

## **Volunteer Community Health Champion Role**

### **Background**

The Community Health Champion role was winner of the Prime Minister's Big Society Award 2010, a finalist for the Big Lottery health awards 2011 and highlighted in the 2010 Public Health White Paper and Marmot review (HSJ, 2012).

'Community Health Champions are people who, with training and support, voluntarily bring their ability to relate to people and their own life experience to transform health and well-being in their communities. Within their families, communities and workplaces they empower and motivate people to get involved in healthy social activities, create groups to meet local needs and sign post people to relevant support and services. Community Health Champions help others to enjoy healthier lives by raising awareness of health and healthy choices, sharing health messages, removing barriers and creating supportive networks and environments. This evidence based model is proving to be an effective way of reaching people and is making a real difference within communities. Champions are also influencing and shaping local services, increasing civic participation, initiating community development opportunities and gaining skills to move into further training, volunteering roles and employment.' 'Altogether Better' web site and evidence report (Oct 2015): <http://www.altogetherbetter.org.uk/>

### **Rationale**

Volunteer Community Health Champion roles are being developed in the regeneration neighbourhoods in Oxford City as part of community health plans to address health inequalities. They will already be advocates for their community and will use an asset-based community development approach to utilise and build on existing community initiatives and facilitate setting up other relevant needs-based initiatives where appropriate.

### **Barton**

The Barton Health and Well Being Partnership is seeking to develop the Volunteer Community Health Champion role and would like to recruit people who are currently working in Barton, who may be able to fulfil this role. Ideally, they will already be working with particular groups in the community and can enhance their skills, whilst adding value to their existing role, through the support and encouragement of their current employer. The Health Champion post will be able to liaise with local colleagues in the health sector, such as the Social Prescribing Co-ordinator for Bury Knowle GP Practice, as well as obtaining support from the Barton Health & Well Being Partnership.

## **What Are the Benefits?**

To an **employer**:

- Free training for your staff;
- Additional skills and knowledge in your workforce;
- In-house access to health resources and sign posting;
- Improved health and well-being of staff;
- Increased links to health and other partners;
- Helping to improve the health and well-being of the community.

## **What is being asked of you as an Employer?**

- To identify a member of your team/ workforce to become a Health Champion;
- To allow time for the staff member to attend the initial Health Champion training session. The session will be free and is likely to be for half a day;
- To include the role of Health Champion into the day to day work of the staff member and include this themed area of responsibility in the line management/supervision and support of the member of staff – this could work in the same way that you may have other members of staff who are first aiders or safeguarding/ health & safety leads etc;
- To enable the staff member to feed back to the Health & Well Being Partnership- either in person or via a brief report;
- To allow time for refresher/update training as needed.

Refer to the role description of the Volunteer Community Health Champion.

**Barton Healthy New Town**  
**Volunteer Community Health Champion**  
**Role Description**

**Supported by:** Barton Healthy New Town Steering Group;  
Barton Health & Wellbeing Partnership.

**Working in:** Barton

**Overall Aim of the Role**

To improve the health of people in the local community by:

- Helping people to have the knowledge and confidence to make better health choices;
- Helping people to find and use the right services;
- Recording interactions and results;
- Reporting untoward issues to the appropriate person/ agency.

**Tasks and Activities**

- Work with workplace colleagues and community members who want help and support with health issues.
- Link with other professionals, agencies and the Social Prescribing Co-ordinator to signpost people to services that can help them.

**Knowledge and Skills**

- Know the local community and different activities and groups which exist;
- Have excellent communication skills;
- Be able to manage your own time and resources.

Through provision of training, to:

- Have a broad understanding of health and health services;
- Have a broad understanding of the health issues in the local community;
- Understand the importance of changing people's behaviour to improve lifestyle;
- Understand healthy lifestyle options and people's choices and behaviours.

**Communication and Support**

- Share appropriate information, ideas and good practice and seek advice from workplace supervisor, other Health Champions and the Barton Healthy New Town project and Barton Health & Wellbeing Partnership.

**Training**

- Be willing to undertake relevant training related to the role.

# WELCOME!

## Volunteer Community Health Champion Training

Kate Austin, Health Improvement Practitioner, Public Health,  
Oxfordshire County Council

Maggie Dent, Equality & Access Manager,  
NHS Oxfordshire Clinical Commissioning Group

# This Session:

- Housekeeping;
- What you'd like to get from today;
- Background to the Health Champion role and Barton Healthy New Town;
- Your role as a volunteer community Health Champion;
- NHS & Local Authority Structures;
- Health & Inequalities;
- Directory;
- Next steps.

# Your Role as a Volunteer Community Health Champion

What do you think  
the purpose of your role is?

# The Purpose of Your Role

- To help to address health inequalities;
- To help improve the health & wellbeing of people in your community and workplace;
- To be an advocate for your community;
- To support people to find the right services

# Role Structure

- You will remain an employee of your organisation with line management;
- 'Health' support from Kate and Maggie and the Barton Health & Well-Being partnership;
- Links with Social Prescribing Co-ordinator in the GP Practice.



