



Title of Paper:	Working in partnership to improve access and health outcomes for marginalised citizens
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Purpose:	Information and discussion

1.Executive Summary

- 1.1 This case study illustrates local improvement work and learnings from the Covid-19 pandemic and the successful Bristol, North Somerset, and South Gloucestershire (BNSSG) Covid-19 vaccination programme.
- 1.2 The pandemic brought into sharp focus the inequity of access to various public services including health to many communities which undermines the resilience of citizens, communities, and the city.
- 1.3 This initiative shows what can happen when we collaborate across service and organisational boundaries, playing to strengths, to build trust and confidence with those citizens and communities who find it so hard to access public and health care services.
- 1.4 Demonstrating how we have taken a social determinants approach to prevention, and early intervention, especially for those who are most marginalised across our local communities.
- 1.5 The Bristol City Council (BCC) Community Development Team take an asset-based community development approach with inclusion and equity at the heart. They have built strong and trusted relationships with the most excluded communities over decades.
- 1.6 Through collaborative partnership over the last year, we have provided a weekly vaccination clinic in the Bristol Citizens Service Point and Job Centre, where alongside a Covid-19 and flu vaccination offer, we facilitated access to immediate personalised help and support, provided by BCC Community Development Team and Community Champions, made possible through dedicated Covid-19 vaccination funding from DLUHC.
- 1.7 The key aim was to build trust and resilience by improving citizens access, experiences, and outcomes, especially amongst groups experiencing disadvantage, and who traditionally are not engaging with NHS Services.
- 1.8 The citizens we have been engaging through this setting come from a wide range of diverse backgrounds, reaching citizens such as those with insecure immigration status, people experiencing homelessness, or at risk of becoming homeless, people just out of prison, sex workers, asylum seekers and refugees, people who are currently unemployed. Many people intersected several of these groups.

- 1.9 Many attending from these inclusion health groups reported additional challenges when accessing primary care services. Reporting a lack of knowledge and that they found navigating NHS services challenging and struggled to identify where within the NHS to go for different needs.
- 1.10 This case study has been submitted to NHSE, demonstrating BNSSG's work with inclusion health groups.

2. Purpose of the Paper

2.1 The purpose of this paper to the Health and Wellbeing Board, is to consider and endorse this approach to work towards a more sustainable vaccination, health, and support offer, to address diverse needs of specific population groups, who experience poor outcomes. Through offering a fair, accessible, inclusive access to the NHS in a local, accessible setting.

2.2 What did we do?

- Worked collaboratively with multiple system organisations to identify and address unmet needs and to protect groups with inadequate Covid-19 and flu vaccination coverage.
- Offered services that some of our most marginalised citizens can and want to use.
- Created a welcoming place within this setting where people were offered a free hot drink and could feel comfortable having conversations about their lived experiences, health, and vaccine status.
- Provided conditions where some of the most marginalised citizens, within our communities could be connected and have a voice.
- Gave citizens a safe place, they could talk freely to share their needs and preferences.
- Making every contact count (MECC) by having positive, asset-based conversations at these clinics.
- BCC's Community Champions helped through their language and interpretation skills, and knowledge. They undoubtedly, encouraged more people to get vaccinated by discussing peoples' concerns in their first language.
- Supported citizens with their health literacy to understand how the NHS works.
- Offered support on multiple concerns, using the knowledge of health care professionals, signposting, and social prescribing.
- Between May 2022-March 2023, we interacted with approximately 80 citizens per clinic, resulting in over 2,480 conversations with individual citizens.
- Over 450 people received a Covid-19 vaccination, many receiving their first or second primary doses at this setting. Additionally, 70 flu vaccines administered.

2.3 Who are we reaching?

- Citizens with a wide range of cultural and ethnic diverse heritage.
- Citizens who are experiencing discrimination and exclusion.
- Citizens experiencing street homelessness, including LGBTQ+ experiencing homelessness.
- Citizens who are vulnerably housed i.e., people who have been evicted out of their current accommodation came to Temple Street looking for alternative accommodation.
- Citizens fleeing domestic violence.
- Ukrainian evacuees.
- Afghanistan refugees.
- Migrants.
- Citizens who aren't currently unemployed.
- Citizens who have recently been released from prison.
- Case study: We were able to arrange for a Sudanese BCC Community Champion to support a Sudanese man who didn't speak English. In Sudan there is no free health care and little state intervention, and he didn't know how to engage with the NHS or access healthcare. Consequently, we supported registration with a GP surgery and when he raised some issues around housing, the Community Champion was able to translate some documents, which the Sudanese man hadn't understood.

