The King's Fund

Ideas that change health and care

Commissioning community champions

Lessons from a pandemic

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About this project

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Key messages

- Community champions are typically members of the community who volunteer to promote health and wellbeing or improve conditions in their local community.
- During the Covid-19 pandemic there was a huge augmentation and expansion of community champions programmes in England, enabled by the availability of national and local funding.
- Community champions can add value by:
  - supporting engagement with communities to share information, collect insight and support collaboration
  - building trust with communities and between communities, public health and wider stakeholders
  - increasing the capacity and capability to engage with and support public health within the community.
- Community champions add particular value in being able to engage with communities that have previously been perceived to be invisible from the existing public health and engagement processes of statutory bodies.
- There is no one model for community champions. We identified different approaches to commissioning and delivering community champions programmes, which influence the recruitment of champions, how they are organised and supported and what they do.
- Key strengths of community champions approaches are their flexibility and adaptability. During and after the initial response to Covid-19, community champions programmes continued to evolve, changing aims to address emerging needs, targeting new populations and building relationships with new partners and networks.
- Community champions programmes have unique resource requirements. These include information and training to support public health activities and the ability to capture insights from the community. At the same time, local authorities and other stakeholders require mechanisms to make use of and respond to those insights to improve local service delivery.

- The sustainability of community champions programmes is influenced by champions receiving appropriate recognition for their role, investment in their development and identifying appropriate funding and resourcing. The ability to measure impact is also a key challenge to sustainability.
- The community champions approach is one of many community-led approaches to improving health and wellbeing. Community-led approaches are key to making the most of the assets that exist within communities, building trust with communities and better understanding their needs. It is important that leaders of integrated care systems, local authorities and public health embed the role of community-led approaches in key strategies and plans.

1 Introduction

In early 2020, as the Covid-19 pandemic developed in England, both local and national government sought to mobilise all resources to increase available support and minimise the impact on the health and wellbeing of communities. National bodies set up national schemes such as NHS and Care Volunteer Responders, which – alongside local schemes – garnered thousands of volunteers to provide support for people who were deemed to be vulnerable to Covid-19 or in need of support. In addition, local authorities sought to mobilise communities and community-based organisations to support and share emerging public health messages. Community champions were a key element of this.

The scale and speed of expansion of community champions programmes during the Covid-19 pandemic, facilitated by national funding and support, provides a unique opportunity to understand the development and delivery of community champions programmes in both breadth and depth. It also provides an opportunity to consider how current learning can support the sustainability and role of community champions in the future.

Community champions and Covid-19

Community champions (sometimes known as health champions, community connectors or health ambassadors) are typically members of the community who volunteer to promote health and wellbeing or improve conditions in their local community (Public Health England and NHS England 2015). They often play a bridging role, signposting community members to services and information, supporting people to improve their health and wellbeing, delivering outreach activities, such as communicating public health messages, and providing social support to help people develop skills or change health behaviours.

Community champions have traditionally been considered as contributing to the work of the public health workforce, through their ability to have informed conversations related to health and to create connections between communities and the wider public health system (Royal Society for Public Health 2014). In addition,

they form a key component of maintaining prevention efforts through involving and engaging members of the public (World Health Organization, Regional Office for Europe 2020).

At the start of the Covid-19 pandemic, Public Health England conducted a rapid scoping review into the potential of community champions approaches to support the pandemic response and recovery (South *et al* 2021). In addition to considering international evidence, the review drew on learning from a range of established community champions programmes in the United Kingdom. The review concluded that community champions approaches could be used flexibly to support community engagement in the pandemic response. In addition, it found that recruiting champions from communities that are disproportionately affected by Covid-19 could help to reduce barriers to engagement and support uptake of services, including vaccination. Longer term, champions could support local approaches to the pandemic recovery.

The DLUHC funding programme for community champions

In January 2021, the Ministry of Housing, Communities and Local Government – now the Department for Levelling Up, Housing and Communities (DLUHC) – set up the Community Champions scheme to provide grant funding to local authorities to support communities at greater risk of Covid-19. Local authorities were selected for the allocation of funding based on the proportions of the population who were disproportionately impacted by Covid-19. This included those who were socio-economically disadvantaged, certain ethnic minority groups and disabled people. A total of £23.75 million was allocated to 60 local authorities and voluntary groups (Ministry of Housing, Communities and Local Government and Department of Health and Social Care 2021).

A subsequent scheme, the Community Vaccine Champions programme, was announced in December 2021, with the aim of increasing vaccination rates in communities (Department for Levelling Up, Housing and Communities and Department of Health and Social Care 2021). Sixty local authorities were selected to receive a share of £22.5 million based on the numbers of older people who remained unvaccinated. Of those, 22 had received funding from the first Community Champions scheme and were eligible for a £185,000 top-up grant, while the remaining 38 local authorities were entitled to bid for up to £485,000. Local

authorities in receipt of funding were required to submit monthly monitoring reports, which became voluntary towards the end of the second wave of funding. DLUHC also provided local authorities with a named contact for support.

During this period, areas that did not receive DLUHC funding sought to strengthen local community champions programmes using existing schemes or funding sources, such as the Contain Outbreak Management Fund (**Department of Health and Social Care 2022**).

Beyond funding, local authorities were able to access both training and information-based support for their community champions programmes during the pandemic. This included formal support through organisations such as the Royal Society for Public Health, which provided training for community champions during the pandemic, and the Association of Directors of Public Health, which offered support to facilitate knowledge-sharing between directors of public health around community champions schemes. In addition, a number of informal networks were set up at national and regional levels, which brought leads for community champions programmes together to provide ongoing support.

About this work

In 2022, the Department of Health and Social Care and the Office for Health Improvement and Disparities commissioned The King's Fund to explore the development of community champions programmes during the pandemic. This sought to describe the scale and diversity of programmes and associated learning, with the opportunity to inform the parameters of any future evaluation. The research questions included the following.

- How were community champions programmes commissioned and used during the Covid-19 pandemic?
- What happened to the programmes after the pandemic?
- What data was collected to understand their impact?
- What factors might influence the sustainability of programmes?

We conducted an initial scoping review of the literature and published information drawn from local authority and voluntary and community sector websites with

known community champions schemes. In addition, we interviewed representatives from key stakeholder organisations, including the Association of Directors of Public Health, DLUHC and the Royal Society for Public Health. This provided key context for the research and helped inform our approach.

We subsequently undertook a national online survey of local authority commissioners of community champions programmes in England to understand the breadth of commissioning approaches. In February 2023, the link to the survey was distributed by email to directors of public health in upper-tier local authorities (n=152) and 18 additional lower-tier local authorities that had been funded by DLUHC. The Association of Directors of Public Health also promoted the survey. The survey was open for four weeks and we received responses from a total of 92 local authorities.

Finally, we conducted 15 semi-structured interviews with commissioners or delivery partners of community champions programmes in local authorities to understand local approaches to commissioning and the learning as a result. Interviewees were selected based on survey responses, to reflect different geographies, experiences in their receipt of funding, the sustainability of the community champions programme after the pandemic and characteristics of the programmes themselves.

Emerging findings were shared with a group of community champions to get their feedback on what we heard in relation to their own experiences, what they felt was most important and whether there were any areas that they were surprised about due to their absence in the findings.

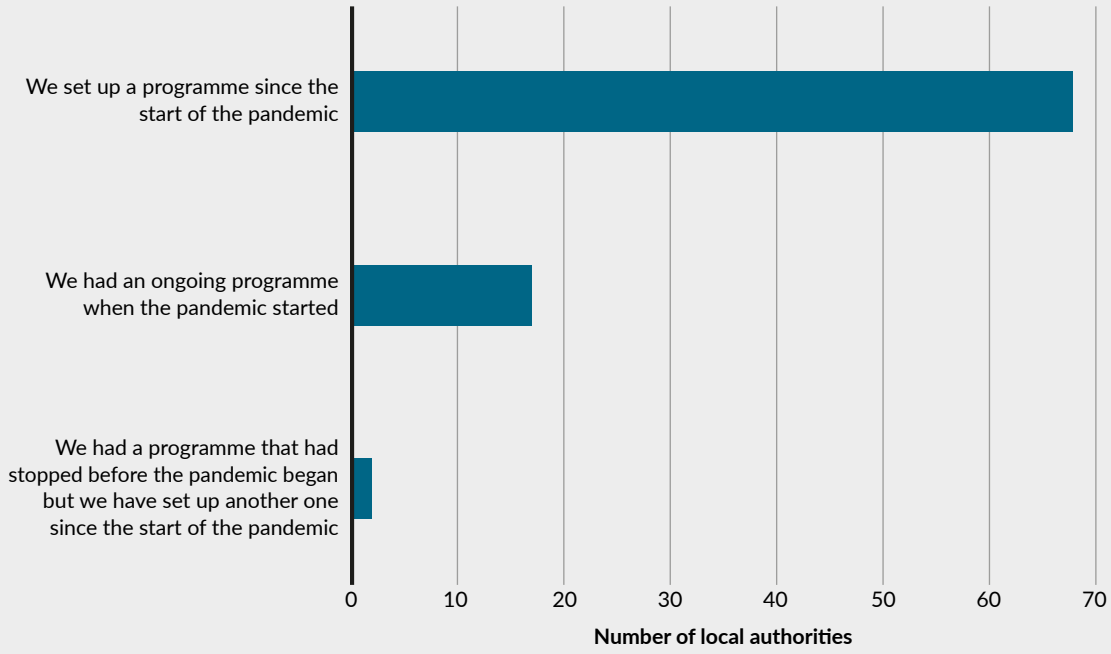
For further details on the methods, along with the limitations of the study, *see* the Appendix.

2 How are community champions programmes commissioned?

Presence of community champions programmes

Of the 92 local authorities that completed the survey, 91 reported having had, or that they currently had, a community champions programme. Respondents were able to tick more than one option, reflecting that some local authorities may have multiple programmes. Seventeen local authorities reported having a programme before the start of the pandemic, and 68 had set up a programme during the pandemic (*see* Figure 1).

Figure 1 Status of community champions programmes during the pandemic



Note that local authorities often have more than one programme.
Source: Analysis of The King's Fund survey

Fifty-seven local authorities reported receiving Department for Levelling Up, Housing and Communities (DLUHC) funding: 18 received wave 1 funding, 19 received wave 2 funding and 20 received both waves of funding. A further 25 respondents did not receive DLUHC funding, did not know whether funding had been received or were not aware of the funding opportunity.

Local authorities that received DLUHC funding most commonly reported using it to set up a new community champions programme, irrespective of whether they received a single wave or both waves of funding.

