



BUILDING RESEARCH BY COMMUNITIES TO ADDRESS INEQUITIES THROUGH EXPRESSION

Wave 1 Community Innovation Teams: Interim Impact Case Report

November 2025

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FOREWORD

Conversations about health equity so often highlight failures – where systems collapse, where individuals slip through the cracks, where care is compromised. But how can these individual truths create meaningful change in an under resourced system with so little wiggle room?

Like many of us, clinicians go to work because they want to do a good job. They are motivated by caring for people, easing symptoms, providing diagnosis and treatment. For clinicians and healthcare workers, stories of failure can be demoralising and upsetting, especially when staff are already overstretched and trying hard in difficult circumstances. It can feel like an indictment, as though the burden of systemic flaws rests solely on their shoulders. But failure is rarely about a single individual. It is about structures, policies, and historical inequities that shape the landscape of care. The question we need to ask is: How can we engage with difficult stories and create space for learning, progress, and shared responsibility?

ReCITE's Community Innovation Teams are reshaping the conversation. Through building meaningful partnerships between communities, local government, healthcare workers, advocacy groups, and policymakers, Community Innovation Teams are shifting the conversation from individual blame to collective action.

This report has been produced to illuminate the progress and learning achieved by teams of local healthcare workers, experts by experience, advocates and creatives in tackling some of Liverpool City Region's most pressing health issues.

–Professor Miriam Taegtmeyer, Principal Investigator for ReCITE



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INTRODUCING RECITE

Culture and the arts contribute to health and wellbeing by shifting the focus from ‘disease’ to people. Storytelling can collect data, highlight inequities to policymakers, provide health messages, and promote health equity. Liverpool City Region has a vibrant ecosystem of resilient communities and creative organisations but also persistent health inequalities that lead to shorter lives and fewer years of good health. Routine preventive health interventions, such as cancer screening and childhood immunisation, are below national targets, and poor mental health is increasing.

Funded by the Arts and Humanities Research Council (AHRC) and UK Research and Innovation (UKRI), the ReCITE project aims to scale up and sustain the integration of storytelling and creative health approaches into community and health system efforts to address these gaps and promote health equity, by building trust and collaborative action. The project’s theory of change is built across five pillars (see below) that interconnect through research capacity strengthening activities and networking platforms.

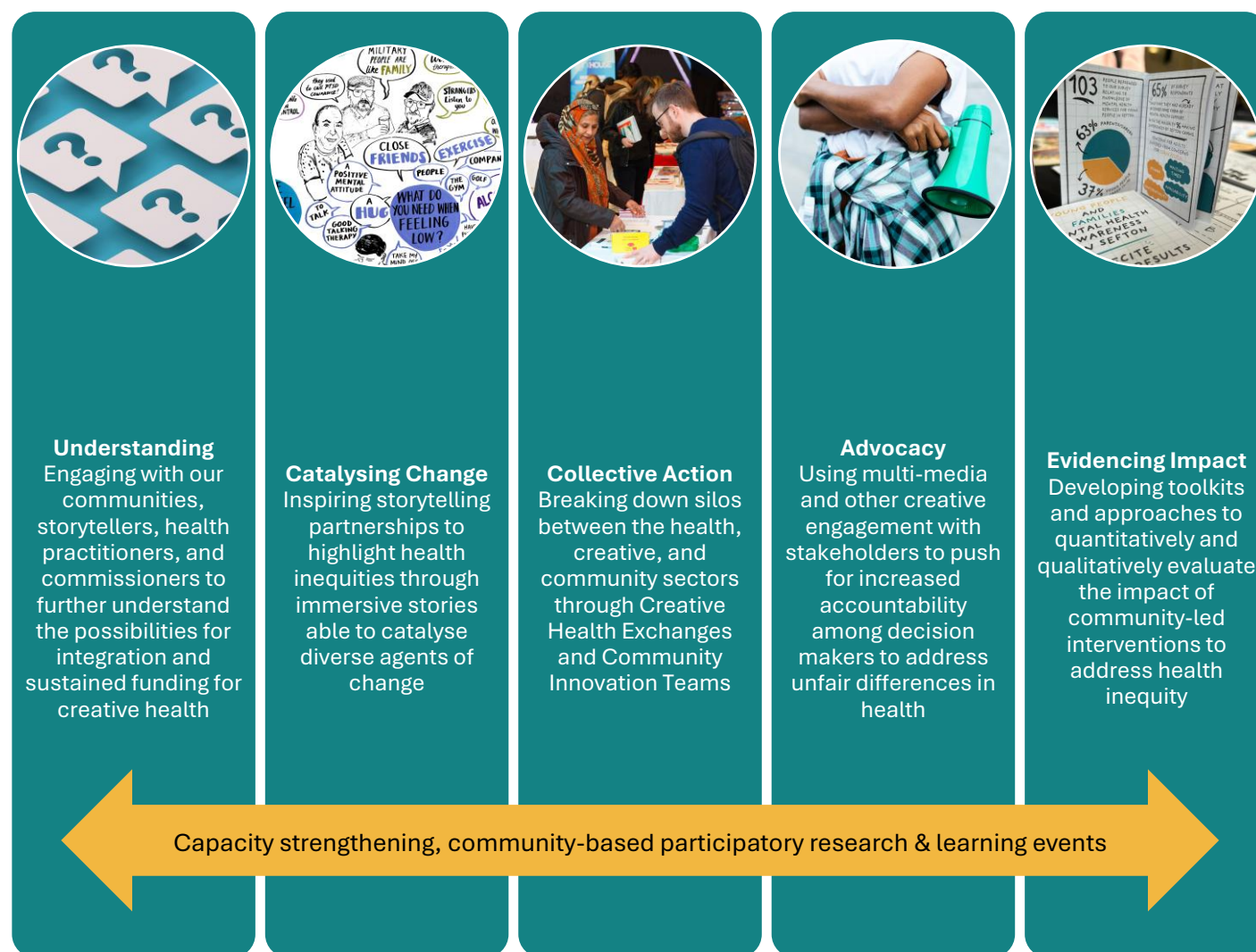
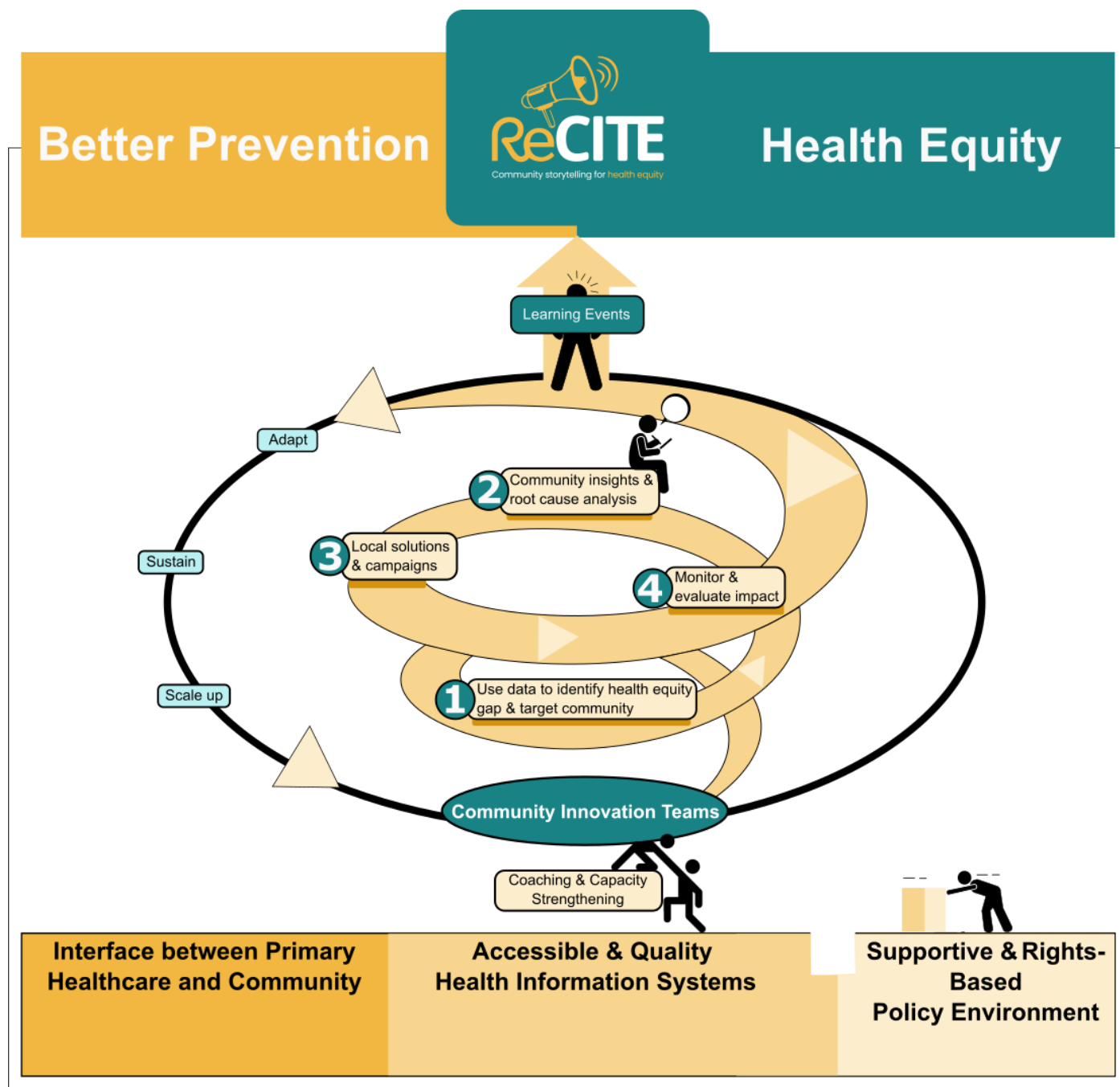