# What the role will entail

- Know your community;
- Know about local services and activities;
- Link with other agencies and professionals;
- Understand healthy lifestyle options;
- Understand people's behaviours and choices;
- Be good at listening and communication;
- Share ideas, good practice, knowledge;
- Record activities and outcomes.

What are some of the  
boundaries of your role?

What issues and safety measures do  
you need to be aware of?

# Boundaries and Limits

- Know the limit of your knowledge and skills and the role description;
- Own personal experiences;
- Know when to ask for advice;
- Act as a sign poster;
- Use evidence based information;
- Incidents/ Issues/ Safety/ Safeguarding;

What local organisations and activities  
are you aware of?

# Local Knowledge

- Get to know local organisations and their remit;
- Use the information directory and list of web sites and other valid information sources;
- Go 'out and about' and introduce yourself;
- Build on 'social capital'.

# Evidence based information

Live Well from NHS Choices

<http://www.nhs.uk/livewell/Pages/Livewellhub.aspx>

ONE You from Public Health England: Aimed at adults

<https://www.nhs.uk/oneyou>

Change for Life aimed at Children and Families

<http://www.nhs.uk/change4life/pages/why-change-for-life.aspx>

# Further Training

- February 23<sup>rd</sup>- Identification & Brief Advice (training for alcohol and smoking cessation)
- February 27<sup>th</sup>-Food Poverty. 9.30am- 1pm
- Barton H&WB Partnership- 1pm- 3pm

All at BNC

- Information disseminated on other relevant training and update sessions

# Confidentiality

What does confidentiality mean to you?



# Confidentiality means:

- Not sharing information with anyone who should not be privy to that information.
- WHO needs it?
- WHY do they need it?
- WHAT will they do with it?

# What is included?

- Verbal information (discussions, telephone);
- Written information, including emails, client/patient records (people can ask to see written info about themselves!);
- Electronic information;
- Paper information.

# How can we ensure we maintain confidentiality?

## By ensuring that:

- We don't 'gossip' about clients to *anyone*;
- Client information is not shared with any of their family members;
- Full client details are not disclosed in emails or when asking colleagues' advice;
- If records are kept, they are stored safely.

# Remember...

If it was personal information about YOU, how would you like it handled?

# When is it appropriate to share information?

# Sharing Information

- If a child is at risk;
- If a vulnerable adult is at risk;
- If a person's safety is at risk;
- Person must be informed that you need to break confidentiality.
- If in doubt...check or ask!  
<http://www.oscb.org.uk/>  
<http://www.osab.co.uk/>

# Any questions?



# NHS and Local Authority Structures

Kate Austin,  
Health Improvement Practitioner  
Public Health, Oxfordshire County Council

Maggie Dent,  
Equality & Access Manager  
NHS Oxfordshire Clinical Commissioning Group

# What's your knowledge of the Health Care System?



# NHS Structures

- Secretary of State for Health has ultimate responsibility for health services in England.
- Department of Health is responsible for strategic leadership of health & social care, but doesn't manage any NHS organisations.
- NHS England- independent, arm's length body. Oversees some operation & resources of CCGs and commissions specialist services.

# Clinical Commissioning Groups (CCGs)

- All GP Practices belong to a CCG.
- CCGs commission (buy) most services.
- Commission from any service provider that meets NHS standards and costs, e.g. NHS hospitals, social enterprises, charities, private sector providers.
- CCGs have a duty to involve patients, carers, public in decisions about services they commission.

# Oxfordshire CCG (OCCG)

OCCG commissions services from:

- Oxford Health NHS Foundation Trust, e.g. mental health services;
- Oxford University Hospitals Foundation Trust, e.g. JR, Churchill, Horton, Nuffield Orthopaedic;
- Voluntary & Charity Sector, e.g. Mind

# OCCG Priorities

1. Be financially sustainable.
2. Primary care driving development and delivery of integrated care, and offering a broader range of services at a different scale.
3. Provide preventative care and tackle health inequalities for urban and rural patients and carers .
4. Deliver fully integrated care, close to home, for the frail elderly and people with multiple physical and mental healthcare needs.
5. Enable people to live well at home and to avoid admission to hospital when this is in their best interests.
6. Be providing health and social care that is rated amongst the best in the country.

# Care Closer to Home

- Avoid hospital admissions;
- Enable people to leave hospital;
- Help people to make the right choice of service and avoid A&E.

