Ministry of Housing, Communities & Local Government | Public Health England

MHCLG Community Champions Programme
Case Study

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Name of scheme:

Rochdale Community Champions

Local area(s) covered:

Rochdale

Contact details:

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How does this scheme support your local COVID-19 response? Are there other priorities for your champions?

The diagram in figure 1 below summarises the activity which has been taking place across a complex and mature partnership, between those who have strong relationships and trust in communities and those who have the capacity to deliver health improvement interventions quickly (and those who have both). By bringing these partners together in democratised spaces, where data and insight is discussed openly and transparently, those who have reach have been supported by those who have capacity. Through this process, we have strengthened insights and relationships to get the programme off the ground quickly, flex in response to the ever-changing challenges of the pandemic and ensure that we continue to sustain impact long after the funding is spent.

Our programme has been ambitious and complex, and we have developed a logic model (see attached) to make sense of these complexities.

Our programme objectives and underlying rationale are further detailed below: -

Programme objectives

- To help ameliorate the inequalities experienced by some communities in relation to COVID-19
- To increase the volume, scope and range of community champion activity in the borough, especially through recruitment of people from the communities most affected in the parts of the system that can deliver and sustain health improvements

- To provide insight and experience which supports system improvement as part of local cooperative action
- To achieve sustained health improvements in people's lives and reduce preventable or premature mortality

Underlying Rationale

- Targeted activity with specific communities
- Improving access to good help
- Improving access to good information
- Understanding need
- Through 'prevention' activity, reduce inequalities
- Delivery models developed, informed by empirical evidence, e.g. SAGE
- Based on participatory insights, e.g. cooperative engagement

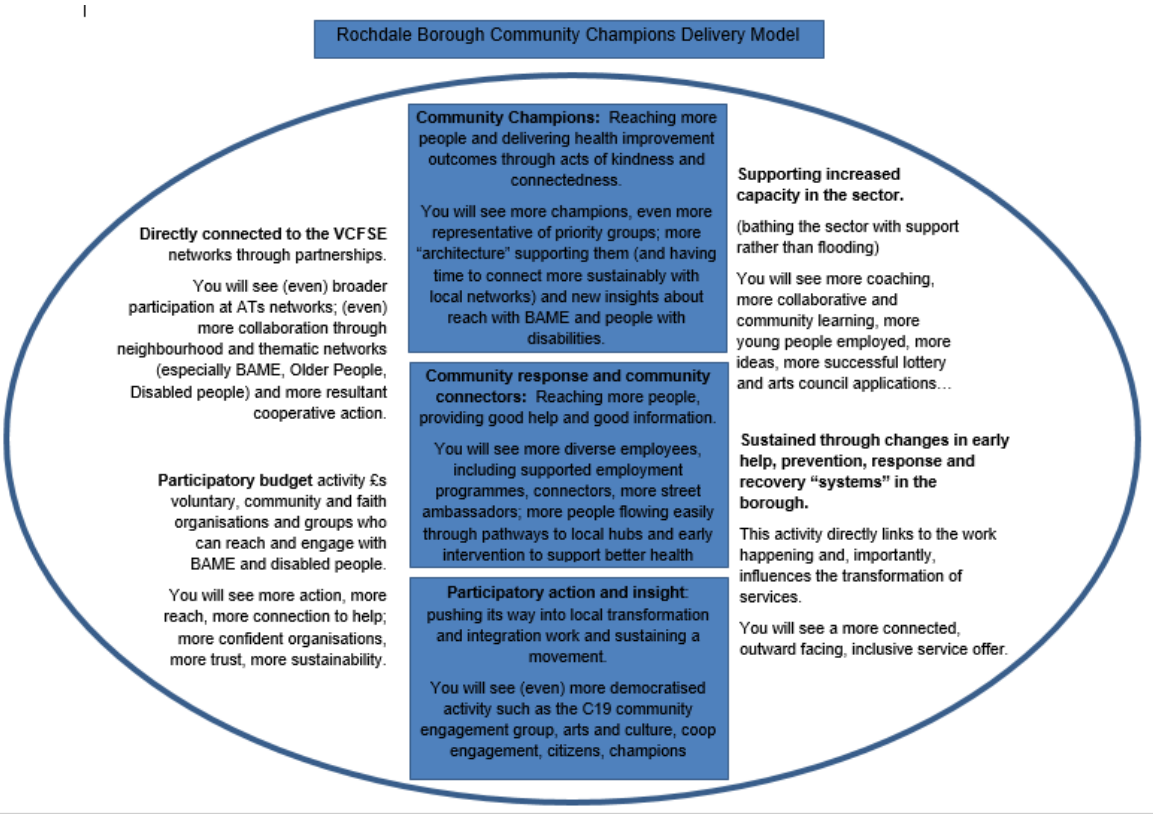

Figure 1: Delivery model for Rochdale Borough Community Champions

How did the scheme come about? When did it first come about?

