the pilot evaluation
2. "Outreach models" for vaccine delivery should be supported, particularly for outbreak responses, to allow rapid mobilisation of vaccine delivery in non-traditional settings to provide opportunities for vaccination of eligible priority cohorts.
3. Other pilots for vaccination delivery in non-traditional settings should be supported and evaluated to identify barriers and facilitators to delivering immunisation programmes that fall outside of routine commissioning arrangements.
4. Where non-traditional settings are used for the delivery of immunisations, a programme of training on immunisations should be delivered to ensure staff can have confident conversations with patients and families, and to ensure high-quality service delivery.
5. Alongside a vaccination offer, targeted communications for patients and families should be developed that provide clear information on the offer and ensure patients are prepared for vaccination on the day

Acknowledgements and partnerships with: Dr Jonathan Cohen, Liam Flannigan, Evelina London Children's Hospital and Guys and St Thomas' Foundation Trust

A3.3 Vaccines and screening for inclusion health groups

Via an exploratory and relationship building piece, the LHEP team have built an understanding of and become a regional connecting point and information repository for initiatives seeking to mitigate health inequity in the Gypsy, Roma and Traveller communities in London.

This has involved scoping a piece of work to sit alongside the work of Traveller Movement, in particular to identify the role for the London health system alongside their partnerships and collaborations project.

Scoping, relationships and recommendations have been passed on to the Health Equity Group for embedding and action as part of the HEG inclusion health focus from May 2024.

Acknowledgements and partnerships with: Traveller Movement

APPENDIX B

BUILDING THE EVIDENCE

The following section section presents a summary of key findings and recommendations derived from evaluations, reports, workshops, and stakeholder engagement sessions conducted by or in collaboration with the LHEP programme over the past two years. The content has been organised into three core categories: Communities at the centre, Innovation and sustainability and Partnerships & leadership.

B1. COMMUNITIES AT THE CENTRE

B1.1 Community engagement through Community Health Events and Health Stands

- Peer reviewed paper: A partnership approach to supporting the health and wellbeing of the Charedi (Orthodox Jewish) community in London - The Lancet which also was included as a poster in the UK Public Health Science Conference November 2022

- Toolkit: to support the delivery of health and wellbeing, which was also showcased at the UKHSA conference in Oct 2022.

- Evaluations and reports:
  - Women's Health and Beyond: Evaluation of "London Informed" event with the Charedi Orthodox Jewish community (March 2022)
  - Evaluation of health and wellbeing stand delivery at Eid in the Square and the Maccabi GB Fun Run (September 2022)
  - London Muslim Health Network: Eid in the Square 2023 Evaluation
  - Health Stand at Maccabi GB Fun Run with NWL Roving team Summary (June 2023)
  - Health Stand at Shomrim event Summary (July 2023)
  - Supporting the health and wellbeing of Black Londoners: Evaluation of the "8 Boroughs" programme (Dec 2023)

- Key findings:
  - Health stands at community events can be an effective method of engaging with communities and should be seen as one important tool for outreach and engagement with communities, though insights suggest a broader need for systems to address barriers to routine healthcare provision for populations and a continued need to focus on diverse and far-reaching community engagement to improve health outcomes.
  - Health stands and health events were an opportunity to discuss health topics relevant to the community in a new setting and provide the opportunity to signpost to additional support/services.
  - Working with faith networks in delivery of the health stands demonstrates commitment to inclusive health practice. Visible presence at events develops community relationships and may encourage further engagement with services.
  - Events had a role in establishing a dialogue between residents and health services.
  - The presence of health professionals and services in engagement activity was valued by residents.
  - Feedback strongly highlighted the value of increased awareness of local health services and routes of access.
  - Addressing wider health programmes was important to the community, rather than focusing only on vaccinations
  - Working with the community was central to the success of the events. It is important to ensure communities are engaged in both the design and production/delivery of the interventions to guarantee the activity covers the needs of the community targeted and that the information is appropriate and culturally sensitive.
  - Engagement in a community event setting may mean outreach is engaging with individuals not engaging with health services or other forms of outreach.