The second most frequently cited use of DLUHC funding was to support or repurpose an existing programme, for example adapting an existing programme to focus on Covid-19 information dissemination or providing financial resources to an existing programme focusing on aligned target groups. Among those that only received the first wave of funding, a quarter used it to support or repurpose existing programmes. In contrast, 47% of those who received funding in the second wave used it for existing programmes. This suggests that local authorities that received the second wave of funding used it to build on programmes they had been developing during the pandemic, whether their original creation had been prompted by the DLUHC funding or not.

Ten local authorities reported setting up community champions programmes since the start of the pandemic but did not receive, or did not know if they had received, DLUHC funding. Interviewees highlighted other funding streams that they had used to create and maintain community champions programmes during this period. These included local funding associated with pandemic management (the Contain Outbreak Management Fund), public health budgets and funds for targeted engagement, as well as funding from integrated care boards. Funding from national bodies including Health Education England, the Office for Health Improvement and Disparities and NHS England further contributed to the development of programmes.

Design and commissioning of community champions programmes

The development and commissioning of community champions programmes were often influenced by or built on existing programmes of work in the community, and relationships with communities or community organisations. These included programmes employing similar approaches, such as local befriending schemes, and community connectors programmes. Some commissioners also used learning from work they had done with target populations before the pandemic to design their community champions programme. As a result, the 'commissioning relationship' between the community champions programme and the local authority varied and this is reflected in the approaches to delivering community champions programmes.

Among our participating local authorities, we identified three approaches to commissioning and delivering community champions programmes (*see* Table 1 on page 13).

Despite which organisation took core responsibility for the community champions, local authorities often continued to offer support in the form of the provision of relevant information or training or access to expertise (eg, public health or NHS staff).

Table 1 Approaches to commissioning and delivering community champions programmes, and the perceived strengths of each one

Approach to commissioning	Perceived strengths
Local authorities repurpose or expand existing programmes employing similar approaches to address needs (for example, during the pandemic), including those groups specified by the DLUHC funding scheme. Includes creating new programmes informed by existing/previous programmes.	Ability to build on successful similar or old programmes to focus on a new issue. It avoids 'reinventing the wheel'.
Voluntary, community and social enterprise (VCSE) infrastructure bodies or VCSE organisations are commissioned to deliver community champions programmes or deliver on proposed aims. • VCSE infrastructure organisations sub-commission grassroots groups to deliver community champions programmes on behalf of the local authority. Infrastructure organisations may facilitate programme design. • Individual VCSE organisations are commissioned to manage the community champions programme including recruitment of champions.	Local authorities can work with organisations that have a high level of trust with, and understand the needs of, target communities. Programmes align with available and often finite community resources and capacity, as well as skills. Funding supports local VCSE organisations, contributing to the sustainability of the sector.
Local authorities create their own community champions programme, recruiting and managing community champions in-house.	Funding may be used to extend the role of existing staff or to recruit new staff. Local authorities may more easily draw in relevant information from other health topics, diversifying the information that is shared with community champions to disseminate. They have more immediate access to experts in different areas, such as the NHS, to answer questions/concerns from community champions/ communities.

3 Who are community champions and who do they reach?

Who are community champions?

Sixty-seven local authorities that responded to the survey provided a description of who their community champions were and the target communities. Forty-nine of these local authorities had received the first, second or both waves of Department for Levelling Up, Housing and Communities (DLUHC) funding to support community champions. The survey responses highlighted a diversity of ways in which the community champion role was conceived, which in turn influenced who the community champions were and the communities they represented (*see* Table 2).

Table 2 Target characteristics of community champions and delivery partners

Target characteristics of community champions and delivery partners
Individuals
• Members of a defined population that community champions approaches seek to target for support
• Members of the wider community in general – eg, people who can talk to their families and friends or who have connections within their street
• Community and faith leaders – sometimes they were representative of a target population, sometimes they had access to a target population
• Local clinicians or hospital staff
• Business owners in general or within target neighbourhoods
• Local authority staff
• Staff of voluntary, commmunity and social enterprise (VCSE) organisations who may already work with members of target groups
Delivery partners or groups
• Education organisations, eg, staff and students at schools, and school governors
• Community organisations, eg, staff at libraries, children's centres or gyms
• District-wide voluntary and community services or community interest companies

In some local authorities, the community champions were deliberately recruited to be representative of the communities they were targeting – for example, representatives of groups perceived as being vulnerable to health inequalities or to Covid-19. In other local authorities, by nature of the commissioning organisations that served specific target communities, people who volunteered for those organisations were more likely to be representative of those communities, although this was not always the case. Some local authorities also recruited community leaders and people who were visible in the community, or who were likely to encounter people from communities who were being targeted. These different approaches were not mutually exclusive within local authorities.

> *We had a list of the communities that we wanted to target, based on data from Covid vaccination data. And so it was young people, it was pregnant women, it was certain communities, wards with high deprivation, yeah, religious faith groups. So, yeah, we had a list that we based the VCSE selection off.*
>
> Interviewee, LA1, received one wave of DLUHC funding

Many local authorities commissioned individual organisations to deliver community champions programmes, which in turn recruited, trained and supported volunteers. However, some local authorities commissioned a series of 'delivery partners or groups'. These partners or groups served as the channel for disseminating and collecting information and conducting outreach activities to support the defined aims of the community champions programme. These organisations might repurpose existing paid staff into community champions or hire new staff specifically to take on the champion role. Decisions about how the champion brief would be fulfilled tended to be based on commissioners' and organisations' perception of available resources, skills and assets.

> *The decision to commission a local, trusted VCS [voluntary and community sector] organisation is instrumental to the programme. We recognised that local volunteers from a known and trusted VCS organisation would be able to access and engage in fundamentally different conversations than what might be achieved by a council officer or NHS staff member.*
>
> Survey respondent, LA133, received no DLUHC funding

Traditionally, community champions have been conceived as volunteers. However, a surprising finding from the interviews was that some organisations took the decision to deliver community champions through paid roles. One local authority referred to paid roles as 'champion plus' roles. They reported that paid roles allowed individuals to focus on specific geographical areas or topics, while being supported in their activities by VCSE organisations or the local authority. Another participant shared that they chose to employ community champions in order to recognise their value. The decision to use paid roles was influenced by whether this approach was already established in the local authority, or a perception that the ask or requirements of the community champion extended beyond that of a volunteer role, such as conducting more active outreach, and at a level that required additional checks such as Disclosure and Barring Service (DBS) clearance. Although a limitation of paid roles was that it was likely that a smaller number of community champions were recruited, due to cost, local authorities that used paid roles tended to cite them as contributing to the success of their programmes, in particular in facilitating ongoing engagement from such champions.

Who do community champions reach?

It is perhaps unsurprising that, when asked about who their community champions programmes targeted, survey respondents primarily listed the groups outlined in the DLUHC funding specifications, but they also included specific geographical areas and communities such as Travellers, refugees and asylum seekers. Local authorities that did not receive DLUHC funding provided limited information on target groups, making it hard to draw any comparisons between the two sets of local authorities. However, interview data suggested that those local authorities that did not receive DLUHC funding were often responding to perceived local need – for example, one local authority targeted communities with the most Covid-19 cases and another targeted specific geographies that housed certain ethnic groups and people subject to high levels of deprivation. A small number of local authorities described universal approaches that attempted to cover the entire population of the local authority, but even within this group, some were also using responsive approaches based on local data and intelligence to target particular ethnic groups.

4 What do community champions do?

Activities of community champions

Analysis of the survey free-text responses and interviews identified a series of core functions that community champions contribute to. These can be broken down into four key areas, although in practice many of the activities supporting them overlap:

- sharing information with communities, eg, co-designing, translating, tailoring and/or disseminating communication materials
- providing capacity and wider support, eg, for outreach events, vaccination centres
- collecting insight, eg, about local barriers and needs
- providing a route for the co-design or co-production of approaches, eg, champions engaging on aspects of service delivery such as the locations for vaccination sites.

One of the core features of the community champions programmes was the diversity of approaches used to engage with communities in order to share information. This included having conversations, sharing material such as leaflets, making and sharing videos, appearing on local radio, using social media such as TikTok and creating podcasts.

Community champions were also integral in identifying opportunities and providing the capacity to attend local groups and events to share health messages, such as coffee mornings, art workshops and sports sessions. In addition, some organisations supporting champions ran dedicated outreach activities and sessions to engage communities. A few activities described by local authorities indicate that community champions were also involved in the delivery of interventions, including knocking on people's doors to promote the uptake of NHS Test and Trace guidance, supporting vaccination sites and pop-up clinics and distributing Covid-19 test kits.

Similarly, a small number of local authorities mentioned the role of community champions in relation to wider activities to support communities. These included collecting groceries, checking on people's welfare and supporting individuals to get out by accompanying them to activities and services. Different factors influenced the approach to activities, including the community champions themselves, their knowledge and networks, and also the organisations involved, the approaches they used and the activities they were engaged in.

> *And they were also part of … so we had a community hub, as well, which people could be referred into, or self-refer, where they would have kind of a holistic conversation, and then be kind of hand-held to whichever service they needed. Or they would support them with getting food, and things like that. And the champions kind of helped out in that respect, as well.*
>
> Interviewee, LA5, received no Department for Levelling Up, Housing and Communities (DLUHC) funding

Alongside sharing health messages and engaging communities in activities, community champions gathered insights and feedback from those communities. In some cases, these were insights relevant to a specific focus of the community champions programme – such as why some communities might be hesitant to be vaccinated against Covid-19 – but they also included feedback on issues that communities were facing that were important to them. One local authority developed a bespoke 'insight tracker tool' so that organisations supporting community champion activities could provide regular feedback on what they were hearing from communities and enable the local authority to respond to emerging needs.

> *So we went into schools… and went into their assemblies and they all used their mobile phones to do Mentimeter [an online polling presentation tool] with us. And we asked them why they weren't having the vaccine, if they'd had the vaccine, if not, why not, and we used those insights, and where they got their health information from, who they liked it to be received from, and from that we learnt that they mainly use Instagram, TikTok or YouTube, and they liked it from a medical professional.*
>
> Interviewee, LA15, received both waves of DLUHC funding

Beyond delivering health messages, community champions were also used like consultants, providing advice to local authorities on their emerging plans (for example, around the feasibility and location of vaccination sites) or the production of information and materials for the community.

Structured versus flexible delivery of activities

Interviews revealed a notable difference in the extent to which the role of the community champion was defined and by whom: either the role could be defined through a set of structured activities that community champions engaged in as identified by the local authority; or community champions (or funded delivery partners such as voluntary, community and social enterprise (VCSE) organisations) could be given the agency to identify what activities would be most effective, and how to deliver them, in order to achieve their aims.

Examples of defined approaches that community champions were expected to engage with included:

- collecting insights from communities around specific topics that wider stakeholders were keen to understand and use
- using more formal or established processes for collecting and sharing data
- more formal training arrangements for community champions.

