

# Optimising vaccination activity in Greater Manchester





**COVID-19 vaccination initiatives were driven by standardised national campaigns and mass vaccination centres. In Greater Manchester, early data identified comparatively poor levels of vaccination in specific groups and communities.**

This project gave insights into innovations focused on reducing inequalities in vaccination amongst under-served groups and communities. It identified factors that may support sustained implementation of successful approaches.

## | Project summary

This project was motivated initially by interest in the implementation of a roaming COVID-19 vaccination van to support targeted vaccination delivery in under-served communities.

Early exploration showed that across the ten Greater Manchester localities, many health providers, local authorities and third sector organisations were engaged in – often extensive – targeted vaccination activities. While there was a shared focus on increasing access, awareness, and acceptability for a range of communities, their approaches were varied and nuanced.

Knowing there would already be extensive insights and learning on targeted vaccination in the system, it was important to capture and reflect on current insights to inform future activity. Successes needed to be highlighted and barriers recognised for future improvement, and this became our focus.

We also recognised the opportunity to support further implementation of evidence-informed approaches to vaccination inequality. It was important to locate and review research evidence and consider how this was informing practice.

Given this work, we now know that introduction of targeted approaches to vaccination, such as a vaccination van, without community engagement and support was at risk of not reaching target communities – highlighting the value of gathering existing evidence and insights.

We received a lot of support in delivering this project. However, in hindsight, more mapping in advance of the project would have highlighted several ongoing evaluations on vaccination inequality in Greater Manchester. It took time to map these and ensure we were not duplicating work but were providing added value.

## | Addressing health inequalities

The primary aim of the project was to generate insights into how under-served communities which experience inequity can best be served, from a cultural, setting or individual circumstance perspective.

We wanted to learn about the implementation of evidence-informed, local vaccination innovations targeted for under-served and vulnerable communities in Greater Manchester and how those insights could be sustained. We used a rapid effectiveness review, qualitative interviews, an online survey, analysis of local vaccination data, and local case studies.

Guidance issued by NHS England in response to the COVID-19 pandemic, set out [five key priority areas](#) which underpin the work of the National Healthcare Inequalities Improvement Programme. These include:

- Restoring NHS services inclusively.
- Mitigating against digital exclusion.
- Ensuring datasets are complete and timely.
- Accelerating preventative programmes.
- Strengthening leadership and accountability.

These have been the guiding principles applied when exploring how selected study localities have implemented their initiatives.



**“This work shows clearly the importance of recognising communities and culture in the delivery of successful vaccination programmes.”**

Janet Crofts, Managing Director,  
Greater Manchester Primary Care Provider Board

## Outcomes

We generated six key insights:

**1. Use of evidence-informed targeted vaccination activities should be maximised in Greater Manchester.**

There is an important evidence-base that can be used to inform targeted vaccination activities for under-served groups. Activities are often linked to community engagement. To support the further development of this evidence base, ongoing evaluation and dissemination of results is of value.

**2. Community engagement should be used to co-design targeted vaccination activities.**

Targeting public health activities such as vaccination requires a proactive, non-hierarchical approach to community engagement. Connectivity through meaningful organisation-community networks can build and sustain relationships. In turn, this engagement supports co-design of service delivery models to ensure they meet the needs of all users.

**3. Targeted vaccination delivery must dovetail with co-ordinated community engagement activities.**

Successful community engagement facilitated the recognition of unique health needs and cultural characteristics of individual communities, which in turn enabled the delivery of culturally appropriate services. Approaches that facilitated engagement locally included health providers working with established voluntary, community and social enterprise (VCSE) groups, and the development of community connectors and champions.

**4. Targeting under-served groups for vaccination delivery should be supported by adequate resourcing.**

Community engagement and feedback are essential for shaping vaccination offers for diverse populations, but can also be resource-intensive. Working to balance inequalities in vaccination may require funding at local levels that is commensurate to the scale of need.

**5. Continued partnership working should be supported in Greater Manchester.**

The crucial role of the VCSE sector was recognised in facilitating community engagement. Sustaining developments during the pandemic in building relationships and partnerships requires further resource to equip and empower these organisations to carry out engagement work and co-design interventions to address public health issues such as vaccination.

**6. Targeted vaccination activities should be guided by appropriate quantitative and qualitative data.**

Relevant, timely data was crucial in guiding vaccination activity in Greater Manchester and the positive value of available data acknowledged. Where possible, interpretation of quantitative data should be enhanced with qualitative insights from community engagement, providing a more detailed understanding of specific barriers and facilitators (insight 2).