Figure 1: Simplified Theory of Change

At the heart of the ReCITE project are Community Innovation Teams (CIT), who are empowered to use local data, quality improvement techniques, and creative approaches to address a health equity issue within a specific target population. CITs undergo phases of capacity strengthening using a model first developed in rural Kenya to enhance antenatal care uptake and then adapted to the Liverpool context in 2021 to support vaccine equity.

COMMUNITY INNOVATION TEAM MODEL

The heart of the community-based quality improvement model is a multidisciplinary team (CIT) which sits at the interface between the community and formal health services. The teams establish themselves and are then strengthened through governance tools and mobilisation of local health, community and creative assets to work in partnership. CITs were selected for inclusion in the programme through a competitive application process; within the application they provided evidence of the health inequity they wanted to address and the size of the target population. CITs are provided with financial resource through a £20,000 catalytic grant.

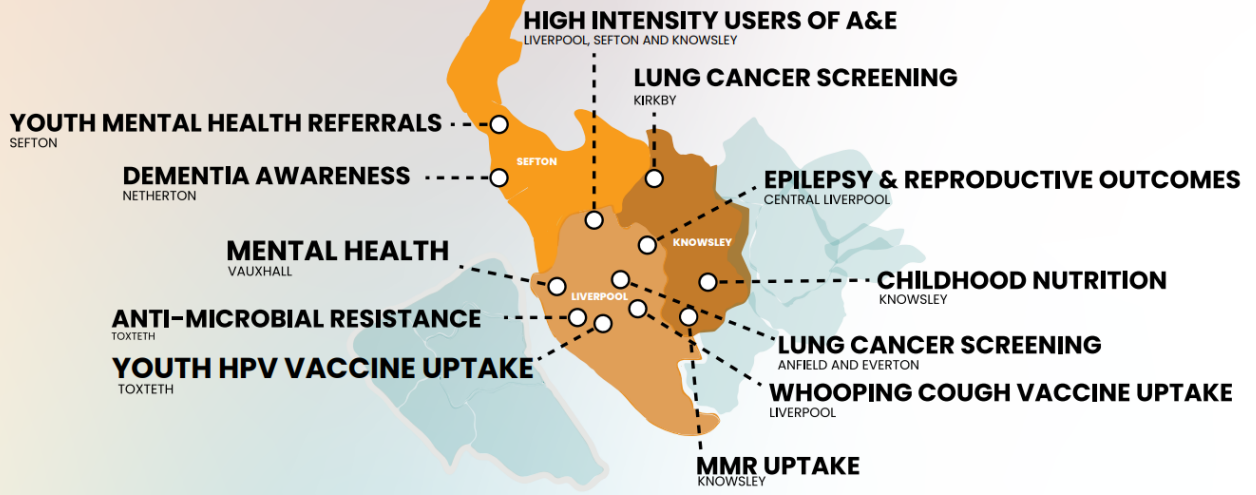




Step 1 involves health and community representatives coming together in a facilitated workshop to review existing health data and produce a strong problem statement; one that is clear, concise, measurable and focuses on the problem not the solution. Building on the collective expertise present, facilitated discussions are held to identify what is known about the problem and what data the CITs can gather to address remaining knowledge gaps. The focus is on building solutions based on local data and insights and not coming to premature solutions that might not address the needs of specific communities. It is about doing things differently because we know that what has been done has left communities unfairly disadvantaged in terms of access to health information and prevention.

In step 2 CITs present their data gathered from the target communities alongside data available from local government and the NHS. In light of this data, the problem statement is re-examined and refined and root causes of the problem collectively developed and analysed. Idea storming is then used to envision creative activities to address those root causes that are within the power of the CIT to address.