Local authorities were more likely to cite defining the role of the community champion in a more structured way when they deemed delivery partners to be unsure about how to deliver the programme, partners were very small organisations or they were new to working with the local authority. Receiving DLUHC funding could also prompt a more structured commissioning approach if local authorities perceived the funder to have specific expectations that needed to be evidenced by monitoring activities; however, not all local authorities we spoke to felt that way.

> *So, we've been able to take vaccines… we've increased our vaccination rates, using vaccine champions. These are people that have structured training, we might then say, 'Well by the way, you need to be able to speak about vaccinations in this way, and that way', and giving them some nuances around the topic. But they've got the skillset, which is core.*
>
> Interviewee, LA9, received no DLUHC funding

In contrast, programmes in which the role of the community champion was more flexible, more often capitalised on the knowledge or expertise of the organisations involved or the champions themselves and their understanding of the community's needs, to identify activities that could support the core function of the champions

programme. One of the benefits of this approach was that champions were able to tailor their activities to specific community needs, making use of local resources and employing creative methods to engage and work with communities.

> *[Name of local authority] is obviously such a huge area; you've got this mix of city and rural. So, being prescriptive in that sort of way would only hinder us because we know that there's expertise in those areas that would know how to reach – or so the theory goes. So, that was a big part of that.*
>
> Interviewee, LA3, received no DLUHC funding

Evolution of programmes

We asked survey respondents who had received both waves of DLUHC funding how their programmes changed over time during the pandemic and all local authorities about any changes they had made when most of the government's Covid-19 restrictions were removed. In the first instance, community champions programmes adapted and evolved as a result of the activities they were undertaking. Local authorities described how these programmes would respond to local needs based on information such as public health data, community requests or insights from community champions, perhaps changing messaging materials or engaging with different populations.

> *We received all the intelligence we were getting from the ground and that was helping to shape comms [communications] [and] activities that we wanted to do around the town. They, for example, they opened up and they say, 'Okay, they [target community] are doing something in the town centre'... so they went there. All the intelligence we are getting from the ground helped us to shape the intervention itself. So, it wasn't something that was static – it was something that we move[d] with them.*
>
> Interviewee, LA14, received one wave of DLUHC funding

Programmes also changed in relation to funding. Of the 20 survey respondents that reported receiving both waves of DLUHC funding, 15 described how their community champions programmes changed between receipt of the first wave of funding and receipt of the second wave. The second wave of funding was focused on improving vaccination rates. Local authorities describe making changes to the topic or content of messaging, and through either a specific add-on to the programme or

a refocusing of the programme to vaccination uptake. Similarly, target groups also tended to change, with a subsequent focus on vaccine-hesitant communities.

A small number of local authorities described other forms of change, which essentially sought to build on and sustain their earlier work. For example, local authorities:

- recruited new community champions or strengthened champion roles
- were working to build trust in vaccine-hesitant communities
- changed their approach to messaging to embed vaccine information in other health and wellbeing work
- increased the number of engagement opportunities or delivery partners.

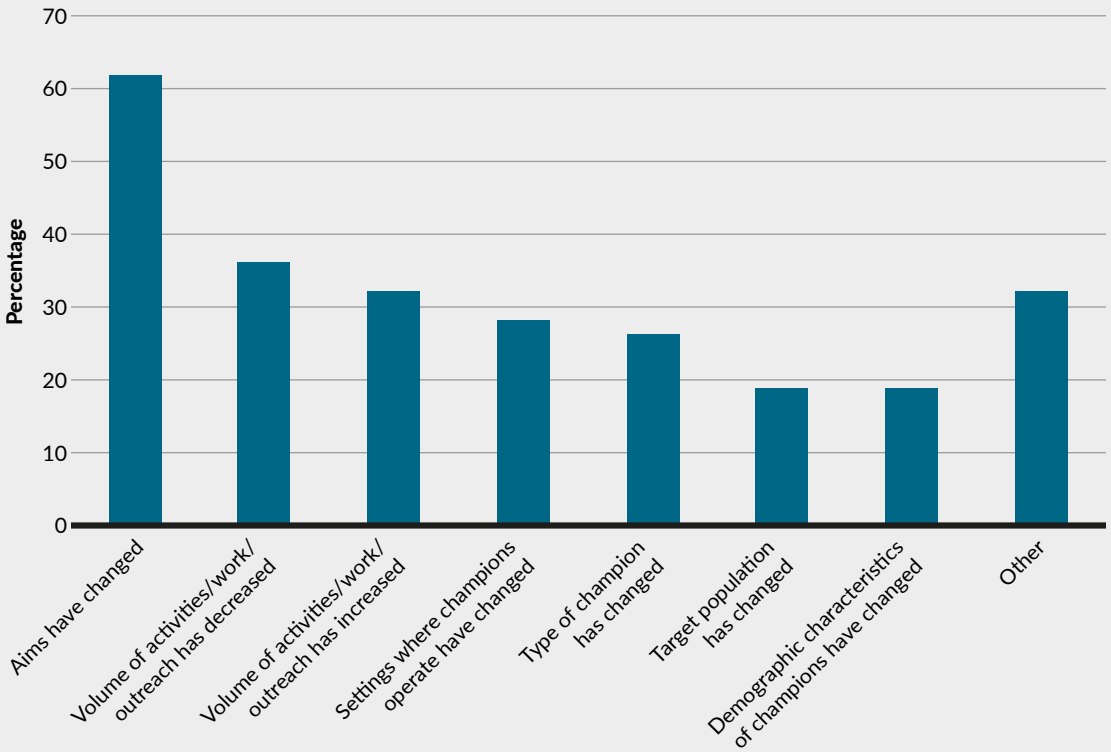
> *We provided larger grants to address vaccine-uptake inequity in the areas of the borough with the lowest vaccine uptake.*
> Survey respondent, LA44, received both waves of DLUHC funding

Of those local authorities that still had a community champions programme running at the time of the survey (n=65), 47 reported changes to the programme after most of the government's Covid-19 restrictions were removed in July 2021 (*see* Figure 2 on page 22).

The most commonly reported change was to the aims of the community champions programme. Examples that local authorities provided included a broadening of aims to take account of the ongoing impact of Covid-19, the cost-of-living crisis and specific health concerns or conditions such as mental health problems or alcohol dependence. Some programmes began to tackle wider health issues such as wellbeing and inequalities. A final, small group of local authorities described how their community champions went on to support other vaccination programmes, including flu vaccine and childhood immunisation programmes.

> *We did a bit of a sense-check probably about a year ago now as we came out of the pandemic and things started getting back to normal. We tested the water with the [community champion] network and said, 'Look, guys, you're really valuable to us, we really don't want to lose this great network that we've got here', and we'd already started introducing into our meetings other health topics.*
> Interviewee, LA10, received both waves of DLUHC funding

Figure 2 Changes to community champions programmes after most of the government's Covid-19 restrictions were removed in July 2021



Source: Analysis of The King's Fund survey

A change in the aims – or strategic priorities – of the community champions programme also prompted other changes, such as:

- targeting new populations
- launching new activities
- changing communication methods
- discontinuing relationships with some partners
- developing relationships with new partners and creating new networks.

Other local authorities saw the reduced focus on Covid-19 as an opportunity to reassess their programme, consolidate their learning from the pandemic (for example,

what works for which communities and how to ensure effective co-design with community champions) and begin thinking about how champion efforts could be aligned with other health promotion approaches such as the Core20PLUS5 Community Connectors programme (NHS England 2023a).

> *So we're looking at kind of geographical communities, but we're also looking at kind of communities of interest, as well, and whether we develop community champions within kind of communities of interest. We, I know you mentioned the Core20PLUS5 kind of model. We kind of think that's very health focused, it's very kind of health system focused… And then, when you look at the kind of PLUS5 bits, we're looking at, our health and wellbeing board have actually managed to prioritise… they've now got four priorities, which are around alcohol, tobacco, mental health and healthy weight. So, we will be kind of looking at how we can focus on those.*
>
> Interviewee, LA5, received no DLUHC funding

Some commissioners reported increasing the types or numbers of champions, which could be facilitated by offering training or train-the-trainer models to partner organisations and cross-pollinating with other similar programmes.

> *And actually the spin-offs have been huge because as a local authority… So, the champions that we already had, 70 per cent of them have redone the [Make Every Contact Count (MECC)] training properly because we touched on it in a meeting once, but they've resat the MECC training… We've got some of them trained as train-the-trainers. Colleagues like Healthwatch…, so they can train their own staff as well. So, it's just expanded it further and further…*
>
> Interviewee, LA10, received both waves of DLUHC funding

Other local authorities expanded the role of community champions to include being involved in other activities such as service or strategy design. The latter was prompted by the perceived value of the insights that champions had collected from communities around issues such as perceived barriers and facilitators to vaccination.

Capturing and measuring impact

Sixty-three local authorities in our survey reported collecting data on the demographics, reach or impact of community champions. A further nine local authorities reported not collecting data or that they did not know whether data was collected.

Local authorities gave examples of the range of data they collected (*see* Table 3). These included data on the community champions programme itself, through routine data, through specific pieces of work, eg, to capture learning – and also through case studies. A small number of local authorities had either commissioned or were part of evaluations of the community champions approach.

