Office for Health Improvement & Disparities

Department for Levelling Up, Housing & Communities

MHCLG Community Champions Programme
Case Study

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Name of scheme:

Gateshead COVID Community Champions

Local area(s) covered:

Gateshead

Contact details:

Louise Harlanderson, Public Health Practitioner, Gateshead Council
louisehardlanderson@gateshead.gov.uk

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

The aim of the Gateshead COVID Community Champions (GCCC) Programme has been to build capacity across the system, enabling voluntary, community and social enterprise (VCSE) organisations and local communities to find practical solutions to the problems they have faced during the pandemic. We have adapted our approach and our focus over the course of the pandemic with an emphasis on flexibility and collaborative working.

The objectives of this work are to: -

- Develop and refine the GCCC offer, to include (but not limited to) regular briefings, training/development and a greater emphasis on reward and recognition for champions.
- Increase the number of COVID champions, by including members of the general public and reps from businesses and faith groups (prior to the funding received from MHCLG[1], our champions were mainly reps from local VCSE organisations and the local authority).
- Increase awareness of, comfort with and uptake of COVID vaccines within ethically minoritised and Black, Asian & minority ethnic (BAME) communities[2], as well as adults with learning difficulties and other

[1] The Ministry of Housing, Communities and Local Government, now the Department for Levelling Up, Housing and Communities (DLUHC).

[2] Ethnically minoritised refers to those people across Gateshead who have been minoritised through social processes of power and domination (e.g. our Jewish population) whereas BAME in the context of Gateshead refers largely to our Black African communities.

communities of interest, e.g. those experiencing social inequalities and geographical barriers to receiving the vaccine.
- Increase the operational capability and reach of the Local Outbreak Engagement Board (LOEB)[3] and its members, supporting with COVID messaging and vaccine rollout.

As part of community champions funding received from MHCLG, four key local VCSE providers received grants to lead focused work. There was also a small grants pot that was made available to other VCSE organisations, to support awareness raising and promote public health guidance. Our aspiration was to train an additional 500 adult community champions and 3000 junior champions.

Building on this work, we then started to target local businesses in our diverse communities, with the aim of training business owners and their staff to be COVID champions, thus increasing their resilience whilst also supporting their customers and local communities.

Champions across the piece have been involved in a range of activities, including promoting health and wellbeing, setting up groups to meet local need, helping people to navigate available support services and engaging in/providing training and support for local providers and community groups (see more on this below).

As already stated above, the GCCC programme has been adapted over the course of the pandemic and we have kept a flexible approach, guided by the needs, insights and involvement of our champions and the communities they have supported.

How did the scheme come about? When did it first come about?
Making Every Contact Count (MECC)[4] has always worked with the most vulnerable and marginalised communities and populations across Gateshead, via VCSE organisations, local authority services and local groups who have established trust and rapport with local people and communities. In April 2020, when the UK Government first asked people to work from home, we made contact with all 40 of these partners and ensured that they were trained in the use of digital platforms for communication, so that; a) they could continue to engage with local people and communities, b) we could continue to meet with them on a weekly basis and discuss the issues that were affecting local people.

[3] The LOEB is comprised of key representatives from local communities, local businesses, local councillors and other key representatives, who helped formulate a COVID-19 response plan to reflect the needs of the most deprived areas and communities across Gateshead, where cases were higher, vaccine uptake was lower and LFT testing regimes smaller. The LOEB helped to maintain local vigilance and focus on priority areas to reduce the opportunities for transmission of the virus in more socially deprived communities.

[4] MECC is an approach to behaviour change that utilises the millions of day to day interactions that organisations and people have with other people to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations - https://www.makingeverycontactcount.co.uk/.

From this, it became rapidly apparent that the local people they were engaging with did not want to discuss more general health and wellbeing issues, and instead wanted to focus engagement around COVID-19. As a result, we began to engage with people's issues, concerns and needs in relation to COVID-19 and, in June 2020, began the process of pulling together the GCCC, via our MECC legacy partners. These partners were the first to fill the champion role, by cascading key information, address people's concerns and challenge misinformation. We then expanded this to enable people from all sectors and backgrounds to operate in this role across Gateshead.

