

Health Equity Liverpool Project

Doing Things Differently



CENTRAL LIVERPOOL
PRIMARY CARE NETWORK



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FOREWORD

The Health Equity Liverpool Project (HELP) builds on the Liverpool School of Tropical Medicine's (LSTM) experiences of tackling health inequities in the Global South and of adapting these methods to the Liverpool context. In 2021-2022 the 'Reducing vaccine inequalities in Liverpool' pilot project demonstrated how community-led interventions could address COVID vaccine hesitancy in the catchment area of the Central Liverpool Primary Care Network. Liverpool's Director of Public Health in his recent report "State of Health in the City: Liverpool 2040" states that unless we do things differently, the city's residents are facing increasing inequalities which will have a direct impact on health. He calls for "radical and systemic changes" to the way the city responds to health challenges to prevent reduced life expectancy and ill health for residents in the city.

This HELP report describes how a community-led, creative health approach has been further adapted and rolled out to address pressing health equity needs. Community innovation teams have developed data-driven interventions to tackle low uptake of MMR immunisation and cancer screening in Liverpool's primary care networks. We have broken down silos and demonstrated how the integration of creatives, people with lived experience, community organisations and health providers can impact health equity and build trust in the short term. It is our hope the sustainable scale-up of our community-led, creative health approach will catalyse a more equitable and listening healthcare system in the longer term and continue to improve the health of Liverpool's poorest communities.

Professor Miriam Taegtmeier, Liverpool School of Tropical Medicine, July 2024

¹<https://liverpool.gov.uk/council/public-health-liverpool/state-of-health-in-the-city/>

ACKNOWLEDGEMENTS

Multiple stakeholders and partnerships have made this work possible. The community volunteers, community champions and community organisations who have given their time, experience and expertise in making this happen. Primary healthcare providers including social prescribers, health and well-being link workers, practice managers, care coordinators, GP leads, and network engagement leaders from SWAGGA, Anfield and Everton, North and Central Liverpool Primary Care Networks. Other key health stakeholders include Broadgreen Hospital Breast Screening Unit, Alder Hey Children's Hospital Trust, Cheshire and Merseyside Integrated Care Board, Mersey Care NHS Foundation Trust through their Integrated Care Teams, the Vaccination and Immunisation team, the Childhood Immunisation Nurses, the Learning Disability Facilitators and the Life Rooms Community Inclusion Team. Thank you for working together with each other and with us.

Working with trusted community organisations has been fundamental to our approach and we thank all those organisations, charities and groups who supported this and other initiatives to improve uptake of childhood immunisation (MMR), cervical screening and breast screening, including:

- Breckfield North Everton Neighbourhood Council (BNENC)
- North West Cancer Research
- The Women's Health and Information Support Centre (WHISC)
- South Liverpool Housing Association
- Citizens Advice Bureau
- Granby Toxteth Development Trust
- Liverpool Arabic Centre
- Merseyside Polonia
- Merseyside Refugee Support Network
- Granby Somali Women's Group
- Abdullah Quilliam Mosque
- Tiber Food Pantry Team
- Everton in the Community
- Spellow Lane Library
- Asda Breck Road
- Great Homer Street Market
- The Irish Centre
- Vauxhall Neighbourhood Council
- Anfield Sports and Community Centre
- Our House
- Soul Mama
- Kensington Children's Centre
- The African Caribbean Centre
- Kuumba Imani Millenium Centre
- The Rotunda
- Kensington Food Pantry
- The Life Rooms, Walton
- Park Road Learning Centre
- Ellergreen Community Centre

The primary schools for hosting outreach events with parents:

- Windsor Street
- New Park
- St Hugh's
- Smithdown Primary

The artists and creatives who inspired the Community Innovation Teams to do things differently through artwork, animation, social media, poems, books, sewing and film. A massive thank you to:

- Nneka Nugent
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- Eithne Browne
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The ReCITE Research Programme funded by the Arts and Humanities Research Council (AHRC), who supported the community-based participatory research (CBPR) training, the creative health marketplace and inspired the CITs to get creative!

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ACRONYMS

A&E PCN	Anfield & Everton Primary Care Network
BAME	Black, Asian and Minority Ethnic
BSU	Breast Screening Unit
CDI	Capacity Development International
CIT	Community Innovation Team
DNA	Did Not Attend
CLPCN	Central Liverpool Primary Care Network
EMIS	Egton Medical Information System
GP	General Practitioner
HELP	Health Equity Liverpool Project
ICB	Integrated Care Board
iiCON	Infection Innovation Consortium
LCC	Liverpool City Council
LD	Learning Difficulties
LSTM	Liverpool School of Tropical Medicine
MMR	Measle, mumps and rubella
NLPCN	North Liverpool Primary Care Network
PCN	Primary Care Network
ReCITE	Building Research by Communities to address Inequities Through Expression
SMI	Severe Mental Illness
SWAGGA	Speke, Woolton, Allerton, Gateacre, Garston, Aigburth Primary Care Network
UKHSA	UK Health Security Agency

PROJECT BACKGROUND

Avoidable and unfair differences in health disproportionately affect the most under-served populations in Liverpool, where uptake of health prevention efforts is low. Liverpool has a culture of fighting injustice yet continues to have very high rates of health deprivation. It is the third most deprived local authority in England, with 63% of residents living in areas ranked among the most deprived in England, and three in 10 children living in poverty. Childhood immunisation and cancer screening uptake lag well behind national figures, particularly in the poorest areas of the city. Reaching the unscreened and the unimmunised can be difficult, and Liverpool is an outlier, with the uptake of health prevention measures declining during COVID and persisting well into the post-COVID recovery period. For example, breast cancer is the most common cancer in Liverpool, yet only 50% of eligible women in Anfield and Everton attended their routine mammogram in 2023; uptake of routine cervical cancer screening among refugee populations and people with learning disabilities is even lower than this; and the steep decline post COVID in the number of parents accessing MMR vaccines for their children means communities are at risk of measles. Our community insight work has highlighted fear and heightened levels of mistrust towards government, health services and health information. This lack of trust at the interface between the community and formal health system exacerbates health inequity as it undermines confidence in public health information and uptake of effective interventions.

The Health Equity Liverpool Project (HELP) was established in December 2021 by Liverpool City Council, The Liverpool School of Tropical Medicine, Capacity Development International, and Central Liverpool

Primary Care Network (CLPCN) to support delivery of local solutions based on local data, to overcome barriers to vaccine uptake and other key health services. It's first year was spent developing the model and using it to address low uptake of COVID vaccination among underserved populations in the most deprived areas of CLPCN. Scan here to watch a short video on our community-led approach to increase uptake of COVID vaccines in 2022.



Community-led approach
<https://youtu.be/QnVZj0rSZ6A>

From January 2023-onwards the same approach was commissioned by Liverpool City Council and applied to other health equity issues. The project expanded to involve four Liverpool primary care networks; Central Liverpool Primary Care Network (CLPCN), North Liverpool PCN (NLPCN), Anfield and Everton PCN, and Speke, Woolton, Allerton, Gateacre, Garston and Aigburth PCN (SWAGGA). CLPCN and NLPCN joined forces to jointly target MMR uptake, while Anfield and Everton targeted breast cancer screening and SWAGGA targeted cervical cancer screening among refugees, asylum seekers, people with learning difficulties, and women with severe mental illness.

OUR APPROACH

The HELP approach is a community-led model where Community Innovation Teams (CITs), are established and empowered to develop data-driven solutions to improve health service equity and uptake.

The HELP approach draws on lessons from the Global South, following successful community health models for maternal and newborn health and HIV testing in Kenya. Central to the approach is bringing diverse stakeholders together at the community level to collect, review and use data to develop solutions and measure their impact. Driving the approach is coaching and capacity development in collecting community insights (outreach); education in data management and use, in quality improvement and in behaviour change principles; communication, arts and storytelling; and programme management (see figure 1).

Successful implementation of the HELP approach requires a strong foundation, which focuses on the interface between communities and primary health care, is underpinned by quality and accessible health information systems; and a supportive and rights-based policy environment.

