Social Return On Investment (SROI) analysis of Tri-Borough Public Health

Community Champions

About Envoy Partnership

Envoy Partnership is an advisor in evidence-based research and strategic communications. We specialise in measuring and demonstrating the value of social, economic and environmental impacts. We are dedicated to providing organisations, stakeholders, investors and policy makers with the most holistic and robust evaluation tools with which to enhance their decision-making, performance management and operational practices.

About Social Return on Investment (SROI)

SROI is a form of evaluation that enables a better understanding of an organisation's impact on people, the economy, and the environment. It helps assess whether a project is good *value for money* and can help decision makers decide where to invest to maximise their impact. SROI's development in the UK has been funded by the Cabinet Office and the Scottish Government (through the *SROI Project*). It is increasingly used to measure value-for-money and is part of the guidance produced by the National Audit Office.

"What Community Champions mean to me" **Mohammed, 13, son of local Community Champion**

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DEFINITION OF SROI TERMS

Attribution – The credit that an organisation or person's contribution can take, or be given, for generating an outcome

Beneficiary – People or organisations that experience positive or negative change (or outcomes) as a result of the activities

Benefit Period – The length of time outcomes and impacts last for a stakeholder

Deadweight – A measure of the amount an outcome would have happened anyway had the activity not taken place

Discounting / Discount rate – The process by which future financial costs and benefits are adjusted into present-day values, to account for the decreasing value of money over time. (Discount rate is the interest rate used to discount future costs and benefits)

Displacement – The rate or assessment of how much of the outcomes displaces other outcomes, (usually most pertinent for fiscal outcomes)

Drop-off – The deterioration rate at which an outcome would have a reduced impact over time

Impact Map – A map or table diagram, that describes and captures how an activity and resources required for it lead to particular outputs and beneficial (or non-beneficial) outcomes and changes for different stakeholders

Outcome – The essential final benefits or dis-benefits that result from an activity, mainly defined from the perspective of the stakeholder

Proxy value – an approximation or derived value where an exact market-traded measure of value is not possible to obtain

SROI – Social Return on Investment

Stakeholder – People or organisation that experience negative or positive change as a result of an activity, and have an affect on, or are affected by the activity

Executive Summary

The Public Health White Paper, *Healthy Lives, Healthy People* 2010, recommends that addressing root causes of poor health and well-being requires better approaches to delivering health and care that is "*owned by communities and shaped by their needs*". The Health and Social Care Act 2012 gives local authorities the responsibility for improving the health of their local populations. It also sets out to "*tackle health inequalities across the life course, and across the social determinants* of *health*".

Consequently, the challenges for local authorities and health and care services are to work in more joined-up ways with their resources; to tackle socially embedded health issues, yet design approaches that increase quality and access, not solely reduce costs. This is very far from being easy; with an ageing population, available resources and public finances for health and care are set to continue reducing into the future.

A significant developing area is the role of social capital, and how unlocking this can lead to resource efficiencies across the NHS, public health and social care system. This means that improving health and access cost-effectively can be partly achieved by using local people's experience, relationships and ability to transfer health knowledge directly *and consistently* to their peers, about health services and health actions or behaviours. It also means a two-way conversation, including local people in how local health and care services are designed and accessed to better meet the needs that are most meaningful to the diverse range of residents, children and their parents.

Community Champions draw on the skills, relationships and knowledge of local communities. The current programme is partly built from the process, learning and skills developed in the 2008-2013 Community Health Champions project in White City, as part of the Well London programme, where Champions are still involved today in community-led support activities for residents. Champions are rooted in their community, and bring local people and services together to improve health and well-being, transfer knowledge, and help reduce health inequalities across different groups. In addition, they themselves learn more about health services and positive health behaviours. Between February and April 2014, Envoy Partnership conducted an independent Social Return On Investment (SROI) analysis of the Tri-Borough's Community Champions activities so far to Year End 2014, covering six estate-based hubs at Church Street, Dalgarno, Edward Woods, Queens Park (Mozart Estate), Old Oak, and World's End and Cremorne. However, the hubs vary in how long they have been fully operational, ranging from 4 months to 18 months at the time of this evaluation and field work phase. **The SROI analysis estimates £5.05 of social and economic value is generated for every £1 invested - of which at least £1.65 of care resource savings are potentially generated for the local authority, related to diabetes, improved mental well-being, community cohesion, and reduced isolation of families and older people.**

Community Champions are local people who volunteer through their local community centre, to promote the health and well-being of all residents - covering around 1,000 households per hub, and actively reaching between 150-250 new households per hub a year. They support access and awareness of local services, and also motivate residents towards improving health and well-being behaviours, knowledge and community participation. Champions are trained to deliver guidance in a professional manner, in most cases to at least RSPH[i] Level 2 in Understanding Health Improvement.

Each location, starting point and demographic profile of residents is different, and therefore the Champions' activities are designed around the needs that their local community has identified. However, as the research scope and remit were focused on an aggregate level analysis, we identified a range of material outcomes that are the most common aggregate results across the six hubs in the programme, and were measured with key stakeholders (**Table 1**).

Table 1: Community Champions Outcomes - Who benefits?

Stakeholders	Outcomes that changed as a result of the Community Champions programme
Champions	Improved physical health, healthier eating behaviours & weight reduction Reduced likelihood of contracting long term conditions (e.g. type 2 diabetes, obesity, cardio) Improved overall mental well-being Reduced social and emotional isolation Self confidence & Resilience New skills & Employability/Paid work Intercultural cohesion Fairness of access and treatment Courage to engage with health profession Improved Knowledge – about health, appropriate services and about local people
Residents	Improved physical health and weight reduction Healthier diet & eating behaviour (more veg, less oil, salt and sugar) Reduced likelihood of contracting long term conditions (e.g. type 2 diabetes, obesity, cardio) Improved overall mental well-being Sense of community and cohesion Fairness of access and treatment Courage to engage with health profession Economic savings from healthier eating on a budget Improved Knowledge
Children	Improved physical health and well-being Fairness of access and treatment Improved dental hygiene Improved relationships with family and friends School readiness Sense of community and cohesion Pride & Motivation Improved Knowledge
Local Services / Gov't	Resource value of reduced care need across diabetes, cardiovascular & associated long term conditions Resource value to GP clinics Improved health equality and quality of services Resource value of reduced need for children's dental health intervention Economic contribution through finding paid work Citizenship and further volunteering

Generating Social Value: A Social Return On Investment (SROI)

The Champions' strength is in being rooted to the their communities, and becoming preferred trusted public health advisors for local families, often from disadvantaged or lower income backgrounds. They fulfil a multi-faceted role for local agencies and residents, by making contact and listening, sharing public health knowledge, delivering an outreach function and sign-posting function, being pro-active and consistent in their presence, peer-to-peer motivation for improved family welfare, and feeding back to stakeholders. Champions are a respected key local asset, not just towards delivering health and care that is "*owned by communities and shaped by their needs*", but also for consistent motivation toward health and well-being behaviour change, and helping to significantly reduce isolation within their communities. They also inspire other local people to engage and train to be Champions.