2.4 What did we find?

- Bristol City Council, Inclusive Community Facilitator, said: "This clinic has shown what can be done with a tea urn, some biscuits and determination to make sure everyone knows why it's important to get vaccinated."
- Generally, the citizens attending this setting come from the most deprived areas of the city.
- The citizens service centre is the main drop in space for citizens to talk to Bristol City Council and get help with issues such as homelessness
- We gathered some formal insights during the clinics to help inform understanding of people from these inclusion health groups and our future offer. They told us:
 - The opportunistic convenience of vaccination availability as well as encouragement from Community Development Practitioners and Community Champions and realisation it was important to have all their doses of vaccine, where the key reasons people gave us for taking up the offer of vaccinations.
 - Different inclusion health groups experienced a range of unique barriers to accessing care. Even within specific groups, these barriers often differed. For example, people living in hostels had distinct barriers and facilitators to access primary care than those currently sleeping rough.
 - Many of the people who attended highlighted how they have experienced racism, discrimination, and exclusion in their capacity of being regarded as vulnerable or disadvantaged.

- All these components of health services, vaccination and general support are vital to the success of this model. From March 2023, the DLUHC funding ended, therefore, we have been unable to maintain the community development team contribution, resulting in the clinic not been well-attended and vaccination numbers have been significantly lower.

3. Background, evidence base, and what needs to happen

Taking action to reduce health inequalities is a matter of social justice, equity and enabling citizens to live dignified lives, and is at the heart of this approach.

Fear of discrimination can prevent people seeking healthcare. Fear of, or previous experiences of, discrimination was reported by asylum seekers, refugees, migrants, people experiencing homelessness and those with drug and alcohol addiction. This includes direct experience of discrimination in the past, as well as fear of future discrimination – both of which prevent healthcare seeking behaviours.

For citizens who are experiencing homelessness, their health is often a low priority. For those experiencing homelessness or who use drugs, accessing primary care was low on their list of priorities and they tended to use emergency services as their primary access point for healthcare.

A lack of digital access can make it hard to get information on services, or to contact GP practices. For those experiencing homelessness, digital access was low and sporadic, which makes searching for information, registering online, or phoning GP surgeries difficult.

The BNSSG vaccination programme was successful in obtaining inequalities funding from NHSE for Barton Hill and Lawrence Hill. Through working directly with some of the community and their lived experiences, we have co-produced a cultural awareness resource and a complementary 'Your guide on how to use the NHS', which will be translated and shared across the system.

Closely linked to the Bristol One City Plan 2050 vision of strong communities formed of resilient and independent people, integrated health and social care which seamlessly meets the ever-changing needs of our communities with a focus on early help, prevention, and person-centred support.

<https://bnssg.icb.nhs.uk/wp-content/uploads/2022/11/OurFutureHealth-Sept-2022-1.pdf>

People Experiencing Homelessness in Bristol Health Needs Analysis Dec 2022, Bristol Public Health: <https://www.bristol.gov.uk/files/documents/5755-hna-people-experiencing-homelessness-bristol/file>

UCL <https://www.ucl.ac.uk/health-informatics/research/right-care>

Research shows that certain underserved groups of people lack information on the NHS, their rights, and entitlements; and GP practices commonly refuse to register people because they don't have proof of address, ID, or because of their immigration status. This problem is widespread and by nature difficult to quantify as it affects the

most invisible and marginalised groups in society including asylum seekers, undocumented migrants, gypsies, travellers, Roma, and people experiencing homelessness or who are engaged in sex work.

4. Community/stakeholder engagement

The Bristol City Council Community Development Team collected feedback from the citizens attending August 2022 to March 2023. The aim was to understand motivations for those taking up the offer of vaccinations as well as understanding concerns and questions of those people who were eligible for vaccinations but chose not to have it. The surveys represent the views of 177 people who took up the offer of a vaccination and 99 who declined. Almost two-thirds of those people surveyed were male. All results attached in appendix 1

5. Recommendations

5.1 It is recommended that the Health and Wellbeing Board endorse this approach, advocating for a more sustainable offer in the future.

5.2 If the Board supports this approach, we will then plan to approach the ICB for funding (costs are reasonable) to be able to run a similar clinic in Autumn alongside the seasonal Covid-19 and flu offer.

5.3 We strongly recommend this partnership way of working becomes the rule rather than the exception and all projects include this in their vision, strategy, and planning phases to create solutions that are not just temporary relief.

6. City Benefits

- Early intervention and prevention, especially for those experiencing the cumulative impact of health inequalities.
- Supporting GP registration for inclusion health groups as this varies between GP practices.
- Improve a higher population immunity of Covid-19 and flu, protecting population of further outbreaks and new variants of Covid-19 and flu.
- Improving health literacy at an individual and community level.
- Reducing disease burden and associated costs.
- Reducing hospital admissions, especially to emergency and secondary care with minor issues and associated costs, which can be supported in the community.