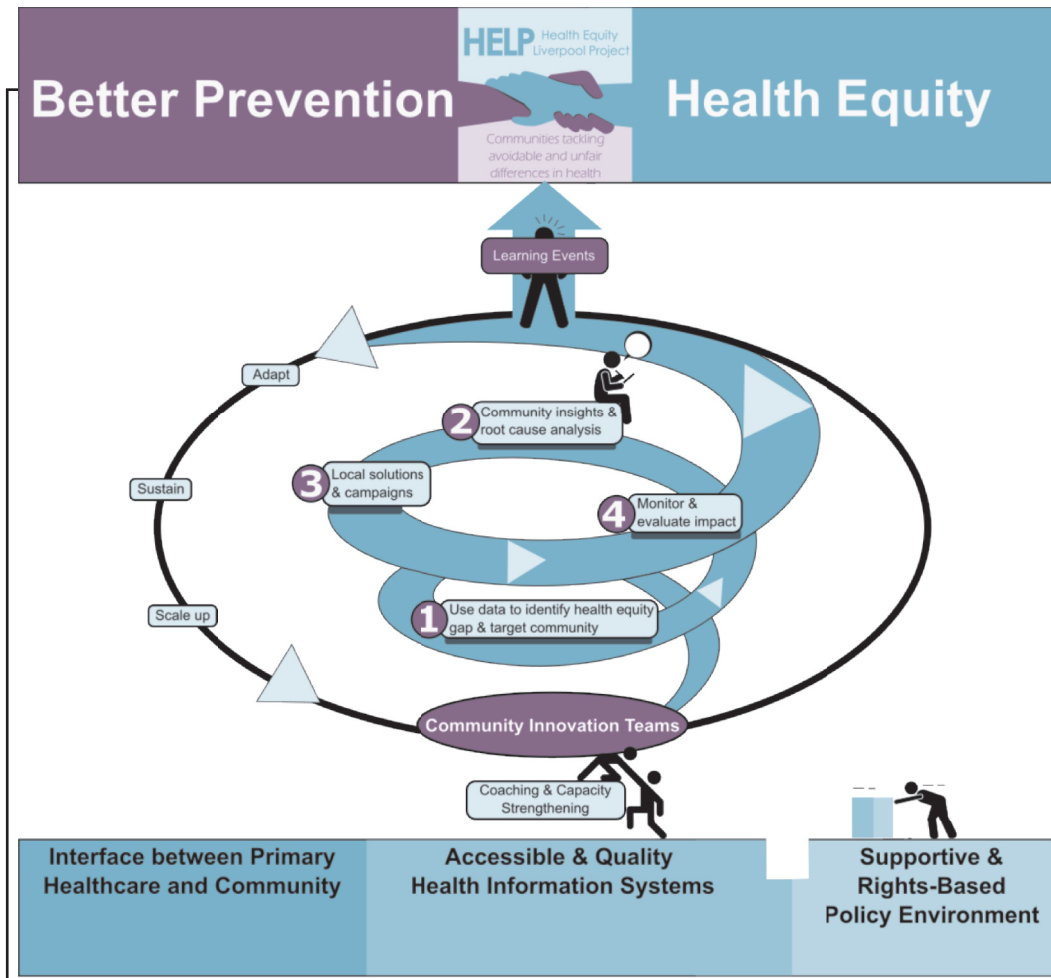


Figure 1 : HELP Approach

The Liverpool School of Tropical Medicine and Capacity Development International, in consultation with Primary Care Networks and other regional stakeholders developed the HELP Toolkit to support adoption of the HELP approach. This living online toolkit provides a step-by-step guide for UK primary care networks, local health authorities and community organisations to establish, resource and manage their own community innovation teams to tackle avoidable and unfair differences in health. Print and digital material developed during HELP and referenced in the case studies and in Annex 1 of this report can be freely accessed for use through the toolkit.



Scan here to access the HELP Toolkit

<https://sway.office.com/aUd5LEoqMUhv8GAs>

HELP EVALUATION

We conducted an evaluation to explore what worked, for whom, and why during the HELP project. We used qualitative methods to explore impact and influence beyond health service access and uptake and gain a better understanding of the value of community-led approaches. Insights from key informant interviews and focus group discussions with the CITs are presented throughout the report. We are conducting additional qualitative interviews in August/September 2024 to better understand the lessons learned in HELP. This post-project evaluation will be conducted as part of a follow-on three-year research study funded by the UK Arts and Humanities Research Council titled 'ReCITE'. ReCITE will provide funding for up to 10 CITs across Liverpool, Knowsley and Sefton and a programme of research exploring the complexities and potential impact of collective action between communities, health providers and storytellers in tackling health inequities.

KEY ACHIEVEMENTS DEC 2022 - MAY 2024

Learning from the Global South

Learning from the Global South has been a key tenet of the community-led approach. The methods, training and structure were adapted from a similar health equity project in Kenya. The HELP project has further adapted the materials and continues this theme, with colleagues and experts sharing their insights and learning from Kenya. This has laid the foundations for a formal exchange programme between Liverpool and Homabay County, Kenya (May- October 2024) which will foster international relationships between local government teams working in community and primary health care.

Breaking down silo working

We broke down silo working and catalysed resource-sharing through:

- the linking of community innovation team membership with target population needs.
- the establishment of a multi-sectoral programme steering group chaired by Dr Cait Taylor (Clinical Director, Central Liverpool PCN).
- maximising existing opportunities and working closely with Mersey Care; Broadgreen Breast Screening Unit and the mobile breast screening service and through participation in Liverpool's monthly sub-groups for cancer screening and childhood immunisation.
- CITs mapping the multiplicity (>100) of stakeholders and their influence and interest.
- the inclusion of senior stakeholders as presenters at PCN engagement and learning events and as facilitators in the CIT training.
- our deliberate interface with the new LCC Neighbourhood Model.
- conducting a "Learning Event" with 122 key stakeholders across Merseyside.
- developing a practical 'how to' toolkit for delivering the HELP approach.

HELP Evaluation Insight

"Liverpool is a classic example in health where everybody is working in silos, doing some great pieces of work, but not collaborating, not telling anybody, and then that can hamper other people's pieces of work, or it can cause engagement fatigue in communities. We need some clear frameworks where we can collaborate, and people don't just go off on their own tangent and think up solutions that they think are better for communities. I think the HELP Approach is a really good example of better joined up collaborative thinking across the whole system"

CIT Member

People with lived experience

People with lived experience took an active role in our work, gathering behavioural insights, supporting outreach activities, giving their stories on film and speaking as advocates in the learning event. Some team members had dual roles and were able to represent voices from their own lived experience and community relationships e.g. a GP assistant talking on film about the vaccination of her autistic son.

Capacity strengthening

We strengthened CIT capacity in data analysis and use to:

- analyse and use baseline routine data to identify gaps in cancer screening and MMR.
- adapt validated questionnaires and gather behavioural insights in a sensitive, local way.
- use routine data and behavioural insights data to determine the root causes of low uptake.
- understand and address poor data quality in breast cancer screening.

- co-develop local innovation plans, doing things differently to address root causes.
- develop and use data dashboards to track local impact of interventions.

Fifty-four CIT members, representing all stakeholder groups, participated in four days of bespoke training as part of the HELP phased training model. Additional training was provided to:

- school immunisations nurses on the 5Cs of vaccine hesitancy (19 attendees).
- CIT data coordinators to co-design and use the data dashboard (10 attendees).
- a range of CIT members on the clinical impacts of measles through a webinar led by consultant paediatrician Dr Andrew McArdle (41 attendees. Slides and recording shared with all CITs).
- Central and North Liverpool CIT team members who received Jitsuvax training on holding 'Effective Vaccine Conversations' (slides and recording shared with all CIT members).

HELP Evaluation Insight

CIT members and key informants reported the following effects on knowledge resulting from training and capacity strengthening activities delivered under the HELP Project:

1. Improved understanding of how the health system functions by CIT lay members.
2. Enhanced the creative mindset of PCNs.
3. Community members gained ownership of data/insights they wouldn't ordinarily have access to.
4. Enhanced knowledge and self-efficacy among community champions.

"It's helped community champions feel very empowered and very valued in the work that they do, it's made them more confident and more articulate in how they speak to the public."

Liverpool City Council Representative

Behavioural insights influencing action

Our community innovation teams reached the underserved, gathering behavioural insights from 148 women who had not had cervical cancer screening in South Liverpool; 89 women (30 of whom had not attended) breast screening in Anfield and Everton, and from 116 parents of partially or unvaccinated children in Central and North Liverpool. We conducted additional insight work with 19 school immunisation nurses and support workers.

HELP Evaluation Insight

CIT members, including community champions are trusted community members and were valuable to data collection. Interviewees reported that working with trusted individuals was crucial to engaging participants in insight surveys. Their trusted position in the community enabled them to have difficult and personal conversations with community members to collect insights. This was due to shared religious and cultural beliefs, shared experiences, or shared language. For example, one CIT struggling to collect surveys had their Community Champion from the Liverpool Arabic Centre complete 12 surveys through their network. Other trusted team members were the clinical-facing staff, in particular GPs. These members had considerable success in data collection, and some interviewees suggested their medical training made them more reputable and therefore trusted figures. CIT members reported that community champions also had insight into their community culture, so were helpful in designing effective interventions such as creating suitable literature and translating information into community languages.

"They were able to go out and speak to their own communities in their own language... that kind of brought the barrier down... because they had this person who they could trust who was talking in their own language"

CIT Member

Creative health approach

We pioneered a creative health approach, matching creatives to community innovation teams to develop assets and do things differently. We:

- facilitated a 3-day community-based participatory research training with CIT members and local artists to strengthen relationships and mutual understanding.
- organised an on-line creative health marketplace.
- piloted a model for remunerating creatives – tender, briefing, commissioning.
- selected, empowered and paid creatives to produce 5 innovative films, 2 poems, much artwork, 1 children's book, 3 bespoke flyer designs, 10 sewing workshops during outreach events and 3 'Benevolent Rumours' posters countering misinformation.
- developed a school assembly pack (creative thinker hub) targeting parents who felt conflicted about vaccination and making best choices for their children.
- showcased a "creative cauldron" at the learning event.



Benevolent rumour poster used in Central and North Liverpool's MMR campaign

See Annex 1 for a full list of creative health assets developed by the CITs and available for use through our toolkit.

Community outreach highlights

Our community innovation teams conducted community outreach, amplified messages and promoted uptake of services, engaging with some of the most under-served groups in Liverpool.