From approximately £550,000 invested across 6 Community Champions hubs, Envoy valued the outcomes and changes identified using proportions of QALYS[ii] for physical health and mental health, local authority care costs of long term conditions such as type 2 diabetes, and government unit costs from a variety of sources, including National Audit Office, PSSRU (Personal and Social Service Research Unit), Department of Health, Institute of Diabetes for Older People and research from LSE, HACT, and the Kings Fund. This social and economic value is illustrated below (**Table 2)**.

Table 2. Summary of the social return on investment of Tri-Borough Community Champions

STAKEHOLDER OUTCOMES	PRESENT VALUE OF IMPACT (£ Attributed Value)	HOUSEHOLDS DIRECTLY REACHED per Hub
CHAMPIONS	**£248,000**	**76**
RESIDENTS	**£845,000**	**circa 150-200 households per Hub (or approx 1000 households)**
CHILDREN	**£526,500**	**circa 150-200 households per Hub (or approx 1000 households)**
LOCAL AUTHORITY	**£907,500**	**circa 150-200 households per Hub (or approx 1000 households)**
Central GOVERNMENT SAVINGS	**£255,500**	**circa 150-200 households per Hub (or approx 1000 households)**
SOCIAL & ECONOMIC VALUE over 12 month benefit period ONLY	**c. £2.56 million**	**-**
PRESENT SOCIAL & ECONOMIC VALUE forecasted across 3 year benefit period for specific outcomes	**Circa £2.78 million**	**-**

These are the SROI estimates after accounting for attribution, counter-factual ("deadweight"), 3-year benefit period (apart from where improved life expectancy outcomes), drop-off and displacement adjustments, which are defined in "Section 3. Methodology".

Challenges & Sustainability

Our research demonstrates there are significantly encouraging outcomes, impact and value generated by the Community Champions programme in tackling these costs - especially for children and local families. However there remain a number of issues to address in future if the programme is to be sustained and improved. Sustainability will depend on:

- Being able to recruit a stream of volunteers
- Recruiting Champions from diverse background to ensure reflective representation of the community and range of service users
- Keeping the champions motivated and supported
- Feeding back achievements to the Champions and diversity of residents
- Collecting robust impact data
- Ongoing support from Triborough Public Health Service
- Co-design of indicators of success with Champion Coordinators
- Valuing the individual contribution of each champion
- Balance between scaling up and appropriate funding levels
- Maintaining autonomous processes for each hub
- Keeping enthusiastic hub co-ordinators
- Changing activities to meet local residents' needs and balancing this with cultural observations and respect
- Being able to use a local community centre/venue for activities
- Linking with other stakeholders, including housing associations, local authority agencies and health services, employment services, local businesses
- Meeting the needs of new communities and new service users in future, and sharing knowledge between hubs

With the UK's aging population, along with the onset of increasingly sedentary lifestyles and working patterns (e.g. sitting at home, sitting at work, sitting on the commute), there are a number of significant costs and challenges that the Community Champions help to tackle, as illustrated in the figures[1] below.

Likelihood that **1 in 8 people** over 65 years old develop type 2 diabetes, in part exacerbated by sedentary lifestyles and unhealthy diet

(Health and Social Care Information Centre 2013)

£1.4 billion across the country spent on adult social care supporting 74,000 people with diabetes = £19k p/person

[1] Picture from International Osteoporosis Foundation and Running Enthusiast

Background to Social Return On Investment (SROI)

Static reporting frameworks, no matter how sophisticated, often risk providing only narrow evidence on which to base decisions, rather than demonstrating the dynamic flows of value *between* different functions and outcomes, over the short and long term.

SROI is unique in its ability to translate the measurement of social values into economic language. It is a stakeholder-informed cost-benefit analysis that uses a broader understanding of value for money. It can assign values to social and environmental outcomes as well as economic outcomes, and helps organisations make improved spending decisions[iii]. Its development in the UK has been driven by organisations such as the *new economics foundation* and the *SROI Network*, and has been funded by the UK Office for Civil Society and the Scottish Government (through the *SROI Project*).[iv] It is increasingly used to measure value-for-money and is recommended by the National Audit Office.[v] A more detailed description of the methodology followed is described in **Section 4**.

SROI's successful application to strategic decision-making across a wide range of funding and policy areas is evident among organisations in the UK and abroad, including apprenticeships and employment, regeneration, social housing services and adaptations, and health services.

SROI evaluation focuses on the capture and measurement of stakeholder-informed ***outcomes*** as well as outputs (see Figure 1 below).

Figure 1: SROI process (theory of change)

Central to any SROI evaluation is an understanding of the value of a final outcome (e.g. improved well-being or improved employability) to different beneficiaries. SROI can also capture the way that identified outputs contribute to outcomes and their necessary pre-requisites, and as such captures the logic that underpins the inherent process of change. Once this is identified and tested, it is easier to identify appropriate indicators that demonstrate the magnitude of change

Understanding social outcomes has become increasingly important in recent years. The National Audit Office's guidance on *Value for money and TSOs* (Third Sector Organisations) within the *Successful Commissioning Toolkit* states:

> *"Make sure your programme is really focused on outcomes, the impact on service users and communities that you are seeking to achieve, and not just on outputs, process or inputs. Not all outcomes will be obvious, direct or easily valued. You and/or providers may need to use evaluations and techniques such as Social Return on Investment (SROI) to establish the full impact of a programme and its worth".*[vi]

1. Community Champions and Theory of Change

An SROI seeks to understand the impacts and outcomes that are valued materially by different stakeholders affected by an intervention or programme. This requires a thorough examination of the logic or theory of how outcomes change. Champions are local people who volunteer through their local community centre, to promote the health and well-being of all local residents and families. Each hub covers around 1,000 households, and actively reaches between 150-250 households per hub a year. Champions support access and awareness of local services, as well as activities and events for local residents' and groups at the community centre -some of which are delivered directly by the Champions projects themselves. Champions also motivate residents towards improving health and well-being behaviours, knowledge and community participation. This is reinforced by the Champions undergoing training, in most cases to at least RSPH[vii] Level 2 in Understanding Health Improvement, and in some cases going onwards to Level 3 training of various sorts. This enables Champions to deliver guidance and feedback in a professional manner, and feel confident in speaking either to small groups of people or at a more intimate one-to-one level.

