



COMMUNITY CHAMPIONS  
DEVELOPMENT PROGRAMME

# Welcome

Wi-Fi details

#communitychampions



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# Why we are here

## Ruth Hutt, Co-Chair ADPH London

- Community initiated – people wanted to help, engage & advocate
- Programme created support infrastructure
- Resultant shaping of community engagement across London, at a local level and with statutory bodies
- Compendium captures experience and celebrates the huge contribution from communities to inspire future engagement
- Opportunity to think of how we adapt and evolve what has been developed for emerging health systems

# Agenda



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**10:00 – 10:10** Welcome

**10:10 – 10:25** Hearing from Champions

**10:25 – 10:40** London health system leaders

**10:40 – 10:50** Insights from COVID-19 Champions programmes

**10:50 – 11:05** Discussion

**11:05 – 11:20** Questions to the panel

**11:20 – 11:25** The next phase of the work

**11:25 – 11:30** Close



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# Hearing from Champions



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# Champions programmes central to delivering health priorities in London





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## Top 3 reasons Champions matter to the Mayor of London

It's the way good community organising should be.

It cements the health and care partnership, with all parties involved and supporting.

Shows the power of pan-London action and how it can support local needs.



# Community Champions and UKHSA



The UK Health Security Agency is responsible for protecting every member of **every community** from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats - **PREPARE, REDUCE HARM, STRENGTHEN RESILIENCE**



## *Support for individual programmes and learning*

- **Support** areas where community champion programmes were minimal, with training, support and learning
- Share **challenges** and help each other solve them
- Provide **critical friendship** and hold each other to account for progress and pace
- **Share** best practice, learn from what has been done already and identify lessons for the future



## *Policy and change*

- **Two-way communication** between the system and communities at scale
- Key role in **reducing health inequalities** and working and engaging effectively with communities



## *Coordination, learning and evaluation*

- A role in **coordination** of the programme and sharing learning, achievements, and formal evaluations
- The role of **multiparter organisations** in shaping and supporting the programme aligning with hyperlocal approaches





# Why is the community champions programme relevant to NHS?

## Community Champions Programme:



Enables direct, open and ongoing **two-way conversation** between NHS and London's communities



**Transforms** the way health partners, including NHS, **engage with and listen to** communities



**Supports innovation** in how we work on **public health responses** collectively with all communities across London – putting communities at the core of our campaigns

## **NHS priorities** and **NHS Long Term Plan** ambitions:



Core20PLUS5



Improving population health outcomes



Tackling inequalities in outcomes, experience and access

# General practice and Community champions



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New organisations - Integrated care systems

- We are in Primary care networks
- New language – neighbourhoods, population health approach
- Main focus of reducing health inequalities and improving outcomes for people living with long term conditions, improving cancer screening and other preventative strategies like health checks or vaccination
- Ways to connect better with general practice:
- Awareness of PCNs and PPGs – at PCN level and Practice
- PCN leads for social prescribers / care coordinators and health and well being coaches
- Personalised care agenda



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# COVID19 Champions programmes: The Compendium



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**COVID-19 Community Champions showed that strong, trusting, authentic relationships, properly fostered, help address persistent and long-term health inequalities across London.**

# Why a Compendium...

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- Champions programmes have had a fundamental impact on how we support health and health services, and how statutory bodies work with communities to enable better, more equitable health.
- These types of conversations and approaches are critical to achieving the type of transformation that we know is needed to reduce the health inequalities that are pervasive across the Capital.
- We need to learn from approaches to listening that have worked – and continue to build on those.
- The themes and insights drawn from this specific point in time should help inform our continued innovation.

## **And**

- We honour the effort of thousands of champions over the pandemic by learning and growing from their contribution and commitment

# Co-ordinators' programme

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- April '21 – Apr '22 London had an action learning programme for Champions Programme Co-ordinators including quarterly Listening Events with senior leaders, led by Newham Champions Co-ordinator
- The programme was a partnership between PHE (now UKHSA, OHID), NHSE and GLA
- Participants adopted and adapted each others' innovations, grew in confidence and comfort in their roles and learned from the practice of others
- Quarterly listening events and need driven engagement informed and shaped London policy e.g. door-knocking for vaccine and testing, engaging with young people, using testing sites to promote the vaccine and roll-out of the 12-15 COVID-19 vaccination programme.

## Newham

“Our job was to get information to people that they can share with their communities, because they are trusted more than us. And we needed to connect to people in a way that works for them.”