- community innovation teams took messages out to the community through 21 MMR events, 20 cervical screening and 17 breast screening events.
- 'Trusted messengers' video providing information about cervical cancer screening was used on social media, GP screens and outreach events in South Liverpool.
- 'Simon Says' photo exhibition and 'trusted messengers' video encouraging breast cancer screening toured in roadshows, and played on GP practice screens in Liverpool practices. ICB shared these in their "Primary Care Brief" to all GP practices across Cheshire and Merseyside.
- Leanne Campbell (radio presenter/influencer) included breast cancer screening messages on her Instagram, hosted a live discussion on Radio City and was filmed.
- MMR videos with trusted messengers were played in GP practices and alongside Benevolent Rumours on social media, with a QR code linking people to be able to book in vaccination for their children.

Awards and celebrating success

Our work has been recognised at regional, national, and global level:

- Liverpool City Region Culture and Creativity Awards, 2024 - Health and Wellbeing Winner for the "Be Breast Savvy Campaign".
- National Winner at the Smarter Working Live Awards 2023, for innovation, collaboration, and excellence in the public sector.
- Invited speakers at 'COIN network' (an alliance with the Royal College of General Practitioners), and to co-author a peer-reviewed paper on community-orientated integrated practice.
- Community insight work on low uptake of MMR with Liverpool BAME communities was commended by Professor Dame Jenny Harries, Chief Executive of UKHSA for influencing the design of the national measles campaign.
- Presentation to Chief Medical Officer (Prof Chris Whitty) on the HELP Approach.
- Short film "Four X-rays could save your life" YouTube channel viewed >1000 times in two weeks; is hosted on Liverpool University Hospital Trust website and shortlisted as an "Official Selection" in the WHO 5th Health for All Film Festival, 2024.

Sustaining the response

We have been awarded funding towards sustaining the response in Liverpool City Region.

- LSTM awarded funding from Arts and Humanities Research Council (2024-2027) for evaluating the power of storytelling to address health inequities with 10 community innovation teams across Liverpool, Knowsley and Sefton (ReCITE) and from the THET Global Health Workforce Programme to establish an exchange programme between Homabay, Kenya and Liverpool, UK (2024)
- Anfield and Everton CIT awarded funding (2024) from Cheshire and Merseyside Cancer Alliance to continue a second wave of their award winning 'be breast savvy' campaign.

WORKING WITH CREATIVES

We leveraged our funding from the Arts and Humanities Research Council (AHRC) to bring together storytellers (poets, artists, writers, film makers etc.), CIT members and researchers to explore how community storytelling in its many guises can be used to tackle complex health challenges and inequities in Liverpool. We discussed how storytelling can be used in multiple ways to:

- Collect stories (data) from people with lived experience.
- Communicate health messages to communities in innovative and engaging formats.
- Provide therapeutic interventions for communities.
- Redirect public agendas to address health inequity.



Community-based participatory research training with health providers, creatives and community members

We mixed creatives and CIT members together to build relationships and share their perspectives and understanding of health equity challenges in Liverpool. We strengthened their capacity in community based participatory research (CBPR) methods through delivering a 3-day training programme, enhancing the mindset of CITs to do things differently with a creative health lens. Key Assets developed as result of training included two poems, subsequently turned into short films. Louise Fazakerley's poem **"Does this scare you?"** addresses a mother's fear about MMR and whether to get her child immunised. Leonisha Barley's poem **"Four X-rays could save your life"** uses humour to address women's fears about mammograms and what to expect during the breast screening process. Both films have been widely used by the CITs to communicate health messages to their target communities.

Writing on the Wall, our lead storytelling partner, co-hosted an online creative health marketplace to match CIT needs with the expertise of local creatives. All three CITs commissioned local creatives to co-develop a range of community assets with bespoke (non-NHS) branding (see Annex 1). CITs were supported by creatives to develop and run social media and community outreach campaigns which included: sewing activities whilst chatting about barriers to breast screening; promoting MMR benevolent rumours, and hosting campaigns on Facebook and Instagram pages as well as posting on local WhatsApp and Facebook groups. The HELP Learning Event hosted a 'Creative Cauldron' in which creatives from each CIT showcased how science, media and creativity contribute to a more personalised and localised creative health approach to address low uptake of MMR immunisation, cervical and breast screening.



Visual output from community based participatory research training

CHALLENGES IN DATA QUALITY

Persistent data quality issues challenged the CITs when drilling down into their local EMIS (Medical Information System used by General Practices) data. Lack of standardised search formulae resulted in inconsistent reports of uptake and ‘Did Not Attenders’ (DNAs) for defined target populations. Common data quality issues included: ethnicity coding, name errors, ghost patients (registered with GP practice but have moved out of the area), inconsistent coding of results, delays in entering national breast screening data into EMIS and manual data entry errors. These issues stem from competing staff priorities, lack of regular opportunities for update training and, in the case of the national breast screening programme, the lack of electronic linkage between the national system and GP practice electronic records (EMIS), relying on manual data entry of paper-based patient results. Additionally, some PCNs do not have data sharing agreements in place between GP practices. Whilst health inequalities data in Cheshire and Merseyside can be accessed via various dashboards which compares national, PCN, ward and practice level data: these data are not real time and practice staff were more confident accessing their own EMIS records. Fragmented operations led to disconnects between national and local databases, exacerbating difficulties in accessing and using data to inform CIT decision-making.

Data quality emerged as a significant challenge for accessing accurate figures on women who did not attend breast screening. Inconsistent coding of test

results, discrepancies between DNAs recorded by the Breast Screening Unit (BSU) and those recorded in GP practice records, delays in manual data entry, consistent use of search terms, and manual coding errors were common. Data cleansing was prioritised by several GP practices, to maximise the window of opportunity presented by the mobile breast screening bus being situated at Aintree University Hospital from May to July 2023. Practice and PCN staff created a search for DNAs via EMIS and cross referenced this with the DNA list provided by the BSU. Personalised follow-up with patients via a combination of text, phone calls and letters meant women who had not attended their mammogram were offered an appointment with the mobile screening service. Personalised follow-up proved effective in booking women onto the mobile screening service.

Anfield & Everton CIT worked with the Breast Screening Unit to better understand data quality issues in mammography services. The team are developing coding templates for breast screening data to enhance data quality and consistency at practice level. See Figure 2.

SWAGGA CIT identified data quality and use issues for data from mobile populations and undertook data cleansing focused on inaccurate coding of people living with learning difficulties (LD) or severe mental illness (SMI). Central and North Liverpool CIT undertook a separate data cleansing intervention focused on ethnicity coding.

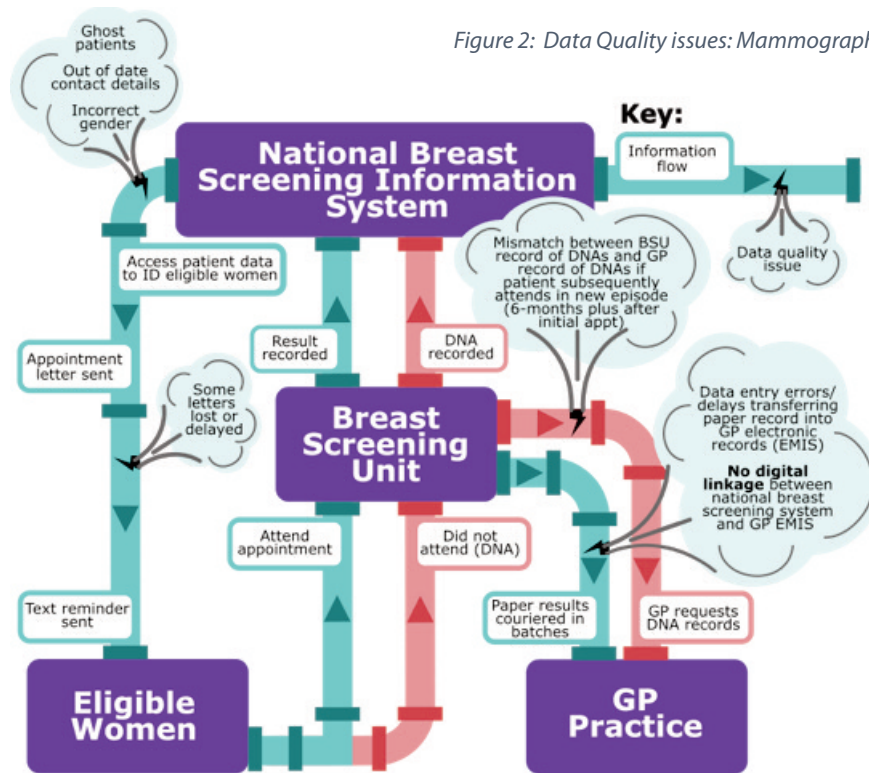


Figure 2: Data Quality issues: Mammography Services

CASE STUDIES

Case Study 1: Addressing Misinformation around MMR Immunisation

MMR vaccine uptake has declined nationally since 2013/14, with a large drop since the COVID pandemic. MMR immunisation coverage is particularly low in the North West and Liverpool; some GP practices have reported uptake as low as 52%. The reasons are complex but may include widespread circulation of misinformation about vaccine safety through media and social media, as well as low public awareness about the risks of measles. This decline presents a real risk of increased cases of measles. To address this worrying trend, the Central and North Liverpool Primary Care Network used the HELP approach to improve parental confidence in the MMR vaccine and to develop accessible information on vaccine safety and disease risk.

