

LEICESTER CITY HEALTH AND WELLBEING BOARD
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Subject:	Community Wellbeing Champions Project
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EXECUTIVE SUMMARY:

1. Introduction

- 1.1. This report introduces the Health and Wellbeing Board to the work of the Community Wellbeing Champions (CWC) Project, which was set up by Public Health in light of Covid-19 to support community engagement efforts in relation to the pandemic and wider health and wellbeing needs.
- 1.2. The project was initiated in October 2021 and began undertaking community engagement and established the Leicester CWC Network in early 2022. This report provides a background to the development of the project, describes the Community Wellbeing Champion role and network, outlines the engagement undertaken with the community and partners under the project, and lists some achievements. The report then looks at planned work and challenges for the project, including resourcing, and sets out recommendations for the Board.

2. Background

- 2.1. The Community Wellbeing Champions Project was set up in 2021 in response to the Covid-19 pandemic. Leicester was one of the hardest hit cities in the U.K., and as the pandemic developed, Leicester became an area of 'enduring transmission' and went on to become the first city to be placed under a local lockdown. Some of the reasons for Leicester's vulnerability to Covid-19 included the city's household make-up, fewer work-from-home jobs, and greater reliance on public transport. Another reason that Leicester was disproportionately negatively hit by Covid-19 was due to the health inequalities already experienced by the city's diverse population.
- 2.2. During this time, misinformation and mistrust presented challenges to health protection efforts, underlining the need to build strong relationships with communities if efforts to improve reduce the spread of Covid-19 and improve health and wellbeing for all were to be effective. Whilst effective

community engagement was happening to some extent, both within Public Health and across the council and wider health partnership, it was recognised that this needed to be strengthened. Community champions schemes set up elsewhere in the country were demonstrating that such networks were effective mechanisms for building relationships with trusted community figures and, through them, reaching into communities with health messaging and services, so the decision was taken by Public Health to set up a scheme in Leicester.

- 2.3. Echoing Public Health's vision, the Community Wellbeing Champions Project was set up with the objective of tackling health inequities and achieving better physical and mental health and wellbeing for everyone. The aim would be two-fold: reaching the public with health promotion and protection messages and services and gaining better quality insight into health and wellbeing needs and the challenges that different communities face in having them met.
- 2.4. This would be done by creating a network of Community Wellbeing Champions drawn from across Leicester's diverse communities and increasing overall community engagement, communication, information-sharing, and partnership working using people- and community-centred principles.

3. Champions

- 3.1. The term 'Community Wellbeing Champions' is defined as organisations and individuals that undertake work to promote and support people's health and wellbeing. This includes people that are already working to promote and support people's health and wellbeing, whether in paid or voluntary roles, as well as those who want to become newly involved.
- 3.2. The Champions for part of a community engagement partnership called the Leicester Community Wellbeing Champions Network. The network includes members from the voluntary, community, and social enterprise (VCSE) sector, people from faith or other community organisations (e.g., sports clubs), other trusted community figures, and individuals with a passion for improving health and wellbeing in their networks. It also includes colleagues from Public Health and elsewhere in the council and professionals from partner organisations such as the NHS Integrated Care Board.
- 3.3. The network currently has over 300 members on the mailing list, representing at least 145 organisations. Around two-thirds of these members are from the VCSE sector, faith, and other community organisations (e.g., sports clubs) and other trusted community figures.
- 3.4. The Leicester CWC Network connects and has overlapping membership with a number of other partnership networks/bodies, including the Leicester City Council corporate VCSE and faith sector network, the Anti-Poverty Network, the VCSE Alliance, and the Better Mental Health For All Network.

4. Engagement

- 4.1. The CWC Project aims to increase engagement in a number of different ways. This includes direct engagement with the public as well as indirect engagement through the Champions and engagement with the Champions themselves. The aim is to build two-way relationships and communication,

as efforts to reach people with health messaging and services would be less effective without insight into their health and wellbeing needs and the barriers and challenges that they are facing in having those needs met. Similarly, efforts to support and work with the Champions on meeting their communities' needs would be less effective without an understanding of the barriers and challenges that they are facing when trying to deliver their services and meet those needs.