With these skills and practices, Champions and co-ordinating staff facilitate the process of empowering communities and patients to articulate the problems that currently exist regarding health, well-being or community issues. This also helps to identify barriers in the overall system that stop households from accessing available support, from local agencies, independent providers or public services. The logic of how these processes flow, from input to activity and then resulting outcomes, is illustrated in a summary **Theory of Change** in **Chart 1** further below.

In a typical quarter, example types of activities can include extensive household health surveys; participating, and encouraging participation from others, in physical activity classes, (e.g. zumba, walks, affordable gym and aerobic exercises, "Booty Camp"); healthy cooking and budgeting courses for households to unlock nutritional value; awareness-raising about diet, diabetes and cardiovascular issues; organising and delivering community health events and promotional stands; one-to-one guidance with households; or sign-posting to appropriate support services. *This is not an exhaustive list and is a small sample of the broad range of activities.* Each location, starting point and demographic profile of residents is different, and therefore the Champions' activities are rightly designed around the needs and capabilities that their local communities have identified.

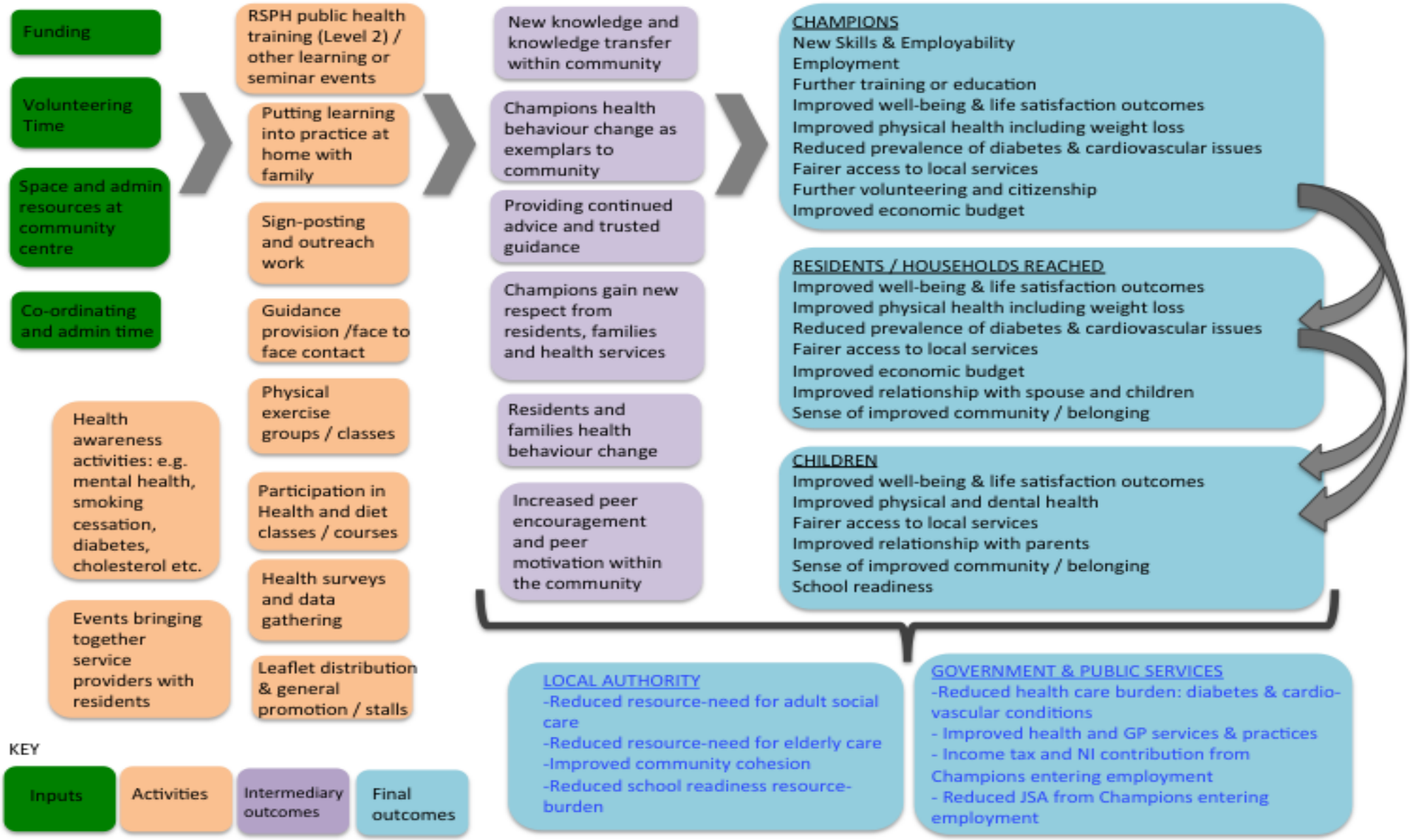
Extensive activities promoted in a typical quarter

Healthy cooking and budgeting courses for 30-40 households
Physical exercise events, e.g. “Booty Camp”
Children’s activities, fruit and health awareness
Type 2 Diabetes regular sessions
First Aid for parents and grandparents
Re-galvanized childcare skills in the area

Developing and promoting Men’s well-being group
Health awareness for minority ethnic groups, especially women and older residents
300 household visits, face to face guidance
Champions learning and providing health guidance on diabetes
Champions learning, promoting and participating in healthy eating (and Vit D, Vit C) courses and exercise groups with 50-60 residents
PPG consultation