In steps 3 & 4 supported through regular coaching and mentorship, the CIT then co-develop innovation plans and implement creative health interventions targeted at one or more of the root causes. Team membership is reviewed again with additional experts, organisations and people with lived experience brought in as required. Using simple targeted indicators, the CITs monitor and evaluate their interventions. Tailored coaching and resources are provided to enable CITs to deploy evidence-based and creative health methods. Training and mentorship encompass; health system quality improvement, how to identify and commission creatives, health-related behaviour change theory, techniques for tackling misinformation/disinformation, trauma informed practice, and safeguarding. In addition, the CITs are supported by community mobilisers who connect them with key stakeholders in the health, community, and local government. Our creative partner, Writing on the Wall, provides them with support in identifying, contracting, and managing creative individuals and organisations.



RECITE COMMUNITY INNOVATION TEAMS

As of November 2025, ReCITE is working with 12 Community Innovation Teams across Liverpool, Knowsley and Sefton. CITs have chosen to work across different health challenges encompassing immunisation, cancer screening, and mental and social wellbeing. To ensure CITs receive adequate support, capacity strengthening activities are delivered in waves. Five CITs are in the first wave [Table 1] and are now implementing their interventions. A further five CITs are in wave two and have analysed local health data and community insights.

The lead organisation is responsible for providing CIT leadership, co-ordination and management of resources. CITs are chaired by health providers, community engagement workers or third sector representatives.

Table 1: Wave 1 CITs

CIT Health Equity Focus	Lead Organisation	Chair
Lung Cancer Screening Anfield & Everton	Anfield & Everton Primary Care Network	Dr Simon Abrams, GP and Board Chair
Lung Cancer Screening Kirkby	One Knowsley (VCFSE Org infrastructure body)	Jayne Hoarty & Samantha Young, Social Prescribers
MMR Uptake Knowsley	Explore CiC	Linda Malone, Early Years Locality Manager, Knowsley MBC
Whooping Cough Vaccine Uptake Liverpool	Liverpool Lighthouse	Rebecca Ross-Williams, Creative Director
Anti-microbial Resistance Toxteth	Primary Care 24	Khadija Adam, Head of Community Services

The purpose of this report is to provide local authorities with an update on the current progress, activities, and emerging impacts of the **wave one** CITs. The report outlines how CITs are addressing avoidable and unfair differences in health outcomes through hyper-local, community-led innovations. It highlights key achievements to date, examples of effective partnership working, and the measurable benefits being realised in target communities. The information presented here aims to support ongoing collaboration with local authorities and inform future policy and programme development.

LIVERPOOL



Lung Cancer Screening: Anfield & Everton

PURPOSE AND AIMS

The Lung Cancer Screening programme is a free NHS programme that helps identify people at risk of lung cancer. In 2021, more than half of people at risk in Anfield & Everton did not take up their offer of lung cancer screening. Rates of lung cancer are 37% higher in our area than England. Screening has been proven to save lives.

The CIT aims to increase the proportion of Anfield and Everton residents—who are invited to participate in the NHS Lung Cancer Screening Programme—attending their first telephone lung health check, compared with previous rollouts. This will be achieved through:

- Improved awareness of the screening offer
- More accurate reporting of smoking status within GP records

PARTNERSHIP

Dr Simon Abrams from Great Homer Street Practice chairs the Anfield & Everton CIT comprised of primary healthcare providers, social prescribers, care coordinators, community engagement workers, graphic designers, puppeteers, and local volunteers from the following organisations:

- Anfield & Everton Primary Care Network (PCN) (Lead)
- Great Homer Street Practice
- Breckfield & North Everton Neighbourhood Council (BNENC)
- The General Design Practice
- Collective Encounters

COMMUNITY INSIGHTS

The CIT surveyed eligible patients in the Anfield & Everton area to identify reasons for attendance and non-attendance at an NHS Lung Cancer Screening programme appointment. Ninety-nine survey respondents were recruited by BNENC community engagement workers, community volunteers, and Anfield & Everton PCN social prescribers.

Surveys and group discussions revealed people are fearful of engaging in lung cancer screening. This fear is driven by perceptions of lung cancer as a death sentence and low awareness of improvements in treatment. Uptake of lung cancer screening is lower among current smokers, who fear judgement and believe they are undeserving due to their life choices and low sense of self-worth.

CREATIVE INNOVATION

The CIT collaborated with local creatives to develop a health promotion campaign, **Lungevity**, themed around 1960s seaside nostalgia. Its nostalgic theme engaged both the target population and their families, helping to reframe cancer screening as a positive step towards looking after lung health, enjoying more precious time with loved ones, and breathing in fresh air. The campaign was delivered in the Anfield and Everton area between July and November 2025 to align with the roll-out of the NHS Lung Cancer Screening Programme.

The CIT commissioned puppeteers and performers to create a **Punch-and-Judy-style show centred on lung cancer screening**, which served as the main attraction at roadshow events. The use of humour enabled the campaign to address intrapersonal, judgement-related, and fear-based barriers to screening.

Custom artwork and printed materials were produced by David Longford, a GP and graphic designer. These materials included banners, simple information leaflets, and six bespoke postcards designed in the style of humorous vintage English seaside postcards, each containing encouraging messages to promote the screening offer.

Before the campaign launched, an audit was carried out on Anfield and Everton PCN-registered patients aged 45–74 to identify those with 'non-smoker' or missing smoking status recorded. A text message was sent to these patients requesting an update on their smoking status so that GP records could be amended accordingly. In addition, updates were made to the over-40s health check script to specifically ask whether individuals were 'ever-smokers', defined as having smoked the equivalent of at least 100 cigarettes in their lifetime."

"IT'S THOSE LUNG-SCAM PEOPLE AGAIN"



Lung Cancer Screening: Anfield & Everton

PROGRESS & LEARNING

Efforts by CITs in Anfield & Everton and Kirkby to improve the accuracy of smoking status in GP records have led to **1,610** additional people being invited for screening, potentially enabling the early detection of 15 additional cancers.

As of November 2025, over **1,300** conversations by trusted community members and health providers about lung cancer screening have been undertaken. The Lungevity roadshow and puppets have made **16** appearances at summer fairs, marketplaces, retirement homes, hospitals, and treasured community venues, and over **3000** information flyers and postcards have been distributed to local residents. Attendees were seen leaving with a smile on their face and the campaign anthem 'Just One Lung Check-o' (a spoof of 'Just One Cornetto') ringing in their ears.

Alongside significant progress in raising awareness of the Lung Cancer Screening Programme, the Lungevity campaign also underscores the importance of equity by design. Members of the CIT are advocating for changes to programme delivery and eligibility criteria in areas of high deprivation to ensure that people with complex lives and those at risk of dying in their 50s are not missed.