Since before the cooperative pioneers of 1844, Rochdale has made space for people and communities to help each other out. It remains the case that brave and innovative pioneers from across our communities have co-designed, delivered and

sustained programmes that help some of the most marginalised people. In a borough of 220,000 people, where 50,000 have disabilities and 45,000 are non-white British, we're proud to have established networks across the borough who can reach and support people.

In 2016, with Professor Chris Bentley, we were excited to find the basis of a community population health strategy already present in a grassroots-led local champion programme. This programme had grown out of the 'silo' of adult literacy, but the champions involved had advocated for the need for them to work across, what they identified as, artificial boundaries in order to meet literacy-based as well as other needs. They had co-designed and were delivering the same model being advocated (see figure 2 below) to prevent early death and were telling exactly the same story that sits behind health inequalities, i.e. of the people who have a long term condition or a difficulty, half are not aware of it, some fall through the net, some don't get access to the best interventions and some can't comply with plans made as part of the intervention received (as a result of multiple disadvantages). Our approach to population health has been developed and delivered, therefore, by people from the communities most affected by health inequalities.

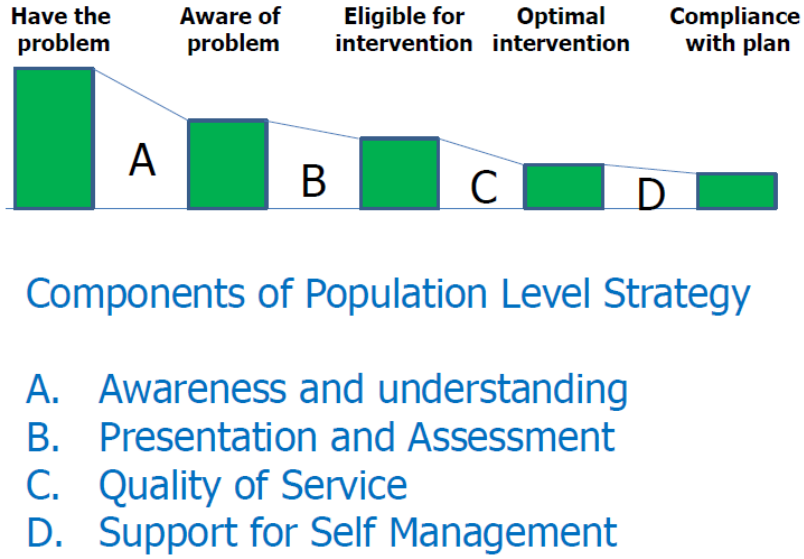

Figure 2: Contributors towards health inequalities in population level strategies

Our community champions programme is broad and responsive: some community champion activity in our borough provides access to good help or information, some supports the environments that enable this good help to happen and some engages in participatory insight and action which supports our system.

Before receiving funding from the Ministry of Housing, Communities and Local Government (MHCLG) for a COVID-19 Community Champions Programme, we already had the following in place: -

- A bespoke health improvement offer for local communities from our Living Well Service, supported by community champions, who have helped over 50,000 people over the last 10 years
- Community connectors in our adult social care prevention services and also as part of our COVID-19 response, where they have joined a movement in each township of the borough, supported by redeployed public sector staff
- A strong and thriving local voluntary and community sector (VCS), comprised of around 1,180 organisations and 34,300 volunteers, who deliver 1.6m interventions and contribute 79,800 volunteer hours a week, to the value of around £139m. This includes street ambassadors and mutual aid groups, which have blossomed in scale and reach during COVID-19
- A 'Talk English' programme, which utilises a peer-led model to support around 500 people per year who speak little or no English
- An early help offer and support for families
- A Making Every Adult Matter (MEAM) approach, incorporating a range of programmes to reach and support people with long-term conditions who experience multiple disadvantage
- Physical activity, arts and culture programmes, including those being delivered by black and minority ethnic (BAME) artists and specific exercise programmes for people with long term conditions
- Networks of support in place for older people, reaching over 13,000 through a range of partner organisations (including HMR Circle)

Rochdale is also a 'Good Help Place' and we use participatory approaches to connect senior directors with citizen in democratised spaces. Our history of cooperation is very much thriving in the 21st century and was certainly brought to bear during COVID-19.