B1.2 Conversations with community partners

- Conference and webinars:
  - Community Action for Partnerships in Health: A Community Conversation Event (July 2023)
  - ICB's community engagement workshop (August 2023)
  - Engaging underserved communities – showcasing at NHSE London all staff (August 2023)
  - Reflecting on Bangladeshi history and recognising the contribution of the British Bangladeshi diaspora to London and the NHS (August 2023)
  - Faith and Health Network Conference (December 2023)
- Community workshops:
  - Immunisation workshop in partnership with the Jewish community (September 2022)
  - Schools and immunisations focused session - workshop hosted by LJHP (March 2023)
- Peer reviewed paper
  - "We're potentially worsening health inequalities": Evaluating how delivery of the 2022 London polio booster campaign was tailored to Orthodox Jewish families to reduce transmission vulnerability – ScienceDirect
- Evaluations and reports:
  - Communications and engagement campaign for increasing childhood immunisation uptake in London Jewish communities: A community and health system partnership (January 2024)
- Key Findings
  - Data and information sharing
    - Very helpful to have real demographic data collection that would truly reflect the make-up of a community. Including vulnerable groups that are often missed from data - such as homeless communities and those with no resource to public funds.
    - Digital inclusivity for people of all ages and from all backgrounds.
    - There is fatigue from the communities with duplication from the system when asking them for their views.
    - System needs to share back information, outcomes, and planned responses to communities – complete the loop.
    - Frustration at non-standardised IT systems.
  - Inclusive person-centred approach
    - Need for co-production of initiatives for health interventions and communications.
    - Holistic provision of services, in which the needs of communities are identified, and their health needs provided for with culturally appropriate solutions.
    - Services need to focus on people and what they need, with support to navigate health, wellbeing and care systems.
  - Resourcing and sustainability
    - Working with networks, community and faith groups should not be just in times of crisis.
    - Need for a sustainability plan for ongoing community engagement.
    - Investment in partnership working was recommended to be sustainable and long term with fears that without sustainable long-term funding nothing will change
    - There was a desire to understand how local plans fit into regional and national policies.
  - Trust and partnership working
    - A lack of trust in the system was highlighted along with the long term need to build trust between health partners and communities to improve health equity.
    - Building trust means finding solutions together, ensuring that the information is gained from, and partnerships built with all parts of a community, as each community is a 'community of communities'.
    - Suggestions were made for sharing knowledge of communities together across boroughs and across systems.
    - Active listening was mentioned repeatedly, and the suggested approach was to go in and listen, without an agenda, being open and with no assumptions.

Key findings on childhood immunisation programmes - working with Jewish communities' could reflect the systems challenges of constant short-term commissioning and funding cycles. This makes any goal of sustaining higher coverage levels quite difficult. So, sustaining existing offers such as Lubavitch Children's Centre would (in my view) be more effective than offering immunisations in synagogues (where Charedi women do not always go).

- Enablers to vaccination:
  - Vaccines in new spaces: exploring the use of other venues such as pharmacies, synagogues, community locations, trusted venues, large venues that can accommodate large families
  - Flexibility in the offer and the delivery: offering vaccines during evenings and weekends (e.g. Sunday clinics in Stamford Hill), expanding family offer, home services, and specific locations where women are looking after children
  - Partnership between health services and specific communities: working in collaboration between local authorities, community organisations and the Jewish community is essential.
  - Working with communities: involving people from the community to deliver the vaccines (e.g., Hatzola), using trusted voices (e.g., doctors from the community, community champions) to share key public health messages
  - Exploring different channels of communications: communications from schools, community newsletters, finding/ providing safe spaces for conversations using trusted voices (e.g., parents at schools)
  - Tackle myths and misinformation using the right channels: Jewish newspapers, community champions, combating fake information through conversations and word of mouth via trusted individuals, and using targeted advertising
  - Training for those organisations doing outreach to the community: ensuring the information/message delivered is accurate and facilitate them tools/skills to tackle the misinformation/myths
  - Co-production: working with the community to address health needs in their population. A lot of people rely on stereotypes
- Barriers to vaccination:
  - Concerns over the safety and side effects of vaccines
  - Widespread issue of delaying vaccine schedule –Charedi community is more reactive rather than proactive
  - Communications materials not reaching the Charedi community
  - Family logistical and cultural access issues
  - No access to vaccination in Charedi school settings
  - Digital booking systems
  - Mothers reported being aware of the poliovirus incident, but the majority of those interviewed did not feel their children were at risk of contracting polio
  - Healthcare provider participants raised concerns that the vaccine response had limited impact on reducing disparities in vaccine uptake
  - Systems challenges of constant short-term commissioning and funding cycles. This makes any goal of sustaining higher coverage levels quite difficult. So, sustaining existing offers could be more effective than offering new solutions
- Considerations
  - It is important to distinguish differences in the strategies between and within communities
  - Funding is crucial: need for sustainable funding models, the cost do need to be covered
  - Trusted places/ trusted community leaders
  - Community has a stronger relationship with pharmacies compared to GP surgeries
  - Translating the evidence into an understandable language so that parents and children understand what that means
- Trust is incredibly important. A mistake in the core information delivered will trigger a chain of mistrust that goes into communities and into families