**Implementation framework**

After identifying our six key insights, we explored these with local stakeholders. We mapped our data to an existing, relevant framework and developed a bespoke implementation framework for community informed targeted vaccination (see the diagram below).

We aimed to make explicit the different factors, outcomes and impacts that our data flagged for consideration when developing a programme of community-informed targeted vaccination activities. The framework may aid programme designers, evaluators, and implementers.

System factors	Programme factors	Outputs	Outcomes	Impact
<p><b>Health system factors:</b></p> <ul style="list-style-type: none"> <li>• Governance</li> <li>• Financing</li> <li>• Service delivery information</li> </ul> <p><b>Community system factors:</b></p> <ul style="list-style-type: none"> <li>• Leadership and governance</li> <li>• Social belonging and cohesion</li> <li>• Resource mobilisation</li> </ul>	<p><b>Technical support:</b></p> <ul style="list-style-type: none"> <li>• Use of existing evidence</li> <li>• Programme design</li> <li>• Programme implementation and management</li> <li>• Programme monitoring and evaluation</li> </ul> <p><b>Social support:</b></p> <ul style="list-style-type: none"> <li>• Developing, maintaining and sustaining partnerships</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence informed activities</li> <li>• Increased capacity for community engagement</li> <li>• Informed service delivery</li> <li>• Responsiveness to local needs</li> <li>• Increased relationships and trust building between organisations and communities</li> <li>• Increased experience and insights by organisations and communities</li> </ul>	<p><b>Change at individual level</b></p> <ul style="list-style-type: none"> <li>• Improve access to services</li> <li>• Improved knowledge of service availability</li> <li>• Improved health seeking behaviours</li> <li>• Improved health promoting behaviours</li> <li>• Improved satisfaction with services</li> </ul> <p><b>Change at community level</b></p> <ul style="list-style-type: none"> <li>• Improved social cohesion</li> <li>• Community satisfaction</li> <li>• Improved community health</li> </ul> <p><b>Change in health system</b></p> <ul style="list-style-type: none"> <li>• Change in health system functioning</li> <li>• Change in health system satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced morbidity</li> <li>• Reduced mortality</li> <li>• Improve equity</li> </ul>

Framework for the development and support a programme of community-informed targeted vaccination activities (adapted from [Naimoli JF et al 2014](#))

## | Implications for service improvement

It is important that we develop and sustain the mechanisms that have supported successful co-design of vaccination initiatives targeting underserved communities.

Following the COVID-19 pandemic, there is a risk that services will default to standard provision. Policy changes at system and locality level are required to ensure that the relationships built through the pandemic are not lost.

An example is the Salford locality, which has demonstrated its intent to build on these successes through publication of their new Equality Strategy. This has been co-designed with local VCSE community organisations ([Equalities and inclusion strategy • Salford City Council](#)). Plans are now in progress for service prioritisation and delivery plans, jointly agreed with local communities.

It is also widely accepted that there is under-representation of minority groups within current locality-based health system decision-making. A balance is needed between minimising the governance and risk management requirements of health providers, while maximising the gains to be made by allowing community leadership to take on more responsible roles in supporting delivery.



## Next steps

The implementation framework will be the focus of further work, describing the potential system outcomes and benefits. This will be shared widely with locality health providers and stakeholders across Greater Manchester.

In addition, Greater Manchester's strategic system governance will be engaged, including the Integrated Care Board's Equality & Diversity Board, to highlight the need for maintaining the learning gained from the pandemic. This will include consideration of how services which are more applicable to minority communities can be appropriately designed and resourced. This aligns directly with [Greater Manchester's new strategy](#) which has a core theme of transforming public services working with communities, not simply 'doing to' them.

While this project focused on gaining insights into COVID-19 targeted community vaccination initiatives, the principles of best practice are applicable to wider health prevention and management.

In addition, an article is in preparation for peer-reviewed publication.

### Resources

- [Optimising Access to Targeted Vaccination Activity in Greater Manchester](#)

### Key partners

- Greater Manchester Primary Care Provider Board
- Public Health, Salford City Council

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The views expressed in this report are those of the authors and not necessarily those of NHS England, the National Institute for Health and Care Research, or the Department of Health and Social Care.



## More information

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#### Care settings

- ✓ STP/ICS
- ✓ Primary care
- ✓ Community

#### Clinical areas

- ✓ Infection

#### Cross-cutting themes

- ✓ Quality improvement and culture
- ✓ Diversity, inclusion, and equality
- ✓ Health inequalities
- ✓ Workforce

#### Solution themes

- ✓ Prevention
- ✓ Communication and consultation
- ✓ Operations or logistics

#### Innovation types

- ✓ Service
- ✓ Complex intervention

#### Innovation status

- ✓ Proof of value