“Whereas previous Champions programmes had been narrow and deep, working with a small number of passionate community members to support peer education and advocacy, the pandemic response needed to be much wider and therefore initially shallower; we need to reach our communities across a large population of more than 350,000 and hundreds of communities.”

“What should be happening is that systems trust people. And then people grow their trust in systems, rather than systems mis-trusting people, and people having to prove why they're trustworthy. And I am proud that this programme has helped catalyse that.”

### Formation and Format

Newham's commitment to more direct collaboration with residents was underway when COVID-19 took hold, with a Health Champions programme already in place. But when Newham was very severely hit in the first wave of the pandemic, it knew it needed to reach more deeply into communities. Informed by experiences from other tragedies, including New Orleans in the wake of Hurricane Katrina and the more recent experiences after the Grenfell Tower Fire Disaster in 2017, the Council knew it needed to put information and knowledge into the hands of residents, as trusted voices, so they could share with their friends, family and community, and to be a conduit to hear community concerns.

Work began in May 2020; by mid-June the programme was launched, setting the framework for COVID-19 Champions programmes across the country. The use of WhatsApp with JPEG infographics that Champions could share as they wanted was particularly new to public sector community engagement.

More than 500 Covid-19 Health Champions signed up to receive information via WhatsApp and email. Around 100 also joined a WhatsApp group and a smaller group of around 30-40 came to weekly zoom calls. Champions were offered a one-hour induction to explain the programme and their role. Later, a subset of champions trained as vaccine peer supporters, available for 1:1 conversation via a referral and matching process.

The programme is managed by Coordinator, reporting to the Director of Public Health. The coordinator provides both day-to-day and strategic management, including fielding questions from champions and creating 50+ infographics with the help of a designer. The coordinator also actively influenced and shaped COVID-19 responses in Newham using the feedback from the Champions.

### Activities and Success Stories

The programme has had a profound impact on how Newham responds to challenges. In COVID-19 it helped inform the community outreach elements of the COVID-19 vaccine programme (including vaccine peer supporters, public Q&A sessions and community pop-up clinics all of which Newham pioneered. And within a core group of champions, the programme has formed a new community that wouldn't have existed otherwise. The Champions held a celebration event in October 2021, which was attended by over 100 people. More details on activities were described in this article: <https://www.kingstond.org.uk/blog/2020/12/newham-health-champions-community-covid-19>

Newham's programme also had a significant impact on the rest of the country with more than 70 places taking part in training sessions led by the Newham Co-ordinator and then joining a national network. London's health leaders commissioned the co-ordinator to run a pan-London action learning programme for other co-ordinators in the city.

### Monitoring, Evaluation and Lessons Learned

Locally, Newham made an explicit decision not to collect data on their champions or their activities – for example, the demographics of individual champions or tracking what Champions did with the information provided. This was to avoid a dynamic where people might feel were being monitored instead of trusted to do what they know best – engage with their community.

In 2021, the programme commissioned a learning report, combining focus groups, online surveys, and 1:1 interviews with champions and public health officials; observations of champions WhatsApp and drop-in meeting interactions; and data extracted from WhatsApp. This report can be found here <https://www.newham.gov.uk/coronavirus-covid-19/community-health-champions>

### Looking Forward

Champions has helped reframe how the Newham Public Health team undertakes its work, in particular how it partners with communities and community organisation, to build access, relevance and trust (ART) to improve health and reduce health inequalities. Champions programmes now exist for the Council's response to the Ukraine Crisis (Welcome Newham Champions) and the cost of living crisis. Moreover they are crucial part of the evolving concept of 'village' responding to health and health needs collectively.

Beyond the specifics of COVID-19, the programme has evidenced at a system level how working differently with residents can be impactful.

And that is translating into other areas of Newham and beyond, including in response to the war in Ukraine (Welcome Newham Champions) and the Cost of Living Crisis (Cost of Living Champions).



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“My time and knowledge has been genuinely valued... For example, I asked for a weekly dashboard, they listened and acted. The relationship between the Champions and the Public Health Team became something else over time that was unexpected - it became a genuine caring and supportive space. If someone is not feeling great we come together to support them. We share our fears, worries and triumphs, the trust has built up.”