Table 3 Examples of data collected as part of the community champions approach

Focus of data collection	Examples of data collected
Community champions	Number of champions Demographics and characteristics Where they were recruited from – for example, a VCSE organisation or the community Personal outcomes, eg, training attended Impact on champions
Activities delivered by champions	Number of events Attendees Number of conversations Focus of activities and content of conversations
Reach of activities	Social media statistics – ie, the reach of messages Types of contacts and groups engaged
Outcomes of activities	Vaccine uptake Service use Insight from community champions: • barriers to engagement • changes in communications messaging • the needs of communities and feedback
Learning	What worked well and what did not work so well, eg, in terms of the use of engagement methods Type of reach – how they could reach different communities

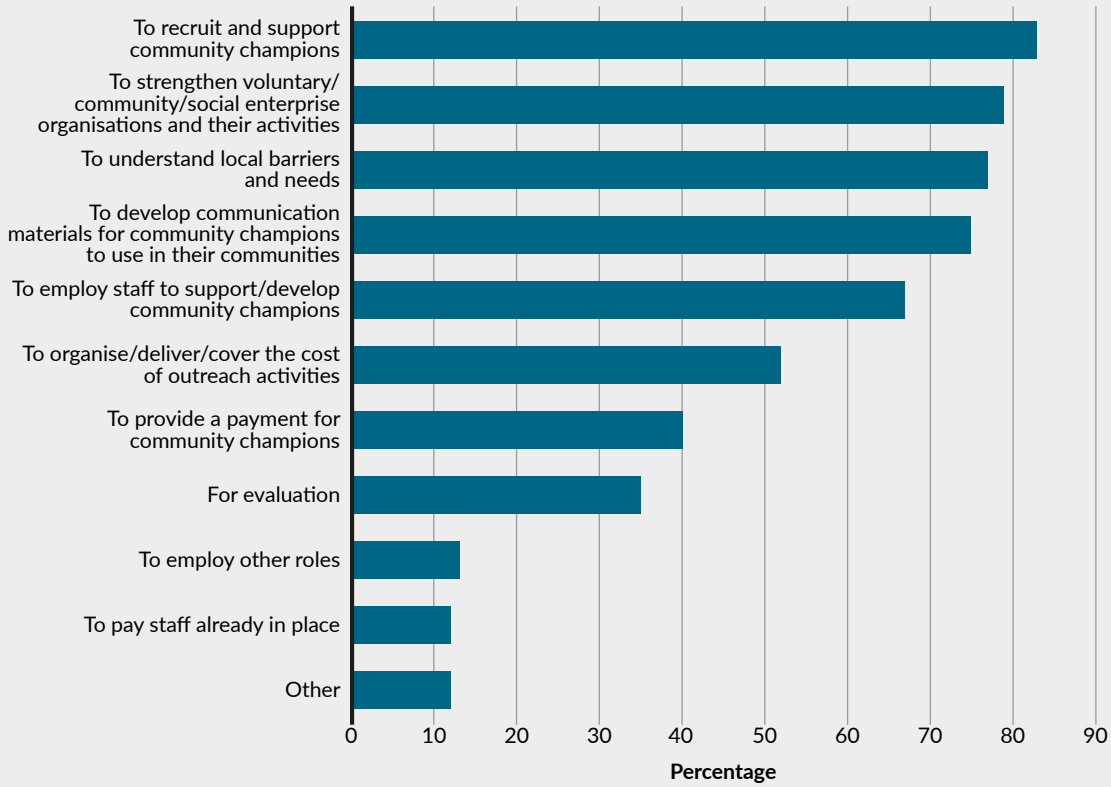
In some local authorities, the one-to-one connections that champions were able to make and maintain with communities allowed for easier follow-up and the ability to monitor the impact of activities in those communities. In one local authority, initial discussions with delivery partners had helped in planning feasible data collection timelines and managing expectations. A further local authority mentioned having understanding funders who did not demand specific outputs but let local authorities learn what data was useful to collect and to adapt that as the pandemic progressed. Some local authorities also shared the value of funders' monitoring reports being relatively easy to complete, describing them as 'sensible' or having structured and reliable processes in place to ensure regular data collection from delivery partners.

5 Support for community champions

Resourcing of community champions programmes

Although the Department for Levelling Up, Housing and Communities (DLUHC) funding was not the only route to supporting community champions programmes, understanding how it was used by those who received it provides an important insight into the resourcing required to effectively deliver community champions programmes. Survey respondents indicated several ways in which DLUHC funding was used (*see* Figure 3).

Figure 3 Use of DLUHC funding



Source: Analysis of The King's Fund survey

Local authorities were most likely to use DLUHC funding to recruit and support community champions. Some local authorities sought to recruit as many champions as possible during the pandemic, while others looked to recruit people with specific characteristics or networks into the role of a champion. Some local authorities took on the recruitment themselves, while others outsourced this to delivery partners. It could involve screening applicants for strengths and skillsets, training needs and areas of interest, to match them to different activities or support requirements.

> *The organisations were, in effect, the champions and then they were recruiting champions because we had a process, we had training that we put on for the champions, we had application forms that they completed, so we knew exactly what their interest was. It wasn't just about them coming on board – it was about developing them as well…*
>
> Interviewee, LA2, received one wave of DLUHC funding

Other uses of funding reflect:

- the staffing costs of community champions programmes, including recruiting a volunteer co-ordinator to recruit and manage champions
- operational costs associated with the activities of champions, such as for the development of communication materials, printing, transportation, attendance at and delivery of outreach events and the collection of insights to understand the needs of the community.

A small percentage of local authorities also set aside DLUHC funding for the payment of community champions themselves, either through paid roles, or to cover expenses incurred during their work.

Local authorities that received other forms of funding or used public health budgets used that money for similar ends, such as to:

- employ new staff or meet the costs of deploying existing staff to develop champion networks
- support and resource existing programmes
- commission delivery partners.

Support for community champions

Local authorities highlighted a range of resources and support they used as part of the community champions programmes.

In some programmes, community champions received an initial induction session with accompanying materials, introducing them to the role and activities. In addition, a number of community champions programmes provided training for champions, which covered areas such as:

- conversation skills
- how to identify opportunities for health promotion
- digital skills
- survey distribution
- knowledge around specific health topics.

Some local authorities delivered training in-house through their public health teams, while others commissioned training through dedicated providers such as the Royal Society for Public Health, or through other organisations such as Mind. Local authorities indicated that, in some cases, training was sourced in response to emerging issues that communities, local authorities or community champions themselves had identified.

Community champions programmes also provided opportunities for communication, through regular meetings and updates, to share information and answer questions. In addition, some programmes developed peer-to-peer groups in which champions could share information and materials and crowdsource answers to questions. Peer support was noted to be particularly beneficial where the role of community champions was more flexible or less well defined, and with higher levels of autonomy. It could also help encourage more consistent approaches as well as further reach.

> *The peer support of bringing them all together, as I said before, has worked so, so well in terms of them sharing best practice and giving examples and supporting each other.*
>
> Interviewee, LA8, received both waves of DLUHC funding

A further area of support was around the capture of insights and feedback. Some local authorities and organisations delivering community champions programmes had invested in tools to support the systematic collation of insights to facilitate subsequent use by the local authority and wider stakeholders.

The role of local authority commissioners or leads

Community champions approaches have traditionally been framed as a public health intervention. However, the activities of champions and the focus on community engagement and information-sharing, particularly during the pandemic, mean that support and oversight may sit in different parts of the local authority as appropriate. This was reflected in the roles of survey respondents, who came from a range of local authority departments, including public health, community and engagement functions, and voluntary, community and social enterprise (VCSE) commissioning and partnerships.

A key facet of community champions programmes is the interface between the community champions and the local authority and wider stakeholders such as health partners. Local authorities and wider stakeholders were often integral in both facilitating the activities of community champions programmes – for example, by providing accessible, trustworthy and evidence-based information – and responding to emerging insights and feedback as a consequence of those activities and taking meaningful action.

One key point of interface is in the provision of information and data that the local authority holds to support community champion activities. Several local authorities used data obtained through their wider engagement or public health monitoring activities to identify and target groups or communities for community champion activities. Local authority leads also provided community champions programmes with evidence-based information, both to support the communication of key information and in response to emerging issues and questions. Finally, local authorities and wider stakeholders provided intelligence drawn from their wider awareness of context – such as the changing status of local services – that may have an impact on groups that community champions programmes were targeting and the wider population.

> *And so it was, predominantly through, because we had lots of data. Our public health intelligence team, they had, you know, we looked at, on a daily basis, it*

> *was, you know, where our highest communities were with Covid cases. And so, we would target work to those various different communities, through the community champions. And so, that kind of data really drove where we were going.*
>
> Interviewee, LA5, received no DLUHC funding

Local authority leads were also important in creating a bridge between community champions programmes and the local authority and wider stakeholders. For instance, some local authority leads played a key role in identifying local authority departments and other stakeholders that could benefit from both the insights that community champions were capturing as well as the community champions themselves as a resource. Conversely, some also reported acting as gatekeepers, managing the volume of requests for support from community champions and protecting them from inappropriate support requests. The bridging role also operated at an organisational level, identifying organisations that could aid the delivery of community champions programmes, and facilitating effective connection with and between partners and other organisations. Local authority leads also played a role in identifying and sharing knowledge of organisations and services to help community champions in signposting people to appropriate support.

A final role that some local authority commissioners or leads for community champions programmes played was in helping to locate the programme within the wider infrastructure and strategies of the local authority. At the level of delivery, this included ensuring that community champions programmes could be implemented within existing governance structures and their relationship to other related approaches such as volunteer services. At a strategic level, leads spoke about the need to consider how community champions fit into more widely focused or long-term strategies. For instance, some local authorities positioned community champions programmes as contributing to their peer engagement strategy or as part of their plans to invest in community assets and the development of community-centred approaches.

> *I work on a project called [project name], which is about how we build a better understanding and better connections to existing… I use the words assets and strengths… in communities. So, things that are out there that people don't always know that are there, that they can access. So, the community champions bit, actually, is linked to that because part of that [project name] programme is how*

> *can we engage with communities and have a meaningful two-way dialogue with them, to make that happen?*
>
> Interviewee, LA12, received no DLUHC funding

A core part of considering community champions within the wider strategic context of the local authority was to identify opportunities for potential funding and ongoing sustainability. This worked both ways. Some local authorities saw dedicated grant funding to develop community champions programmes as an opportunity to boost or extend existing strategies. In other local authorities, champions programmes were supported by existing funding allocated to other strategic priorities.

The value of an enabling environment

A final area of support that participants noted was around the buy-in that local authority leaders gave to the approach. Examples were given of leaders, including directors of public health, demonstrating their support for the community champions approach by offering additional staff capacity or identifying funding for programmes, so facilitating implementation and sustainability. Others had communicated their trust in delivery partners, encouraged the sharing of learning and materials with other local authorities or developed supportive infrastructure for individual approaches. Wider buy-in from local political leaders, depending on current priorities, and local faith leaders was also cited as valuable.

> *And also, courage from our leadership to invest in this, without set outcomes, without set outputs, to say, 'Yes, we'll give this a go', and to keep going with it, shows our leadership with our director of public health, that he buys in, and champions this approach.*
>
> Interviewee, LA4, received one wave of DLUHC funding

On the ground, local authority leaders also showed their support and buy-in through their approach to working with organisations delivering community champions programmes. This included:

- building and maintaining respectful relationships with willing partners through regular communication

- providing funding, which was perceived as demonstrating the value of partners
- facilitating relationships between other community organisations to enable less siloed working
- co-producing monitoring forms and timelines to ensure feasibility
- ensuring that approaches are co-designed with organisations and communities.

6 Strengths and challenges of the community champions approach

The perceived value of community champions

To date, research on community champions has included a small number of evaluations that relate to individual community champions programmes, an evaluation of programmes that received funding from the Department for Levelling Up, Housing and Communities (DLUHC) and the synthesis of learning from a series of case studies. However, there is yet to be a wide-scale evaluation of the community champions approach that takes into account its inherent diversity. Existing evidence suggests there are several potential benefits to the approach (*see* the box on page 34).

Sixty-two local authorities that completed the survey reported that their community champions programme had been of value, reinforcing many of the potential benefits listed in the box below. The rest of this section explores some of the benefits that participating local authorities mentioned in more detail.