The Central and North Liverpool Community Innovation Team (CIT) started the HELP project as two separately funded Community Innovation Teams. It was agreed the two teams would merge under the leadership of Dr Cait Taylor and Rahima Farah as co-chairs. The combined CIT comprised of care coordinators, community champions, volunteers, health and well-being link workers, GPs, practice nurses, social prescribers, data leads, Life Rooms community inclusion team and creatives.



Central & North Liverpool CIT members

Behavioural Insights on low uptake of MMR among target populations

The team reviewed local GP practice (EMIS) and public health data to identify the GP practices with the lowest MMR uptake. They conducted a behavioural insight survey with 116 parents and carers of partially or unvaccinated children in Central and North Liverpool to understand barriers to MMR uptake, and surveyed practice staff to triangulate their findings and identify emerging themes. Parents and carers were concerned about the safety, contents and potential adverse effects of MMR immunisations - particularly relating to autism. Refer to figure 3. Some felt MMR immunisation was unnecessary, perceiving the risks to be low or preferring “natural immunity”. Several also expressed preference for MMR vaccines to be offered separately or to older children. Parents and carers were clearly concerned about making the right decision about immunisation for their children, but found it difficult to know who or what to trust. Whilst many considered health professionals to be trusted sources of information, some felt they had received inadequate information from health professionals or weren’t able to discuss their concerns openly. In the wake of COVID-19 (and press and social media attention on COVID-19 vaccines), respondents said their confidence in the safety and efficacy of the MMR vaccine, and sometimes their trust in health professionals/organisations, had reduced. The spread of misinformation through social media and other channels likely complicated the parental decision-making process, hindering their ability to make informed choices. This led the team to focus their efforts on building trust, tackling misinformation, and improving health messaging.

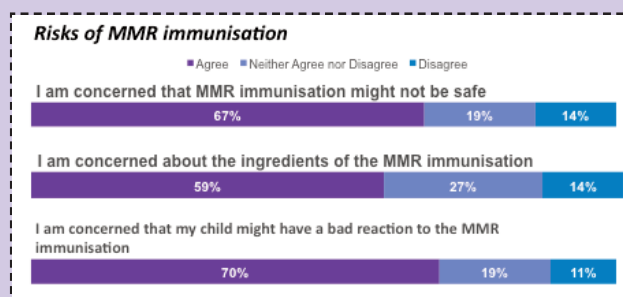
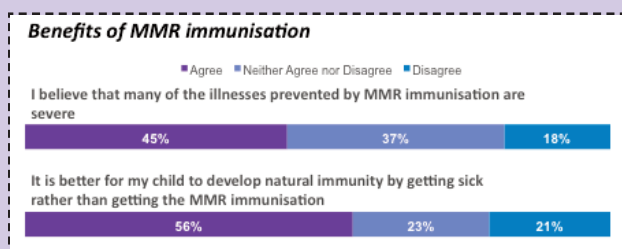
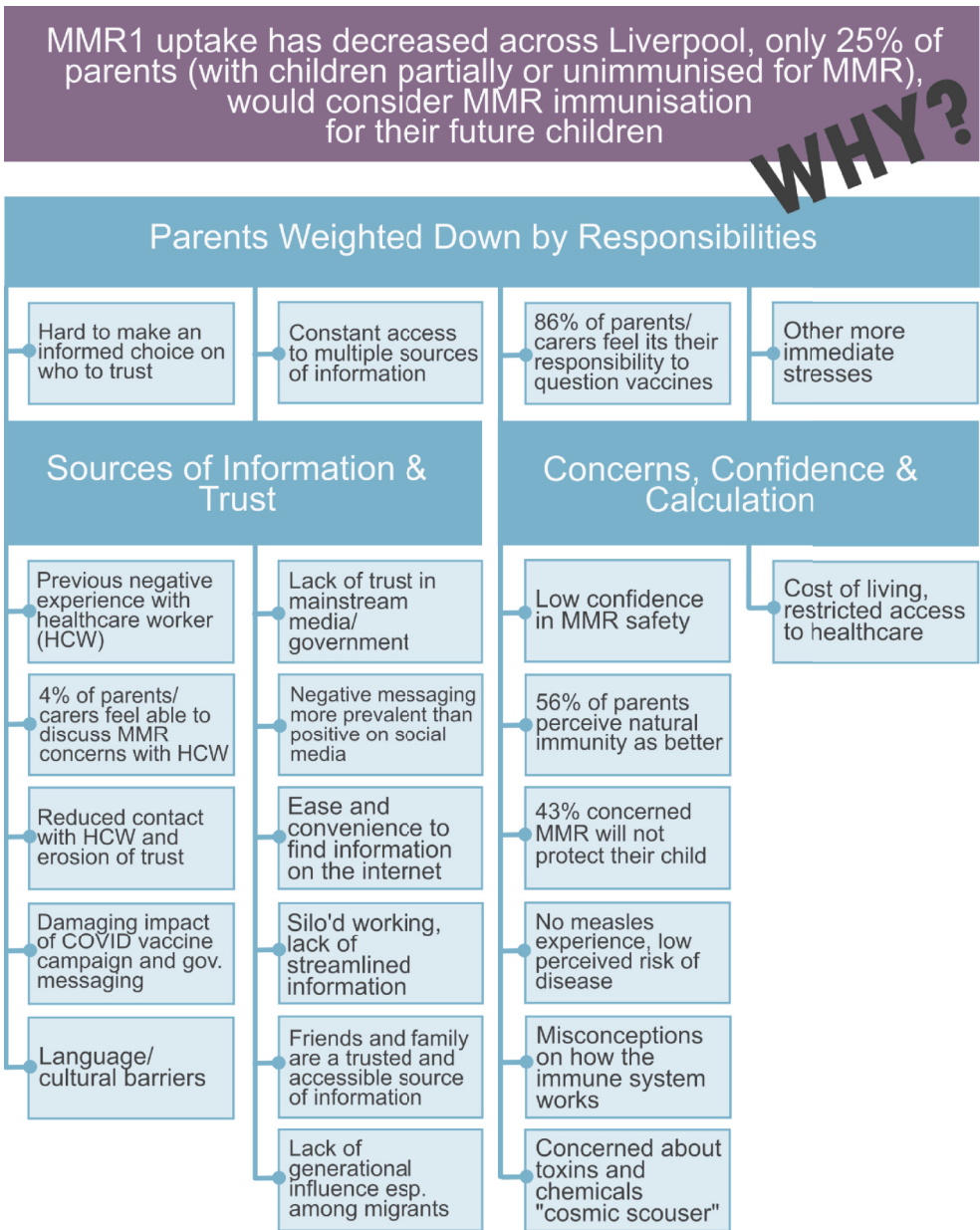


Figure 3 : Perceived Benefits and Risks of MMR immunisation (n = 116)

Root Cause Analysis



Interventions to address misinformation

The Central and North Liverpool Community Innovation Team sought to respond to parental concerns and provided local communities with access to MMR information they could trust. We used a creative health approach to messaging, directly tackling misinformation on the efficacy and risk of immunisation. We developed print and digital material for use at events and on social media to respond to questions raised by parents about the efficacy of MMR immunisation and its ingredients. The “letschatmmr” photo exhibition and Measles Machine Flyer (available in English, Polish, Roma and Arabic) spoke to confidence and trust issues identified in the behavioural insights survey and root cause analysis. The bespoke non-NHS branded ‘Benevolent Rumours’ posters used stylistic features of antivax messaging to engage people in a conversation about MMR immunisation.

1. The Measles Machine flyer was distributed to 34 schools and 36 community locations, with banners displayed in community settings and GP practices.
2. Benevolent Rumours print and digital material have been posted in community locations, shared across community WhatsApp groups, and on other social media platforms.
3. The CIT social media lead worked with a local digital marketing agency to amplify resources and create localised, personalised messaging across all social media platforms, including WhatsApp, Twitter, Facebook, Instagram, and TikTok. The HEAL (Health Awareness and Education Liverpool) Facebook group was created to gently facilitate childhood immunisation conversations and provide parents with information directly addressing prevalent misinformation.

CIT members developed their communication skills by attending a Jitsuvax workshop which built confidence and competence in discussing vaccines, addressing concerns, and understanding misconceptions. The team held 646 MMR conversations across Central and North Liverpool. They delivered and supported a total of twenty-one community outreach events in partnership with Merseyside Polonia, the Thinker Hub, the Life Rooms Community Inclusion Team, the ICB and Mersey Care childhood immunisation nurses including:

1. five bespoke coffee mornings attended by 127 parents at local primary schools, where critical thinking skills workshops helped parents make healthy decisions. These smaller, collaborative events provided a safe space for parents and carers to ask questions without feeling rushed, resulting in four children being booked for MMR immunisation.

2. four workshops on ‘Making Better Health Decisions’, facilitated by the Thinker Hub and attended by parents and carers at Kensington Children’s Centre and other community venues.
3. 1,956 reminder texts sent to parents with unimmunised or partially immunised children.

Influence & Impact of Addressing Misinformation on MMR

Behavioural insights obtained by the CIT prompted a shift in the language used in MMR public health campaigns away from ‘vaccination’ to ‘immunisation’ and has since been reflected in national campaigns. The CIT team also identified the need to emphasise the availability of a gelatine-free MMR option. This messaging was included in the #letschatmmr video campaign.

As of April 2024, the gap in MMR uptake across Central and North Liverpool GP practices has stubbornly remained at ~21%, highlighting the immense challenge of reaching and changing attitudes and behaviours of the unvaccinated. Resources and approaches developed by the Central and North Liverpool CIT will enable conversations in the community to continue, helping to rebuild trust and tackle misinformation using multiple channels with listening at its core.