- 4.2. Community engagement undertaken by the CWC team has included launching the project with the 'How Are You, Leicester?' consultation in 2022, attending community events and holding information stalls to promote Public Health services and messages, and facilitating links between Public Health programme leads and Champions to engage the community in consultations and other work.
- 4.3. Champion engagement, through the CWC Network, has included establishing a weekly email bulletin with a round-up of health and wellbeing news and information, monthly online forums as a space to explore different subjects, and in-person conferences to support networking and collaboration. Champion engagement also takes place at partners' networking events, and in addition to routine engagement activities noted, there has also been ad-hoc outreach for specific issues and programmes.

5. Achievements

- 5.1. The CWC Project has been running for around two years and has achieved a number of outputs. In addition to those already noted, the CWC team delivered the government-funded Covid-19 Vaccine Confidence Programme, developed the Help Leicester Stay Warm/Connect information resource in response to the cost of living crisis, has managed the VCSE sector and community engagement work on behalf of the Council's Cost-of-Living Incident Management Team, supported deliver of the ICB's Super Vaccinator Project, and supported a range of other Public Health and partner engagement.
- 5.2. Measuring the impact of the CWC project's work on health data is challenging (e.g., X percentage reduction achieved in Y condition), as the team supports the work of other parties on a range of health and wellbeing matters rather than working directly on specific health issues itself. However, the project has had an impact in terms of improved reach and relationships, engagement with underheard and underserved communities, raising Public Health's profile, increasing information and opportunity-sharing and facilitating better connections across organisations, strengthening the crisis response infrastructure in the city, and improving community engagement practices, all of which can in turn serve to make health improvement efforts more effective.
- 5.3. There has also been a lot of learning from the two years of the project. Some of this is specific to programmes, projects, and activities that the CWC team has either delivered or supported, such as insight into reasons for low vaccine uptake, and some has been general learning from across the development and delivery of the CWC project as a whole. In general terms, some key learning points have been:
 - The city has many amazing and dedicated community assets, facilitating reach into many groups and areas, but gaps remain.

- There is a growing demand for support, particularly in relation to mental health, and people are presenting with increasingly complex needs.
- Community organisations are facing challenges with volunteer recruitment and retention.
- Information-sharing and communication is vitally important, but it is still not being done as well as it could be.
- 'Soft' engagement is needed to build the relationships and trust that allows more direct engagement on health issues to be effective.
- Initiatives have an impact, but they must be tailored to communities and sustained when successful.
- The way that funding criteria, processes, etc. are set/managed are not always helpful to partners that are delivering on the frontline.

6. Looking Ahead

- 6.1. As well as continuing with the work it is already delivering, the project will be undertaking work to help further increase Public Health's presence and profile in communities, expand the network coverage to reach more groups and areas, strengthen the way insight from engagement is gathered, shared, and used, and increase the training and information resources available to the Champions network and partners.
- 6.2. Responding to the learning and challenges noted above, the team will also be looking at developing an equitable engagement and funding framework, continuing efforts to strengthen joint working with partner networks (e.g., VCSE Alliance), and exploring the development of Volunteer CWC roles.
- 6.3. The CWC team is made up of two staff members (a Project Manager and a Programme Officer), funded from the core Public Health budget. As the team is small, capacity to deliver on project aims and activities can be challenging. Public Health is currently looking at how to increase staffing. The project is currently funded until March 2026, so consideration will need to be given to how its work and impact is maintained in future.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

- a. Note the project's progress and achievements.
- b. Consider its response to the development points and challenges, such as:
 - how organisations on the Board can use the insight and the project to make a meaningful impact on health inequity,
 - how partner organisations can implement more sustainable, equitable, and simplified funding processes, and
 - how the Board can help with boosting the capacity of the CWC project/team so it can achieve more now and sustaining the project/team over the longer-term so it can continue supporting communities and achieving more towards health and wellbeing strategy goals in the future.
- c. Advise on any other considerations for the project, such as community engagement needs that are not currently being met or ways in which the CWC project can link with and support the delivery of the Health & Wellbeing Strategy.