Identified benefits of the community champions approach

The community champions approach:

- is highly relevant to the reduction of health inequalities
- achieves reach into target communities
- has positive impacts for some target communities
- improves relationships with communities
- has positive outcomes for community champions themselves
- is able to mobilise large numbers of volunteers
- offers additional value beyond recruiting the general public, by identifying and recruiting local community leaders
- can be effective in contexts where trust in the government is low
- can promote the communication of risk factors to health and support health services
- can identify and facilitate context-specific solutions
- is flexible and adaptable – there is no 'one-size-fits-all' model and different approaches can be used in different contexts with different available resources
- increases local organisational and community capacity
- is effective as a community engagement strategy
- can be cost effective.

Sources: South *et al* 2024, 2021; IFF Research 2023; Jenson 2023; SAGE SPI-B 2020

Supporting engagement

Community champions provide a mechanism for ongoing engagement and collaboration with communities. The ways in which this happens can be seen as somewhat of a continuum of engagement. However, in practice, the relationship that local authorities had with the community champions programme and the processes involved meant that there was a tendency to align with one particular approach to engagement rather than adopting all of them. For more detail on the three main approaches used, *see* Table 4.

Table 4 Local authority approaches to engagement

Messaging	Two-way communication	Co-design
Local authorities use feedback to refine their responses and consider the feedback in the context of their wider work (for example, their Covid-19 response).	Local authorities respond to feedback and questions that communities are raising, providing real-time responses that can be disseminated back to those communities through community champions programmes.	Local authorities work with community champions to co-produce, and sense-check, their responses and approach – such as in relation to the design of training sessions and the content of communications for community champions.

Several strengths were attributed to the approach to engagement that community champions have. One was the ability to provide and deliver information in a timely way. This responsive approach meant that local authorities were often receiving real-time intelligence. Investment in developing relationships between local authorities and champions as part of that approach provided further motivation for community champions, as they could see how they were making a difference in real time and it fostered a feeling of joint endeavour. This was facilitated by closing the feedback loop, so that community champions were able to understand what was being done in response to their feedback and contributions, and in turn they felt that they were being listened to and able to influence processes to the benefit of their communities.

> *And I think one of the key things, as well, is once you've recruited people, and keeping them involved, is to make sure that you're feeding back to those people as well. Because I think that's, one of the main things that they've said is, they want to know that they have been of use, and they've been helpful. And so, if you can*

> *feed back to say, 'Well this is something that you've brought up, and this is what's happened about it', that, you know, makes them feel good, that they've contributed.*
> Interviewee, LA5, received no DLUHC funding

A second strength identified was the ability to gather insights in less structured ways to inform programmes – in contrast to formal engagement mechanisms. An additional benefit of working more closely with community champions was the ability to help shape messages and delivery approaches, providing the best chances of landing with the target groups, having a positive impact and leading to increased uptake of interventions.

> *And obviously we weren't aware of some of the conspiracy theories [about the Covid-19 vaccine] that were circulating on local media pages. We wouldn't have been aware of those if our health champions hadn't said, 'This is the latest that's coming through, we need to do something to address this as well'. So, it was relationship-building and it was, this is too good not to build on really. Because it was an advantage to us as a public health team but hopefully an advantage to them too.*
> Interviewee, LA10, received both waves of DLUHC funding

Building trust with communities

A common strength of community champions programmes that commissioners shared was their ability to share information and build trust with communities that local authorities and other statutory organisations had been traditionally unsuccessful engaging with. In some cases, local authorities chose to commission organisations to deliver community champions programmes based on having an established role, trust and representation within specific communities. In others, community champions themselves were recruited because of their unique networks and/or trusted role within communities. Community champions schemes were seen as providing trusted voices within those communities.

A certain level of success and trust also came from the inherent knowledge and skills of the champions themselves. For instance, champions in some communities found that people did not want to focus on and talk about Covid-19. However, they were able to engage in the conversations that communities wanted to have and wait for Covid-19 to come up as a topic naturally. Then they were able to share

relevant information in a way that communities were more receptive to. Community champions were noted for being motivated and for their conversational skills, although the latter could also be developed through training.

> *And so, the biggest difference therefore is that we're not going in without [sic] the determined message going, 'Okay, I need to tell you about stop smoking because I'm a stop-smoking health champion'. Yes. You're going and going, 'Okay, let's have a conversation and what's worrying you'. And maybe I might say, 'Oh, I got my [Covid-19] jab last week, have you had yours?', yes, and therefore, being able to start a conversation about whether somebody's had a jab, if they haven't, why not. You know, all that sort of stuff. But you're not going in with the supposed idea that I must tell you to get a jab.*
>
> Interviewee, LA11, received both waves of DLUHC funding

The commissioning of organisations to deliver community champions programmes – in particular, organisations that held positions of trust in communities – and, in turn, allowing these organisations the flexibility to deliver the programmes in the way that reflected their knowledge of those communities, was noted as contributing to building trust.

Supporting the development of community-based approaches

Local authorities indicated that the development of community champions programmes had supported them to build their capabilities and capacity within the community, by increasing the number of people involved and building on community assets, particularly within underserved communities. Along with building trust with communities, investment in the community champions approach was also noted to have built trust with local organisations supporting communities and community-based approaches. Community champions programmes were described as promoting the power of communities and community-owned approaches. This, in turn, was attributed to generating interest and support for community engagement among council and system leaders.

> *What the pandemic did do is it allowed people to understand … the value of not just the voluntary sector but also of engagement. So, our city is also going to have a much broader conversation about engagement that's nothing to do with health.*
>
> Interviewee, LA11, received both waves of DLUHC funding

Challenges in delivering community champions programmes

Local authority commissioners raised several challenges around the delivery of community champions programmes.

Standardisation of programmes

Local authorities noted a tension between commissioning more flexible approaches to delivery, in which partners defined how they achieved the aims of the community champions programme, and a more standardised approach. Concerns were raised about the lack of consistency and risk of duplication from flexible approaches. Some local authorities also found that where there were high levels of flexibility, champions could struggle with the expectation of having to design their own role. Finally, a lack of standardisation was identified as inhibiting the ability to compare approaches both within and between local authorities.

Some local authorities, however, found that delivery partners were resistant to greater standardisation and to approaches being defined by commissioners.

> *So, yes, for example, we funded the organisations without telling them what to spend it on. So, if you needed to recruit a volunteer co-ordinator, do so. If you already had one, stick it in your reserves. I don't care. It doesn't matter to me, you know. What mattered to us was that they did the thing that suited them, you know. However, we also at the same time wanted them to ensure that there's a level of commonality of approach with how their champions worked. A sort of quality control, if you like. Yes. And that was, it's fair to say, resisted at [the] time and still is the biggest challenge.*
>
> Interviewee, LA11, received both waves of DLUHC funding

One of the potential risks of standardisation was in limiting the flexibility and adaptability of future programmes. For example, one local authority described how wider colleagues' and partners' understanding of a new community champions programme was inhibited because they were fixated on the purpose and functionality of a previous champions programme. Another local authority noted that colleagues perceived the champions as merely a source for meeting translation needs.

Closing the feedback loop

A lack of response or feedback from local authorities and wider stakeholders following contributions from community champions programmes and the communities they were engaged with can lead to a deterioration in relationships and future opportunities for collaboration.

Characteristics of community champions

Another challenge flagged around delivery was the extent to which community champions were representative of the communities that local authorities were seeking to reach. For example, one local authority raised concerns that their champions lacked the 'lived experience' that could help them connect with their target populations. Some local authority leads shared plans to review the characteristics of champions when there was an opportunity and delivery was less urgent.

> *[The champion is not] from, you know… the same ethnicity of the people that [they're] working with. So, if we're looking from a lived-experience perspective, [they don't] look and sound like them, [they struggle] to speak their language…*
>
> Interviewee, LA4, received one wave of DLUHC funding

Use of resources

A further area where issues were raised was around the production and use of resources. Feedback on this was rather disparate. For example, one local authority reported that organisations involved in delivering community champions programmes were concerned that they would not be appropriately acknowledged for materials that were developed as part of the programme and were therefore reluctant to share them more widely. Another raised concerns that some community champion activities resulted in an inefficient use of resources – for instance, providing a staffed vaccine bus at events that had very few attendees.

Capturing, measuring and demonstrating impact

A final and consistent challenge that local authorities raised was the ability to capture, measure and demonstrate impact. In some community champions programmes, champions themselves were tasked with capturing information for monitoring and evaluation. However, some local authorities found challenges around this approach if the skills required to do this effectively had not been considered at the time of recruitment. Local authorities also raised concerns over the appropriateness of measures, with some suggesting that counts of conversations were 'arbitrary' and causality could not be assured, and that it was qualitative measures – was this a 'meaningful' conversation? – that were most relevant for assessing programme value. Others highlighted the importance of making a difference to just one person's life, rather than focusing on 'mass' changes. The high level of variation in approaches to delivery also created a challenge in creating a consistent way of monitoring impact and embedding measurement in a systematic way. For example, one local authority shared that digital delivery had created challenges in measuring reach because it had the potential to send messages so far and wide.

> *So, videos in community language is getting people from within the community to do those videos, was really, really valuable and those got out into the network very quickly via WhatsApp and things. So, reach-wise, we could only… reach, we could never measure how much reach we had but it was vast.*
>
> Interviewee, LA2, received one wave of DLUHC funding

Although many local authorities reported positive experiences with the monitoring approach taken by DLUHC, some reported struggling with completing funders' evaluation forms more generally, which could be experienced as 'clunky' or required local authorities to be overly reliant on partner organisations to deliver high-quality data in a timely manner. Other local authorities reported difficulties in getting delivery partners to complete forms the local authorities had developed themselves. A number of suggestions were made about how monitoring processes could be further improved. These included:

- designing simpler forms
- co-designing forms with delivery partners

- focusing on qualitative outcomes or a wider range of outcomes such as relationship-building and ways of working
- using case studies
- encouraging monitoring as best practice, perhaps by embedding monitoring into 'normal routines' of delivery.

> *Like when I came into post and they said, 'Right, where are we with this money?' We agreed the extension and we had a chat and [they] said, 'Now we're going to do this. I'm being asked to do this report on the date of the month. I need the figures by this date. Is that going to work for you? Tell me how that works in terms of your reporting systems.' A bit of negotiation about what I could have, when, or perhaps stuff in arrears, stuff like that.*
>
> Interviewee, LA7, received no DLUHC funding

7 Views on sustainability

Seventeen of the 92 local authorities that responded to our survey reported having a community champions scheme before the Covid-19 pandemic. At the time of the survey, 51 local authorities reported that their champions programme was still running. Funding provided by the Department for Levelling Up, Housing and Communities (DLUHC) could be used beyond the length of the programme, and our interview data indicates that some local authorities were trying to spread funding out to maintain community champions programmes for as long as possible. Although we did not collect data on the length of champion schemes, one local authority did mention that their scheme had been running for more than 10 years. Only two local authorities that responded to the survey reported that their programmes had stopped, citing change in 'national legislation', an inability to capture impact and the need for administrative support as affecting their sustainability.

