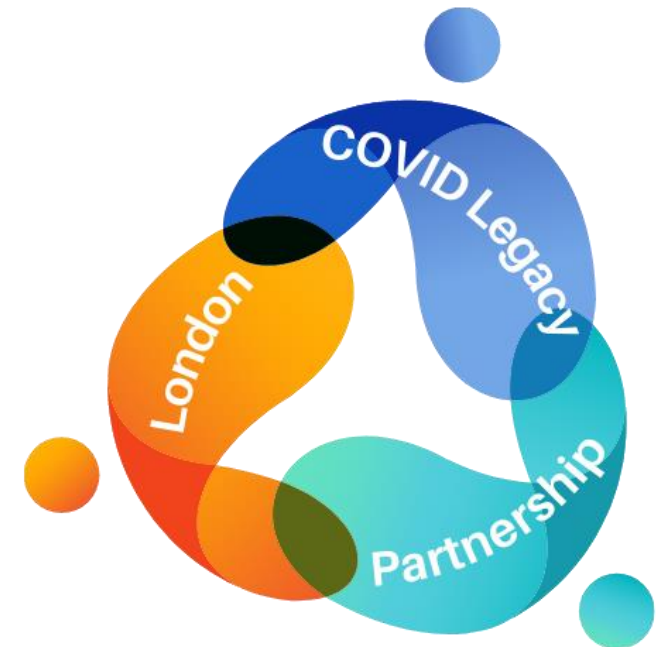


Toolkit to support the delivery of health and wellbeing stands in London

*Produced by the COVID Legacy and Equity Partnership
with the support of partners including the London Muslim
Health Network and the London Jewish Health Partnership*



Introduction

- This toolkit aims to provide recommendations to support systems with future delivery of health stands, based on the learnings from two large faith community events in London:
 - **Eid in the Square**: hosted by the Mayor of London in Trafalgar Square, Westminster on Saturday 7th May
 - **The Maccabi GB Fun Run**: hosted by Maccabi GB at StoneX Stadium, Barnet on Sunday 26th June.
- These events were **co-organised by the COVID Legacy and Equity Partnership and faith health networks – the London Muslim Health Network (Eid in the Square) and the London Jewish Health Partnership (Maccabi GB Fun Run)**.
- In both health stands, COVID Legacy and Equity Partnership was the anchor organisation bringing the different parts of the system and facilitating the whole process.
- While both health stands varied drastically in content and format, principally both events were intended to opportunistically engage with the community to:
 - a) **opportunistically engage with the community to provide tailored health information**
 - b) **improve access to healthcare services and professionals** after disrupted access during the COVID-19 pandemic
 - c) **develop trust and relationships between the community and the wider health system** through visible presence in the community.

What is a health stand?

The case for a “health stand” style of intervention:

- Working with communities during the COVID-19 pandemic and vaccine roll out highlighted:
 - a) a **need to address wider health and wellbeing needs** alongside vaccination
 - b) a substantial proportion of communities **not accessing existing health service provision**
 - c) communities **not feeling supported by health services** or fully represented in decision making.
- Health stands at community events were seen as an **opportunity to opportunistically engage with individuals and communities** to provide health advice and vaccination engagement.
- Through this approach it was hoped the stands would reach an audience that might not be fully engaged with health services, recognising that for many access to health and care was limited by the pandemic.
- **Health stands were hosted at long-standing community events with large audiences of faith communities**, and provided good opportunities to opportunistically engage with individuals and particularly families. This also reduced costs and increased promotion channels for the event.

Health stand format:

- Health stands necessarily varied in format to match the event, community and partner involvement. However, broadly the events involved hosting a specific health and wellbeing stand at an event with a broader community remit. The stands were open to anyone who attended the event, and offered the following support:
 1. The opportunity to speak to health professionals about their health and wellbeing
 2. Some point-of-care service offer – for example blood pressure checks, full health checks or vaccination
 3. Signposting to additional health services