Cook, Eat, Play sessions for 75 households and promoted to 1,000 families
Consultation with Community Council Development Group
Dental health campaign, training and oral hygiene for children
New mothers / Baby drop-in
Outreach and signposting to 30-40 families
Promoting and attending health and family support courses / groups
250-350 people attending festival event

Chart 1. Community Champions summary Theory of Change



Hub summary activity profiles[viii]

Church Street

Location: Church Street Neighbourhood Office. Provider: Mosaic Community Trust, near Edgware Road

Operating since: May 2012

Key local themes:

Many local families in the Church Street area come from ethnic minority backgrounds, including South Asian (Bangladesh), and Arabic-speaking groups (27% use Arabic as their first language at home, and 22% use Bengali, 19% use English). Many of these families, especially mothers, experience social isolation and lower levels of knowledge transfer about community and health activities or local services. This is largely because English is not their first language and also because some minority ethnic groups do not have opportunities to easily mingle or integrate. For example, there have been cases where local residents had perceived local health care and GP practices to be private services, and therefore unavailable to them, or other low-income households.

The profile of Church Street Champions reflect these diverse groups, and they talk to local people in their own languages about cultural or institutional barriers to accessing health support, as well as spreading important health messages about such topics as diabetes, cancer, mental well-being, physical exercise, vitamin D, heart disease, hypertension, high cholesterol and obesity. In this way they are able to go deeper into these isolated communities to increase these families' knowledge and understanding of how to live healthier and for longer, and promote what support services are locally available from a range of health and care agencies. Church Street has high levels of people diagnosed with stroke or diabetes issues. In addition, through encouragement to attend health related classes, courses, and coffee mornings, many volunteers and residents reduce their levels of isolation, improve local community cohesion and enhance inter-cultural understanding between families from different backgrounds. More recently, a men's mental health group and calls for a 'Children's Champions' group have been progressing and developing, alongside participation by Champions in Patient Participation Groups and public speaking about health and well-being issues and behaviours in the community.

Dalgarno

Location and Provider: Dalgarno Community Trust, between Ladbroke Grove and Little Wormwood Scrubs

Operating since: March 2013

Key local themes:

The Dalgarno community has seen major improvements over the past decade in reducing youth anti-social behaviour and youth engagement, as well as improving satisfaction with public realm and community cohesion. Locally there is a mixed range of households, from middle class professional, to those on low-income and drawing on state benefit payments. The area of benefit for the Dalgarno Champions is the Dalgarno estates, known locally as the "Dalgarno wedge", comprising five different social landlords (housing associations). About 25%-30% of all households are elderly. Roughly 30-40% are from ethnic minority backgrounds, including African-Caribbean, Somali and Arabic, amongst others, and the majority of households are from White British/European backgrounds.

In the past year, Champions have focused on reaching households and young people to encourage participation in physical exercise activities, walking groups, community fun days, body conditioning classes, mental health and alzheimers awareness talks, healthy eating classes, leafleting, promotion and signposting to health events and local agencies. This has enhanced and sustained participation from local families, young people and also older people, in healthier behaviours and sense of connection to others in the area.

Edward Woods
Location: Edward Woods Community Centre. Provider: Urban Partnership Group, Shepherds Bush
Operating since December 2013 (new provider)
The current Edward Woods' Champions are a newer cohort, only operating for around four months at the time of this evaluation. Households in the local community are mostly situated in a set of large high-rise blocks, and come from a broad mix of backgrounds. The largest groups are 'single adult' and 'single elderly' accounting for 57% (borough average 40%), and only one in five were households with dependent children. 20% of residents on the estate are aged under 18, representing adult to child ratios of 4:1 (borough 4:1). People who are white British make up some 34% of the estate population, followed by other white groups 14% (borough 58% and 20% respectively). The main ethnic minorities identified are Black African (25%) and Black Caribbean (9%), with relatively small Asian population (7%).

The community centre has raised its profile amongst families in the high-rise buildings, which have tended to be reductive in providing opportunities to interact and mingle in safe social spaces.

So far, the focus has been on recruiting and training Champions and on supporting local families, coffee mornings, encouraging participation in sporting or aerobic exercise activities, a community fun days, and learning about healthy eating behaviours for families, young people and children.

Queens Park (Mozart Estate)
Location: Beethoven Centre. Provider: Paddington Development Trust, Queens Park
Operating since October 2012
Key local themes:
The Mozart Estate reportedly has one of the highest deprivation rates amongst children and young people in the UK, yet is surrounded by increasingly gentrified, affluent neighbourhoods. There is a strong sense of community locally and a wide range of excellent services on the doorstep; however health indicators are poor and people are not living as well or as long as they could. The community champions work in outreach and mentoring functions for vulnerable and disadvantaged households, and understanding what barriers exist to accessing local support services. Champions also spread important messages for individual and family health and well-being advice, and promote local services that can make a difference to people's health and quality of life.

In particular, Champions have worked in partnership with others to further the aims of the local community neighbourhood budget pilot, 'Our Place' focussed on early intervention for children. They work closely with the local children's centre to increase access for vulnerable families. They have focused on healthy eating and dental health for children (such as Cook, Eat and Play activities), arranging community events, and providing consistent guidance on health and emotional well-being behaviours or practices for families with young children. This also means young children grow up seeing the value of being more engaged with the community and of leading healthier active lifestyles into adulthood. The majority of families come from Black (22%), White (58%) and Asian (11%) backgrounds, and after English (28%) around 24% of households use Arabic as the main language at home, followed by Bengali (13%).

Old Oak
Location and Provider: Old Oak Children's and Community Centre, Old Oak, Wormwood Scrubs (near East Acton)
Operating since January 2013
Key local themes:
Champions in Old Oak come from a range of ethnic backgrounds and households in the local area. Around 21% of the local population are Black British, and 13% Asian British, almost half (48%) of local households are White. Old Oak Champions are particularly focused on supporting families with young children with healthy eating skills and knowledge, parenting skills and paediatric first aid, as well as encouraging participation in group physical activities for all ages; the children's centre has the advantage of having a safe all weather sports playground / pitch. In

addition, Champions promote smoking cessation awareness and behaviour change; as well as promoting participation in community events and fun days targeted at bringing local families together and getting people out and about in what is a relatively safe community, but with poor opportunities for interaction and mingling. There are ongoing developments to provide more activities for older people in the community.