The funding from MHCLG enabled us to widen this even further and bring others onboard who are experts in working with specific communities, therefore expanding reach into these communities. The funding also allowed for the production of a range of resources to meet the needs of diverse local communities.

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

94% of the population of Gateshead identify as White British and it had an Index of Multiple Deprivation (IMD)[5] score of 48 in 2019, with health deprivation and disability being the highest contributor towards this. Gateshead is the 47th most deprived local authority (out of 317) in England.

Health outcomes in Gateshead are comparatively poorer than England as a whole. Healthy life expectancy for men in Gateshead is about 2.5 years lower than England and this increases to 6 years for women. In Gateshead, men can expect to have an average of 60 years of disability-free life (61.8 years for women), compared to the England average of 64.1 years (65 years for women). Not only do local people live shorter lives in poorer health, their average quality of life is also poorer compared to England as a whole. A higher proportion of local people suffer from life-limiting illnesses, such as heart disease, respiratory disease and cancer. Around 22% of people in Gateshead reported that their health limits their day to day activities, compared to around 18% nationally.

Our GCCC began by targeting support to some of our most vulnerable populations and communities across Gateshead, including ethnic minorities, those with learning disabilities, LGBTQ+, carers, Jewish communities, Gypsy/Roma/Traveller (GRT) communities, veterans, older people/those experiencing frailty, those experiencing homelessness/rough sleeping, those with experience of substance misuse, children/young people, refugees/asylum seekers, those experiencing domestic abuse and vulnerable women. Once we received the funding from MHCLG, we then expanded this to include local businesses, local authority services, NHS services, local schools and any individual that identified as wanting to keep themselves and their loved ones COVID-safe.

[5] https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019

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

Initially, we used a combination of formal (e.g. articles on the council website and in council newsletters) and informal (e.g. word of mouth, social media) comms to involve and engage people in our GCCC programme. Prior to the MHCLG funding, we started to think about the information and resources that might be required by local communities in relation to COVID-19 and adapted our MECC programme to work with local people and communities to co-develop and disseminate resources tailored to meet local needs (e.g. bespoke leaflets aimed at particular groups or communities, videos for deployment via social media, quizzes to help engaged some older community members). A model for communication was established that allowed for weekly touchpoints with reps from all organisations involved in this work.

After receiving the MHCLG funding, we were able to build on these foundations to further enhance this work and more rapidly identify and respond to local population needs, including: -

- Developing and implementing a rolling programme of six training modules (see more below).
- Working in partnership with a local VCSE organisation to adapt our key messages and resources for adults to be suitable for children at Key Stage 2, enabling them to become peer educators in their schools and take messages back to their parents, carers and guardians, e.g. what the virus is, how it spreads, info on vaccines, etc.
- Implementing a small grants scheme for local VCSE organisations, to assist with dissemination of info and key public health messages. This included activity such as adaptation and translation of existing resources, pulling together bespoke videos to engage specific groups and communities, assistance with printing costs for leaflets/posters and running activities to help people better understand and cascade onwards key messages.
- Running a separate weekly meeting for champions to share good practice/insights, raise any issues/concerns, breakdown and address misinformation and review local needs (e.g. around adaptation of key messaging and resources). These meetings supported champions to work in partnership with others that they may not necessarily have met or worked with before.
- Developing a code of conduct that all champions agree to when they sign-up, as well as a separate document covering meetings (to enable people of all abilities to participate safely and with confidence/competence) – both of these documents are attached for info.

How are champions recruited?