B1.3. Engaging with communities through Faith and Community Health Networks

- Peer reviewed paper:
  - in process
  - Evaluation from the faith and health network conference December 2023.
- Key findings
  - The interim analysis is in process, and early findings will be ready to be shared by the 13th of March, including some recommendations:
    - Recognise faith as part of holistic health
    - Recognition of role of racism in health outcomes
    - Development of cultural competency, humility, and recognise diversity within faith groups
    - Recognition of "anchor" role faith leaders and faith networks play in their communities
    - Platform to share lessons learned/best practice
    - Development of and resource a "network of network"
    - Continuity of work of LHEP and LHEP principles

B1.4. Recommendations

- Promote community engagement as business as usual (BAU): Support health and care services and health professionals to engage with residents and communities as a core part of their roles.
- Partnership with Voluntary Community Sector (VCS) organisations: Ensure VCS organisations play a central role in the approach to addressing health inequity through sustainable funding and developing resilience within the sector.
- Co-design and co-production with communities: Embrace actively listening to local communities, to support effective co-production of local strategies and approaches. Ensure the communication channels used are appropriate for the community and respond to key community health concerns. Ensure resources are culturally sensitive and match the needs of the community.
- Holistic approach: Work across statuary health partners and integrate health engagement with other forms of social and welfare support to ensure communities have access to services and support
- Hyperlocal approach: Engagement is best coordinated at a local level and local areas should be supported to design and deliver engagement that meets the needs of their residents. Regional networks should be used for once-for-London activity (e.g. resource development) and to share best practice across the region.
- Community centred approach: Community engagement should involve the development of community-centred service design and delivery models that improve access to services for residents, alongside improvements to awareness of, and experiences within services.
- Promoting local health services: Continue to ensure communities are aware of available local services, and ensure these are accessible.

B2. INNOVATION & SUSTAINABILITY

B2.1 Voices of Asylum Seekers and Refugees

Four critical success factors (trust, reciprocity, independence and investment) and eight criteria for a community advisory board (CAB) were co-produced by professionals and ASR communities through focus groups. These eight criteria are positioned under three key areas to inform a future CAB: board structure; leadership and governance; and areas for initial action:

- Board Structure
  - A need to be representative of the diverse ASR communities across London, drawn from a small pool of committed individuals.
  - Regular dialogue to maintain momentum and adopt a preventative approach.
  - Face-to-face to build trust and demonstrate commitment.
- Leadership and Governance
  - Independent but well connected into structures that enable feedback to be actioned – duplication must be avoided.
  - Coordinated by a 'gatekeeper' (individual or organisation) who advocates for the board, appropriately safeguards this resource, and supports communities to navigate the policy system.
- Areas for action
  - Jointly identifying action areas recognising communities can feedback live concerns while policymakers can take a more strategic, longer-term view.
  - Underlying causes of ill-health, reaching beyond health services.
  - Generation of qualitative data in the absence of quantitative.

B2.2 Vaccines in New Spaces

- Evaluations and reports:
  - Evaluation of the vaccine services at Evelina's Children's Hospital to support the London Inactivated Polio Vaccine (IPV) booster campaign
- Key findings
  - Delivery of the polio booster programme in the Evelina London Children's Hospital was a unique opportunity to develop an understanding of the feasibility of delivering vaccinations in secondary care settings and provides useful lessons for potential use of similar settings to support routine immunisation delivery.
  - Future pilots should capture data on immunisation status of patients vaccinated in secondary care settings to understand whether pilots reach children who are behind on their routine immunisation schedule. This should be supported with qualitative insights on acceptability of vaccination in the setting.
  - Integrated models for vaccine delivery in secondary care settings should be explored, focusing on settings where benefits of vaccination are highest and where existing immunisation uptake is low. This should explore delivery in both outpatient and inpatient settings.
  - Where non-traditional settings are used for the delivery of immunisations, a programme of training should be delivered to ensure staff can have confident conversations with patients and families, and to ensure high-quality service delivery.
  - Models of opportunistic immunisation delivery can provide benefits in reaching individuals who may not come forwards in other settings, but proposed delivery models should consider acceptability of vaccination in proposed settings and logistical challenges, for example in ensuring access to correct immunisation records.
  - Alongside a vaccination offer, targeted communications for patients and families should be developed that provide clear information on the offer and ensure patients are prepared for vaccination on the day.