# Themes and key findings

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The Compendium was not a formal evaluation of COVID-19 Community Champions Programmes. Instead, it was an opportunity **to speak in depth with over 30 different programme coordinators** and reflect on what they have learned. This includes:

- **Expanded front line:** Co-ordinators, Directors of Public Health, NHS policy colleagues and others were working directly with community members. These system roles often don't come into contact with residents / members of the public in such regular and open ways. They are often in workshops or events or ...
- **Intersectional idea of communities:** Champions defined the communities that they were sharing with and supporting. The programme / system didn't look to target a specific demographic or defined group unlike a lot of engagement and co-production where there are target groups.
- **Building Trust:** The implicit narrative in any Champions Programme is trust. Who has it? How can it be built? These programmes prove that trust can be built, but trust requires long-term investment, rapid feedback loops, and breaches of the usual boundaries that exist within complex statutory systems.



# Themes and key findings

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- **Embracing New Ways of Working:** Many of the innovations they shared wouldn't have been possible before the pandemic. Not just technological leaps, like WhatsApp and Zoom, but shifts in power, relationships and public health practice.
- **Developing New Capabilities:** Over the long-term, Champions Programmes will require the development of new forms of monitoring and evaluation, as well as new skills in technology, channels and media (such as short-form video) for sustained impact and success.
- **Enforcing Consistency:** While there is no single “right way” to do Community Champions programmes, there is a strong need to define them more tightly within the local level to prevent confusion and burn-out amongst residents and community organisations.

# Four characteristics

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**Staffing:** Who is providing the Community Champions programme?

**Commissioned**



**In House**

**Focus:** What kind of Champions are these?

**COVID Only**



**Broader Remit**

**Champions remuneration:** Are Champions paid? Are they rewarded in other ways?

**Paid**



**Voluntary**

**Direction of communication:** Is the relationship broadcast from the system or two-way?

**Broadcast**



**Two Way**

# Detail not presented

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# Embracing New Ways of Working

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By definition, crisis is a temporary state of urgency that demands different solutions than “business as usual.”

While these changes aren’t always sustainable, they do **reveal opportunities to address long-standing, systemic issues** such as racism, health inequalities, lack of trust and misinformation.

Community Champions discovered many, creative ways **to meet people where they are at**. This included WhatsApp and Zoom, but also TikTok, geo-targeted social media advertising, doorsteps, mosques and churches, food banks, building sites, food factories, traveller’s sites, rough sleepers’ encampments, mobile vaccination centres, and, and, and...

But more important were **shifts in power within relationships**. Many councils enabled communities to develop their own messaging and vaccine deployment strategies. And often, residents provided care and support back to public health officials during the hardest challenges of their career, while working and grieving together over cups of tea in virtual rooms across London.

Many residents and grassroots organisations have had **visibility and influence on government decision making** in unprecedented ways, posing questions for the future. To what extent will these changes persist? And to what extent should they?



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*“It was an opportunity to tell the community directly what was happening, the precautions they needed to be taking, and explain the decisions the authority was trying to make on their behalf with the data we had. We were surprised by how many people were joining and how useful they found it. They felt that we were on their side. It became an insight into local government and being right at the middle of it. They trust us and have seen how we work at the height of an emergency, and now we’re using that to build up engagement around inequalities.”*

Harrow

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*“The engagement we’ve done previously is more one-off, about a specific issue. But COVID-19 Health Champions showed the importance of having that regular, two-way conversation over time. Having champions constructively challenge us around what we’re doing and develop ideas together.”*

Camden and Islington

# Building Trust

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While the explicit objective of a Champions Programme is usually about information and behaviour change, the implicit narrative is always about trust, particularly **with communities that are hard to reach or resist engagement** with statutory services.

These case studies provide resounding and encouraging evidence that **trust can be built**, even in situations that appear impossible to reconcile.

The harder reality is that trust takes time to build, and **trust isn't built within specific project plans and funding schedules**, but over months and years of repeated engagement, action and follow through.

**Trust emerges in the cracks and in the boundary breeches.** The new ways of working in times of crisis are part of an essential alchemy of trust. When people act outside of the usual roles, procedures, assumptions and scopes of interest, entrenched beliefs and biases can be challenged.

This dynamic creates a tension about how to integrate the trust that develops “outside” of the system back into systemic change. Can people ever truly have trust in a system? Or only in individual human beings who have visibly demonstrated that they have your best interests at heart. Champions Programmes are one way to bridge this tension by **organising around people rather than projects**.