As already outlined above, our programme first started through engagement with local MECC partners in VCSE organisations (circa 40 people). Following this, as the programme developed further, we have undertaken a range of recruitment activity, including: -

- Sending out regular briefings via both internal (e.g. bulleting to staff) and external (e.g. posting on website pages) channels.
- Using our Public Health One You[6] social media channels to communicate opportunities to local groups.
- Asking existing champions to spread the word and invite people they knew to join as champions.
- Contacting local businesses after they'd had high case numbers or an outbreak to offer the opportunity to have staff trained as champions.
- Through our small grants scheme (see above), for which successful applicants were required to have or train up champions in their organisation.
- Involving local communities and schools in the development and promotion of Junior COVID Champions (uptake of 6,000 so far).
- Devising activity booklets for Halloween, the Festive Season and Spring, to share key COVID-19 messaging and further recruit from families.
- Expanding our offer to train up staff in other nearby local authorities (e.g. Newcastle, Sunderland, Durham, Northumberland, etc), so that they could cascade key messages, adapting for their local area where required. This allowed people living outside Gateshead, but who were travelling in for work or to socialise, to be aware of and benefit from the programme.

How are champions trained and supported?

Prior to receiving the MHCLG funding, public health ran weekly sessions for MECC partners and used their insight and expertise to help design and adapt resources to meet community needs.

After receiving the funding, we expanded and formalised our training and support offer for champions. First and foremost, this includes a six-module training programme, including: -

- Understanding Coronavirus
- Understanding COVID-19 Vaccines
- Terminology for Community Involvement
- Behaviour Change to Remain COVID-19 Safe
- Understanding COVID-19 Testing
- NHS Test and Trace and Case Investigation

The majority of the training was delivered virtually via platform such as Microsoft Teams and Zoom, but we have also adapted it where needed to be offered in other formats or to meet bespoke needs, e.g. phone calls (talking through slides), quiz formats (for group gatherings), face to face conversations (talking through the essentials and discussing issues/concerns, with leaflets, handouts and video links circulated afterwards). All those in receipt of training received a certificate for each module completed.

[6] https://www.ourgateshead.org/oneyou

Further to this, we carry out bespoke update training within weekly meetings around any changes to guidance or rules. We also develop resources such as social media graphics, videos, posters, leaflets and quizzes, ensuring that we work with champions with lived experience around the needs of particular groups or communities (e.g. learning disabilities, hearing impairments, specific cultures/languages), to ensure that the resources are adapted to the needs of those groups and communities. We also run sessions to help co-design and adapt key messaging, to ensure that it meets the needs of specific groups and communities. Where we have received help in developing resources and messaging, we acknowledge this, e.g. by including the logos of organisations that have contributed.

Our champions receive an induction, which includes the six training modules above, adapted to fit their ethos and needs, e.g. Age UK Gateshead required condensed sessions with a quiz at the end, some refuge groups required separate sessions for men and women, shorter ten minute sessions for those with learning disabilities.

How do you engage and communicate with champions?

Prior to the MHCLG funding, we already had well-established networks and social media channels. The funding allowed us to better utilise these to support our champions via a range of comms activity, including: -

- Weekly meetings for champions (as already described above).
- Sharing of info and resources requested by and/or co-produced with champions.
- Regular social media activity with unique GCCC graphics, for champions to cascade and share.
- Soundbite videos with individual champions, sharing why they chose to become a champion.
- Closed Microsoft Teams channel just for champions, where they can share insight/ideas, info/resources and queries.
- Closed page on the council website that is only accessible to champions, where they can access resources developed and make use of tools (e.g. Recite Me)[7] to translate into different languages and other formats (e.g. audio recordings, large fonts, different backgrounds, etc).
- A 'links booklet', which collates in one place a vast array of info and resources from trusted sources, including NHS, Doctors of the World[8], Beat COVID NE[9], etc.

The range of different mediums and activity has been vital in ensuring that champions have access to info and resources in formats they can use and that are suitable for the audiences that they cascade on to.

Has the scheme been evaluated in any way?

[7] https://reciteme.com/
[8] https://www.doctorsoftheworld.org.uk/
[9] https://www.beatcovidne.co.uk/

Whilst we haven't carried out any kind of formal evaluation of the programme, we have held a celebration event (see link below) where champions talked about what they had gained from the programme and gave recommendations for the future. We have also collated stats of social media reach throughout the programme, as well as carrying out an online questionnaire, asking people involved in the programme about what has worked well and what has worked less well. The feedback from this has helped us to understand what resources and pieces of key messaging have been the most effective and useful. It has also been used to help adapt the programme going forward and merge it with our MECC programme (see more on this below).