Please briefly describe your local population. Does your scheme target any specific population groups?

Rochdale Metropolitan Borough, part of the Greater Manchester City Region, is in the south Pennines, located in the north-east region of the Greater Manchester conurbation. The borough covers 62 square miles, of which about two-thirds is rural. It is characterized by urban developments of dense housing and industrial areas surrounded by hilly areas of rural land. It incorporates the townships of Rochdale (North and South), Middleton, Heywood and the Pennines (covering the villages of Littleborough, Newhey and Milnrow). Each of these townships and villages has its own diverse and distinct identity. The Borough has a significant history and heritage and was the birthplace of the Cooperative Movement.

The borough is densely populated, and the local population is growing; there are currently 223,660 people in the borough, and this is expected to rise to 230,000 by 2025.

The local population experiences high levels of deprivation, with data from the most recent Indices of Multiple Deprivation ranking the borough as the 15th most deprived upper tier local authority in England (out of 151). A high proportion of the population live in the 10% most deprived lower super output areas (LSOAs) in the country. Deprivation is highest in parts of West Heywood, West Middleton, Kirkholt, Smallbridge, Firgrove, and the centre of Rochdale. In terms of health outcomes, Rochdale has a higher rate of premature deaths than 136 other upper tier local authorities (ranking 137 out of 151) and mortality rates for cardiovascular disease, cancers, liver disease and respiratory diseases are all above regional and national comparators.

The local population is ethnically diverse, with over 150 different ethnic groups identified in data from the 2011 Census. Those from an Asian British/Asian – Pakistani background are the second largest ethnic group locally (after White British), with 22,200 people from this group making up about 10.5% of the borough's population. When we consider the most disadvantaged groups locally, over 36% of people in these groups are of South Asian origin. These groups are also generally younger than the general population

The population of the borough overall is relatively young, with 20.5% of the population being under 15, compared with 19.3% across Greater Manchester and 17.9% in England (ONS mid-year estimates 2020). However, older people are also growing as a proportion of the local population and, in future, we expect elderly residents to form a greater proportion of the population in comparison to those of working age, as people are living longer. As an illustration of this, the number of people aged 65+ in the borough is expected to increase by 8% over 2020 levels to over 40,000 by 2025 (ONS sub-national population projections 2018).

Figure 3: Photo overlooking Rochdale

Rochdale is a beautiful area but (as already touched on above) one which also experiences the effects of deep inequalities. A significant proportion of our local communities experience racial inequalities, poverty and the lowest pay in the Greater Manchester City Region, an illustration of the severe health inequalities articulated so starkly by Professor Sir Michael Marmot and the Institute of Health Equity in the recent report 'Build Back Fairer in Greater Manchester'.

COVID-19 has both highlighted pre-existing health inequalities and, in many cases, exacerbated them. Our community champions programme has sought to directly address this by responding to the immediate issues of inequity faced by ethnic minorities, disabled groups and/or those experiencing poverty during the pandemic. We have also aimed to address some of the causes of these unequal outcomes and experiences.

How does the scheme work? Which organisation or groups are involved?

Prior to COVID-19, our community champions were governed through our health improvement service and commissioned by public health. During COVID-19, our new COVID Community Champions have become a key element of the borough's Community Response Group, which was initially set up just as the pandemic was first hitting the borough. The group is multi-disciplinary and involves system leaders from across the public and voluntary sectors connecting directly with community leaders and elected members, and across the hundreds of local voluntary and community organisations across the borough. The group adopted a 'community recovery' approach as of Summer 2021 and is now in the process of developing a governance structure that can retain the direct connection between system leadership and community voice, as well as drive the delivery of Rochdale's all age, whole system prevention strategy.

Our community champions work involves collaboration with 15 different core partners, each of which can offer elements which either respond to the needs of a particular group or support the delivery of the programme. These include: -

- Participatory budgeting: a programme of support developed through VCS organisations that know local communities best
- Health equality training: for front-line workers, volunteers, elected members and anyone else involved in the programme
- Good Help: training and support on how to include 'good help conversations' in the COVID support being offered through community champions, along with programme development and system change
- Talk English: insight, specialist support, chaperoning and bespoke health equality interventions for people who speak little or no English
- Link4Life: embedding health equality champions into physical activity, arts and culture