Next steps

The Central and North teams are exploring opportunities to continue and expand the #letschatmmr campaign, planned activities include:

- Sharing printed and electronic Measles Machine flyers and posters with Liverpool primary and secondary schools.
- Library children’s book reading sessions in collaboration with Writing on the Wall (WOW).
- Ongoing Benevolent Rumours campaign.
- Collaborating with NHS England, UKHSA, Alder Hey NHS Children’s Hospital, community organisations and the City Council Public Health team to amplify materials from trusted messengers.
- Delivering critical thinking skills workshops and ‘Thinker Hub’ resource packs in schools.
- Collaborating with the ‘ICE Creates’ (social media company funded to amplify the work) community engagement events to improve MMR uptake.
- Delivering coffee mornings in partnership with childhood immunisation nurses in primary schools.
- Applying to the MSD MMR & Routine Childhood Vaccination Grant Programme 2024 to fund campaign activities.

Case Study 2: Improving Uptake of Breast Cancer Screening

Anfield and Everton Neighbourhoods have some of the highest figures in England under the index of multiple deprivation with rampant health inequalities. Breast cancer is the most common cancer in Liverpool, yet only 50% of eligible women (aged 50-71 years old) in Anfield and Everton attend their routine mammogram appointment. To improve breast screening uptake and early detection of breast cancer, Anfield and Everton CIT developed the #BeBreastSavvy Campaign in collaboration with the BNENC, a trusted community organisation in Breckfield and North Everton and local creatives School of create. The campaign was targeted at women aged 50-71 who had not attended breast screening in the last 3 years as defined by the catchment population of the GP practices.

Community Innovation Team

The Anfield & Everton Community Innovation Team (CIT) comprised of the GP lead, a practice manager, care co-ordinators, health care assistant, data clerk, social

prescribers, primary care nurses, patient and community volunteers, community leaders, PCN manager, creatives and other stakeholder organisations. We took the view things needed to be different, and solutions needed to be long term. We wanted an approach able to bring together the assets of the area with health providers, community and creatives. This working together could foster sustained relationships across previously unconnected organisations with shared values and motivations.

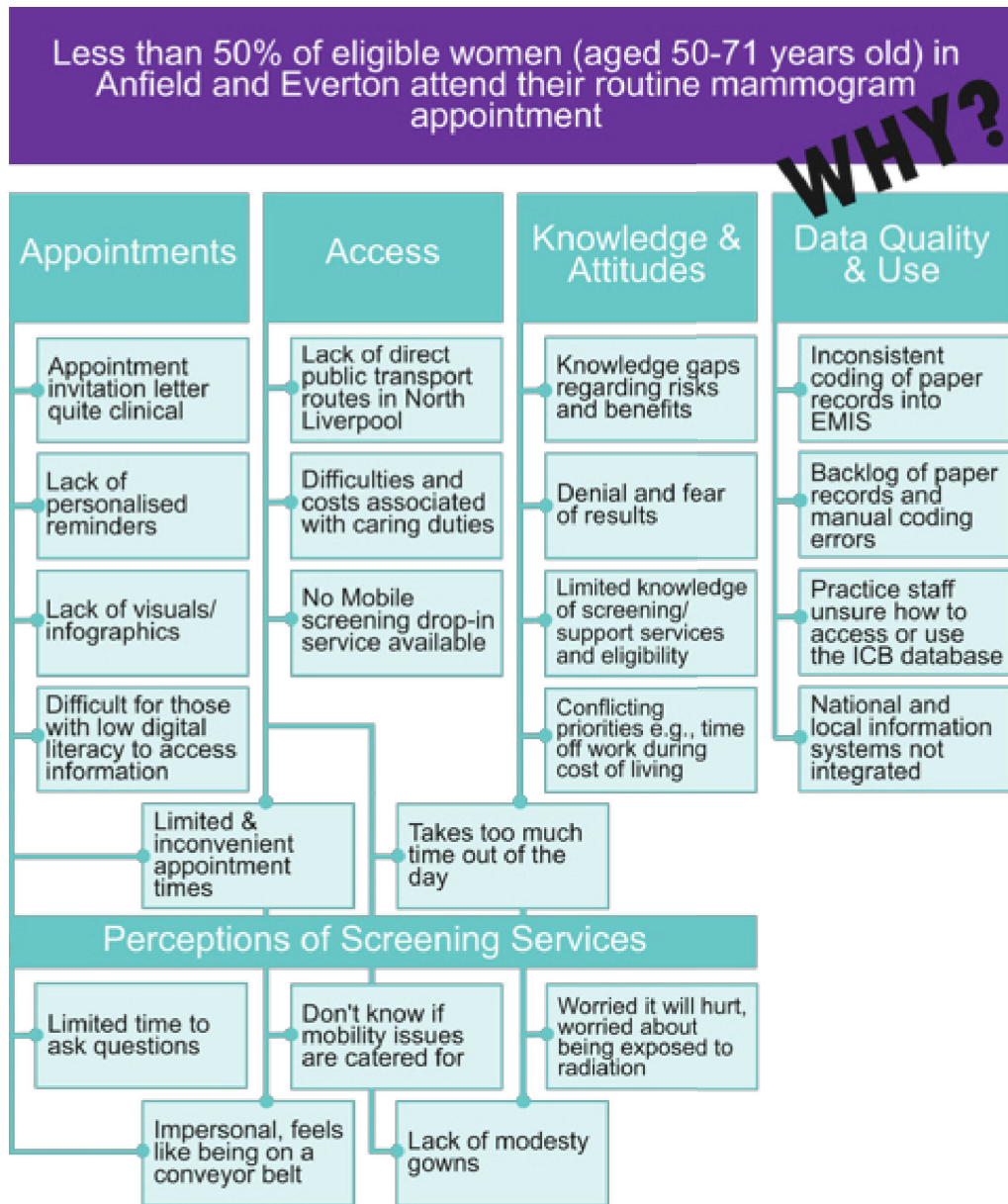
Behavioural Insights

We reviewed local GP practice data to identify low uptake and engagement in breast screening and conducted an insight survey with 89 women in our community to understand reasons for non-attendance. Our findings highlighted concerns around convenience, competing priorities, lack of knowledge on the benefits and risks of breast screening and the breast screening process. Women were anxious and embarrassed about going for a mammogram and expressed deep founded fear about the breast screening process and of waiting for test results.



BeBreastSavvy Road Show

Root Cause Analysis



Interventions

Data quality was a significant challenge and data cleansing was prioritised so we could accurately identify DNAs and maximise the window of opportunity presented by the breast screening bus situated at Aintree hospital during June/July 23 (see previous data quality section). We recognised traditional medical models to encourage women to attend for mammography were not working. We co-designed a more personalised approach in collaboration with trusted community organisations and local creatives to alleviate fears and promote the benefits of

mammography. Supported by the Breckfield Centre (BNENC), School of Create, Brightmoon Media, local artist Leonisha Barley, Liverpool actress Eithne Browne and Radio City presenter Leanne Campbell-Power; We took the #BeBreastSavvy Liverpool Roadshow to community venues across north Liverpool (October–December 2023). A local media campaign underpinned community outreach activities using both traditional media (direct calls, text, letters, flyers, posters, radio) and digital media (for own Facebook and Instagram page, local WhatsApp and Facebook groups) to reach the target population. Over one hundred stakeholders contributed.

Health Equity Liverpool Project

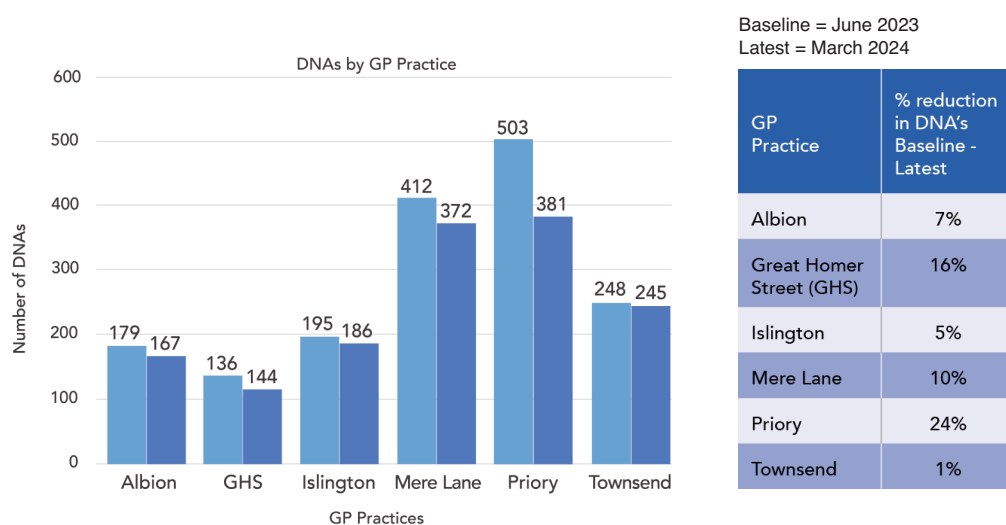


Figure 4 : Number of DNAs at baseline and endline by GP practice in Anfield and Everton

The #BeBreastSavvy Roadshow is a riot of science, media, and art, with bra-festooned washing lines, giant boob pin cushions, boob cupcakes, poetry, film, and photos describing the benefits of breast screening, and easy read health education materials. Women are shown how to check their breasts and sew a 'boob' pin cushion or 'bradazzle' their bra whilst chatting about their mammogram fears and experiences with the amazing 'pink revamper sewing gals'. Members of the public are encouraged to send messages on social media, pictured with the #BeBreastSavvyLiverpool 'Pink Mannequin'. We developed a portable photo exhibition named after local GP, Dr Simon Abrams, to accompany the roadshow. The "Simon Says..." Photo Exhibition, provides reassurance from trusted local messengers on the benefits of screening and the importance of being breast aware. The roadshow also had a touring short film in which local actor, Eithne Browne, reads the mammogram poem providing playful and informative advice about what to expect when going for a mammogram. The poem - printed in the shape of a giant cardboard bra, was posted by GP practices to non-attenders: a gentle reminder about the importance of regular mammograms, and it encourages and explains how to rebook a missed appointment.