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*“You need to follow through. If I say I’m going to call back, I have to call back. If I have their number, I need to call and check in and let them know where I’ve been. Because they already don’t trust the system. If we let them down. That’s it. The door is shut in our face”*

Sutton

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*“We need to continue building this bridge, because we can't build a bridge and burn it after we use it. Those bridges need to be there. And they need to be maintained. And they need to be looked after.”*

Richmond and Wandsworth

# Developing New Capabilities

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Champions Programmes have proven to be a powerful way to **develop new capabilities in residents and community organisations**. The training and capacity building they deliver has enabled many to move forward with new types of skills, funding opportunities and employment.

Champions Programmes also require councils to develop new skills and service providers. **The most effective content requires specialist expertise** in design, social media, programmatic advertising, behavioural insights, and video production. Information developed specifically by local people for local needs is a cornerstone of champions programmes', but there is a risk of relying on volunteers to do work that should be funded.

In addition, there is no easy way to **share content across programmes, particularly in a rapidly changing crisis environment**, resulting in unnecessary duplication of effort. This has implications for structural sharing solutions across London and beyond.

Measuring, monitoring and evaluating Champions Programmes is essential, but problematic. It can put disproportionate pressure on grassroots groups and change the relationships being observed. Many programmes choose not to measure certain activities.

**There is a strong thirst for new ways to learn, and new methods for reporting and evaluation**, particularly a collaborative approach across London programmes.





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*“My reflection is that this is what these champions can do, they get information out to their communities. And I think that if you’re just expecting people to follow the council on social media, that’s not really going to be effective. For us, this is an opportunity to develop these champions, who’ve already got that engagement, and they’re already doing these projects, and there’s so much good learning.”*

Croydon

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*“We wanted to see if scaling the programme had diluted its benefits. We were really pleased because expansion didn't adversely impact the health and wellbeing benefits for those involved.”*

Kensington and Chelsea and Westminster

# Enforcing Consistency

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Every interview started with the question, “what does a ‘Champions Programme’ mean to you? And the sheer variety, thoughtfulness, and inventiveness of the answers was inspiring.

By definition, Champions are **local and hyper-local responses**, and so should be shaped by the place and time they address.

However, it also creates **potential for confusion**: with funders at the national level, in terms of ability to collaborate and communicate at the regional level, and for staff, residents and VCS organisations at the local level.

How much variation should exist across programmes at a local, regional or national scale?

Hopefully these case studies begin to create a vocabulary and perspective that helps at the national and regional level, **without requiring un-necessary and counter-productive homogenisation**.

We would caution coordinators **to keep a tight hold on language and meaning at the local level**, to avoid wasteful duplication, burning-out specific resources within the community, or over-generalising scope and losing connection to specific needs.



*“People get very confused with the different terms. They come to meetings and have no idea how it relates to themselves. These are volunteers, they don’t get paid. It’s our job to make the system and the journey easy for them. What benefits are they getting out of it? This isn’t just about our work.”*

Sutton

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*““People initially resisted the Champions label. They didn't want to be told what they were, but acknowledged for the leadership roles they were already playing. This is a crucial element before enabling, equipping and empowering residents to scale up what they already do. Then they can recognise themselves as champions and use their social capital to communicate. ”*

Wandsworth

# Commissioned vs In House

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Fully commissioned programmes use an umbrella or bridge organisation to fund smaller voluntary and community organisations in activities that engage residents on specific themes of interest.

In-house programmes put employees and officials from the council in the direct communication and collaboration with residents and community leaders, often informally and outside traditional statutory channels, such as WhatsApp groups.

Often, there is a blend of different partnerships across public health and the NHS or other local authority departments and initiatives

Commissioned	Blended	In House
Barnet, The City and Hackney, Croydon, Enfield, Haringey, Kensington and Chelsea and Westminster, Lambeth	Barking and Dagenham, Ealing, Harrow, Southwark, Wandsworth	Bexley, Brent, Camden and Islington, Greenwich, Havering, Hounslow, Kingston upon Thames, Lewisham, Merton, Newham, Redbridge, Richmond upon Thames, Sutton, Tower Hamlets, Waltham Forest

# Commissioned vs In House

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Commissioned programmes can achieve scale and reach quite quickly, as they rely more on established channels and relationships.

*Working with VCS partners, including smaller grassroots organisations, during the pandemic improved the reach, accessibility and acceptability of public health messages. The model of Community Champions being based within a VCS organisation has given instant communication channels with clearly identified communities and service users. The groundwork that these community organisations have previously done, the trust and connections they have established and their knowledge of communities' needs and priorities have been invaluable in assisting the Community Champions' role.*

The City and Hackney

In house programmes tend to create new forms of engagement within organisations which may have felt quite removed from the front-line and the communities they served.