# What do you know about Public Health?





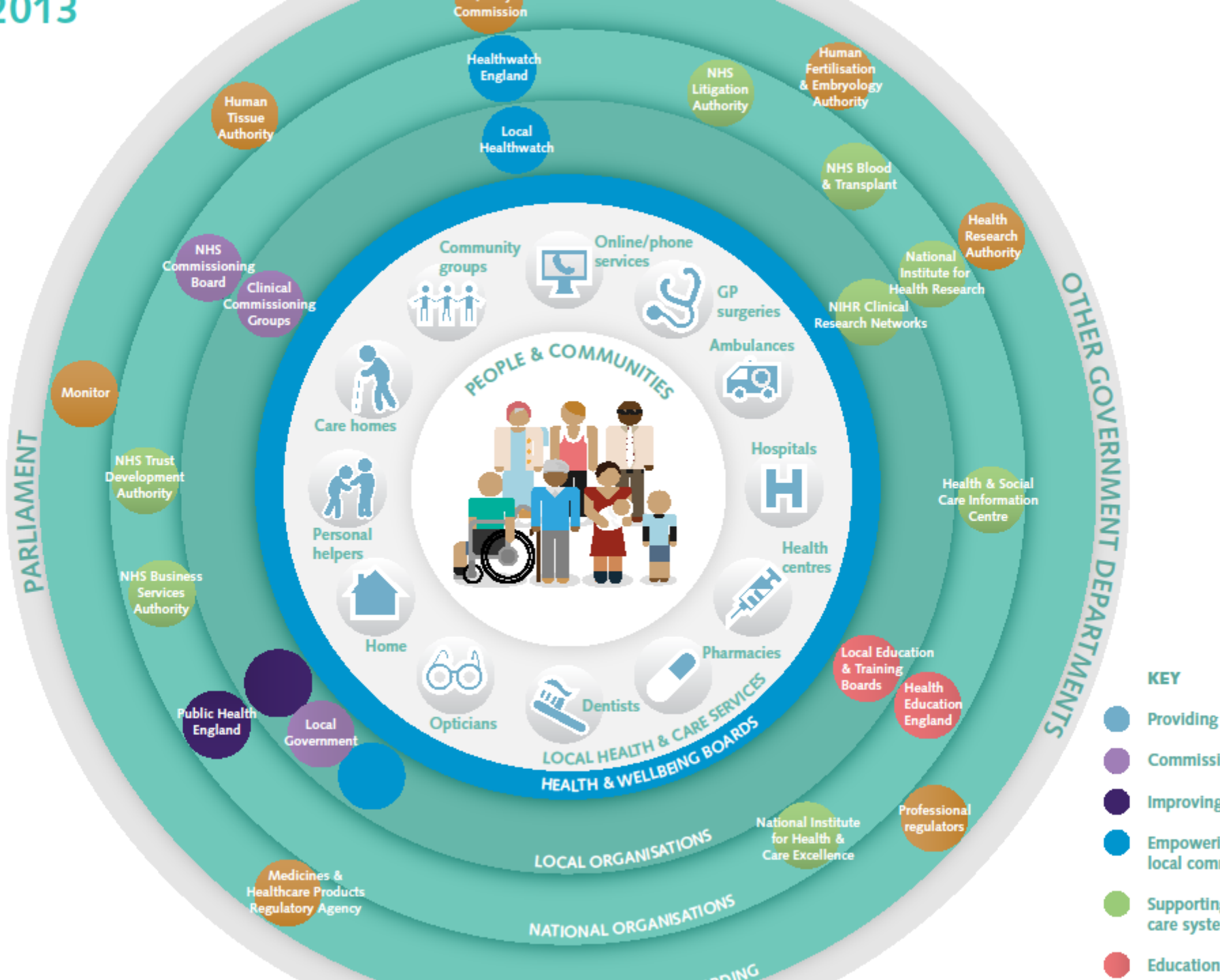
# Public Health- National

## Public Health England:

- Co-ordinates national Public Health service.
- Delivers some Public Health functions.
- Provides national leadership to support Public Health delivery.
- Works with LAs and NHS to respond to emergencies.

# Public Health- Local

- In Oxfordshire- two tier Local Authority system with one County Council and five district councils.
- Public Health sited in Oxfordshire County Council.
- Supports public to make healthier choices via campaigns.
- Commissions some services, e.g. NHS Health Checks; sexual health services.
- Provides health protection function.



# Any questions?

# Health and Inequalities

Kate Austin, Health Improvement Practitioner  
Public Health, Oxfordshire County Council

Maggie Dent, Equality & Access Manager  
NHS Oxfordshire Clinical Commissioning Group

# Exercise:

**What does 'health'  
mean to you?**

# WHO Definition of Health

‘Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.’