Influence & Impact of the #BeBreastSavvy Campaign

The #BeBreastSavvy campaign addressed data quality, low uptake and engagement with breast cancer screening services and raised awareness on the early signs and symptoms of breast cancer, engaging women, family and friends in community-friendly settings. We held conversations with over 800 women at 10 roadshow events and 7 spin-off events. In addition, CIT members from Great Homer Street, Priory and Mere Lane GP practices contacted 872 women by phone who had missed their mammogram appointment and offered

them a rebooking service. The bra mammogram poem was posted to 426 women who missed their last mammogram appointment as a gentle reminder. Through working with health and community stakeholders; having conversations with unscreened women in North Liverpool; more than 200 women were booked for mammography onto the mobile screening bus (July 23), and into the breast screening unit during Roadshow events (Oct-Dec 23). Our globally recognised short film, "Four X-Rays could save your life" had over 1000 views in 2-weeks and was added to the Liverpool University Hospital Foundation Trust webpage: <https://www.liverpoolft.nhs.uk/services/service-finder/cancer/breast>

Across the PCN, we observed a 13.5% reduction in the number of women who did not attend their last breast screening appointment between June 2023 and March 2024. In the two most engaged GP practices, we observed a 16% reduction in DNAs at Great Homer Street and 24% reduction at Priory, (see Figure 4).

The project is a first step for a sustainable health and community partnership to tackle health inequities in Anfield and Everton in which team members are motivated and driven by a common desire to make a difference. The greatest trend in reduction of DNAs has been in those practices who were most committed to the CIT. This has provided convincing data to the other GP practices of the model. Through joining forces with community stakeholders, we have built social cohesion and communication between multiple local organisations which has proved an effective way of addressing concerns and encouraging women to attend screening. The BNENC with Anfield and Everton PCN are setting up a charitable incorporated organisation (CIO) to help fund and sustain their community-led approach to addressing local health equity challenges.

Next Steps

Anfield & Everton PCN has refined the #BeBreastSavvy Roadshow for a second more targeted campaign funded by the Cheshire and Merseyside Cancer Alliance (2024) through:

- Continued efforts to improve data quality through developing data quality coding templates and providing ongoing training updates to practice staff to enhance data quality
- Continued collaboration with the BSU and contributing learning to their Health Equity Audit to shape future services
- Engaging all GP practices within the PCN: Direct engagement with DNAs via calls and during face-to-face clinician consultations
- Targeting local employers with a high female workforce: e.g. supermarkets and hospitals
- Collaborating with housing associations: targeting female workforce & their tenants
- Targeting working women (carers, cleaners, zero-hour contracts) through weekend creative events in local venues e.g. Great Homer Street Market
- Targeting female learning centres e.g. Blackburn House
- Targeting Bingo Halls and other recreational places with a high female footfall

Campaign messages continue to be amplified through traditional and social media platforms including sharing video assets with libraries, public spaces, museums, GP practices and hospitals.

Case study 3: Improving Cervical Cancer Screening for Refugees, People with Learning Difficulties and People with Severe Mental Illness

The Northwest has some of the lowest cervical screening uptake rates in the UK with widening health inequities among marginalised and disadvantaged populations. According to SWAGGA practice data, 491 women aged 25–64 years on the Learning Difficulties/Severe Mental Illness (LD/SMI) register, or registered as an asylum seeker or refugee, have outstanding cervical screening. To address barriers faced by these populations, SWAGGA CIT held a series of personalised cancer screening education events in trusted community locations.

Community Innovation Team

Beckie Dewhurst and Nickola Buckley (Cancer care-coordinators) led the SWAGGA CIT, comprised of Clinical Cancer lead GPs, advanced nurse practitioners, primary care network managers, mental health and learning disabilities nurses, community health and learning disabilities nurses, community champions, and community inclusion team members.

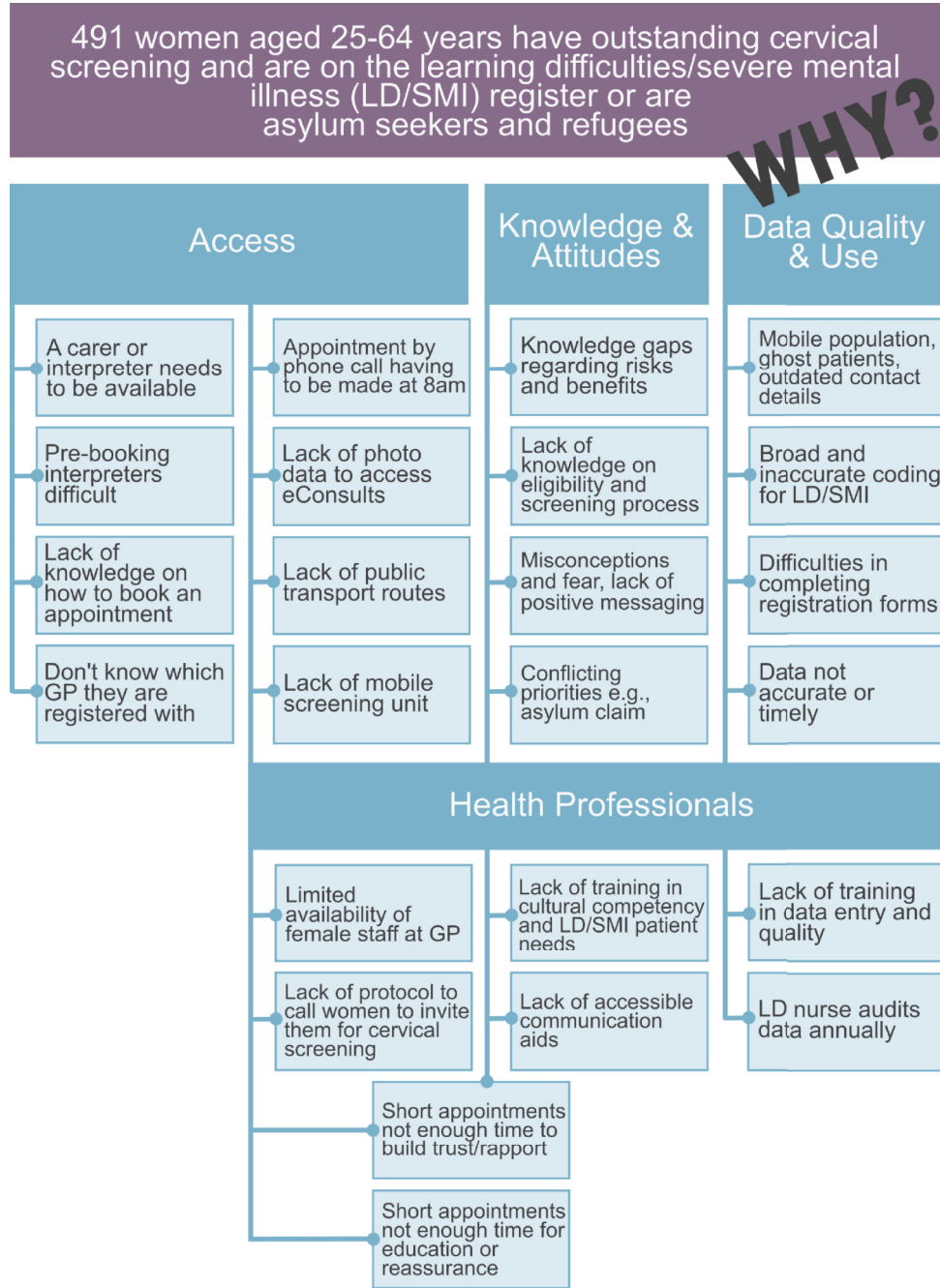
Behavioural Insights

The SWAGGA Community Innovation Team triangulated data from a behavioural insight survey, EMIS, and the cancer screening dashboard to identify reasons for low uptake of cancer screening. Key themes included knowledge gaps regarding the risks of cervical cancer and benefits of cervical screening, data quality, and access to cervical screening. SWAGGA CIT identified several root causes and potential interventions.



Swagga Community Innovation Team members at the HELP Event

Root Cause Analysis



Interventions

SWAGGA CIT developed a range of person-centred interventions to address worries, concerns, data quality issues and knowledge gaps, to improve the uptake of cervical cancer screening among refugees and people with learning difficulties or severe mental illness. The

team produced a photo exhibition and videos featuring the stories of people with lived experience of cancer to inspire and encourage women to attend their cervical screening appointments. The roaming exhibition, titled #dontdelaygetscreenedtoday, also featured SWAGGA PCN staff addressing questions and dispelling myths raised by women. Personalised messaging ensured that

communication was tailored to meet patient concerns. The team collaborated with a local creative to co-develop a social media campaign aimed at alleviating worries and concerns about cervical screening. Through sharing messages on Facebook and Instagram they were able to reach a broader audience.

