

Will reached communities become 'hard to reach' again?

Nationally there has been a significant financial effort to increase the uptake of the COVID-19 vaccine through community engagement. Over £23 million was invested in Community Champions, and further funding was provided to clinical commissioning groups to tackle vaccine inequalities.^{1,2} This led to a growth of initiatives such as community vaccination hubs, multilingual media communications, vaccine discussions, and many other initiatives.^{1,3} Evidence suggests that community-centred approaches are an effective way of tackling health inequalities, and consequently many seldomly heard groups were engaged and heard during the pre-booster phase of the COVID-19 vaccine rollout.^{4,5}

'Initiative decay' is however likely to occur as the booster programme rolls out.⁶ Vaccine uptake for some disadvantaged groups may not be maintained, and may even decline, particularly as long-term social, institutional, and political changes are yet to be achieved. Where community engagement was short term, fatigue and distrust may also arise as further initiatives are launched to maintain vaccination rates. Focusing solely on increasing COVID-19 vaccine uptake could have simply created an 'improvement island', which is now insufficient in keeping the general health and wellbeing of our populations afloat.⁶ As the booster programme rolls out and GPs increasingly become involved, efficiency is important, and we should ensure maximal and long-term benefits for our healthcare service and the public.

WHAT IS NEEDED?

Sustainability has been defined in the NHS as when *'new ways of working and improved outcomes become the norm. Not only have the process and outcome changed, but also the thinking and attitudes behind them are fundamentally altered and the systems surrounding them are transformed in support.'*⁶

Sustainability is a vital consideration for initiatives, and evidence-based tools have been developed to plan and assess for it throughout its life. Some salient contributors highlighted by the Long Term Success Tool (LTST), which initiatives need to adopt, include:⁷

- **Commitment.** All our initiatives should have a clear plan of how they will sustainably tackle health inequalities from the outset. This requires commitment by system leaders, and a collaborative multi-sectoral approach.
- **Involvement.** All stages of an initiative should have the involvement of the community. NICE recommends asset-mapping and entrusting lay and peer roles to members of communities. As we form these strong collaborations and partnerships, co-production of initiatives from the beginning becomes achievable, and a path for ongoing community-based participatory research opens.
- **Robust and adaptable processes.** As we change processes and take new actions as part of initiatives, we should consider how we can adapt these processes to local needs. For example, many PCNs are now part of the booster programme. Integration of the COVID-19 vaccine with other immunisation services such as influenza can be facilitated. Depending on local needs, other prevention and screening services can also be integrated if cost-effective.^{8,9}

While this is an ideal situation, lack of resources, skills, and logistics may make short-term plans more feasible and appealing. However, our NHS Long Term Plan to tackle health inequalities will not be achieved with this foresight.

Many determinants of health inequalities are systemic and require long-term changes. System leaders need to collaborate across sectors to provide the

resources and skills needed to make this feasible. If sustainability is not part of our aim and norms, then it is inevitable that we will find it hard to reach and hear the voices of disadvantaged communities again.

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