Tackling health inequities can be an arduous and emotionally demanding task. The CIT have maintained their energy and motivation by centring creativity, music, connection, and joy in all aspects of their work—from routine planning meetings to community outreach activities.

In partnership with the University of Liverpool and Liverpool School of Tropical Medicine (LSTM), the CIT will evaluate the impact of these initiatives on lung cancer screening uptake and early cancer detection. Results are anticipated in early 2026.



Whooping Cough Vaccine Uptake: Liverpool

PURPOSE & AIMS

Thirty-four percent of pregnant women registered at Brownlow Health, who are asylum seekers or have English as an additional language (EAL), received a pertussis vaccination (whooping cough) in 2024, compared to 66% of all pregnant women in England. Low whooping cough vaccination uptake increases the risk of infant death, with ten babies dying of whooping cough in England in 2024.

The CIT aims to increase the number of pregnant women who are asylum seekers or EAL receiving the whooping cough vaccine. This will be achieved through:

- Supporting these women to navigate the healthcare system, book and access the vaccine
- Delivering vaccination information separately from other vaccines through trusted professionals in women's own languages.
- Improving health professionals' understanding of the asylum experience.
- Improving data interoperability between hospital and GP records to better track vaccine uptake.

PARTNERSHIP

Rebecca Ross-Williams from Liverpool Lighthouse chairs the CIT comprised of primary healthcare providers, public health practitioners, hospital staff, and creative influencers (community champions with personal experience as mothers in the asylum system) from the following organisations:

- Liverpool Lighthouse (Lead)
- Brownlow Health
- Liverpool Women's NHS Foundation Trust (LWH)
- Public Health Liverpool
- Anfield & Everton PCN

COMMUNITY INSIGHT

The CIT surveyed 118 pregnant women who were asylum seekers or had EAL, 23 health providers, and conducted a group discussion with the refugee and asylum seeker team at Brownlow Health. Surprisingly, community insights revealed low vaccine hesitancy among this group. This contrasted with health provider views, who reported cultural and anti-vaccine beliefs as a prominent barrier. Challenges in navigating an unfamiliar health system and vaccine schedule was highlighted by both health providers and pregnant women as a prominent barrier to vaccine uptake. This demonstrates the importance of gathering insights data directly from the target population before designing your intervention.

CREATIVE INNOVATION

The CIT leveraged their creative expertise, lived experience, and generative AI to develop a communications toolkit and supporting materials:

- **A poster for pregnant women** illustrating their maternity journey, key appointments, and recommended vaccinations. Featuring QR codes linking to the whooping cough vaccination film and additional information such as pictorial access guides and contact numbers for support.
- **An infographic** that can be used as a standalone asset or alongside the maternity journey poster and film, explaining how to access and engage with maternity appointments, including information on travel reimbursement, internet access, accompaniment by partners or friends, interpretation services, and on-site vaccination drop-ins.
- **A short film** aimed at mothers and partners, introducing the whooping cough vaccination. Designed for use by health professionals and accessed through the maternity journey poster or the official LWH app 'Improving Me.'
- **A communication brief** for midwives to support the booking of whooping cough vaccination appointments, with an opportunity for women to be vaccinated during their 20-week scan.
- **Resources to raise awareness among health professionals** about the asylum experience of pregnant women, including the When You Know... Childbirth in the Asylum System film and accompanying training materials.

To support evaluation of this creative innovation, LWH has begun recording immigration and language data for women receiving the whooping cough vaccine and is working to enhance data sharing between LWH and Brownlow Health.



Whooping Cough Vaccine Uptake: Liverpool

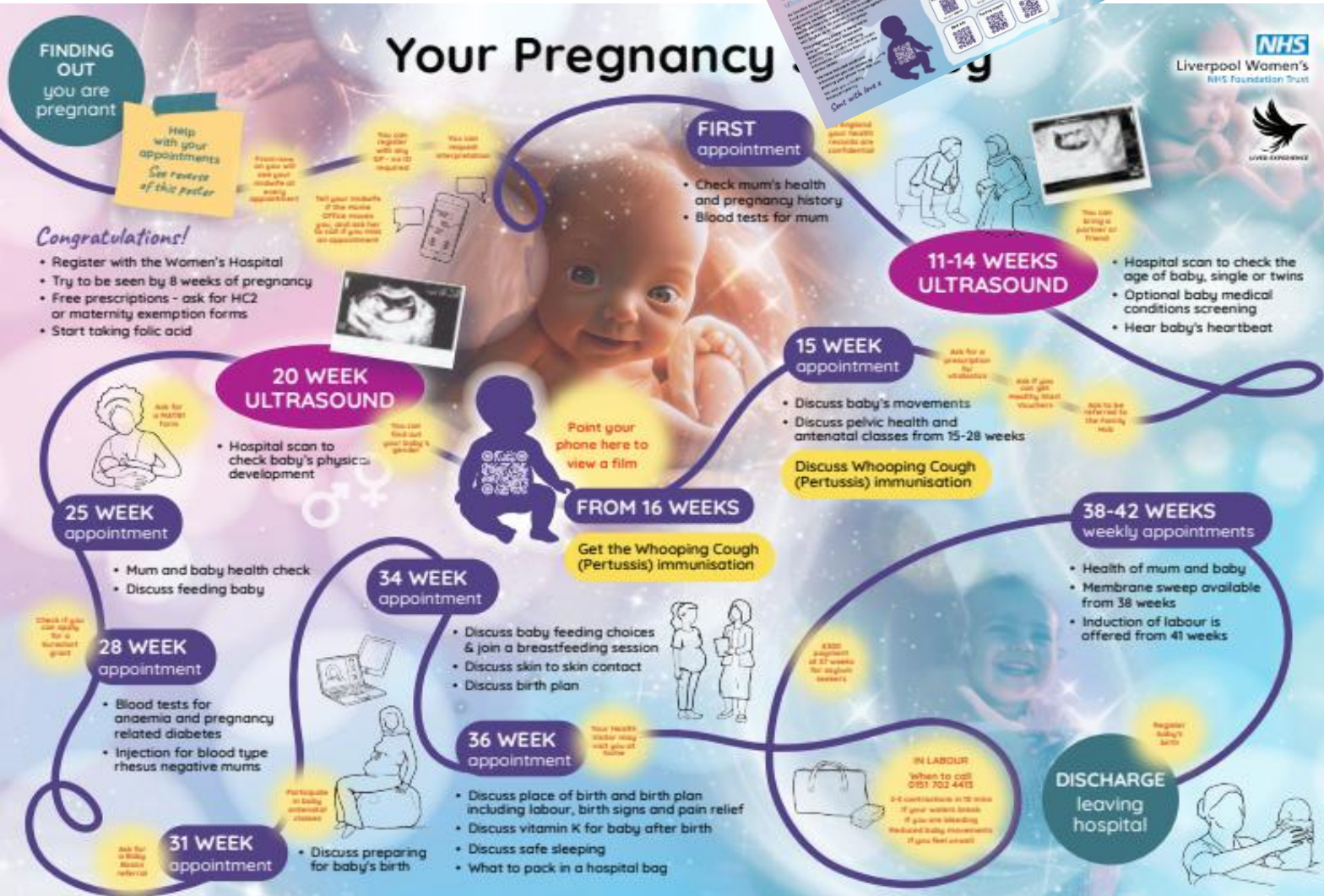
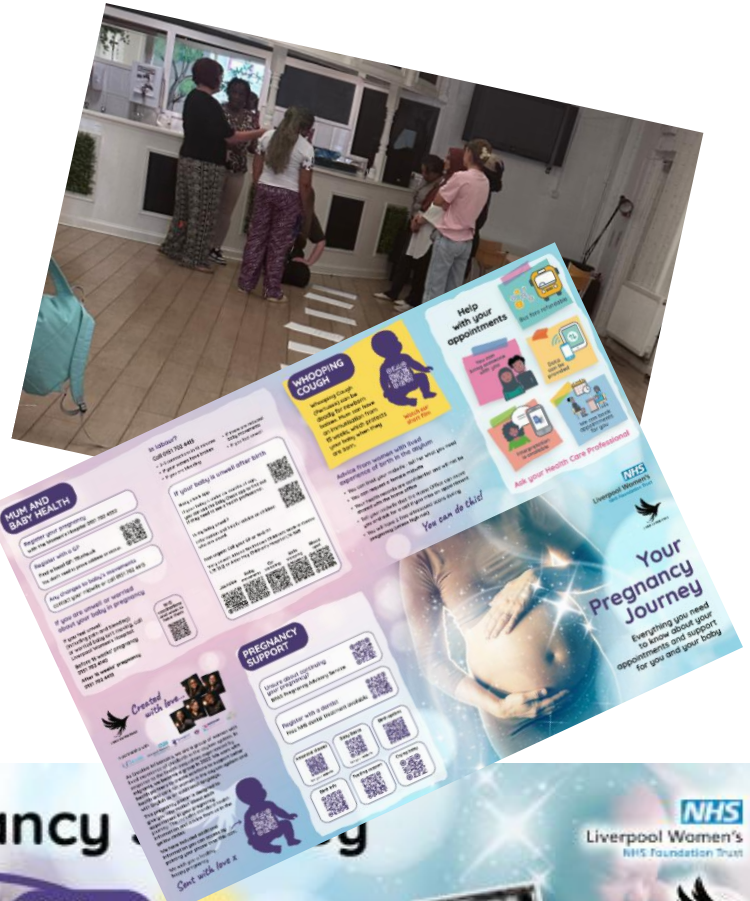
PROGRESS & LEARNING