Access: To address access barriers SWAGGA CIT established personalised screening services offering longer appointments, extended hours, and weekend appointments at SWAGGA PCN practices.

Knowledge: Knowledge gaps were addressed, and trust built through:

- Opportunities for conversations with practice nurses, lead cancer GPs and cancer care coordinators, either in person through extended appointments or via a dedicated phone line.
- Easy-to-read materials with visuals for women with learning difficulties and for those who speak English as a second language; a bespoke video and photo exhibition to address knowledge gaps regarding risks of cervical cancer and the benefits of cervical screening.
- An ongoing social media campaign to alleviate worries and concerns about cervical screening.
- Bespoke and targeted community engagement event with refugee and asylum seeker women held at the Crowne Plaza Hotel in July 2023 (where refugees from Afghanistan were accommodated), using cytology screening props.
- Bespoke community engagement events delivered in partnership with local trusted stakeholders such as Registered Social Landlords (RSL), Citizens Advice Bureau, day centres, supermarkets, faith, and community organisations.
- Specialised cervical screening clinics with interpreters at the South Liverpool Treatment Centre.

Data Quality: To address data quality issues the team reviewed and updated patient contact information, and developed a data entry protocol for cytology screening.

Influence & Impact

The SWAGGA CIT established new relationships with organisations supporting migrants, refugees, and asylum seekers, such as the Life Rooms Community Inclusion Team, Migrant Help Liverpool, and Our Liverpool, to deliver their bespoke and targeted community engagement event for refugee and asylum seeker women at the Crowne Plaza Hotel. To overcome language barriers SWAGGA CIT worked with trusted woman from the community enabling them to communicate effectively and understand the women's experiences. The event included a video in Pashto and Dari (Afghani languages) explaining a smear test, with a clinician demonstrating the procedure using cervical

props. The team's culturally sensitive approach and use of props encouraged the women to open-up, ask more questions, and engage in discussion. Cancer screening information materials in Pashto and Dari, co-developed by the Community Innovation Team, were distributed. This bespoke engagement event-built trust, with the women feeling confident to express their concerns and ask questions. The event concluded with attendees and the SWAGGA CIT team enjoying homemade Afghan food together, making the women feel "at home." Following a discussion with the clinical cancer lead GP, one of the community translators at the event went on to talk to other women about cervical screening. The Crowne Plaza event was attended by 39 women, resulting in 13 asylum seekers completing cervical cancer screenings before moving out of Liverpool.

Overall, SWAGGA CIT organised 20 community engagement events across Speke, Garston, Aigburth, Allerton, Woolton, and Gateacre. These events catered to the general population as well as specific groups, including LD/SMI women, and asylum-seeking women. The CIT tailored each event to the needs of underserved populations, reflecting advice from people with lived experience and health professionals.

The SWAGGA CIT team boosted cervical screening uptake by 2.5% among women with learning disabilities, by 2.7% among those with severe mental illness, and by over 20% among asylum seekers and refugees, resulting in a total of 112 women attending cervical screening.

Next Steps

SWAGGA CIT are currently broadening their membership to include local organisations and community volunteers to co-develop and deliver a 'Bits'n'Boobs' cancer screening campaign, targeting women registered at SWAGGA GP practices and living across south Liverpool. Planned activities include:

- Collaborating with Merseytravel and Stagecoach to raise awareness of cancer screening across the south Liverpool community.
- Collaborating with Primary Care Networks across South Liverpool to promote cancer screening to patients and share easy-to-read materials with underserved populations.
- Engaging with the local community, faith leaders, and wider stakeholders to support cancer screening activities.
- Targeting LD and SMI populations through smaller personalised events.
- Providing enhanced clinics and longer appointments to deliver a more personalised approach to cervical screening appointments for disadvantaged groups.
- Roaming photo exhibition #dontdelaygetscreenedtoday displayed at the Liverpool Women's Hospital.

HELP LEARNING EVENT

To support learning and scale-up, we hosted a vibrant 'Festival of Learning' with 122 participants representing communities and different cadres and levels within the health system including primary care networks, GP practices, community organisations, champions, volunteers, creatives, neighbourhood leads, public health, integrated care board, academics and other stakeholders from across Liverpool, Sefton and Knowsley. This provided a dynamic and inclusive forum for CITs to showcase their work, share good practice, celebrate impact and innovation, and advocate for different ways of working.

Public Health Liverpool made a call to action for national government, local government and local partners to work together to reverse the widening inequities seen across the city with an urgent need to do things differently.

"None of us are prepared to accept this as a future reality. We believe that we can create better health and tackle these difficult health inequalities by working together. Some of the key answers are about working differently and working with local communities to understand local experiences and come up with local answers. This project is exactly what we need to be doing and doing more of. What can we learn, roll out and scale up? We are excited to continue this journey together."

Emer Coffey, Public Health Liverpool.

In the poster walkabout, CITs animatedly highlighted their journey in addressing local health inequities. They confidently described their local data and how they gathered community insights to co-develop local solutions to address low uptake of MMR, cervical and breast screening. They showcased innovative and creative bespoke assets including film, poetry, flyers, educational materials. They described how they engaged face-to-face with their target populations in local community spaces as well as developing and implementing social media campaigns. Participants listened and asked probing questions and were encouraged to follow-up with CIT members and creatives during the extended networking lunch and the "creative cauldron" in which creatives showcased how they developed and used bespoke assets and activities.

A panel discussion focused on sustainability and scale-up. Equal partnership and community knowledge came out as key principles in supporting the CIT Approach.

"Our community knows and understands its residents and the issues they face... Together we did 10 roadshows in the community that reached the target audience. We were able to deliver the programme in partnership. We feel that we are an equal within the CIT. We have plans to take that forward. It is important that the community are engaged with all health programmes. We need to work together and support each other, share resources and share intelligence."

Bob Blanchard, Chief Executive, BNENC

Panelists acknowledged the challenges in sustaining externally funded projects, whilst recognising projects remain an important mechanism for innovation and experimentation, often not afforded through commissioned services. Ensuring community priorities are addressed and resourced will be fundamental to sustaining the CIT approach.



HELP Evaluation Insight

"I think the third sector are stretched beyond their capacity. As communities we need to state our priorities. We do not want to expand beyond what we can deliver in terms of quality. It is about building that capacity to look further and beyond. If we do not have the resources, we just set ourselves up to fail."

CIT Member

Awards recognising the innovation, impact and hard work of the CITs were presented at the learning event, including people's choice, judges' choice, national influence, and champion's champion.

Judges Feedback

SWAGGA CIT: The work in the Crown Plaza with asylum seekers was incredible in terms of impact. Applauded the strong assets and messages in the video.

Central and North Liverpool CIT: Commended on their philosophical approach in getting people to think about their thinking. Messages, interventions and approaches were bespoke and targeted. Face to face work particularly with the Roma community was very impressive.

Anfield and Everton CIT: Visual impact was stunning and beautiful, delivered with vibrancy and passion. Clear plans for sustainability with a strong sense of community ownership were stand outs.



Dame Jenny Harries, UKHSA, engaging with and learning from Liverpool communities addressing low MMR uptake



For more information about Learning Events, scan the QR code watch our short film:

Learning Event short film:
<https://youtu.be/bg80B2r8MN4>

Learning Events act as a springboard to the next steps, providing reflection and thinking space to be both ambitious and realistic.

DISCUSSION

This report reflects 18 months of work scaling-up the community-led, creative health approach to tackling avoidable and unfair differences in health in Liverpool. It demonstrates how a model taken from community health approaches in Kenya and adapted to improve COVID vaccination uptake in the poorest areas of Liverpool can be further adapted and scaled-up to address priority health equity gaps in cancer screening and childhood immunisation uptake. The principles and values of collaborative community-led working, of sharing resources and not duplicating efforts shine through, creating a platform for joint working and building resilience of the system. The approach remains rooted in data analysis and data use while exploring and understanding community behaviours, encouraging local solutions to local problems. Communities, creatives and external partners have brought new ideas, energy and partnerships to this work, catalysing change, shifting the narrative on what is possible and shining a spotlight on health equity. Sustaining and scaling-up this approach presents exciting opportunity for doing things differently in an increasingly exhausted and fragmented health system. Change will only happen however if efforts, resources and leadership are prioritised, bureaucracy is minimised, and teams are supported and empowered to think outside the box.

What does innovation mean in practice?

Many of us work in our comfort zone doing the 'same old, same old' because then we know where we are. We talk about doing things differently but find this challenging in practice. If we want to see a different kind of outcome we need to change the system. For HELP, innovation has meant harnessing new ideas and thinking and combining this with deliberative action that builds on a deep understanding of the local context.

Innovation = harnessing new ideas & thinking + deliberative action that builds on a deep understanding of the local context

- changing the conversation
- bringing new actors to the table
- taking risks
- breaking down complex issues into feasible, practical steps for impact

The step-by-step community-led approach described in this report provides the framework for these actions. We have innovated through changing the conversation,

bringing new actors to the table (creatives, community members, people with lived experience), taking risks and breaking down complexity into feasible, practical steps for impact which is set out in the HELP toolkit.