World's End and Cremorne

Location and Provider: Chelsea Theatre, Worlds End & Cremorne estates
Operating since: December 2013
Key local themes:
The local community comprises strong representation from ethnic minorities, around 34% from BME groups, mainly African-Caribbean, Arabic-speaking and Asian households. The Worlds End and Cremorne Champions programme has only recently started at the Chelsea Theatre centre, and is not more than 4 months at the time of this research, so it is early in their trajectory to assess how meaningful impacts to date have been. Cremorne Ward has a higher level of child obesity at Year 6 (41%) than the borough (38%) or London and England averages. However, Champions have commenced their training and learning, and through local health surveys and engagement with local households, are starting to focus on signposting and outreach guidance about family health, diabetes and long-term conditions, in addition to providing drop-in coffee mornings and tea-time drop-ins about community health and well-being issues.

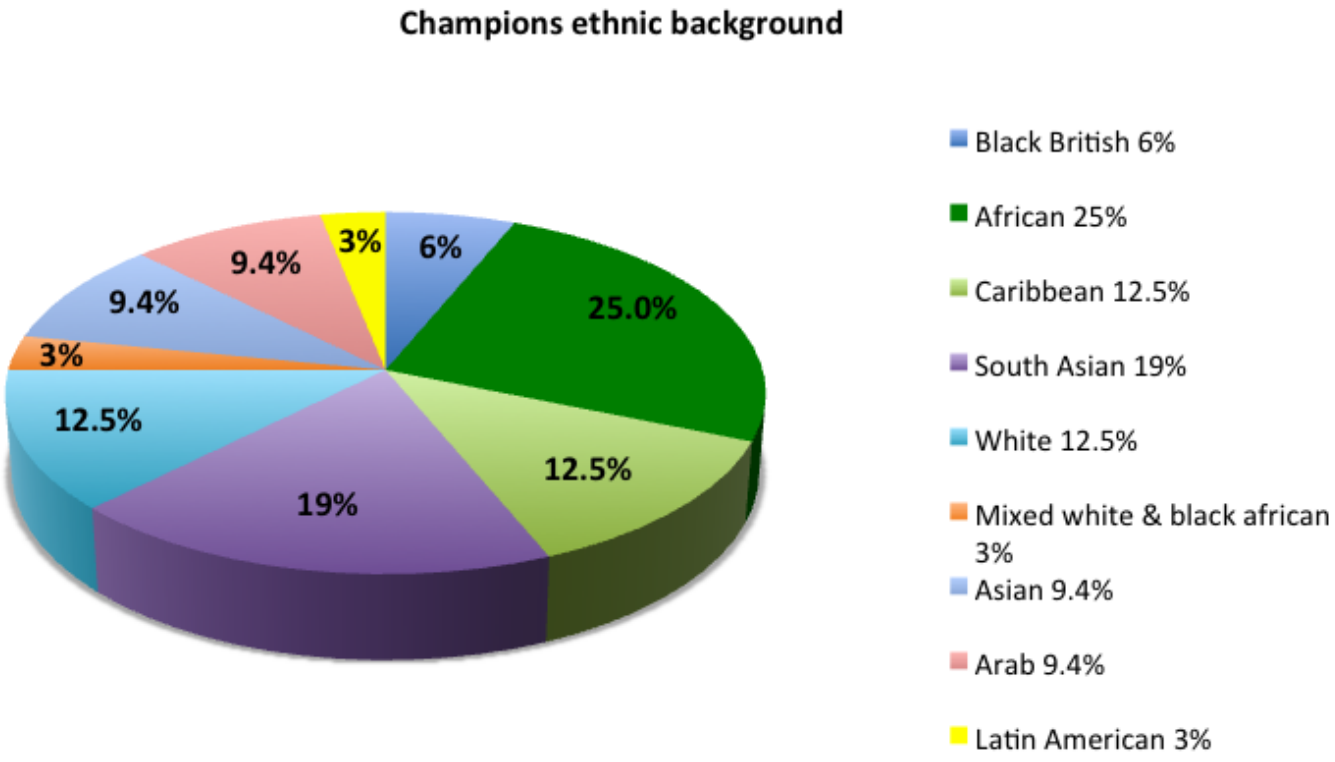
Demographic profile of Champions (ethnicity)

People from black and minority ethnic (BME) communities are up to five times more likely to develop diabetes than the general population (Department of Health, 2006).[ix]

Therefore, it is also worth noting the overall demographic distribution of the Champions below, across the six estates, illustrating the diverse range of ethnic backgrounds. This is encouraging from the perspective that Champions may:

i) be better able to reflect the diversity of their local households and facilitate households' associating with a similar volunteer cohort which reflects their own background, and

ii) associate with a broader range of families through inter-cultural understanding they benefit from in their training groups.



Furthermore, in addressing health inequalities, the Champions programme has a key role in contributing to improving the life expectancy of BME groups for whom there is a statistically high prevalence of developing long-term ill health. This indicates the programme's ability to:

i) impact on the behaviours and practices of a broader and more diverse range of families
ii) reduce barriers to access, and
iii) improve equality of access to health support and health information.

2. SROI: Key Findings

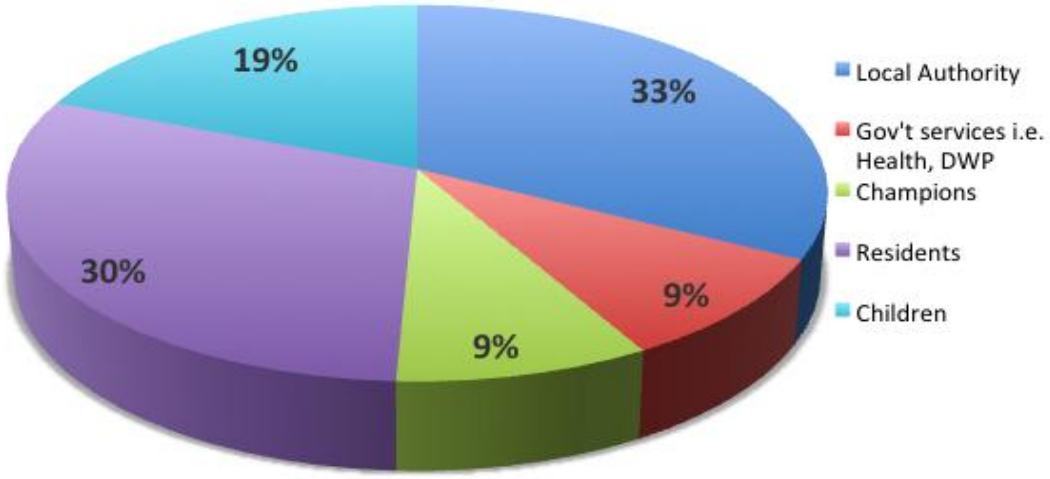
The analysis in this report estimates that the Community Champions programme will this year have generated £5.05 of social and economic value for every £1 invested - of which at least £1.65 of care resource savings are potentially generated for local authority, related to diabetes, improved mental well-being, community cohesion, and reduced isolation of families and older people.