The communication toolkit and assets were launched on 17 November 2025 at LWH during a celebration event attended by clinical and non-clinical staff at Liverpool Women's Hospital (including midwives from the Non-English speakers clinic), representatives from Public Health Liverpool and NHS England. The assets were showcased at Brownlow Health Annual meeting on 27 November 2025, with further dissemination planned for Anfield & Everton PCN staff.

There have been **8,500** pregnancy journey posters printed in five languages, and from late November, all pregnant women attending the NEST clinic have received the pregnancy journey poster.

Lighthouse CIT is an exemplar of equitable inclusion of people with lived experience, by creating environments where power is genuinely transferred to their creative influencers who are women with lived experience of pregnancy and the asylum system. The CIT proactively identified and dismantled barriers to their participation. For example, when mapping the pregnancy journey, separate sessions were held with health professionals and creative influencers to identify important milestones, with both groups knowledge and inputs valued equally (picture on the left taken from the design workshop with creative influencers).

The CIT is applying for NHS ethics to evaluate the creative innovation through interviews with hospital staff and patients and analysis of routine health data. In partnership with LSTM and the University of Liverpool, the CIT will deliver a quality mixed-method evaluation and publish the findings in a peer reviewed journal, addressing an evidence gap in current literature.



PURPOSE & AIMS

Approximately half of all asylum seekers in initial accommodation and hotels in Liverpool either have misconceptions or misuse antibiotics. In addition, according to local insights data, 87% (n=108) report multiple barriers in accessing healthcare, potentially resulting in misuse of antibiotics.

Misuse of antibiotics makes infections harder to treat and increases the risk of spreading disease among an already vulnerable population.

The CIT aims to promote proper antibiotic use among asylum seekers through:

- Improving knowledge of antimicrobial resistance and antibiotic use
- Supporting asylum seekers to navigate primary healthcare and pharmacy services

PARTNERSHIP

Khadija Adam's from PrimaryCare24 (PC24) chairs the CIT comprised of primary healthcare providers, pharmacists, community engagement workers and asylum seekers from the following organisations:

- PC24 asylum seeker clinic (Lead)
- MerseyCare Community Inclusion Team
- Abercromby Central Pharmacy
- Merseyside Refugee Support Network
- Refugee Women Connect
- Care4Calais
- British Red Cross
- Brownlow Health

COMMUNITY INSIGHT

To gain insight on antibiotic knowledge and use, 108 asylum seekers were surveyed by CIT members and community champions at Birley Court. A group discussion with six asylum seekers was conducted to explore antibiotic use in their home countries. The CIT also surveyed 19 PC24 health providers and interviewed a local pharmacist.

Community insights revealed multiple barriers to accessing healthcare exacerbated by limited understanding of how the system works. Many participants demonstrated gaps and misconceptions in their knowledge of antibiotics, their appropriate use, and the potential risks. Group discussions showed that these misconceptions were often shaped by experiences of antibiotics being used as a "quick fix" within fragmented and under-resourced health systems. These insights enabled the team to refine the problem statement and design appropriate interventions.

CREATIVE INNOVATION

To improve knowledge on antibiotic use and support access to health services the CIT developed a peer-led health education campaign, **Stay Healthy Liverpool**.

Campaign assets include:

- a five-minute health education film – **Making antibiotics work for everyone** – co-produced with asylum seekers and featuring them as actors. The film, narrated by Ngunan Adamu, provides a guide to using antibiotics for asylum seekers and refugees living in the UK.
- **an information leaflet & poster** detailing: how, when and where to access health services; information on antibiotic access and use; and an illustrated map with familiar landmarks, highlighting which health services are close to asylum seeker initial accommodation sites in Liverpool

Community champions were then recruited and **trained to deliver peer education sessions** using the campaign assets. The training approach brought together public health expertise, cultural insight, and practical communication skills to equip champions with the confidence and tools to share AMR messages within their own communities.