# Exercise:

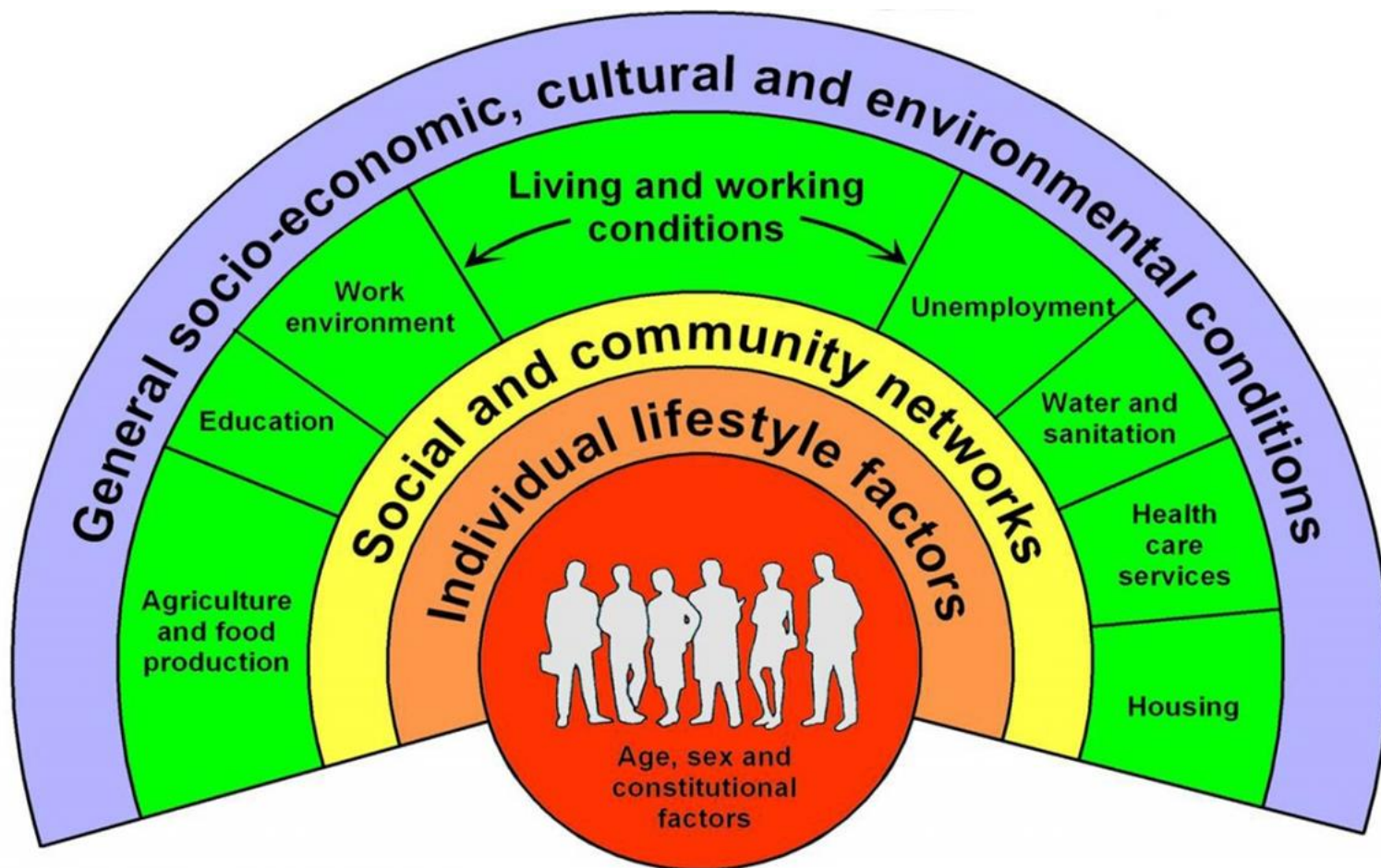
**What factors do you think  
affect health?**



# Factors: Health Determinants

## WHO Definition:

- A health determinant is a force or element that affects health, either positively or negatively. Health is determined by both intrinsic forces, such as genetics, behaviour, culture, habits and lifestyles, and extrinsic forces such as preventative, curative and promotional aspects of the health sector, as well as elements outside the health sector including:
  - Economic factors, such as trade
  - Social factors, such as poverty
  - Environmental factors, such as climate change
  - Technological factors, such as information technology.