Measuring health equity impact of the community-led approach

This report has highlighted data quality challenges, described the capacity challenges encountered by local providers in measuring public health impact and detailed the public health impact of our approach. Community-led approaches have multiple impacts both during a project and for a long time afterwards, as communities take greater responsibility for their own health. What we have seen in HELP is a concerted effort to strengthen the interface between communities and the health system, resulting not only in increased engagement and uptake of preventive and promotive health services, but 5 other impacts which build on doing things differently. Commissioners are increasingly recognising the value of these alternative additional metrics and we highlight the six types of impact on health equity we have observed during HELP.

Six Types of Impact on Health Equity

1. Increased engagement and uptake of preventive and promotive health services among under-served populations
2. New networks, stakeholders and funding for health equity
3. Increased capacity of community organisations and people with lived experience to advocate for and act on health inequities
4. New conversations as changes in language and attitude address misinformation, fear and trust of health services
5. Enhanced teamwork and morale among NHS staff and community stakeholders to address health equity together
6. Policy influence through sharing & engaging with decision makers

Sustainability and scale-up of a community-led creative health approach

This report describes the development, delivery and impacts of a funded, short-term project, raising concerns about whether the community-led creative health approach can sustain. A concern we labelled 'projectitis'. This section lays out a framework for sustainability based on the lessons learned from implementing similar work in Kenya and two consecutive projects in Liverpool.

Resourcing the overall approach: We all easily fall back into our comfort zone and old ways of working. Creating culture change takes time. Embracing a community-led,

creative health approach needs a degree of technical and financial resourcing. External partners can frame and catalyse new ways of working resulting in new energy for doing things differently. Sustainability then becomes less a conversation about how CITs or PCNs can take on this whole package and more about how to resource this combination of inputs. It asks the questions 'what are we trying to sustain?' and 'where do teams need support?'. Several cycles of data analysis, use and innovation may be required before a CIT is 'independent' in identifying and addressing local health equity issues. Onward funding may come through a range of options as CITs develop their capacity to address and improve health equity which is discussed in step 1 of the HELP toolkit.

HELP Evaluation Insight

"I do not know that we will ever avoid 'projectitis'. It often makes us take a risk which we would not do with core resources. I would like to think that there is strength in numbers in advocating for this type of work in the way we work. It takes time and commitment of people to speak up about it."

Jo Richmond, Learning Event 29th Feb 2024

Team Leadership: Our evaluation, our data dashboard and learning event discussions highlighted the importance of CIT leadership (health providers and community leaders) and of GP practice engagement in sustaining success. In Anfield and Everton CIT, the greatest trend in reduction of DNAs came from the 2 most engaged GP practices committed to the CIT. This has provided convincing data to the other GP practices of the model.

Valuing and remunerating the community assets: we can't 'use' communities, people with lived experience and creatives to do our work without remunerating them fairly. We also cannot expect people living on benefits to subsidise our work with their efforts. This means community innovation teams and commissioners must cost and commission exactly what is required from an organisation or individual and work transparently with them. For those who are commissioned, it means being clear on what is required and ensuring timely high-quality deliverables.

Flexibility of public sector systems: Local authorities and primary care networks are often not flexible enough to take on the risks of doing things differently. Decision-makers and commissioners wishing to support doing things differently need to ask themselves how such an approach can fit within their overarching strategies, funding and commissioning priorities. It may

require a change to current metrics for measuring impact and less organisational bureaucracy.

Shared leadership between public sector and communities: A community-led creative health approach to health equity cannot be scaled-up in isolation from the leadership of existing community assets and creatives. In practice it means more clearly defining the leadership roles for health equity. Allowing creatives to create, listening to communities, and letting go a little requires courage.

Leveraging existing resources and putting an end to silos: The SIOGs, their subgroups, the new neighbourhood model and CITs provide an ideal platform for collaboration and agreeing priorities. However, without deliberate efforts to meet face-to-face, break down hierarchies and role model working together there is a risk they may end up competing.

Making the impossible possible: it is very easy to be overwhelmed by health equity issues. Programmes often use multiple different methods for multiple small projects without seeing much progress. The HELP toolkit has been designed and developed to address this issue and can be used as a resource by the ICB, Public Health, PCNs and community organisations. It describes a feasible step-by-step approach for teams coming together to tackle one health equity challenge at a time.

Annex 1: Community Health Assets

Scan here to access all the community health assets through the HELP Toolkit



HELP Community Assets:
<https://sway.cloud.microsoft/BBFvFKmAp7G6t000>



BeBreastSavvy Roadshow at Colbalt Housing Event

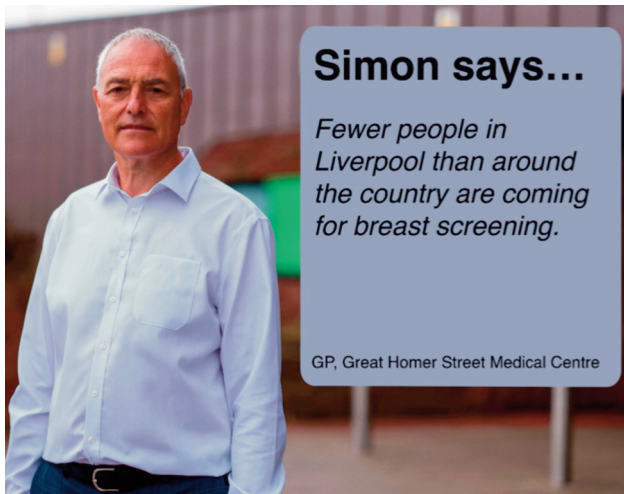
Anfield & Everton CIT

Breast Screening Video: Four X-rays Could Save Your Life

Liverpool actress Eithne Browne reads a poem written by local creative Leonisha Barley, addressing women's fear about mammograms and what to expect during the breast screening process in an informative yet playful manner. In the second part of this video trusted local messengers provide reassurance and a gentle reminder on the importance of attending routine breast screening.



Four X-Rays could save your life short film (Official Selection WHO Health For All Film Festival 2024) <https://youtu.be/MEee3KFPWuE>



Simon Says... Photo Exhibition: <https://youtu.be/jn3U22ezCho>

The "Simon Says..." photo exhibition

by local photographer Jane MacNeil provides reassurance and a gentle reminder from trusted local messengers on the importance of breast screening.

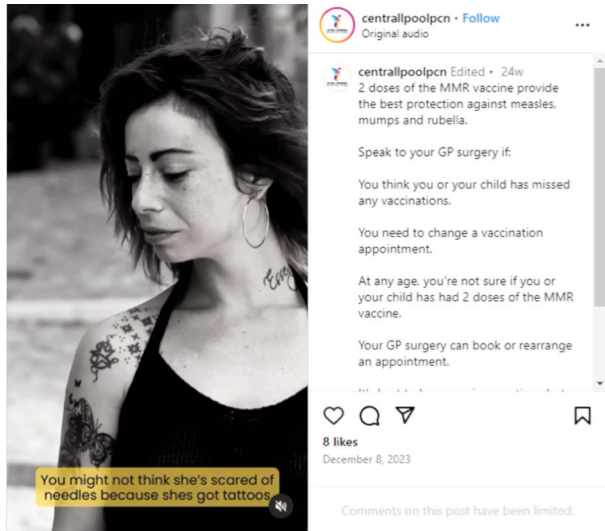
Print & Digital Material

1. #BeBreastSavvy Roadshow flyer
2. #BeBreastSavvy A5 "Did you know..." breast cancer screening fact sheet & pull-up
3. #BeBreastSavvy logo
4. Breast awareness presentation with Arabic translation
5. Breast screening information quick links
6. #BeBreastSavvy mammogram poem: A3 cardboard bra cut-out hung on washing lines at outreach events, in GP practices and posted to DNAs
7. Digital animations on the #BeBreastSavvy Facebook and Instagram pages

Central and North Liverpool CIT

MMR Video: Does this scare you?

Written and performed by Louise the Poet. This poem talks of the struggles of a lone mother trying to make the difficult decision on whether to immunise her child for MMR and unable to reach out to family and friends for advice.



Does this scare you, MMR Video: <https://www.instagram.com/reel/C0lzCWOMN14>

MMR Video: Trusted messages about child health

A video with local trusted messengers to provide information and reassurance about MMR immunisation.

“letschatmmr” Photo Exhibition

By local photographer Jane MacNeil provides reassurance and a gentle reminder from trusted local messengers on the importance of MMR immunisation

Print & Digital Material

1. The Measles Machine Flyer, Colouring Pages & Pull ups
2. Big Heart and Little Heart Adventures, Children's book
3. Making Healthy Decisions Resource pack for Teacher and Parents
4. 3 Benevolent rumour posters



Trusted messengers MMR Video: <https://youtu.be/OfvNs58fkWs>

SWAGGA CIT

Cervical Cancer Screening Video: Trusted messages about Cervical Screening

A video with local trusted messengers to provide information and reassurance about cervical screening.

#dontdelaygetscreenedtoday Photo Exhibition

By local photographer Jane MacNeil provides reassurance and a gentle reminder from trusted local messengers on the importance of cervical cancer screening.

Print & Digital Material

1. Bits'n'Boobs A5 "Did you know..." cervical screening fact sheet & pull-up
2. Bits'n' Boobs logo



Trusted messengers Cervical Cancer Screening video: <https://youtu.be/ckalkYQMXH0>