- Living Well Community Champions: hundreds of community champions providing health equality interventions in communities and neighbourhoods, as part of our Living Well Service
- Older People's Health Equality Champions: working directly with older people, with support from partner organisations such as HMR Circle
- COVID-19 community engagement: coordinating community outreach and engagement through the Council's programme and supporting around 50 community leaders via both WhatsApp and regular meet ups. This provides a direct line of communication between senior system leaders and community leaders in a self-regulated and democratised space.
- COVID volunteers: embedding health equality conversations into key roles, such as vaccination / test centre marshals, food solutions volunteers, street ambassadors and community responders.
- Community connectors: providing bespoke and culturally informed support to tackle health and social inequalities
- Making Every Adult Matter: working with partners across the system, who can engage and support people experiencing multiple disadvantage
- Our Rochdale: developing accessible and interactive online content that supports health equality
- Employment support: addressing one of the causes of inequalities by improving diversity through jobs with training and support across the system
- Poverty proofing: addressing one of the causes of health inequalities by supporting schools to identify and overcome barriers to learning that children and young people from less well-off families face

How are champions recruited?

In a long-standing programme like this, there have historically been lots of different ways of recruiting champions. These have included targeted activity in particular localities, with particular groups or around particular themes, e.g. reducing social isolation, reading for pleasure, mental wellbeing, social walking, etc.

In addition to the above activities, there are two other common routes by which people have become community champions: -

- Someone who has themself been helped by a champion and who has (often with the support of that champion) realised they have something to give themselves; something that they are passionate about and which they are keen to share with others
- Someone who has been identified by a 'trusted friend'; a colleague from a partner organisation, perhaps someone that makes referrals or working in a multi-disciplinary team that regularly has champions embedded

Throughout the pandemic, community champions were involved in a range of different activities and there were people in champion roles across the system, not just the Living Well Service as had previously been the case. Rather than seeking to recruit new champions directly, we often instead looked for 'champion type activity'

and offered our help through access to training, resources, opportunities, information and connections. By doing this, a large number of additional ‘champions’ were recruited and supported.

How are champions trained and supported?

This is a fairly flexible process, which includes both mandatory and optional elements. The mandatory elements include all the things you’d expect, such as codes of conduct, safeguarding, and health, safety and wellbeing. The optional elements form a suite of potential learning and development opportunities, which include: -

- COVID-19 specific content, including seven-minute briefings on important topics such as infection control, self-isolation and vaccination
- detailed sessions on different aspects of health inequalities and the wider determinants of health
- sessions linked to specific health and wellbeing elements or programmes, including dementia friends, carer awareness, bereavement signposting, etc.

An element of training and support that has been of particular usefulness during the pandemic is related to our involvement with ‘Good Help’. This has allowed us to deliver training on how to embed ‘good help conversations’ into places such as vaccination centres or when door knocking for example. These conversations can help in scenarios where you have limited time and sub-optimal conditions in which to engage people, by allowing you to work out ways in which people can very quickly be encouraged to open up and access brief interventions that improve their life circumstances. We didn’t want to waste a single opportunity to reach and engage people, no matter the circumstances. So far, these conversations have connected people to resources and materials for keeping well in the winter, supported and signposted people who have become carers during the pandemic or have been bereaved and opened up health and wellbeing conversations with people with new needs as a result of COVID-19.

Our training and development opportunities have been delivered in a number of ways, including both larger group sessions and smaller targeted / translated sessions. This has enabled us to ensure that opportunities and messaging are as far-reaching as possible.

How do you engage and communicate with champions?

Again, this is a flexible process, and we engage and communicate with our champions in a range of different ways, tailored to their preferences / needs and the kinds of role that they are undertaking. This includes: -

- through ‘Action Together’; our weekly training and development sessions for VCS infrastructure organisations

- through regular open sessions for local individuals and community groups at a grass-roots level
- through a series of thematic networks, that have developed around needs and priorities identified across the borough, e.g. economic support, food solutions, digital and tech, women's empowerment and wellbeing, etc.
- through communication networks and mailing groups for 'registered' community champions
- through a WhatsApp group, which is an open and democratic, self-regulated space, which enables community champions and community and faith leaders to have direct access to and contact with local directors and elected members; this has been a great asset in terms of identifying and addressing misinformation, coordinating and mobilising local campaigns, and supporting and problem-solving across the system
- through a fortnightly COVID-19 Community Engagement Group, which links data to grass-roots problem solving

Has the scheme been evaluated in any way?

Quantitative work has been undertaken to identify what types of activity result in changes in behaviour, e.g. increased vaccine uptake in a particular LSOA or community group. This is monitored on a weekly basis (in our health inequalities forum) using a detailed scorecard system, which can easily identify priority areas and groups.