Source: Dahlgren and Whitehead, 1991

# Exercise:

**What do we mean by  
'Health Inequalities'?**

# Oxford City life expectancy at birth

## Oxford City – Life expectancy differences

North Oxford to



5.5 miles



12.3 yrs



9.3 yrs

Blackbird Leys

Northfield Brook

Rose Hill & Iffley

Barton & Sandhills

Churchill

12.9 yrs

9 yrs

10.8 yrs

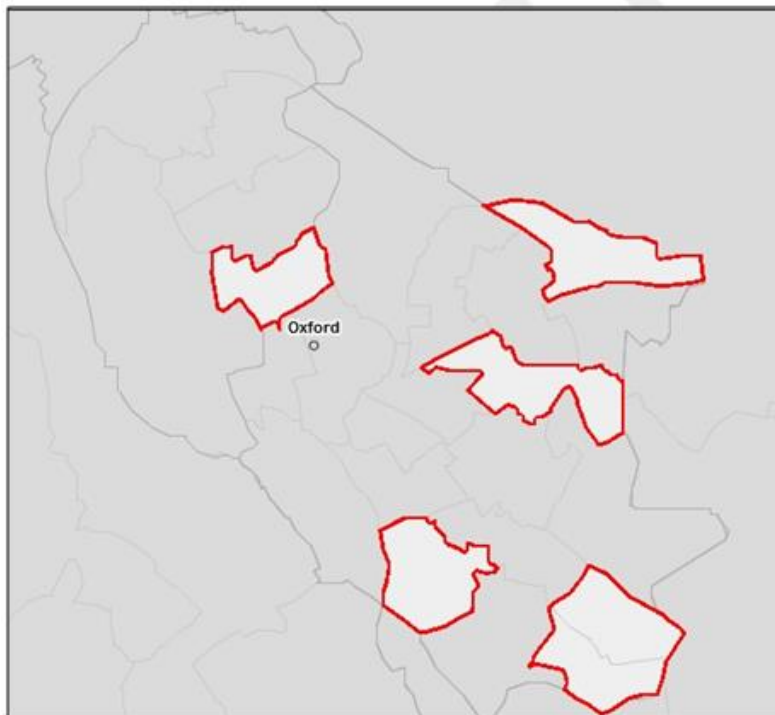
11.8 yrs