B2.3 Recommendations

- Importance of capturing the right data: Future pilots should capture data on immunisation status of patients vaccinated in secondary care settings to understand whether pilots reach children who are behind on their routine immunisation schedule. This should be supported with qualitative insights on acceptability of vaccination in the setting.
- Explore delivery models in both outpatient and inpatient settings: Integrated models for vaccine delivery in secondary care settings should be explored, focusing on settings where benefits of vaccination are highest and where existing immunisation uptake is low.
- Training for having confident conversations: Where non-traditional settings are used for the delivery of immunisations, a programme of training should be delivered to ensure staff can have confident conversations with patients and families, and to ensure high-quality service delivery.
- Consider acceptability of vaccination in proposed settings and logistical challenges: Models of opportunistic immunisation delivery can provide benefits in reaching individuals who may not come forwards in other settings, but proposed delivery models should consider acceptability of vaccination in proposed settings and logistical challenges, for example in ensuring access to correct immunisation records.
- Targeted and clear communications: Alongside a vaccination offer, targeted communications for patients and families should be developed that provide clear information on the offer and ensure patients are prepared for vaccination on the day.

B3. PARTNERSHIPS AND LEADERSHIP

B3.1 Improving Vaccine Uptake in London

- Workshops and reports:
  - London Informed workshops, webinars and events (December 2021 to March 2022)
  - London Immunisations Challenge and Action Day (June 2022) plus follow up report
  - Summer Community Childhood Vaccination Drive: London Together - Workshop Report (July 2022)
  - Monkeypox Briefing for workplaces. UKHSA London (June 2022)
  - Summary of routine childhood immunisation coverage sources, flows and reporting (August 2022)
  - Polio Booster Briefing for London Health and Public Health Leaders prepared by UKHSA London and NHS England London Region (August 2022)
  - 10 Principles for London Vaccination Programmes (January 2023)
  - Communications Campaign for Childhood immunisations in London: An overview of the London case (May 2023)
- Key findings
  - Communications
    - Consistent messaging: there needs to be a consistent message across national, regional and local systems across all immunisations– this worked well during the pandemic.
    - Working with communities: many people get their information from friends, family, neighbours and local communities. Working with community organisations and leaders, using local channels and ensuring everyone within communities has access to the right information will increase uptake.
    - Actively listening: addressing concerns and barriers withing communities should be done for all immunisation programmes.
    - Diversifying communications channels: thinking about how best to leverage all channels, in particular social media, will increase reach.

- Using behavioural insights: building on the lessons from COVID-19 to identify effective messaging.
- Supporting health professionals: develop resources and training that support all health professionals to have conversations about immunisations.
- Targeted communications: supporting communications and PR with schools, nurseries and other settings. There is a need for Local Authorities to provide this link, given they already have strong relationships here, to make sure every child is reached (including those not in routine school provision). Support also needs to be provided to schools to support vaccinations. Additional focus should be on those who don't want to be vaccinated.

- Access
  - Making Every Contact Count (MECC): there was agreement that every interaction with health services should be used as an opportunity to discuss immunisations, as has happened during COVID-19. Training for wider professionals: broadening the skills of the health and care workforce so professionals feel comfortable discussing immunisations.
  - Other delivery settings: Leveraging other settings that are used by communities, as successfully seen in COVID-19, including pharmacies, children's centres, nurseries and religious settings. These settings are often more accessible for communities and can provide additional flexibility rather than models reliant on primary care. This would help to reduce inequalities and expand the offer available for vaccination.
  - Commissioning: consensus needs to be agreed with primary care on the purpose of vaccinating in new settings, and to ensure there is a joined up approach on the wider immunisation offer
  - Improving access to appointments: evening and weekend availability can increase uptake; this often isn't done in routine immunisation programmes.
  - Addressing inequalities: identifying communities with lower uptake and co-designing support will reduce inequalities is crucial. Using delivery models that help to reduce inequalities should also be prioritised e.g. school-based immunisations, community pharmacy delivery
- Data
  - Access to timely and relevant data facilitated the Public Health response at local and regional level, supporting partners to better understand the dynamics of the pandemic and target interventions accordingly
  - Effective data sharing across analysts in different organisations helped to facilitate key programmes of work- for example the vaccine programme. Large linked dataset to enable active monitoring of uptake across different groups was seen to be important
  - The increased sharing of COVID-19 data across organisations highlighted the need for more clarity on how data can be shared between organisations.
  - The data sharing platforms that have been established were invaluable, but many partners continue to report they are unable to access all the data they require and are unable to share it with all the partners they need to.
  - COVID-19 outbreak and wider health support to Afghan Migrants in Bridging Hotels during the pandemic highlighted further issues around data collection and sharing including who is collecting data, predefined agreement of sharing arrangements based on need, and sharing it quickly between organisations as well as a forum to take issues to as they arise where serious safeguarding concerns were raised.
  - The approach to data collection in many inclusion health groups has been fairly sporadic making it difficult to assess their need and to respond.