Table 1. Social, Economic and Environmental Value created by Community Champions

STAKEHOLDER OUTCOMES	PRESENT VALUE OF IMPACT (£ Attributed Value)	HOUSEHOLDS DIRECTLY REACHED per Hub
CHAMPIONS i.e. Improved health (exercise, healthy eating) and reduced diabetes issues Improved well-being Skills & knowledge Employability Fairer access to treatment	**£248,000**	**76**
RESIDENTS i.e. Improved health (exercise, healthy eating) and reduced diabetes issues Reduced prevalence of long term conditions Improved well-being Knowledge Fairer access to treatment	**£845,000**	**circa 150-200 households per Hub (or approx 1000 households)**
CHILDREN i.e. Improved health Improved well-being Knowledge	**£526,500**	**circa 150-200 households per Hub (or approx 1000 households)**
LOCAL AUTHORITY i.e. Reduced care need from reduced diabetes Reduced adult and elderly care need due to poor mental health and isolation Improved school readiness	**£907,500**	**circa 150-200 households per Hub (or approx 1000 households)**
Central GOVERNMENT SAVINGS i.e. Resource savings to Health and Social care, and DWP	**£255,500**	**circa 150-200 households per Hub (or approx 1000 households)**
SOCIAL & ECONOMIC VALUE over 12 month benefit period ONLY	**c. £2.56 million**	**-**
PRESENT SOCIAL & ECONOMIC VALUE forecasted across 3 year benefit period for specific outcomes	**Circa £2.78 million**	**-**

The distribution of value in Table 1, is represented below in Chart 2. It illustrates that, due to the scalability of the volunteer base, its reach and the consistency in presence and approach, that a third of the value generated is for local authority in terms of resource value (non-cashable savings), and almost half of the total social and economic value is generated for residents (30%) and children (19%) in their household.

Chart 2 – Distribution of Value by stakeholder group



Around **£550,000** was invested in the Champions programme this year, spread evenly across the six hubs. A wide range of factors contribute to the programme's success in generating this value, though particular "**Strengths of the Programme"** from *the resident/Champion perspective* are:

- **Residents trust in local people and peers, rather than 'authorities'**
- **Accredited training and public health tools/frameworks through the Royal Society for Public Health (RSPH)**
- **Peer motivation and group participation – reduces isolation and improves community cohesion and inter-cultural cohesion**
- **Rooted in local knowledge, presence and face-to-face relationships**
- **Validated by community centre and supported by high quality co-ordinators**
- **Pro-active and consistent, not just "here today gone tomorrow"**
- **High impact on local children and family practices in the home**
- **Genuine - No hidden agenda or cause**
- **Champions feel respected and responsible**

3. Key benefits in detail

We have identified the number of households "meaningfully reached" as those who were not previously engaged with the community centre, but have come to either regularly attend, come into contact with staff and Champions for advice, or participate in on-going community events, courses or activities related to Champions and the Community centre "hub". From our surveys, on average each household comprised of 2 adults and 2.5 children, but only half of second adults and children have been assumed to have been impacted.

Through conducting 65 household surveys and 36 Champions surveys, group consultations and interviews with a range of key stakeholders (including over 35 Champions and local agencies), evidence was reported about the magnitude of change across material outcomes.

Health & Well-being benefits

On average, residents responded that they had increased their frequency of participation in community centre activities by around 40%, which is very significant as an outcome for facilitating better well-being knowledge and behaviours, but also as a strong trigger for reducing feelings of isolation. In terms of physical health benefits for residents and champions, key outcomes are improved physical health through increased take up of regular light exercise and healthier eating through reduced sugar and salt intake when cooking at home. On average, residents surveyed responded that they had increased these behaviours by up to a third more of the time compared to before. The children interviewed helped to triangulate this, by describing how they had noticed the increased frequency with which they were eating more healthily and doing more sport in and out of school. This in turn showed them that their parents were doing even more to be the best parents they could be, and in many cases resulted in better relationships and feeling even more loved, in addition to improving their health behaviours and knowledge. Some parents reported that their younger children had benefitted from improving their school readiness as a result of Champions directing them to activities enabling interaction with other children and adults beyond their immediate family. This is not an opportunity that is frequently available to some of the families.

Champions' children's feedback

"I feel happy because she loves me and makes us healthy. And makes me feel a Champion"

"I feel happy and proud because this means we can get involved with (community) activities"

"I feel happy when my Mum learns to cook new healthy things"

"We get to learn more about how to live longer, and healthier because of what they learn and teach us"

"Its good, they're making us do more sport and they do exercise too to show us their examples"

33% of residents surveyed reported they had reduced waist size (up to one size) and reduced on average 4kg of weight. We took only 50% of this proportion as a proxy indicator of the number of residents avoiding type 2 diabetes and associated cardiovascular and long-term conditions. This would total 180 residents from households across all six hub locations. In reality, it could possibly be higher, given the reach and consistency of Champions' activities related to mentoring, educating and raising awareness about diabetes and diet, and the fact that a second adult or parent in the household may also benefit from healthy cooking skills and knowledge learned.

A summary of the residents and children reached is described below.