10.4 yrs

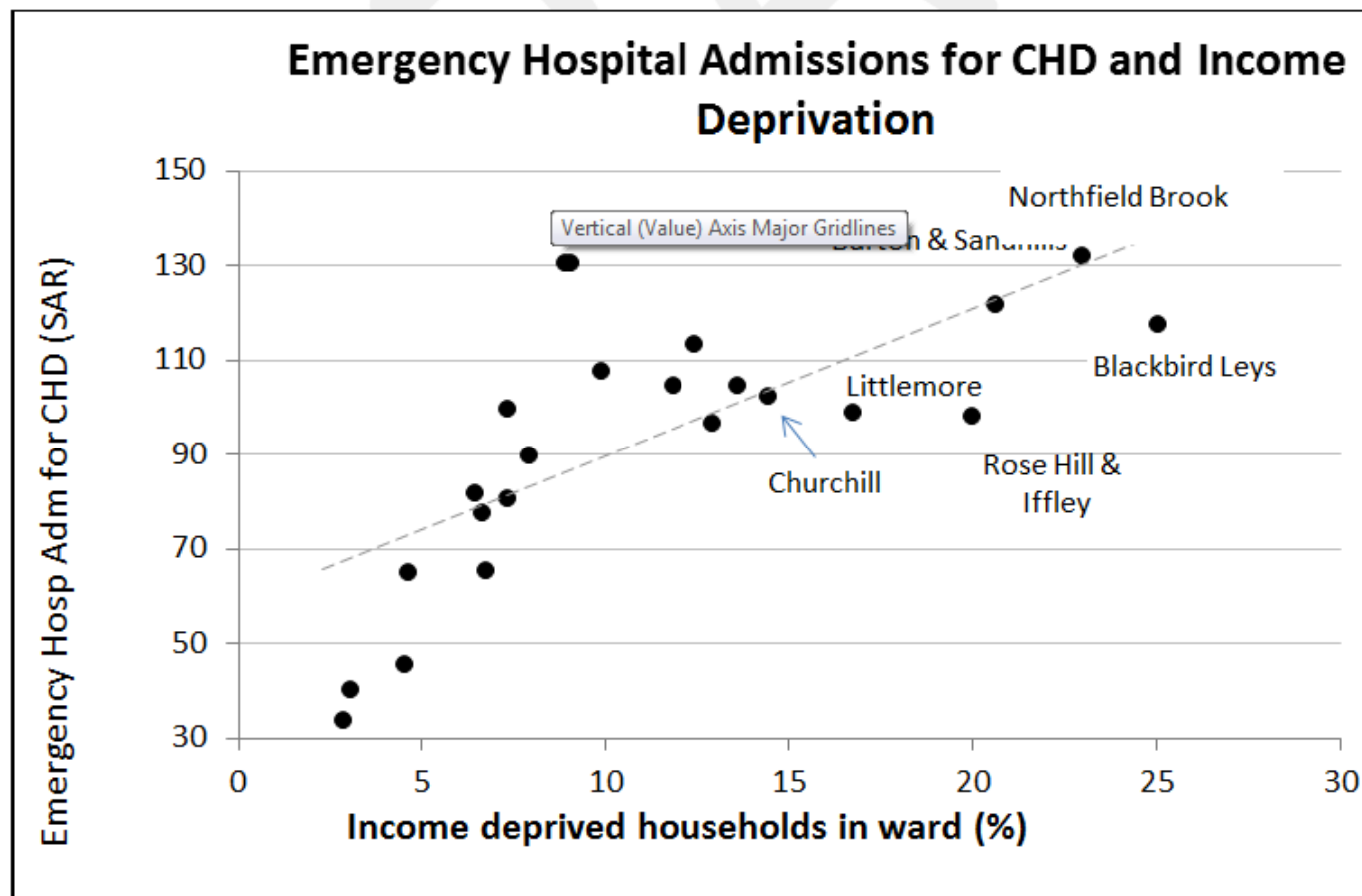
3.9 yrs

7.1 yrs

5.8 yrs



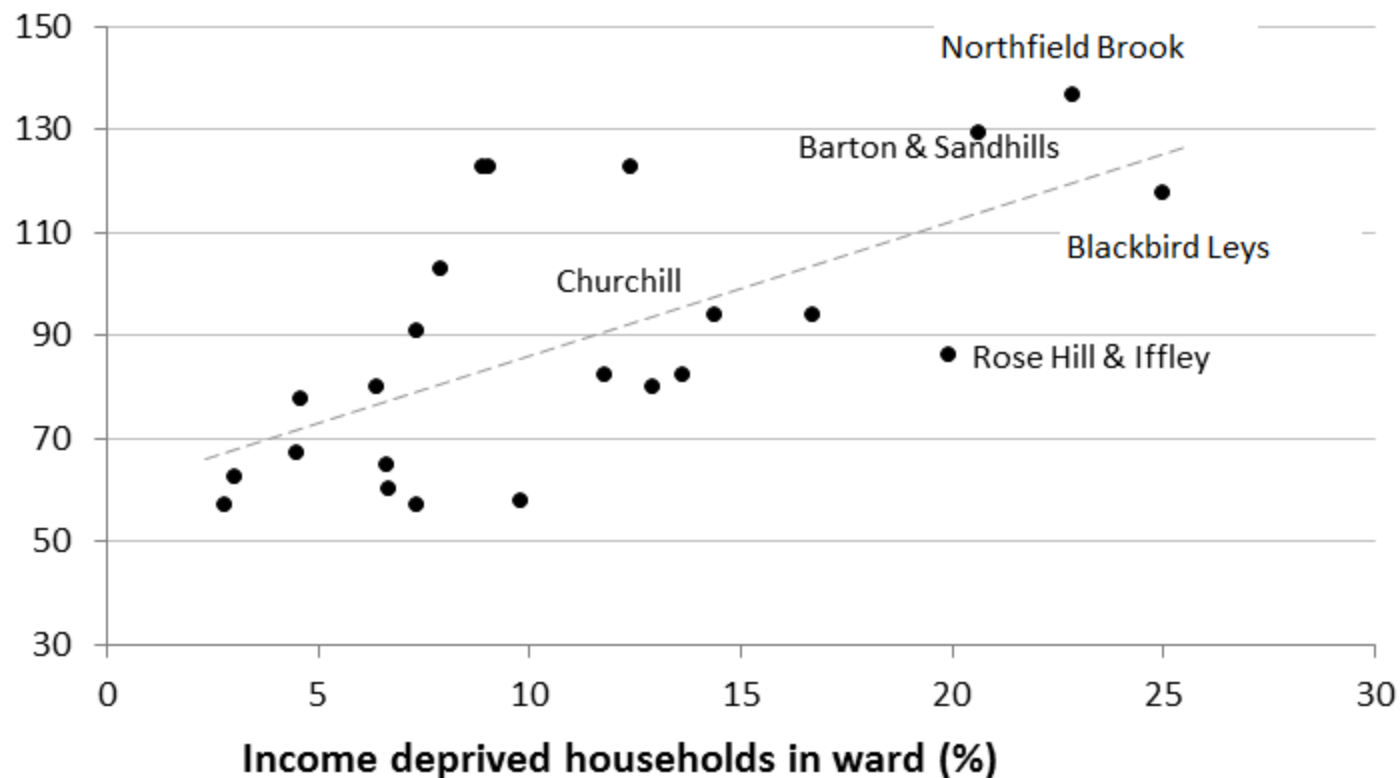
# Income and Health



Source: Public Health England; Local Health Tool

## Emergency Hospital Admissions for Stroke relative to Income Deprivation

Emergency Hosp Adm for Stroke (SAR)



Source: Public Health England; Local Health Tool

Income deprived households in ward (%)