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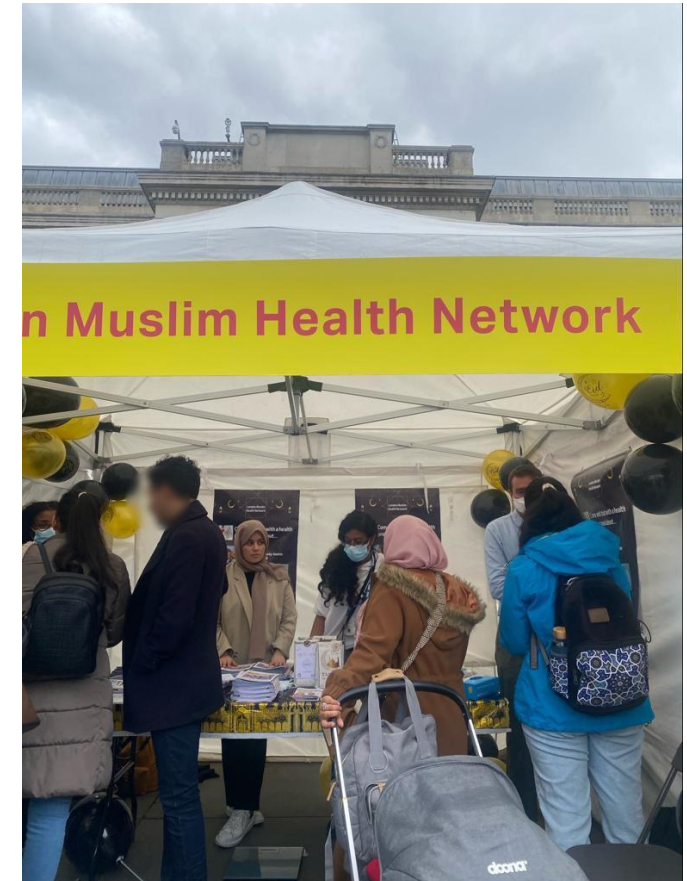
What are the faith health networks?

The faith health networks:

- Both health networks – the London Muslim Health Network and the London Jewish Health Partnership – were established as a partnership of interdisciplinary health professionals and key partners working with and from the respective faith communities during the pandemic, at first to support COVID-19 uptake, and then to identify and address the principal health needs of their faith communities to support good health and reduce inequalities more generally.

How the faith health networks delivered the stands:

- The health and wellbeing stands were steered in content and delivery by the respective faith health networks, using feedback from network members and insights from the wider community.
- They were also aligned with the community's principal health needs through collaboration with wider partners including faith partners and third sector organisations together with CLEP, UKHSA, NHS London, Office for Health Improvement and Disparities, Greater London Authority, Local Authority Public Health Teams and the Association of Directors of Public Health.



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What did the events look like?



Eid in the Square, Trafalgar Square, Saturday 7th May 2022

Hosted by the London Muslim Health Network

- Eid in the Square was hosted by the Mayor of London, as part of the city's Eid-al-Fitr celebrations. The event brings together Muslim communities across London and wider to celebrate the end of the holy month of Ramadan. LMHN worked with GLA colleagues to secure a stand for the network.
- The stand was set up in part to increase COVID-19 vaccine uptake in the community. A vaccine bus was also present along with the stand and health professionals encouraged anyone who needed their vaccine to visit the bus. Resources were also available.
- As well as information on COVID-19 and vaccination, the stand also offered:
 - Conversations with health professionals
 - Blood pressure and weight checks
 - Community-specific health and wellbeing resources



Maccabi GB Fun Run, StoneX Stadium, Hendon, Sunday 26th June 2022

Hosted by the London Jewish Health Partnership

- The Maccabi GB Fun Run is one of the largest community events for the Jewish community. It is held on an annual basis and hosted by the charity Maccabi GB. It has an attendance of around 5,000 people and is popular among families in particular.
- The stand focused on a broad range of health topics relevant to London's Jewish communities. Barnet PH team also provided a screening team, who set up a separate stand for perform health checks for over 40's on the day.
- Additional information and services offered included:
 - Conversations with health professionals – including GPs and specialists in mental health and childhood immunisations.
 - Resources and signposting on health topics including: childhood immunisations, healthy weight, nutrition, mental health, screening were also available

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Toolkit: delivering health stand events

Co-design:



1. **Identify community and wider partners:** working in partnership to co-design the offer and co-produce a health stand is likely to increase impact. Partners can be health professional networks, VCSE organisations, Local Authority Public Health teams, or local health partners. Communities aren't homogenous, and one network or community organisation may not fully represent the needs and perspectives of a whole community. Working with a broader range of partners can ensure any offer is holistic and widely appealing.



2. **Use data to align community needs with broader health needs of the population:** Ensuring a diverse offering on a health stand will draw more individuals in. Some events may have attract a particular audience, for example families – in which case it may be useful to consider the health messages being promoted through the stand and whether they are relevant to this population group.



3. **Co-design offer with the community:** Work with the community to understand its principal health needs, and work with together to co-design a health stand offer that addresses these. Communities will also be best placed to advise on appropriate spaces for health stands (events, community spaces etc).

Toolkit: delivering health stand events

Logistics:



- 4. Resources/time requirements:** Typically 4-6 weeks minimum will be required to organise health professionals and to ensure services are available on the day is required. Many events will charge to attend with a stand, and producing tailored resources may also increase costs. Project management support was essential for the events in advance and on the day. Conducting a risk assessment of the stand and sorting out public and volunteer liability was also important



- 5. Health professionals:** Sourcing health professionals with relevant specialisms can help to support the delivery of key messages. GPs were particularly supportive of both health stands and were able to answer more general health and wellbeing questions. Providers and third sector/voluntary partners also supported health stands by sending staff, typically with a particular specialism. Health professionals need to be visible (wearing uniform or NHS lanyards and it is important that they represent the communities engaged with- that might include a need to have a diverse group of professionals with different languages spoken and ethnicities.