Training was delivered through four key stages:

- Building shared understanding of anti-microbial resistance and safe antibiotic use
- Exploring cultural beliefs that shape how communities understand illness and medication
- Developing peer-to-peer communication skills including active listening, empathy, open questions, and clear messaging
- Practising through real-life role-play to help champions apply these skills in realistic conversations



Anti-Microbial Resistance: Toxteth

PROGRESS & LEARNING

Nine multilingual community champions, all with experience as asylum seekers, have been trained to deliver peer education sessions, enabling them to deliver accurate, culturally meaningful information and to become trusted voices within Liverpool's asylum seeker and refugee communities.

Peer education sessions have reportedly reached **180** targeted community members

A pre-intervention knowledge, attitude and practice (KAP) survey was conducted with **111** asylum seekers and found the following:

- 68% think antibiotics treat colds and flu
- 40% are not confident about when antibiotics are needed
- 49% stop antibiotics early if they feel better
- 43% think it's ok to take antibiotics from friends and family
- 30% save left-over antibiotics

The survey will be repeated with the same population sample following delivery of the peer education sessions to measure any changes in their knowledge and practices.

A3 printed posters of the illustrated map and information sheet have been displayed across 10 sites

including initial accommodation sites, clinics and medical centres.

A thousand a5 printed leaflets have been distributed by the Community Inclusion Team and community champions.

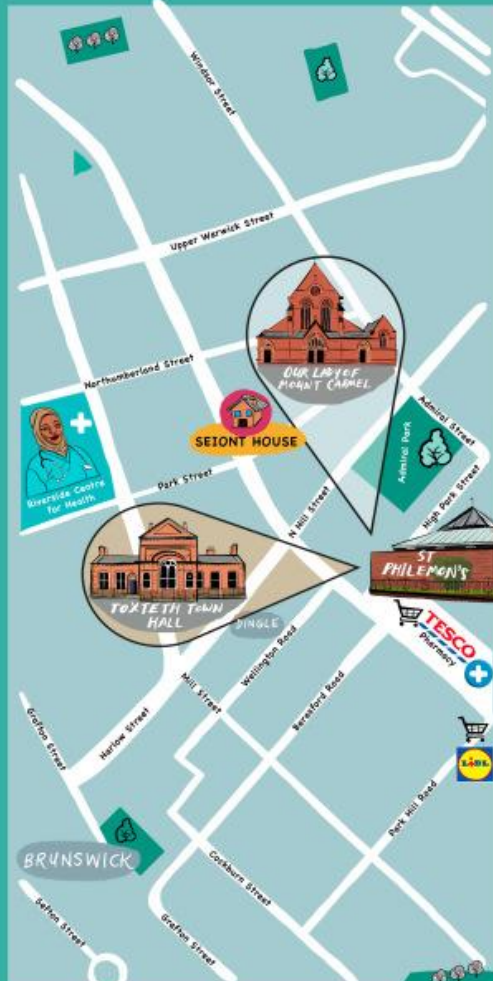
The CIT have been sharing lessons from the project with Humanitarian networks and research groups, highlighting the practical steps that have been taken to support equitable and safeguarded inclusion of asylum seekers and refugees in collective action to address public health challenges.



BIRLEY COURT



SEIONT HOUSE



CROXTETH GROVE and GREENBANK COURT



KNOWSLEY



PURPOSE & AIMS

The uptake of the second MMR immunisation is 77% in Knowsley for five-year-olds compared to 84% coverage nationally. In 15 primary schools in Knowsley less than 80% of children are fully immunised, with at least 50 children in 15 schools requiring an MMR vaccination. MMR immunisation rates below the target of 95% poses a significant risk of outbreaks of preventable infectious diseases, potentially leading to increased illness complications and even deaths, particularly among vulnerable populations like young children.

The CIT aims to improve immunisation uptake in children aged 2–11 years in Knowsley Central and South PCN, with a focus on MMR and other opportunistic immunisations. This will be achieved through:

- helping children learn about immunisation for themselves so they can lead the conversation
- supporting teachers to incorporate immunisations into their health education with confidence

PARTNERSHIP

Linda Malone, Early Years Locality Manager, Knowsley MBC chairs the CIT comprised of public health practitioners, commissioners, primary healthcare providers, and creatives from the following organisations:

- Explore CIC (Lead)
- Knowsley Public Health
- NHS ICB Knowsley
- Mersey Care NHS Vaccine and Immunisation Service
- Knowsley MBC
- Central and South PCN Knowsley
- Silly Fish Learning Ltd

COMMUNITY INSIGHT

The CIT worked with eleven primary schools and two nurseries in Knowsley to survey 78 staff members about their views and needs regarding health promotion in school, focusing on two topics: immunisation and healthy eating.

Silly Fish delivered creative workshops in three schools, engaging 163 children aged 7–10 (Years 3–5) in activities designed to explore their perspectives on healthy food, general health, vaccinations, and their levels of trust and confidence in health information. Staff reported feeling more knowledgeable and confident discussing healthy eating than immunisation with their students. Many staff also indicated a need for additional support to enable them to have

conversations around mental health, healthy eating, and immunisation. Among children, understanding of immunisation was very limited, with only a small number demonstrating any awareness and none knowing the purpose of the MMR vaccine. Children expressed the greatest trust in, and confidence discussing health matters with, their families and friends.