Stakeholders: Improved health & well-being based on 1800 household meaningfully reached, from 6500 coverage	Approx number reached
Residents improved health & well-being	1345
Residents avoiding type 2 diabetes	180
Champions improved health & well-being	76
Children of residents & champions	1480
Local Authority:	
reduced social care diabetes	180
reduced social care mental health	30
reduced older people entering care	38
children needing school readiness	130
Government/Health services	1400 residents

This also includes the residents reached, in terms of improved emotional and mental health; residents reached by the Champions programme who reported significant improvements in overall mental well-being, reduced isolation and improved resilience. This was reported to be a result of gaining health knowledge, encouragement and motivation from Champions towards changing their health behaviours as a household, and seeing that they are not alone in the area. This was in addition to better understanding the support networks and services available at a local level regarding any conditions or issues that may be relevant to their household.
Through this, we saw an improved level of access to relevant services, and even participation on Patient Participation Groups, and where needed, challenging local health professionals to be more aware of personal and cultural situations.

Residents' feedback on their Champions

"I could have been in my asocial [i.e. antisocial) life, and my depression would be going on" (Old Oak)

"We will become more ignorant and that would cause short life expectancy" (Church Street)

"We would not gain health improvements..or knowledge about diabetes, high blood pressure, cholestorol and how to stop it" (Church Street)

"People would become less aware of services in the area and also what they can do for themselves" (Mozart Estate)

"There would be no change for our healthy life...no information on healthier things" (Worlds End)

Economic, fiscal and employability benefits

A number of important economic and fiscal benefits arise from Community Champions programme, mostly for local authority and public services. **The average annual adult social care cost per person in care with diabetes is around £19,000, totalling £1.4 billion nationally.** From the outcomes identified and households reached described above, the knock-on fiscal impacts in terms of resource cost savings are also significant; Savings come from reduced adult social care need to treat diabetes and associated long-term conditions in care settings, as well as from reduced likelihood of older people entering long-term care earlier than needed due to improved mental and physical health and reducing their level of isolation. The value of this contribution to the local authority is estimated at approximately £4 million, of which £900,000 is attributed to the Champions. Additionally, the impact on health services is the reduced health care burden (non-cashable resource savings) from the proportion of Champions and residents avoiding diabetes and

associated conditions (e.g. hyper-tension, cardiovascular issues), and improving their overall health for the long term; the value of which is estimated at £844,000, from which £185,000 is attributed to the Champions.

For Champions, it has been reported that those from the six hubs who have secured longer term paid work is equivalent to 10 full time roles, within either public health, retail or children/family support services. **Around 18 Champions hope to be employed as part of a new "Health Trainers" public contract under the Tri-Borough, which would be a substantial outcome for employment and progression - a clear indicator of the effectiveness and impact of the programme. Whilst Health Trainers would receive an annual salary of approximately £17,000,** even using a conservative minimum wage, total pool of salaries would equate to around £77,000, and this also should result in reduced Job Seekers Allowance claims in addition to net contributions to income tax, council tax and national insurance.

On average across all Champions, an increase in employability likelihood and in future likelihood of volunteering compared to before becoming a Champion, is significantly high; reported at 28% and 32% improved likelihood respectively. The latter indicates a potentially strong impact on future levels of participation and citizenship within the community.

After speaking with healthy cooking course teachers and residents, it was estimated that approximately £2.50 in weekly budget resources is freed up for households reached, as a result of better understanding of cooking healthier for improved nutritional intake, but for less money. This totals to approximately £14,000 household saving per year across the whole programme, on healthy cooking awareness. However just under £4,000 of this is attributed to the Champions.

Champions feedback on what they gain

"(Improved) communication skills, health trainer programmes, understanding health and well being issues about cancer, mental health (free your mind), diabetes prevention, first aid, market research" **(Elleni, Worlds End)**

"The healthy eating, cooking on a budget classes have really helped me and my family to eat and cook in a much more healthier way. I now check food labels to keep my fat, salt and sugar levels down. I am pleased I have gained a few pounds (£) in a healthier way" (Teresa, Old Oak)

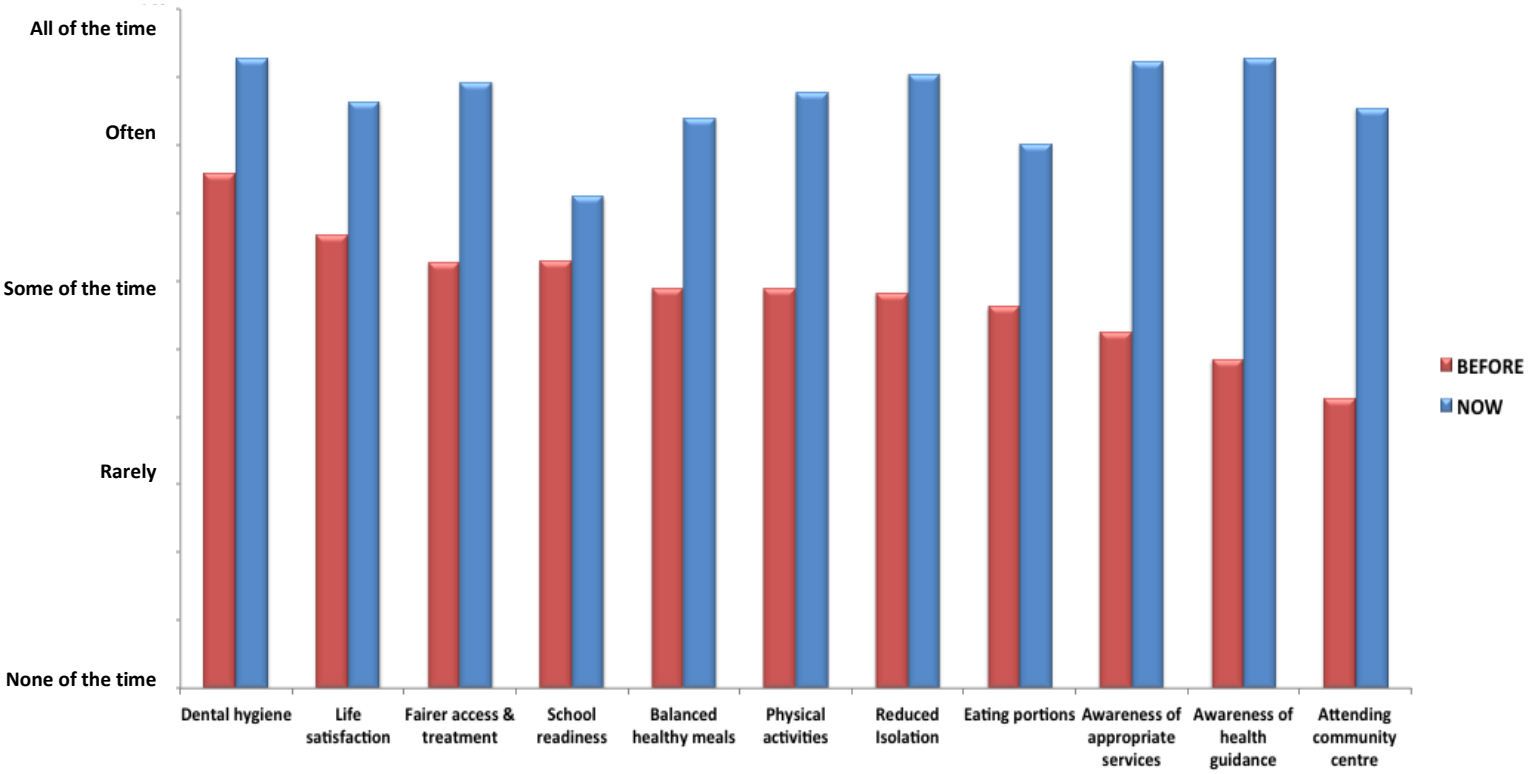
"I am looking forward to the health trainers training which will enable me to receive paid employment within the NHS once qualified."