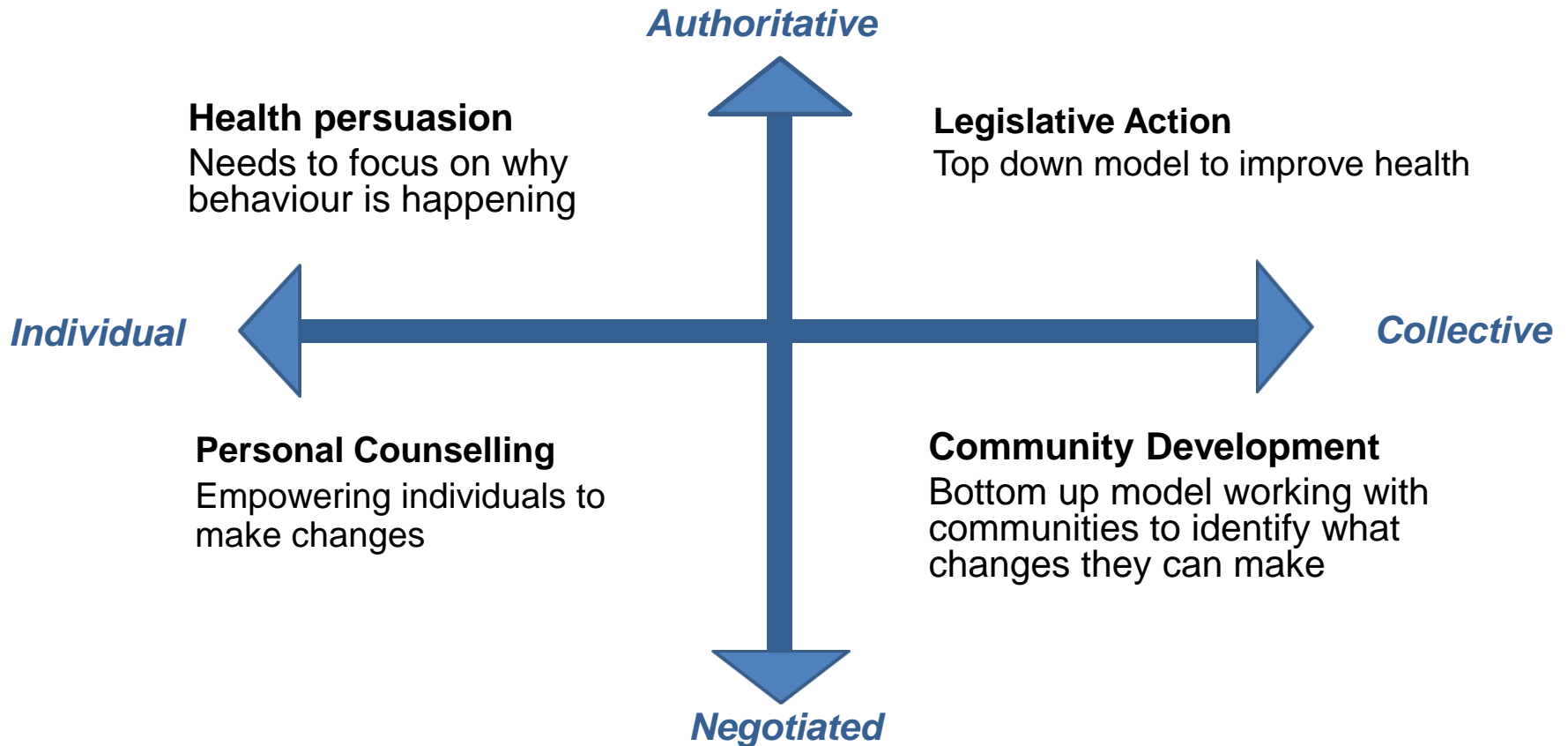
# Health Promotion

# Who does Health Promotion?

- Global – The United Nations, World Health Organisation
- International – European Union, NGOs, research community, big business
- National – Government, Dept. of Health, PHE, HSE, third sector organisations, such as MIND, RoSPA and faith groups
- Local – Local Government, OCC Public Health, Fire and Rescue Service, social services, Police, OCCG, Oxford Health NHS Foundation Trust, GPs, schools, community groups, friends and family



# Strategies for health promotion



# Health Inequalities

# Tackling Inequalities

- Regeneration programmes in Oxford City & Banbury to address socio-economic deprivation.
- Multi-agency partnerships.
- In Oxford:
  - Stronger Communities Partnership
  - Community Partnerships
  - Community Health Partnerships

# Oxford City Regeneration Areas

There are 7 Regeneration areas:

- The Leys
- Barton
- Rose Hill
- Littlemore
- Wood Farm
- Cutteslowe
- Northway

# Community Partnerships

- Each area has Community Plan and multi-agency Community Partnership, facilitated by Oxford City Council.
- Four Community Partnerships have a Health sub group and action plan to tackle health inequalities.
- Community plans and profile of each area can be found at:  
<http://www.oxford.gov.uk/PageRender/decC/CommunityPartnerships.htm>

# Equality & Diversity

## Exercise:

**What has Equality & Diversity got to do with health and inequalities?**

# Equality & Diversity

- Public sector duty to ensure fair access to services by protected characteristics;
- Different communities more likely to experience barriers to services;
- This compounds inequalities.

# Ethnic Minority Communities

- Many Black and Minority Ethnic (BME) communities are concentrated in areas of socio-economic deprivation;
- BME encompasses all ethnic groups, including 'white other' (EU migrants) and gypsy and traveller communities;
- 16.4% Oxfordshire residents are from non-white British background.



# EU Migrants

- 83.63% Oxfordshire population are English/ Welsh/ Scottish/ Northern Irish/ British;
- Ethnic composition of Oxfordshire changed between the 2001 and 2011 censuses. BME communities grown from 4.9% in 2001, to 9.2% in 2011;
- BME communities comprise 22.4% of Oxford City population; 7.8% in Cherwell; 5.1% in Vale of White Horse; 3.9% in South Oxfordshire and 3.2% in West Oxfordshire.
- Growth in people from 'other white' backgrounds from 4% in 2001 to 6.3% in 2011.
- In 2011, 13,000 residents in Oxfordshire born in EU countries- more than half in Poland (7,500 people, 2,700 resident in Oxford and 2,300 in Banbury).