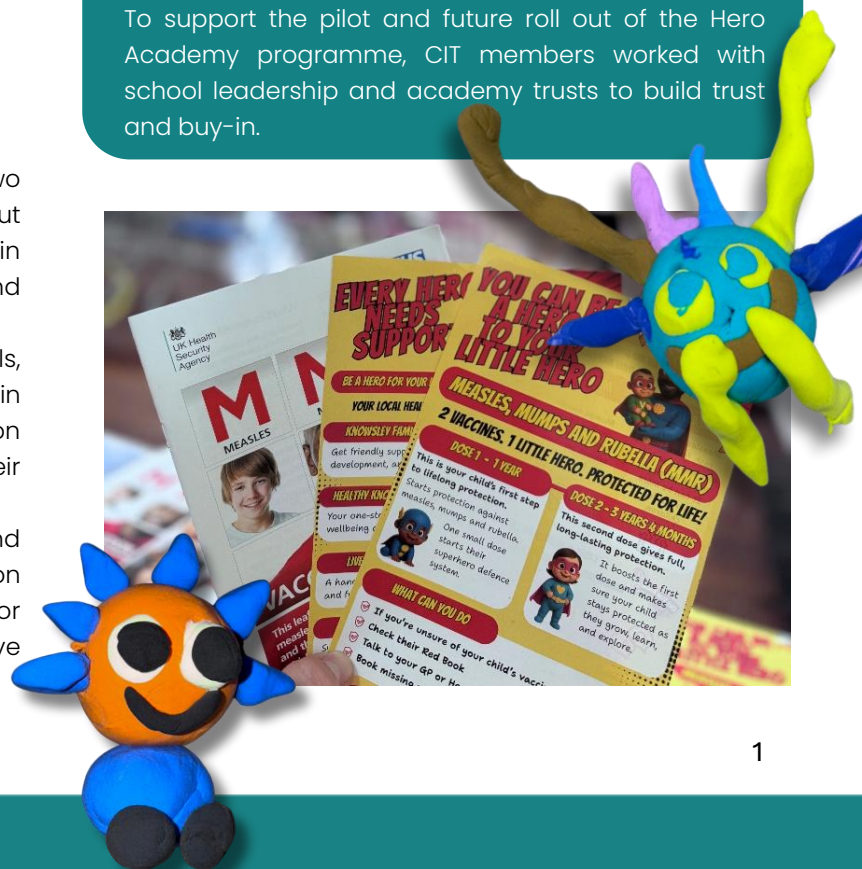
CREATIVE INNOVATION

Together with teachers and health partners, the CIT created a locally tailored health education programme, the Healthy Hero Academy, which included:

- **a fun, creative workbook** that takes children on a learning adventure through different aspects of health, from exercise and healthy eating to mental wellbeing and immunisation
- Hero Academy **banners & flyers**
- **summer school drama classes & performances**, giving Year 5 pupils the chance to deepen their knowledge and understanding of health
- **school health days** where the parents were invited to see their children perform and have conversations with a range of health partners about their children's health as well as immunisation
- **cross-curriculum resources** for teachers on immunisation

The team began development by reviewing and building on existing health education material from leading health authorities including the UKHSA and WHO.

To support the pilot and future roll out of the Hero Academy programme, CIT members worked with school leadership and academy trusts to build trust and buy-in.



PROGRESS & LEARNING

As of November 2025, **116** Year Five school children across four primary schools have been engaged in the programme and graduated as a "Healthy Hero." Over **175** children's workbooks have been distributed to students and parents. The CIT has facilitated School Health Days, and community events attended by **112** parents, with **172** general, and **70** vaccine related conversations recorded to date.

Resources for teachers have been developed to scale up programme delivery, and the CIT is now partnering with three Knowsley Primary Care Networks to bring the programme to ten more classes in schools with the lowest childhood immunisation uptake and have co-developed a podcast - **In the Know: Straight Talk on Health in Knowsley** - to run alongside programme delivery. The programme will be scaled up again with funding from MSD allowing yet another ten classes to be included in the roll out.

To evaluate the creative education programme, the CIT is working in partnership with LSTM and University of Liverpool, to conduct a trend analysis of MMR uptake among children aged 2-11 registered at GP practices within Knowsley South & Central PCN. This analysis will take account of other activities in the borough due to the Measles outbreak. This will be combined with research into knowledge and attitude changes among children, parents and school staff. Results are anticipated in May 2026.

It has been a challenging but ultimately productive journey for this CIT. Primary Care Network involvement

was delayed due to internal changes within organisations, which meant their capacity to engage was temporarily reduced. Local authority buy-in took time as decision makers wanted to ensure that CIT activities were aligned with existing council priorities. Within the CIT, there were understandable confidence gaps around initiating immunisation conversations in the community and damaging existing relationships.

The measles outbreak in Knowsley created both an opportunity to hold meaningful conversations with communities, while also generating challenges in attributing outcomes directly to CIT activities.

Despite these challenges, the CIT was able to make progress by fostering open communication, building trust, and aligning its work with local strategic objectives. Regular engagement helped the PCN reconnect once internal restructuring had settled. The CIT is actively collaborating with Knowsley Council to map its activities to ongoing programmes, ensuring shared ownership and reducing duplication. Reassurance and joint planning sessions and a programme health focus beyond immunisation reassured organisations that conversations could be delivered sensitively and without undermining relationships.



Lung Cancer Screening: Kirkby

PURPOSE & AIMS

Lung cancer in Kirkby is nearly double the national average. Two thirds of people in Kirkby between the age of 55-74 who have ever smoked are missing their opportunity to attend a local lung cancer screening appointment, resulting in an estimated 70 cases of lung cancer missed in the last round of screening.

The CIT aims to increase the proportion of Kirkby residents—who are invited to participate in the NHS Lung Cancer Screening Programme—attending their first telephone lung health check, compared with previous roll-outs. This will be achieved through:

- Improved awareness of the screening offer
- More accurate reporting of smoking status within GP records

PARTNERSHIP

Sam Young and Jayne Hoarty from One Knowsley chair the CIT comprised of primary healthcare providers, social prescribers, care coordinators, community engagement workers, content creators, performers, music technicians, and local volunteers from the following organisations:

- One Knowsley (Lead)
- Kirkby Primary Care Network
- Healthwatch Knowsley CIC
- DIVA Creative Health
- 12 Million Minds/ Healing Spaces
- Cheshire & Merseyside Cancer Alliance
- Millbrook Surgery
- MacMillan
- Knowsley Libraries

COMMUNITY INSIGHT

The CIT developed a survey to identify reasons for attendance and non-attendance at an NHS Lung Cancer Screening Programme appointment. It was completed by 106 survey respondents recruited by One Knowsley/ Kirkby PCN Social Prescribing Team using GP patient records. The CIT also held five discussions with established patient and community groups in Kirkby to gather deeper insights into community perception of and engagement with the NHS Lung Cancer Screening Programme (84 people total)

Insights revealed barriers relating to lack of awareness, fear, and low-self-worth. The CIT recognised that Kirkby is an area marked by community trauma and poverty, often leaving residents without the resources or mindset to put their health first and engage in screening services.

CREATIVE INNOVATION

Working with creative and community partners, Diva Creative Health and 12 Million Minds, the CIT co-developed a campaign, Every Breath Matters. The campaign was delivered in Kirkby between September 2025 – January 2026 to align with the Lung Cancer Screening roll out. To raise awareness of the screening offer the CIT developed a campaign brand using iconography synonymous with Kirkby and hit the streets with branded merchandise and simple informative messaging, leveraging community events and popular holidays to have community-based conversations about lung health.

To address intrapersonal and social barriers the CIT commissioned a series of wellbeing activities to run throughout the campaign period:

- **Breathwork sessions** – free fortnightly guided meditation and breathing sessions, providing techniques to reduce stress and support mindfulness
- **Coffee conversations** – an offer of a free coffee and a conversation about health and wellbeing
- **Storytelling sessions** – creative sessions to empower community members to share their cancer stories in a safe and supportive space, with an offer to include their story in campaign videos

Before the campaign launched, an audit was carried out on Kirkby and South & Central PCN-registered patients aged 45–74 to identify those with 'non-smoker' or missing smoking status recorded. A text message was sent to these patients requesting an update on their smoking status so that GP records could be amended accordingly.



