Rochdale Borough Community Champions - Covid and beyond: A Logic Model

Overview

Community Champions can ameliorate the effects of inequalities identified during Covid by using peer and community centred approaches to reach out and help in communities. Through this programme we recognise that the people who are like the people who have suffered most in Covid can provide insights that help us learn the solution. They also have the ability to directly develop and deliver the solution. In Rochdale borough this is very familiar to us in terms of public service reform and transformation as well as our Covid response. A lot of the things which have evolved or have been encouraged during Covid are the things we want to do more of. We are seeking MCHCLG to support a programme of "Community Champions"

SAGE has defined Community Champions as: "people... volunteers who, with training and support, help improve the health and wellbeing of their families, communities and workplaces.... Motivate, empower, develop, direct and navigate... they reflect their communities." Our programme builds capacity in the parts of the system already delivering. It is about truth, trust and action in a Covid (and sustainable) context. Increasing understanding and ability to act on public health messaging, providing access to bespoke advice and support, connecting people with support networks, enabling participation in positive action and listening and responding to insights that come out of communities.

Programme objectives

- To help ameliorate the inequalities experienced by some communities (BAME and people with disabilities) in Covid
- To increase the volume, scope and range of community champion activity in the borough, especially through employment 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

Rationale

- Targeted activity to specific communities
- Improving access to good help
- Improving access to good information
- Understanding need
- Through "prevention" activity, reduce inequalities
- Delivery models developed, informed by <u>empirical evidence</u> e.g. SAGE
- Based on participatory insights e.g. Coop engagement

Inputs

- Living Well's Community Champions
- Action Together's networks
- Community
 Response
 hubs &
 workforce
- Cooperative Engagement, e.g. C19 engagement group (exemplary)
- MHCLG £
- Spaces, stuff and places to be shared

Activities

- Ccs: provision of health improvement support with priority groups
- Ccs (and communications): Provision of **information**
- Increase capacity amongst inclusive workforce and volunteers so that more people can help people with health improvement
- Increase maturity around participatory relationships
- Bring together data and insight through a "live" support map at neighbourhood level (OR)
- Development & coaching to protect the environment in which this good help flourishes

Outputs

- Integrated engagement strategy (building on networks and insights through Coop engagement and C19 engagement group)
- Community champions from within targeted communities: Good Help and Good Info
- Engagement activities led by communities
- Development of practical and sustainable tools

Intended impacts

Reductions in inequalities experienced during and after Covid by people from BAME communities and with disabilities demand because of:

- More people with improved health, confidence, hope, trust, civic participation, skills and qualifications, in work and self-efficacious
- Earlier intervention means fewer people languishing in states of (preventable) ill health (e.g. understanding prevention activity; symptom recognition and complying with treatment plans for LTCs)
- More workers and community members able and confident to improve health outcomes within priority communities
- Reduction in premature mortality rates and long-term ill-health
- Supports local system transformation and public service reform, especially environments which support participatory action.

Immediate outcomes (by Feb – June 2021)



- Increased take up of Covid help (vaccine, test, isolate) which would not have happened
- Stronger relationships trust
- Increased capacity to connect, interact and communicate
- Open and transparent dialogue (e.g. vaccine; testing)

Longer term outcomes (March 2021 +):

- Increased dialogue between the community and public health
- Increased access to guidance, vaccination, interventions, resources and services (tools and help)
- Increased guidance and awareness of services
- Increased access to guidance, navigation and help through government support e.g. Universal Credit; Skills and work opportunities
- Increased visibility of community activists
- Strong links between central government and places
- Influence government through reach and connection

Reform and integration outcomes:

- Contribute to development of prevention and recovery programmes
- Increased maturity around six features of reform
- Increased insight and cooperative action (community wealth; skills and work activity)
- More diverse workforce in public and voluntary sector, esp. BAME and disabled neonle
- Increased maturity of understanding of relationship between citizen and system so that more people in more communities:
 - Can do acts of kindness
 - Can step up / down / in / out (of action and organisations)
 - o Can have time to think
 - Can be heard
 - Can be safe