As part of our research, both survey respondents and interviewees were asked to share their views on future plans for community champions and factors that could influence sustainability. This section explores those issues with a view to informing future decision-making on community champions programmes.

Community champions during the Covid-19 pandemic

It is perhaps unsurprising that features of the pandemic were prominent in people's views on how community champions programmes would be sustained subsequently. The unique challenges of Covid-19, and provision of funding to support the development of community champions programmes, provided an impetus for the expansion and spread of the approach. Covid-19 further prompted the need for a collective response towards a common goal, and funders adopted more flexible and streamlined processes, for example allowing for prompt transfer of funds, with relatively low burden. These were all facilitative of the success of community champions.

> *I think what influenced the success was actually having the core direction: while Covid is in full swing you all have something to gather round and get together with.*
> Interviewee, LA3, received no DLUHC funding

Some local authorities flagged that without Covid-19 as a key point of focus for community champions and their activities, they were struggling to identify how to diversify the efforts of champions and how they could continue to be impactful. This was echoed in the perception that there were fewer obvious 'wins' to measure impact following Covid-19.

> *I think some of the challenges are that, it's hard to know what success is. In Covid, you could kind of see, well actually, is there an increase in uptake in this population group? You could kind of have a causality, you know. Can you really attribute it? But you could say, actually this has influenced it in some way. But as you move away from less kind of, we need more people through this door to get this vaccination, and more to, we want to encourage people to access their community, or we want to understand why people aren't getting their cervical screening, you know – that type of thing is much harder to pin down, as a tangible outcome.*
>
> Interviewee, LA4, received one wave of DLUHC funding

Within the community champions programmes, the focus on and demands of Covid-19 were also noted to have taken their toll on sustainability. Pressures and increased demand, particularly on organisations commissioned to deliver community champions programmes, could limit their capacity to engage with local authorities. Local authorities also reported fatigue from staff, volunteers and the community in general from the focus on Covid-19. Some champions were also deterred by the drive towards the online delivery of activities and support.

Finally, as Covid-19 restrictions ended, community champions programmes saw many volunteers quit or disconnect, and staff involved in supporting the programmes as part of the pandemic response were pulled back into their day-to-day roles. Some local authorities also noted the somewhat unwelcome return of pre-pandemic bureaucracy, which slowed down decision-making again.

Ambitions for community champions programmes

Participating local authorities were already looking to the future when it came to their community champions programmes, with many hoping or planning to carry them forward, building on what they had learnt and achieved during the Covid-19 pandemic. For some local authorities, community champions programmes were relatively new and moving from a time-limited project to embedding the approach as part of a strategic approach was a key goal. Some talked about broadening their remit to incorporate the wider determinants of health, while others hoped to embed the community champions into business as usual within their local authority or third sector.

Many local authorities also had the ambition to capture and share learning, with a few hoping to conduct formal evaluations in the future. Indeed, several local authorities recognised the value of consistent monitoring, had a desire to have done more of it or done it better during the pandemic, and mentioned how it could help with learning and the recommissioning of their programmes in the future. Some plans around the structure and delivery of community champions programmes, such as bringing all champion programmes under a single banner, were seen as a way of enabling learning and support to be shared and facilitating those formal evaluations.

> *I suppose I would have been interested to really get into a bit more detail of that, like different volunteers doing different methods, which worked better? Like that bit. Because then I would have been like, right, we're going to recommission this, we're going to do more of these bits, but probably not that because it didn't work…*
> Interviewee, LA7, received no DLUHC funding

Factors influencing sustainability

Local authorities identified a number of factors as potentially influencing the sustainability of community champions programmes.

Recognition of community champions' accomplishments, effort and value

Local authorities described the importance of acknowledging and celebrating the community champions' work and ensuring that champions knew they were valued. This was particularly important for those in the traditional volunteer role, rather than paid roles, to maintain their engagement and a sense of joint working. This recognition could take a few forms, including:

- having celebration events
- complimenting champions' work and assigning ownership to them when presenting it to wider audiences
- having champions present when sharing their work to those audiences
- giving the community champion role a level of formality as part of the local authority.

> *I think the key thing for champions, which is one thing we've tried to address, is we must recognise their value and give them some recognition for it. We're trying to create a health champions sticker that we can give to our champions where they can display on their premises, a bit like your food standards. Whether it says we are health-champion friendly, health champions live here, and give them… or like a valued health champion resides here, something like that, so that we can just say we really appreciate your input. That's something that I think we need to recognise because it's got to be a two-way relationship… You've got to have the common aims and mutual respect. But their time is just as valuable as ours really.*
>
> Interviewee, LA10, received both waves of DLUHC funding

Investing in community champion development

Local authorities promoted the sustainability of community champions programmes by investing in the development of their champions and support networks. Some offered champions additional volunteering opportunities or qualifications or developed role pathways. Others recognised the need for, or sought to invest in,

support networks, with one local authority creating a paid apprenticeship to manage and develop the champion programme, with the goal of facilitating the shift towards more community-centred approaches within the local authority.

> *But if you think about a solution, which is sustainability over time, and you've got to have, then, renewal, you've then got to work in different ways. If you just went out and said, 'Who wants to come and work with this?', you'll get a few folk coming forward… So, out of our community champions programme, you get a qualification. You can get paid employment, can't you, out of that.*
>
> Interviewee, LA9, received no DLUHC funding

Relevant and shared purpose

It is clear from interviewees and survey participants that a shared agenda and focus on Covid-19 was influential in drawing support for community champions programmes, but they also had an impact on sustainability. Among the reasons local authorities cited for the closure of community champions programmes were that their focus was no longer relevant since the pandemic, or that priorities in the community had changed. More than one local authority described putting its existing health champions programmes on hold during the pandemic and setting up a Covid- and vaccination-specific champions programme, which subsequently ended. In another local authority, the gradual decline in levels of engagement of community champions led to a decision to close the programme.

Responding to champion interests was described as a way to maintain engagement with the programme. Some local authorities described being led by community champions in terms of future topic areas, giving them the opportunity to develop their own topic interests or respond to new issues they saw arising in the community since the pandemic. Where being completely led by champion interests is not feasible, local authorities might ask champions to help prioritise strategic areas of focus. For example, in one local authority, community champions were asked to help prioritise five key topic areas that contribute to the local Core20PLUS5 ambition. This subsequently informed the training made available to the champions.

> *[We managed to continue]… because we tried to find what people are interested in. It takes my time to research it and find the information that they need.*
>
> Interviewee, LA6, received one wave of DLUHC funding

Similarly, maintaining the engagement of voluntary, community and social enterprise (VCSE) partners could be facilitated by bridging the gap between the local authority and the third sector by sharing what was learnt during the pandemic and how it can be taken forward into new topics and areas of interest for those partners.

Funding and resourcing

A key issue that participants raised was around the availability of funding and resourcing for community champions programmes. Overall, local authorities reported valuing flexible funding and funders who trusted them to deliver the most appropriate programmes for their communities. This helped local authorities to consolidate and sustain existing work that aligned with the aims of the community champions programmes. It also ensured that champions could help to address pre-Covid priorities (such as poverty, wider determinants of health and inequalities), support the increased use of peer engagement approaches and embed the approach into business as usual.

However, some local authorities highlighted challenges with sustaining programmes set up with dedicated funding to tackle issues related to the pandemic, but which were not supported as part of the wider public health strategy and funding.

The provision of short-term funding was noted as being particularly problematic. Participants highlighted how this could reduce the priority for monitoring and evaluation, making it harder to demonstrate longer-term impact and inhibiting initial programme planning and bid development, potentially leading to the inefficient use of funds.

For some local authorities, the cessation of dedicated funding (eg, from DLUHC or the Contain Outbreak Management Fund) prompted a reduction in the number of community champions, or the number of community champions programmes. Several local authorities spoke of trying to find alternative sources of funding internally or externally, with mixed success. For example, one local authority spoke of an external funder whose priorities were disease focused and did not align with the current champion programme. This could lead local authorities and delivery partners into accepting funding that ensures the continuation of community champions programmes but which no longer supports local strategic aims. In another

case, a director of public health was able to allocate unused funds to temporarily extend a community champions programme, while this and other local authorities reported waiting on local governance structures (integrated care systems, integrated care boards and health and wellbeing boards) to decide whether and how they would invest in community champions longer term as part of their wider strategy. Local authorities were particularly concerned about the impact of delays in funding decisions on smaller delivery partners. One local authority cited how a lack of certainty over future funding led to difficulties retaining staff in co-ordination roles crucial to supporting community champions. The abrupt ending of funding may also inhibit relationships that have been built with delivery partners.

> *We would like to continue the champions network further but it depends on the funding as to where it comes from. I mean if it comes from the ICB [integrated care board], it's what they want us to do, so it depends on where the commissioning… the money comes from. Then obviously we will have to go out and recommission this time. We can't use the same partners. We will have to go out and recommission and start again because we've left too much of a gap to recommission.*
>
> Interviewee, LA2, received one wave of DLUHC funding

For other local authorities, the cessation of dedicated funding for community champions led to a decision to end their programmes. For instance, one local authority cited the presence of other similar programmes as a reason not to pursue the champion approach beyond the pandemic, seeing champions as a task-oriented solution to a temporary crisis:

> *We sat down in the early part of January and said, 'Right, how are we going to start to decommission this? What are we going to do around making offers to the volunteers here around some of the other programmes perhaps that are in place?' So, although that champions programme stopped, offers had been made, I think, to those volunteers, to say, 'Look, if you want to continue in other similar things, there are other opportunities.'*
>
> Interviewee, LA7, received no DLUHC funding

8 Where next for community champions?

The Covid-19 pandemic and funding support from the Department for Levelling Up, Housing and Communities (DLUHC) saw the expansion and spread of community champions approaches across England. Our own research contributes to that picture, providing additional insights from across England, including from those who received dedicated funding and those who did not, and with a focus on future sustainability. Together, this provides a burgeoning wealth of insight and evidence to support the development of community champions programmes in the future.

This section aims to support commissioners and local decision-makers to understand the value of community champions, consider how community champions could contribute to local systems and identify the factors that are important to consider for influencing impact.

Understanding the value of community champions

One of the most prominent findings of our research is the diversity of community champions programmes, whether that is in approaches to commissioning, who champions are or what they do.