Qualitative work has been undertaken in a number of ways, an example of which can be found in our Director of Public Health Annual Report.

What outcomes has the scheme led to?

It's difficult to quantify and attribute across such a range of activity, but we have pulled the below text from a recent press release as it links the inputs (champions and clinical teams working in targeted locations reaching specific community groups) with the outputs (5,328 additional vaccinations in a weekend) quite nicely.

A champion effort

Result!
Rochdale's fantastic response to the additional Surge Vaccination Clinics last weekend (22/23 May 2021) resulted in an amazing 5,328 vaccinations given at the weekend at the 'Surge sites' in addition to the 2,523 second doses at the main site.

All hands on deck!
During a weekly Teams meeting for Vaccine Inequalities on Wednesday – the call came through that the extra Pfizer vaccination was definitely arriving for the weekend Surge Testing. All hands on deck!

Whilst the Medical Team and our Public health colleagues organised the sites, and all the medical elements to the vaccination giving, it was time to make full use of our links across and through the community champions programme.

Champion Response!
Using our Community Engagement WhatsApp, and the Community Champions at Living Well, and a call out for volunteers from the Council, the four sites were thriving with Volunteers!!

There were four sites – Infirmary, two sites at Community Centres at the heart of the areas with low take up (communities experiencing racial inequality) and a drive through at the Football Club.

Hi Viz Volunteer/Community Champions jackets were seen lighting up each site (46 Community Champions and 10 council staff) helping to guide people through the centres. Centres were very busy and so were the champions – keeping people socially distant, pre-screening, helping inside the centres with good help conversations. We had people doing questionnaires about take up of vaccines, other support people want… and we had enough champions to go door knocking to get people to the pop-up sites.

What a joy to see, champions and medics and local staff making it happen.

What has been your key learning from the scheme to date?

Below are our 'reflective cues', which have helped to shape many of our community champions work over the years: -

- **being clear about values** – we need to be explicit about the principles which underpin how we are working - collaboration is not just about sharing information, it is also about developing a shared commitment and an approach based on shared values
- **commitment from leaders and decision-makers** – we need the support of leaders and decision-makers, especially at very key moments in developing an integrated approach, when we can anticipate resistance and pushback from other agencies or interest groups – developing this way of working does need the active or deliberate support of leaders and decision-makers
- **person-centred approaches** – what does this mean in practice? – how do we ensure a person-centred approach when balancing the needs of different individuals? - what changes in the way in which our organisations work do we need to anticipate and put into practice? – how do we balance conflicting needs around confidentiality, priority setting and partner expectations?
- **honest conversations build trusting relationships** – how do we develop our skills and confidence in working in this way? – do we need to be 'honest' in every context? – creating and sustaining trusting relationships takes time; what support do we need and from where?

- **starting small-scale and finishing** – what are our expectations of effecting change? – over what timescale and where? – what is our starting point; neighbourhoods or even smaller-scale? – we need to consider who should be included as part of the conversation
- **watching the impact and feeling the ripples of change** – how do we know what they are? – what about the unintended ripples? – can we describe unplanned interventions and successes and how do we capture their impact? – whose needs do we need to focus on?
- **thinking about challenges and tensions** – what do we need to anticipate as part of our preparation? – differences between professionals as well as between residents and professionals? – how do we work to reduce these tensions and potential resistance to integrated working? – we need time and emotional support as well as practical support; how do we get these things?
- **losses and gains** – integrated working can provide real gains for both residents and professionals; savings, opportunities to develop skills and personal satisfaction – what do we lose? – how are we supported in this process?
- **cross-boundary working** – more than just working across different geographic, administrative and professional boundaries – can be thought of as a new way of thinking, as well as a way of providing services and support – what are the personal, professional and practical gains that we might want to promote?
- **learning from the outside** – we can really benefit from integrating our learning with learning from other similar projects – moving from the local to national and international contexts – integrated working has many forms, and listening to and learning from other examples adds to the richness of the places we are working in

How are you planning to develop your scheme moving forward?

Our community champions work continues and experiences, learning and insights from this work (and its role in tackling health inequalities) are currently directly informing: -

- our Prevention Strategy
- our population heath work
- our local care organisation's plans and projects
- our approach to community wealth building
- our grassroots and community networks

Links to any further information

Some of the champions in our Living Well Service made a video:
https://youtu.be/CDxWs2R-cRM

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Ministry of Housing, Communities & Local Government

Public Health England

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