- 6. Funding for partner organisations:** To ensure community engagement and collaborations with community organisations is sustainable, we recommend ensuring that any organisation involved in the design or delivery of the health stand are appropriately remunerated.

Toolkit: delivering health stand events

Offering:



7. **On the day:** Point of care services such as blood pressure checks have been popular at health stands. In addition, many people were concerned about access to general practice. Offering conversations with GPs or other health professionals was well received and allows attendees' specific health needs to be addressed.



8. **Signposting to additional health services:** If the event is designed for a community in a particular locality, working with local partners to promote relevant local services may increase engagement and uptake. Support with primary care access and registration may be beneficial. Ensuring any services that are promoted have capacity for new referrals/patients is crucial to avoid patients being turned away from services being promoted.



9. **Resources:** Resources to hand out on the stand can increase engagement and be an important means for disseminating key health messages. Previous health stands highlighted the following considerations:
- Relevance: ensuring the resources address the principal health needs of that community.
 - Community-specific: tailored resources for the target community have been popular, as has providing translated resources.
 - Attractive: “free” gifts or novel resources have been popular, e.g. child immunisation fridge magnets.

Toolkit: delivering health stand events

Additional considerations:



10. Communications and social media: Working with partner organisations to promote social media messages will have more impact with communities. Local media coverage may also be a useful promotion tool. Focusing on media channels most used within the community (e.g. local newspapers) will increase visibility. Event organisers may also be able to support with communications and promoting messages.



11. Evaluation: For both Eid in the Square and Maccabi GB Fun Run, an evaluation was conducted primarily using quantitative data (e.g. no. of blood pressure checks) and qualitative insights from health professionals. Attendee feedback wasn't collected systematically. Although not explored previously, monitoring referrals to signposted services may be an effective way of measuring impact.



12. Sharing learnings: CLEP are happy to disseminate any findings, evaluation reports etc from health stands across systems to inform this process.

Toolkit: Checklist for health stand delivery

| Consideration | Answer | | | Comments |
|----------------------------------|---|----|--------|----------|
| | Yes | No | Unsure | |
| Identification | | | | |
| 1 | Have you worked with community partners to identify whether a health stand is an appropriate and impactful intervention? | | | |
| 2 | Does a health stand contribute to addressing the health and wellbeing needs identified by the community? | | | |
| 3 | Have you linked in with wider partners including Local Authority public health teams and local health partners? | | | |
| 4 | Are you working with community partners that represent the needs and interests of the community? | | | |
| 5 | Have you used data and insights to validate that the service offer meets the health needs of the population? | | | |
| Logistics | | | | |
| 6 | Do you have appropriate time to design a successful health stand intervention (typically a minimum of 4 weeks)? | | | |
| 7 | Have you allocated appropriate resource to ensure delivery can be achieved, including funding for partner organisations and health professionals? | | | |
| 8 | Have you approached health professionals for the event, and ensured they have the relevant specialisms for the services being offered? | | | |
| Offering | | | | |
| 9 | Will services on the day be attractive to event attendees? Has it been designed to reach individuals who otherwise may not be accessing routine health and care services? | | | |
| 10 | Have you established appropriate referral pathways for any point of care services? | | | |
| 11 | Have you ensured that you are signposting to additional (and where appropriate local) health and wellbeing services that are relevant and accessible for the population? | | | |
| 12 | Have you worked with community partners to design resources available on the day? | | | |
| 13 | Is the stand and wider health offering accessible (for example, to individuals living with a disability)? | | | |
| Additional considerations | | | | |
| 14 | Do the resources address the health and wellbeing needs of the community? | | | |
| 15 | Have you created a social media and marketing plan, with involvement from community partners? | | | |
| 16 | Are you evaluating the event? | | | |

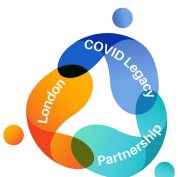
Support available from regional teams

1. **Linking with partners – public health, voluntary and community sector, staff networks:** CLEP can support the development of partnerships to deliver health stand events, with community organisations and networks and statutory organisations. NHS regional communications team can also support link with the health ambassador network to identify health professionals to attend the event.
2. **Resources:** Community-specific resources have been developed for previous health stand events and can be used or adapted for future events.
3. **Communications:** NHS regional communications team can support with London-based media coverage, and social media coverage pushed through their communication channels.
4. **Evaluation:** evaluation models can be shared to support an evaluation of locally delivered health and wellbeing stand.
5. **Sharing learnings:** CLEP are able to support the sharing of best practices across systems to ensure sustained and incremental improvement of health stand offers.

For further information or to discuss further, contact COVID Legacy and Equity Partnership co-directors Leonora Weil (Leonora.weil@ukhsa.gov.uk) and Janine La Rosa (Janine.LaRosa@nhs.net).

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