Lung Cancer Screening: Kirkby

PROGRESS & LEARNING

Efforts by CITs in Anfield & Everton and Kirkby to improve the accuracy of smoking status in GP records have led to **1,610** additional people being invited for screening, potentially enabling the early detection of 15 additional cancers. Lessons were shared with the Smoke Free Alliance to support their data cleansing efforts.

As of November 2025, over **950** conversations by trusted community members and health providers about lung cancer screening have happened. Over **7,900** branded stickers have been distributed during community engagement events, in the town market on the famous Kirkby cobs, and on the invite letters from the Lung Cancer Screening programme. In addition, **27** breathwork sessions and coffee conversations have been conducted. Branded coffee mugs and note pads have been distributed to GPs.

The team have delivered three campaign events:

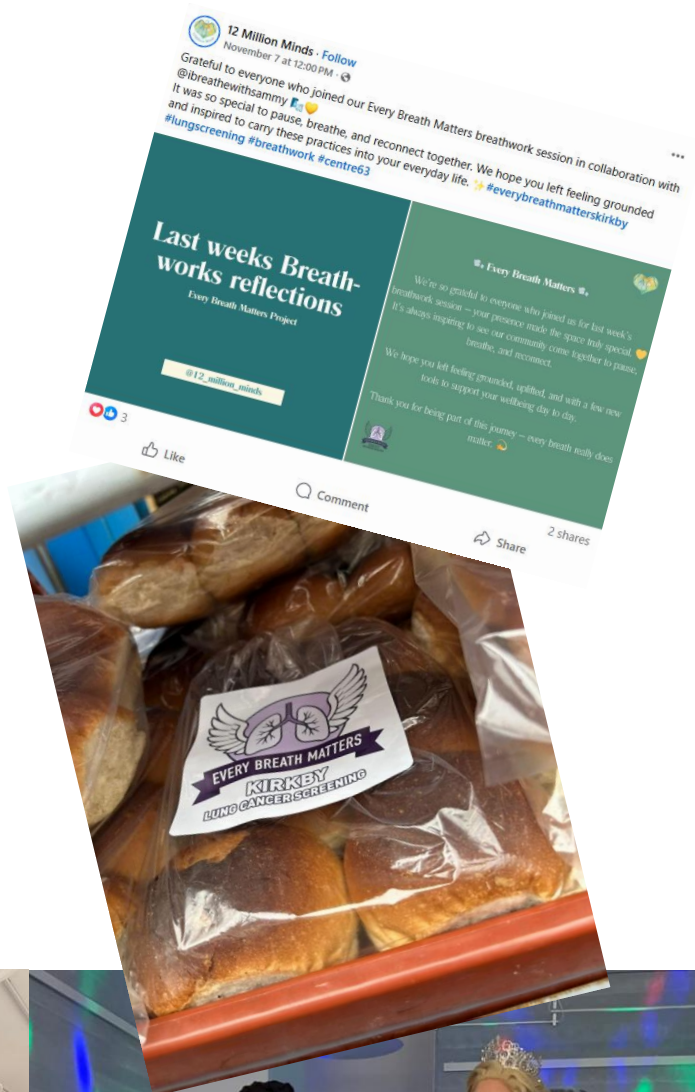
- an Every Breath Matters brand soft launch and breathwork session at The Old Rough playground opening event in August
- a shop unit takeover on Halloween and children's party in Kirkby town centre, offering free food and hot drinks, facepainting, mask making and a disco – with over 700 conversations recorded and attendance by Knowsley Council
- a sing along at Kirkby Christmas light switch on event in November, led by a professional singer

CIT members attended the events, adorned with branded t-shirts and hoodies with the eligibility criteria for lung cancer screening printed on the back, offering a smooth conversation starter with volunteers pointing to their back and asking 'is this you?'

Representatives from Cancer Alliance and the Lung Cancer Screening Programme have been active and engaged with members of the CIT throughout the project. Additional funding from the Cancer Alliance has enabled the CIT to expand campaign activities in other areas of Knowsley. Both organisations have been

inspired by the community-led creative health approach to address inequities in lung cancer screening and have committed to support dissemination of campaign assets.

Project leadership by social prescribers and wellbeing coaches ensured campaign activities remained grounded in the realities and needs of targeted communities, supporting engagement in health communication through meaningful acts of kindness. In partnership with the University of Liverpool and Liverpool School of Tropical Medicine (LSTM), the CIT will evaluate the impact of these initiatives on lung cancer screening uptake and early cancer detection. Results are anticipated in early 2026.



A WORD FROM OUR CIT MEMBERS

"ReCITE is an incredible action research model with sound collaborative practice, giving ownership of the work to the community. The project team are very excited by the potential impact of this work, which rewrites national research on this issue. Not only do we expect to be able to evidence a significant increase in uptake of pertussis [whooping cough] vaccines, but every partner has also benefitted. ReCITE is about capacity building and the women with lived experience have developed skills and experience, resulting in every one of them having paid work in creative health. For Liverpool Lighthouse, this work supports the delivery of our vision and mission, and the impact demonstrated by the research will lever funding for more work. For health professionals, there will be an increase in uptake of pertussis and the learning from this project can inform the approach to address other health inequalities. And of course, this work is designed to prevent sickness and death in babies. Win-win for all involved! I couldn't advocate more strongly for the ReCITE model!"

*Rebecca Ross-Williams
Creative Director, Liverpool Lighthouse*

"This has been a hugely successful programme that has had a clear impact on local children. Through strong partnership working, we have been able to improve the understanding of health and hygiene not just in children but the entire family, and there is no doubt we will see the benefits of this for years to come."

*Gary See
Director, Explore Partnership*

"One of our social prescribers plays a guitar, he's also a real bring you down to earth person, you know, no airs and graces. Many tensions in the group were resolved by him just saying the absolute wrong thing at the wrong time to make sure that we all laughed and the songs brought us together. There wasn't a huge amount of singing but there's a fair bit and it seemed to make a difference. You know, I think it's repeatable. I think there are formulas that are there that can be learned from, but you're going to be your own unique Community Innovation Team. There isn't a quick recipe for it. This is not a recipe for a for a Big Mac. This is a recipe for a good meal, and it can take all sorts of forms."

*Simon Abrams
GP, Anfield & Everton PCN*

"Community Innovation Teams are about empowering communities. By listening to people's experiences and understanding how they think about antibiotics, we were able to build trust and shape services that truly meet their needs."

*Raya Qaid
NHS Liverpool Community Inclusion Team*

email ReCITEProject@lstm.ac.uk if you would like further information about ReCITE or would like to be put in contact with any of the Community Innovation Teams highlighted in this report.

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