What outcomes has the scheme led to?

Some outcomes are detailed below: -

- We now have over 500 adults trained up and involved with the programme, as well as over 6,000 junior champions.
- We have a range of experienced and enthusiastic champions representing and reaching some of our most marginalised and vulnerable groups and communities. Our champions have also worked hard to build trust and rapport with local authority services, local businesses, schools and families.
- We have a catalogue of COVID-19 related resources, developed and co-produced by champions in collaboration with public health. These have been shared locally, regionally and nationally for others to adapt and use.
- We have developed many new partnerships, which we will continue to nurture, e.g. a local hospital[10] is now working with the Lawnmowers Theatre Company[11] to adapt their approach and make it suitable for adults with learning disabilities (prior to this, the hospital were not aware of the theatre company or what they did but knew that they needed more input to make their resources more accessible to people with learning disabilities).

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

Some of the key learning has been as below: -

- Trusted relationships with key people across the local system enables true partnership working and enables sharing of intel and insight from communities. Sharing power and responsibility and learning together has helped to build rapport and respect.
- MECC was the foundation for our champions programme, enabling it to be stood up quickly, operate at pace and achieve fast and meaningful results. Having an established MECC programme in this way was an enabling factor in terms of developing and standing up this aspect of our local response so quickly and effectively.

[10] https://www.qegateshead.nhs.uk/qe
[11] http://lawnmowerstheatre.com/

- Having a weekly meeting where info, queries, concerns, updates, ideas and insight could be shared was a huge boon and helped facilitate an asset-based community development style approach, which worked magnificently.
- Taking the time to examine, dissect and consider how to counter misinformation, whilst also addressing people's concerns, has led to positive outcomes.
- Adapting our messaging and resources in response to both ever-changing Government guidance and misinformation in social media was an exhausting process. Champions saw the GCCC Manager in public health as **the** trusted source for information, which frequently resulted in hundreds of e-mails, phone calls and texts each day from people trying to get answers. It has often been stressful to try and manage expectations whilst also giving people what they need. To compensate for this, we implemented a generic MECC e-mail inbox, that we now use to send out e-mails with info and updates (instead of using our personal e-mail accounts). People now communicate with this inbox, which is monitored by the whole team on a daily basis, enabling other members of the team to respond to e-mails, passing on any queries that require more detailed or specific answers.

How are you planning to develop your scheme moving forward?

On 15th September 2021, we fully amalgamated our Gateshead COVID Community Champions with our MECC Champions, to enable champions to have conversations around lifestyle topics and any other issues that are causing people concern (e.g. finance, funerals, food) rather than just COVID-19. This enables champions to support people in a world where COVID is still a factor, whilst also allowing for conversations and brief interventions around any topic. For example, we are now starting to focus on other vaccination programmes where we have low uptake locally (e.g. childhood immunisation programmes), as well as helping our champions to cascade key messaging and start conversations around things such as lifestyle factors (e.g. healthy weight, alcohol consumptions, tobacco), mental health and long-term conditions. We know that many local people have struggled with these things throughout the pandemic and are keen for our champions to engage around them as we start to move towards recovery.

Weekly meetings continue but now include info and resources on a range of topics. Likewise, the closed Microsoft Teams channel is still used to store helpful info and resources, for champions to access as needed. We are delivering a MECC lifestyle training programme but have adapted it to keep it relevant in a world where COVID is still a significant factor.

Links to any further information

- Recording of the GCCC Celebration Event - https://www.youtube.com/watch?v=tDXtbz5J5oM

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Author(s):
- Louise Harlanderson, Public Health Practitioner, Gateshead Council

QA:
- Tom Mapplethorpe, Programme Support Manager, Office for Health Improvement and Disparities
- Rachel Askew-Sammut, Senior Policy Lead, Department of Levelling Up Housing and Communities

For any further information on this collection of case studies or to make a submission, please contact Tom Mapplethorpe, Programme Support Manager, Office for Health Improvement and Disparities – tom.mapplethorpe@dhsc.gov.uk.