*It was an opportunity to tell the community directly what was happening, the precautions they needed to be taking, and explain the decisions the authority was trying to make on their behalf with the data we had. We were surprised by how many people were joining and how useful they found it. They felt that we were on their side. It became an insight into local government and being right at the middle of it. They trust us and have seen how we work at the height of an emergency, and now we're using that to build up engagement around inequalities.*

Harrow

# COVID-only vs Broader Remit



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Most of the Community Champions programmes across London formed during the pandemic, either directly in response to emergent needs, or fuelled by the Department of Levelling Up Community Vaccine Champions (DLUC CVC) grants in 2021 and 2022.

However, few of the programmes retain a COVID-only focus. In many boroughs, community champions programmes emerged from, or have been merged into, larger streams of work on health inequalities. In general, champions themselves prefer branding around “Health” rather than COVID Vaccination.

In a few instances, Community Champions programs pre-date the pandemic, in particular Kensington and Chelsea, Westminster, Hammersmith and Fulham, and Enfield.

COVID-only	Evolving	Broader Remit
Camden and Islington, Croydon, Havering, Kingston, Lewisham, Newham, Waltham Forest	Barking and Dagenham, Barnet, The City and Hackney, Haringey, Hounslow, Lambeth, Merton, Redbridge, Richmond, Southwark, Tower Hamlets, Wandsworth	Bexley, Brent, Ealing, Enfield, Greenwich, Harrow, Kensington and Chelsea and Westminster, Sutton

# COVID-only vs Broader Remit

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COVID-only programmes maintain tight focus, and consider the interest of the community in being active champions will wax and wane significantly as the situation evolves.

*“We were very conscious that a lot of them signed up as COVID champions, and that was their main focus, so we wanted to manage that transition quite carefully.”*

Barnet

Most programmes have found that high levels of “COVID fatigue” in recent times mean that the best route into conversation is via other health and wellbeing topics of interest.

*“We feel it works a lot better because people can have a wider conversation, and then sort of slot the vaccination in there. Everyone has different health concerns, so if we can stop people smoking and get them healthier, we’re still winning.”*

Barking and Dagenham

# Paid vs Voluntary



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These are terms that describe a complex landscape. Who is serving whom? What is the “work” at hand? What is the fairest and most expedient way to get resources to the people and places that need it the most? How does money change power dynamics and relationships?

In some cases, all of the members of the champions network are paid employees of statutory bodies or VCS organisations, either on a permanent or sessional basis or via grants.

At the other extreme, the work of coordinating the network is essentially unfunded, bundled into other council roles, and participants receive no compensation beyond occasional expenses or access to accredited training.

Paid	Blended	Voluntary
The City and Hackney, Croydon, Haringey, Kingston, Lambeth	Barking and Dagenham, Brent, Enfield, Harrow, Havering, Hounslow, Kensington and Chelsea and Westminster, Merton, Redbridge, Southwark, Tower Hamlets, Waltham Forest	Barnet, Bexley, Camden and Islington, Ealing, Greenwich, Lewisham, Newham, Richmond, Sutton, Wandsworth



# Paid vs Voluntary

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Regardless of the type of funding or support provided to Champions, programmes emphasized the need to clearly understand what is being exchanged.

*“The ‘what's in it for me’ factor had to be realistically considered. It helped, explicitly saying, ‘Look, we've given you this training. The individual gains continued professional development. The organisation has benefited from their increased knowledge and being part of the network. And now you can access more funding. We need you to be able to engage with citizens.’”*

Enfield

The act of volunteering to be a champion shows a bond of mutual commitment, and can increase the level of engagement via an element of self-sections.

*“It's effective because it's opt-in, and these are people who have made the effort to say they want to be a part of something. They've made a conscious decision to help. So it's the right type of people to reach out to. And I think that's powerful.”*

Redbridge

# Broadcast vs Two Way



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All champions programmes include some type of “one-to-many” broadcast communication, whether via email, WhatsApp, or paid programmatic advertising.

And almost all champions programmes include a feedback loop back from communities into public health, to help inform both strategic priorities and tactical execution.

The furthest extreme of two-way communication involves residents speaking directly to public health officials, building personal relationships with them, and seeing their input actioned by statutory bodies within days or weeks of sharing.