# Other Ethnic Groups

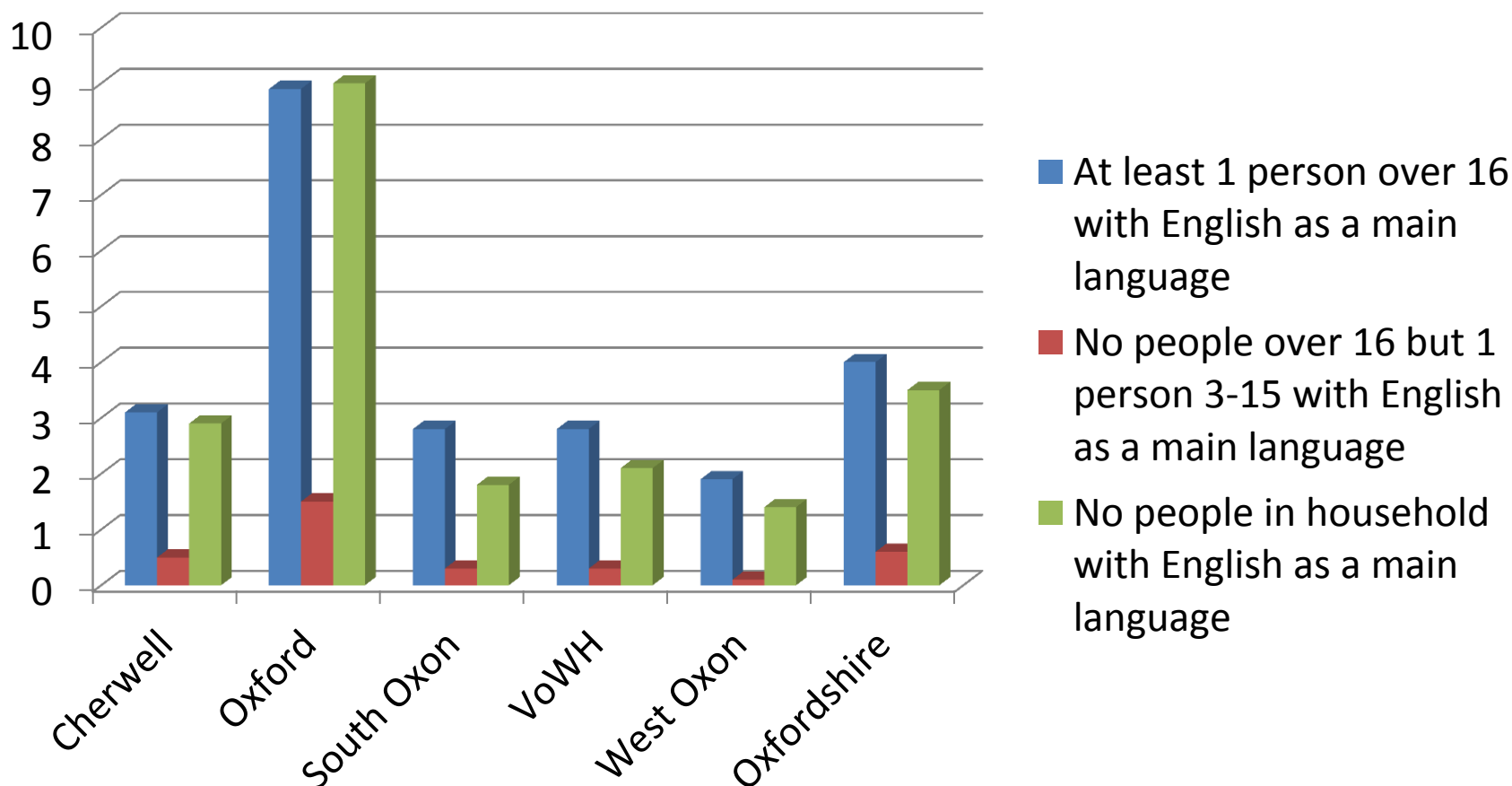
- White gypsy or Irish Traveller backgrounds make up 0.1% of the county- same proportion across all districts except West Oxfordshire, which is 0.2%
- People from Asian backgrounds make up 4.84% of population (twice 2001 figure of 2.4%). Most from Indian or Pakistani backgrounds (1.25% and 1.2%, respectively).
- Proportion from all Black backgrounds more than doubled, from 0.8% to 1.75% of county's population.
- People from mixed ethnic backgrounds account for 2% of the population (up from 1.2% in 2001).

# Language

Just over 9% of households in Oxford do not have a member who speaks English as a main language.

This is over double the figure for the county as a whole.

# Households where at least one member does not have English as a main language



# Where to find Data and Information

- Joint Strategic Needs Assessment (JSNA)

<http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment>

- Public Health Outcomes Framework

<https://www.gov.uk/government/statistics/public-health-outcomes-framework-august-2014-quarterly-data-update>

- Office for National Statistics (ONS)

<Http://www.ons.gov.uk/ons/index.html>

- Oxford City Council

<http://www.oxford.gov.uk/PageRender/decC/CommunityPartnerships.htm>

# The Marmot Report

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention

# Oxfordshire

## Health Inequalities Commission

- Independent Chair and Commissioners from local organisations
- Heard evidence from across the life course
- Recommendations for statutory organisations produced in a report
- Report presented to the Health & Well Being Board

# Exercise

- As a health champion should you be giving everybody the same health advice and information?
- Think about somebody from your community that you know well and consider what factors will have a positive influence on their health and what will have a negative influence.



## Barton Health Champion Recording Template

*NB: Please remember not to write any detail that may identify a client and to store this sheet securely.*

*When you have recorded 10 clients (or a lower number after 3 months), please return to [Maggie.dent@oxfordshireccg.nhs.uk](mailto:Maggie.dent@oxfordshireccg.nhs.uk) and [kate.austin@oxfordshire.gov.uk](mailto:kate.austin@oxfordshire.gov.uk)*

**Health Champion Name:**

<b>Date of client intervention</b>	<b>Client Gender</b>	<b>Client Age Range</b> 16-24; 25-34; 35-44; 45-54; 55-64; 65-74; 75-84 (This can be a guestimate)	<b>Client Ethnicity</b> White British; East European; Asian or Asian British; Black- African/Caribbean/British; Mixed multi-ethnic; Chinese; Gypsy/ Traveller; Other	<b>Client Issue</b>	<b>Where signposted</b>	<b>Outcome (if known)</b>