B3.2 COVID-19 Vaccination Programme

- Peer reviewed paper:
  - Tackling barriers to COVID-19 vaccine uptake in London: a mixed-methods evaluation | Journal of Public Health | Oxford Academic (oup.com)
- Evaluations and reports:
  - Increasing COVID-19 vaccine uptake in occupational groups in London
  - Delivering the COVID-19 vaccine across London, evaluation report (July 2021)
  - Rapid review of the COVID-19 schools vaccination programme for 12 to 15 year olds in London (November 2021)
- Key findings
  - During the delivery of the COVID-19 vaccine programme, vaccine uptake was lower in BAME communities compared to White British communities.
  - Trust was a critical issue, including mistrust in the vaccine itself and in authorities administering or promoting it.
  - Intensive, targeted and 'hyper-local' initiatives, which sustained community relationships and were not constrained by administrative boundaries, helped tackle vaccine uptake barriers.
  - The success of the national vaccination programme depended on conceding local autonomy, investing in responsive and long-term partnerships to engender trust through in-depth understanding of communities' beliefs.
  - A review to evaluate the implementation and initial outcomes of the COVID-19 schools vaccination programme in London was developed with the aim of informing the next stages of the programme and providing insights for future vaccine delivery in schools. This review highlighted a number of challenges with vaccine delivery in schools in London that should be addressed in future delivery programmes. These include:
    - Addressing inequalities in uptake: school-based delivery may still provide a useful means of addressing inequalities; there is a need to support schools, parents and CYP in areas with high levels of deprivation.
    - Multi-channel delivery model: consider earlier introduction of the offer to vaccinate in the community, given high levels of initial uptake through this channel.
    - Roles and responsibilities: making best use of the resources and expertise of delivery agencies.
    - A longer planning phase: allowing for stakeholder engagement and operational/capacity planning.
    - Consent process: a more flexible process using e-consent and paper consent; and more time to engage with parents.
    - Communications and engagement with parents and CYP: Addressing vaccine concerns prior to vaccine delivery will help to increase vaccine confidence and uptake.

B3.4. Recommendations

- Sustain partnership working with a joined-up, coordinated approach across multiple organisations and agencies, understanding different assets across organisations and utilising existing networks to access communities and create two-way dialogues to feed insights. Enable flexibility for local systems to implement national or regional guidance in the way that will work best for the local population and infrastructure.
- Clear communication between national and regional NHS leaders and the wider delivery system is critical for ensuring consistency. Creating reliable communication channels between organisations can support health services and local authorities to deliver messages consistently and in a manner in which it will be heard by different community groups.
- Expanding perspectives on where different services can be delivered can offer wider opportunities for co-locating services with other health promotional activities and access communities in places that are familiar, or access communities that may otherwise not have engaged. Ongoing consideration of the role of outreach and of the “hyper-local” service offering can increase access to disperse communities.
- Collaborating with local community groups and outreach teams can help widen participation in health services more generally.
- Sharing learning across systems: communities are often spread across London so there needs to be some form of wider coordination to ensure learnings are shared and implemented.
- Funding community-specific approaches: communities need to be adequately and sustainably resourced. Services that matter to communities also need to be funded. For example, working with schools to design specific approaches that address barriers to immunisation uptake–using branding and language relevant to community at local, regional and national level.
- A group should be established to formalise these arrangements and oversee public health data across London as well as provide a forum for problem solving key issues as they arise.

The health system is not set up for me.

Young Black Student (2021)

People are now starting to believe that the health system IS for them, starting to say I do have a right to good health, my family to be healthy.

Report interviewee (2024)

Legacy and Health Equity Partnership

NHS