Broadcast Only	Feedback Loop	Two Way
	Barking and Dagenham, The City and Hackney, Croydon, Enfield, Haringey, Havering, Kensington and Chelsea and Westminster, Kingston, Redbridge	Barnet, Bexley, Brent, Camden and Islington, Ealing, Greenwich, Harrow, Hounslow, Lambeth, Lewisham, Merton, Newham, Richmond, Southwark, Sutton, Tower Hamlets, Waltham Forest, Wandsworth

# Broadcast vs Two Way

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Even when broadcasting or cascading information, Champions Programmes tend to release significant levels of control to communities in deciding how and what to communicate.

*“Community Members felt the approach of Champions having the autonomy to decide how to disseminate COVID-19 information was beneficial. The Programme will continue to be applied flexibly so that Champions can choose the best ways to engage with communities based on their existing knowledge, including operating as Champions covertly. It is important that the trust Champions have built up in their communities is continued and developed. Also that Champions feel that their role in promoting information about community health and wellbeing is sustainable and a natural progression.*

Lewisham

The regularity and duration of two-way contact in a Champions Programme differentiates it from other types of community engagement.

*“Now that things are more back to normal, we still have this group of people who are very dedicated, and very passionate. I’ve been involved in other groups, but we’ve never had such regular contact. This model is different, because we’re always there, not just when we want something. We hear what they need, as opposed to us telling them what we want them to hear. That makes it special.”*

Tower Hamlets



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# Maximising the potential of Community Champions programmes



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# Community Champions Development Programme

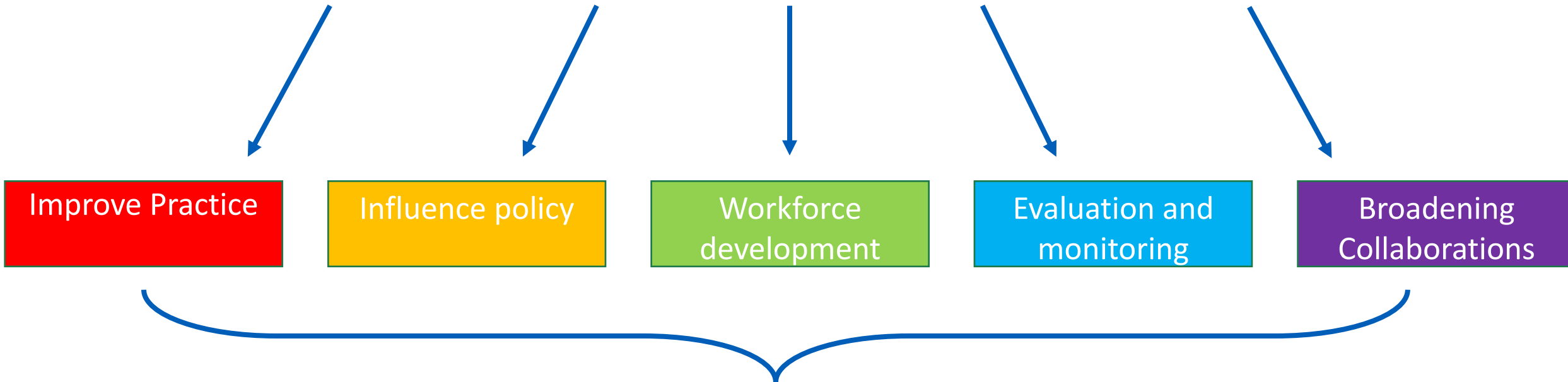
# The programme

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Network for Champion Coordinators & others involved in community collaboration and partnership



Guided and connected by an Advisory Group of ADPHL, GLA, NHSE, London Councils, OHID and UKHSA

# The network

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- Open to anyone in London health system who is
  - Working a place
  - Focused on community dialogue, conversation and collaboration
  - Helping to influence policy locally, at ICB level or regionally
  - Wanting to learn and collaborate
- Will shape the detail of other aspects of the programme
- Logistics and topics
  - Meeting every 2 months
  - Content to be co-designed in first few meetings
  - Listening events remain a core part of the programme

**First meeting 1 March 2-3pm. Email leva at [leva.Smilingyte@newham.gov.uk](mailto:leva.Smilingyte@newham.gov.uk)**

# What next

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- Join the programme: email [leva.Smilingyte@newham.gov.uk](mailto:leva.Smilingyte@newham.gov.uk) or [office@adphlondon.org.uk](mailto:office@adphlondon.org.uk)
- Check in on the website: <https://www.adph.org.uk/networks/london/programmes/community-engagement/>
- Share the Compendium and lessons – get in touch with leva if you'd like a bespoke discussion





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**Thank you**