At its core, the community champion model is based on individual champions engaging more widely with communities and at a level that prioritises listening and responding to the needs and experiences of those communities on their own terms. The community champions 'approach':

- capitalises on an individual's motivation, skills and creativity
- provides a common purpose for engagement with their wider networks
- facilitates an informal and tailored approach that builds trust.

Participants in our research highlighted three ways in which that 'approach' had added value in their local systems (*see* the box below). If these three themes are key to commissioners, then community champions are a good model to help deliver them.

Three key areas where a community champions approach can add value

1. Supporting engagement with communities to share information, collect insights and support collaboration with statutory partners.
2. Building trust with communities and between local authorities and organisations involved in delivering community champions programmes.
3. Supporting the development of community-based approaches by increasing capacity and capability within the community.

A common theme within each was the perceived success of community champions in engaging with communities that had sometimes previously been 'invisible' from the engagement processes of local authorities and other statutory partners. This included community champions going into those communities, as well as the development of champions from within those communities.

These findings are supported by those of the wider literature. In particular, the relational aspects of community champions, including their role as trusted community members with social connections and their ability to engage more intensively with communities, are integral to their impact (**South *et al* 2024**). Furthermore, the value and capacity provided by community champions approaches are often complementary to existing organisations and activities rather than being a replacement for them (**South and Southby 2023**; **South *et al* 2021**). Similarly, the ability to build trust comes not just through the activities of individual champions but also through the joint working and shared activities with public health teams and across partner agencies that champions contribute to and support (**South *et al* 2024**; **Jenson 2023**).

Design considerations – making the most of flexibility and adaptability

The diversity of the community champions programmes we found shows that the flexibility of community champion models is a key strength. This means that community champions can be adapted to local needs in the moment and over time as needs change.

One of the most prominent findings in our research were differences in the extent of standardisation in the delivery of community champions programmes. While participants in this research provided a number of reasons for considering greater standardisation, many local authorities shared how they had benefited from flexibility. For instance, flexibility had enabled community champions to gather data in less structured ways, allowing them to capture unique insights, which in turn helped local authorities to tailor messages and delivery to get the best possible impact and uptake of interventions. Flexibility has also been associated with building trust (**IFF Research 2023**) and supporting the diversity of champions through empowering those who know their communities best (**Kamal and Bear 2023**).

A second area was adaptability over time as the external environment changed. It is clear from our research, and indeed from the change of focus in DLUHC funding between waves 1 and 2, that community champions have the ability to flex and re-orientate to serve a variety of public health and engagement agendas.

To realise the value of community champions, commissioners need to consider the inherent strengths of the approach that are likely to add best value to local systems. Our research indicates that decisions around the model of commissioning and the balance between standardisation and flexibility should be informed by an understanding of the capacity and capability of local organisations, and the strength of the relationships between the commissioner and the organisations themselves (*see* section 2 of this report and **Jenson 2023**). This includes the ability to meet the support needs of community champions, their potential networks (both of the potential champions and the communities they seek to reach), and knowledge to deliver activities that align with the defined purpose of the community champions programme. Commissioners may also consider how the design of community champions approaches contributes to other similar approaches, or to serving a common aim. This may facilitate the ability to share learning, support and resources.

Tackling sustainability

We identified four systemic factors that are influential in the support and sustainability of community champions. Within these there are specific issues that relate to community champions, but the factors overall are common to many community-based approaches to health.

Purpose, buy-in and support

Local authorities told us of the importance of community champions programmes having a clear purpose, whether that was in communicating information or in providing insights from communities that would support or inform their decision-making. This was also noted to be important for community champions (although we did not explore this from the perspective of champions themselves).

Where the purpose of the programme is to share information on specific issues, commissioners and local stakeholders need to consider the potential for activities that champions deliver to be sustained and adapted (or, in some cases, stood down) if the focus changes, and the impact on champions themselves and any associated delivery organisations as a result. Commissioners may alternatively opt to develop community champions programmes with a focus on developing more effective communication, relationship-building and ongoing dialogue with communities. Research suggests that the creation of two-way communication in this way can play an important role in improving strategic decision-making (**South *et al* 2024**). This requires the alignment of both the agendas and the infrastructure for collecting, using and responding to community insights and emerging needs. In particular, commissioners need to be open to changes in focus and the development of shared agendas with communities and voluntary, community and social enterprise (VCSE) organisations, rather than being led by the local authority or wider stakeholders.

Engagement with community champions

Our research highlighted the importance of recognising the contribution of community champions and investing in their development. In addition, local authorities highlighted how the contribution of champions was in part influenced by the motivation to support issues of relevance to them. A change in focus could lead to disengagement, and vice versa, and so champions and the communities they serve could offer insights into issues they felt should be addressed.

When we shared the initial findings of our research with a small group of community champions, they highlighted that they had experienced the role as providing more flexibility than other roles available, and that they valued being trusted and able to voice what would work for their communities. At the same time, they reflected that it was important that champions were representative of those communities and that, as a very hands-on role, it might not be right for everyone. While the group was not selected to be representative of community champions as a whole, their insights highlight how community champions are influenced by the topic or focus of the role, how it is delivered and how they can make a difference.

Ensuring the value of community champions means balancing the specified aims of the programme with factors that facilitate and maintain the engagement of champions. Where the aims or focus change, commissioners should consider how other available approaches could capitalise on those who continue to want to contribute but the community champions programme no longer feels appropriate or relevant.

The engagement of community champions is further influenced by a commitment to making a difference, particularly in relation to the use of insights gathered from the community. Commissioners need to account for the alignment of community champions programmes and their focus with mechanisms for hearing and using the insights, including where there may be potential duplication of effort. Closing the gap by ensuring champions receive feedback on actions taken as a result of their input is a core component of this. Considering the collection and use of insights from different activities as part of a comprehensive approach can be particularly beneficial in supporting the aims of integration by creating a joined-up picture across pathways and services (**Thorstensen-Woll *et al* 2021**).

Demonstrating impact

Most local authorities were capturing data as part of monitoring and a few reported local evaluations of their community champions programmes. However, there remained a challenge with the balance of collecting data, and the potential burden placed on organisations, and in some cases champions themselves, to facilitate this. Furthermore, questions were raised about what meaningful impact looks like and how to measure that. The informal approach of champions and the delivery of activities through or in conjunction with other organisations create challenges

in being able to attribute impact for any change in outcome (IFF Research 2023). Particular challenges were raised around the ability to measure the impact of behaviour-change interventions that community champions delivered due to the informal nature of engagement and the diversity of approaches and activities that champions are engaged in. At the same time, the focus of activities on small numbers of people, or communities, can mean that changes that have occurred are not visible within population-level data. It is notable that the ability to evidence impact on health outcomes remains a key limitation.

In identifying measures of impact that are meaningful, commissioners need to consider how impact relates to the defined purpose of their community champions programme. For instance, measuring reach may be particularly important if the aim is to increase capacity around public health messaging or engagement. The quality of insights may also serve as a measure of impact, in terms of both availability and value. In both, measures of impact recognise that community champions often serve as a bridge between communities and public health. The value may therefore be understood in terms of whether they are extending reach or providing meaningful insights for stakeholders.

> *There are clear 'differences' in the demographics of the champions and of the people they reach than we get in more formal parts of the system… They are also very good at telling the system the truths it needs to know for policy development and plans.*
>
> Survey respondent, LA103, received one wave of DLUHC funding

Finally, commissioners should not underestimate the impact on community champions themselves. The strongest evidence on the impact of volunteering is for volunteers themselves (Gilburt and Beech 2022). This is most relevant to community champions programmes that increase opportunities for volunteering both in number and for groups who are currently under-represented among volunteers.

Funding and resourcing

Commissioners need to understand the resource requirements 'going in' if they are to get the most value out of community champions programmes. Our survey showed there are a number of common resource requirements between the support needed for community champions and the support needed for volunteers in general, including:

- the resource requirements of recruiting and supporting champions
- investment in knowledge and skills-based training to ensure the effectiveness of champions – this also pays back in contributing to local capacity-building and personal benefit and fulfilment for champions (Jenson 2023)
- recognition of the contribution of champions and investment in their development as a means of people feeling valued and maintaining engagement.

There are also a number of distinct resource requirements for community champions programmes, including:

- building an understanding of the needs and barriers that communities face
- being able to produce and disseminate information, whether through materials or media
- being able to attend or provide activities within communities as a means to engagement.

These may vary depending on the focus of the champions, particularly if the focus of their activities is on multiple or changing areas. The commissioning models identified in this research and wider research (South *et al* 2024) indicate that commissioners should consider opportunities for investment in local VCSE organisations to deliver community champions as an additional route to building community capacity.

Finally, it is important to note the internal resource requirements of local authorities, notably to facilitate information-sharing and feedback and to contribute to collaborative working. This goes beyond the traditional commissioner–provider monitoring and reporting requirements, to recognise that the impact of community

champions is in part dependent on the dialogue between local authorities, other partners, community champions and communities, and the implementation of positive changes as a result.

Community-based approaches to health – community champions in context

Community champions are one part of a much wider array of approaches to communities and their health. As our research highlights, ensuring that the subsequent design and delivery of any community champion programme adds value and is sustainable, benefits from considering the strategic fit of community champions as part of that wider jigsaw of approaches.

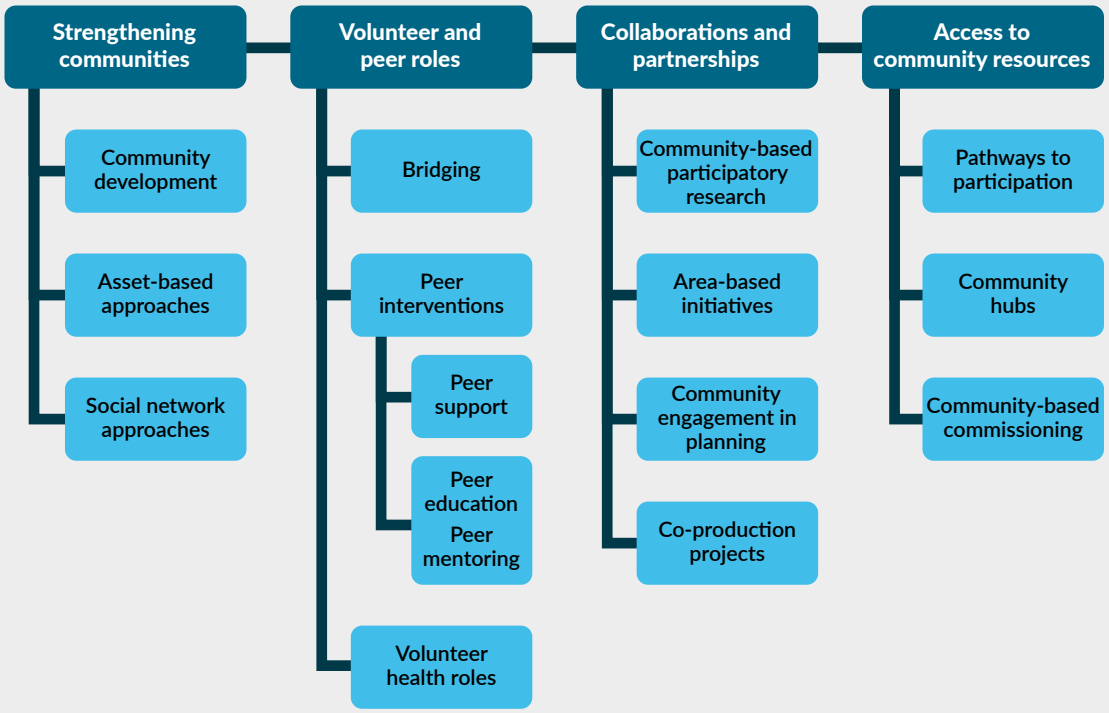
Historically, the development of community-based approaches to health has been a core domain of local government, given its focus on communities, its basis in electoral accountability and its stewardship of key public health functions. The legal formation of integrated care systems placed a statutory requirement on the NHS and other partners to improve outcomes in population health and health care, and tackle inequalities in outcomes, experience and access; and help the NHS to support broader social and economic development (**NHS England 2022**). This connects the NHS more strongly with local government and with a focus on and partnership with communities (**Fenney *et al* 2023**).

There are a range of ways in which community-based approaches contribute to health and wellbeing, supported by an established evidence base (**Public Health England and NHS England 2015**) (*see* Figure 4 on page 57).

There is a breadth of commissioning, within both local authorities and integrated care systems, that contributes to this picture, which includes community champions. Additionally, there are a number of new approaches and individual community-based roles, such as NHS England's Core20PLUS5 connectors to support health inequality reduction (**NHS England 2023a**) and Health Education England's community health and wellbeing worker apprenticeships (**Institute for Apprenticeships and Technical Education 2022**).

Commissioners can also draw on a growing evidence base to inform decision-making, including guidance from the National Institute for Health and Care Excellence (NICE)

Figure 4 The family of community-centred approaches for health and wellbeing



Source: Public Health England and NHS England 2015

on community engagement for health and wellbeing (National Institute for Health and Care Excellence 2016), resources from the What Works Centre for Wellbeing (What Works Centre for Wellbeing 2023) and The King's Fund's explainer on the role of communities in improving health (Buck *et al* 2021).

Building a strategic approach for the future

Learning from disasters, pandemics and other similar events shows that the ability to identify and assess the level of community need, a focus on inequalities and meaningful engagement with communities are key to the process of recovery (The King's Fund 2021). Indeed, community-led recovery is essential to both recovery in the short term and building community resilience in the long term.

The speed and scale of funding allocated nationally and locally during the Covid-19 pandemic, which enabled local authorities to expand existing schemes or develop

new ones, demonstrate the potential of community champions to quickly improve community engagement. The cessation of that funding, however, has left local authorities with a legacy of programmes and the question of ongoing value and function. Our research indicates that already some of those programmes have ceased to exist, while others have been reimagined and repurposed to address new and emerging needs. Alongside these sit local authorities whose community champions programmes pre-date the pandemic, and still others who are yet to have developed a community champions approach.

Commissioners and local system leaders need to consider how the community-based approaches set out in Figure 4 fit and contribute together. This should help identify the potential value of a community champions approach (and other approaches in relation to it), and the design of the approach to maximise value. The questions in the box below draw together key aspects from the previous sections of this report to aid decision-making.

Key questions for commissioners to ask themselves when considering commissioning community champions programmes

Connecting with the big picture and the jigsaw of community approaches

1. Do your local authority and the integrated care system(s) you are part of have a commitment or strategy for community approaches to health?
2. What is the picture of community-centred approaches in your local area? Are there any notable gaps, or areas you want to strengthen?
3. How does your local picture align with existing evidence and frameworks? Are there opportunities you can identify from these resources?

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Key questions for commissioners to ask themselves when considering commissioning community champions programmes *continued*

How can a community champions approach contribute?

4. The community champions approach has a number of key strengths. Which of these are important to you?
    - Supporting engagement with communities to share information, collect insights and support collaboration with statutory partners.
    - Building trust with communities and between local authorities and the organisations involved in delivering community champions programmes.
    - Supporting the development of community-based approaches by increasing capacity and capability within the community.
5. Are there any communities for whom the above factors are particularly important and where current approaches are proving less effective?

What commissioning or delivery model is needed?

6. Which organisations and groups are currently working with the communities or areas of focus you have identified? What is the strength of those relationships? Are there any areas where you wish to build relationships or strengthen them further?
7. Is there a shared agenda and strategy between your organisation and organisations or groups delivering community champions programmes?
8. What is your understanding of the needs of the communities you are focusing on? Is there a shared agenda with those communities?
9. Do you envisage the area of focus changing, or adapting to emerging needs? How will you take account of emerging needs from the communities with which you engage?
10. How do local community champions programmes relate to each other and other similar approaches?

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Key questions for commissioners to ask themselves when considering commissioning community champions programmes *continued*

Considerations for the sustainability of a community champions approach

11. What is the plan for a community champions approach in the longer term? Will it cease after a specific period or when an outcome is achieved, adapt to emerging needs, or provide an ongoing resource or function?
12. What do the local authority and other stakeholders need to have in place to facilitate the aims of the community champions approach?
13. How will you create an ongoing dialogue with the community, including how information and insights are used to inform decision-making?
14. What do you need to know to understand whether the community champions approach is achieving its aims? How will you collect this information? Is there an opportunity to create learning, for example in relation to methods for effective engagement?
15. Do you understand the resource requirements of your community champions approach, including delivery of the approach, and the support required from the local authority to enable the approach to be effective?

Leadership for community-centred approaches

During the Covid-19 pandemic, there was cross-government effort – especially from DLUHC and the Department of Health and Social Care – to understand, support and implement approaches to meet the acute challenge of Covid-19 and the vaccination rollout.

Since the pandemic, additional funding related to Covid-19 has stopped. At the same time, the impact of the pandemic has placed even greater pressure on the health and care system. A strong national focus on measurable targets such as waiting times, and an increased cost of living, risk narrowing the focus of local leaders, and their allocation of resources accordingly. It is important that within this context, community-based approaches do not become an undue casualty, particularly where their ability to contribute to short-term goals and cost savings

may be more limited. This requires leadership and actions that will support prioritisation and investment in community-centred approaches. There are three areas in which leadership can play a key role.

First, community-centred approaches need to be included as part of local strategic plans, including those of local government and integrated care systems. Local leaders are instrumental in this process; however, national bodies can contribute to this by setting expectations around prioritisation, planning and investment in community-centred approaches using the policy levers available to them.

Second, leaders need to provide practical support to those commissioning and delivering community-centred approaches. Currently, NHS England is supporting the development of a number of individual community-based approaches, such as the five-year vision for volunteering in the NHS (**NHS England 2023b**) and Core20PLUS5 connectors. In addition, regional teams from the Office for Health Improvement and Disparities provide support for the development of approaches within local health and care systems. It is important that there is effort to engage and learn across programmes, building on the existing evidence base and facilitating local areas to develop a coherent strategy for community-centred approaches, rather than a series of competing and disparate projects that are limited in terms of sustainability.

Third and finally, across government, there is a need to recognise the role of community-centred approaches and their contribution to building public trust. As the Covid-19 pandemic demonstrated, the success of public health interventions relies on public trust. Community champions played a key role in building trust, particularly in communities that statutory bodies had struggled to engage. The government's planned approach to future resilience reflects the function that communities played in this picture (**Cabinet Office 2023**). Yet evidence suggests that public trust is in decline (**Heydecker *et al* 2022**). The success of those plans will in part be based on the ability of government departments to engage, and support, communities in this process. The infrastructure of community-centred approaches for health and wellbeing can play a role in enabling this.

Appendix: Methodology and limitations of the study

This section provides further detail on the methods we used in this study, along with the limitations of the study.

Survey

Informed by the scoping literature review and conversations with key stakeholders, we developed a survey to capture information about the presence of community champions programmes, their funding, who they aim to reach and data they collect for monitoring purposes. We included a small number of questions that had free-text answer boxes to glean information on the approach to commissioning, arrangements for monitoring and evaluation, and changes in community champions programmes since the pandemic.

We cleaned the data to remove duplicates. A total of 94 local authorities provided data out of a potential 170 (152 upper-tier local authorities, and 18 additional lower-tier local authorities that received funding for community champions from the Department for Levelling Up, Housing and Communities (DLUHC). Of those, two local authorities only completed the initial questions to identify their local authority and professional role. Therefore, 92 local authorities provided data relating to community champions programmes.

We conducted descriptive analysis on the free-text data.

Semi-structured interviews

We invited potential interviewees to participate based on their survey responses, to ensure a spread of representation across a number of key characteristics. Local authorities were excluded for interview if we were aware of them already being part of other evaluations, to reduce the risk of overburdening them.

A total of 15 interviews took place, which were conducted online and recorded, transcribed and anonymised before descriptive analysis of the data was carried

out. *See* Table 5 for the characteristics of the local authorities that took part in the interviews.

Table 5 Characteristics of local authorities that took part in interviews

Characteristic type	Characteristics of the local authorities
Geographical location	North East (n=3)
	North West (n=3)
	London (n=2)
	Yorkshire and the Humber (n=2)
	East (n=1)
	East Midlands (n=1)
	South East (n=1)
	South West (n=1)
	West Midlands (n=1)
Receipt of DLUHC funding	No DLUHC funding (n=6)
	1 wave of DLUHC funding (n=6)
	Both waves of DLUHC funding (n=3)
Status of community champions programme when surveyed	Continued (n=10)
	Stopped (n=3)
	Other (for example, on hold pattern or under review) (n=2)

Patient and public involvement

A representative from a local authority advised on both the survey questions and the interview schedules. This representative also showed documentation to their local director of public health for review. This informed changes to wording and the addition of questions and/or prompts.

A small panel of current community champions also reviewed a high-level summary of the findings to help identify, shape and prioritise key messages.

Limitations of the study

The nature of a scoping study means that this report will not be a comprehensive representation of community champions programmes across England. In addition, the methods used – a survey and interviews – had an opt-in approach, meaning that insights will only represent the experiences of those local authorities that were willing to participate. Also, the survey was conducted in February 2023 and the interviews took place shortly afterwards. There may have been further changes to the community champions landscape subsequent to this, particularly in relation to issues such as sustainability.

Finally, the research was designed to describe the parameters of community champions programmes and capture learning on implementing community champions. It is not able to identify the differential impact or effectiveness of the approaches we identified.

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