"Training courses have given me opportunity to gain confidence for future job" **(Doris, Edward Woods)**

Impact: what scale of change?

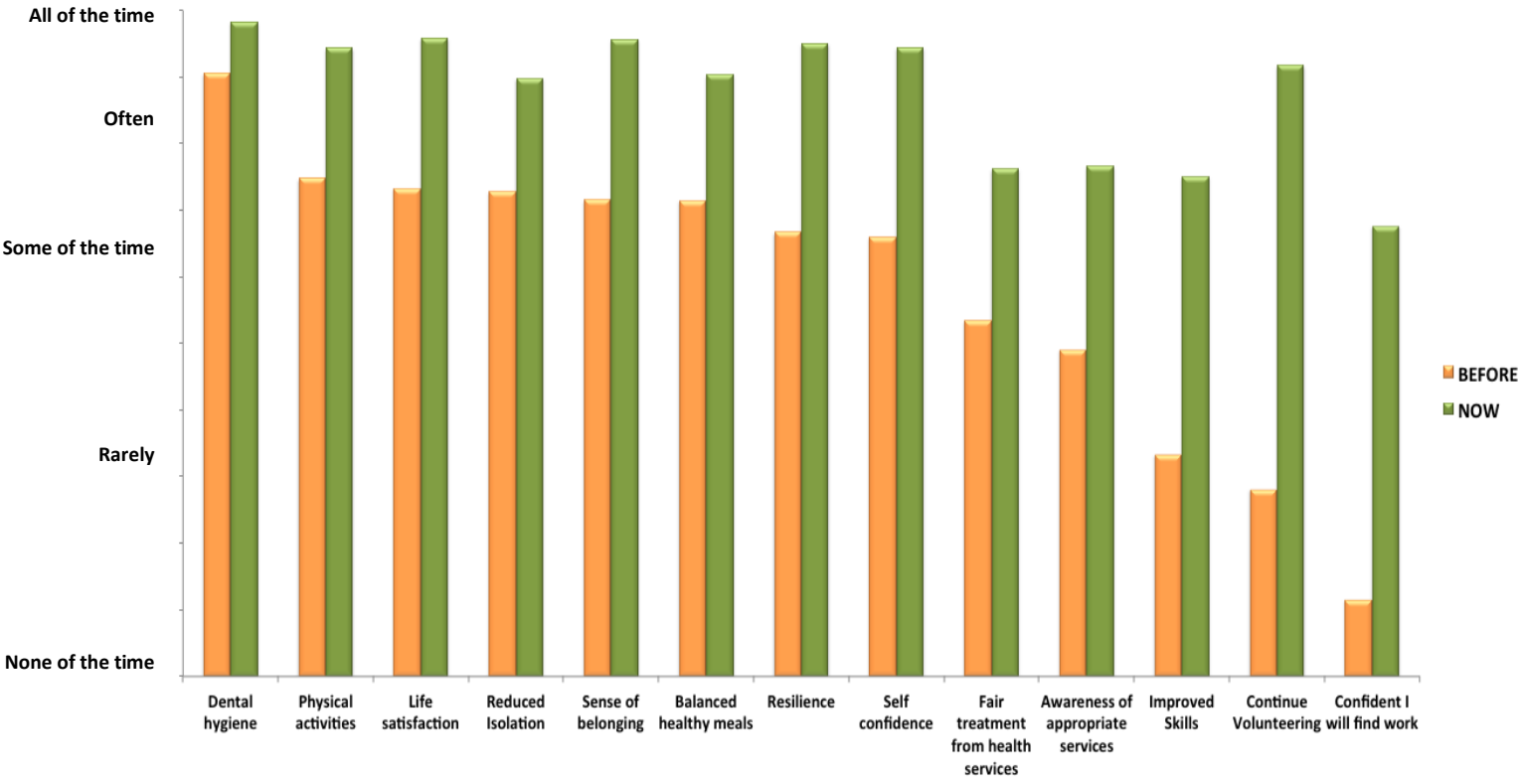
In particular there has been significantly improved participation in community centre activities, improved access, take up and awareness of appropriate health services for specific conditions, reduced isolation and improved frequency of mild physical exercise and healthier eating. For Champions, there are also significant improvements in skills, self-confidence, respect from their spouse and families, and being able to find work in future. On average, Champions and Residents reported that if they were to forecast how long the actions, knowledge and behaviours they had learned would last, it would go **beyond three years** - and reported in many cases that their improved habits should last for most of their lifetime. There were clear improvements in key outcomes for Residents and Champions, as illustrated in the graphs below. *Note that the graphs below have been reconfigured to weight the distance travelled*, to reflect a move from a score of "None of the time" to "Some of the time" as more meaningful than a move from a score of "Often" to "All of the time".

Graph 1: Frequency of occurrence of key health and well-being outcomes amongst Residents (Before contact with Champion, and Now)

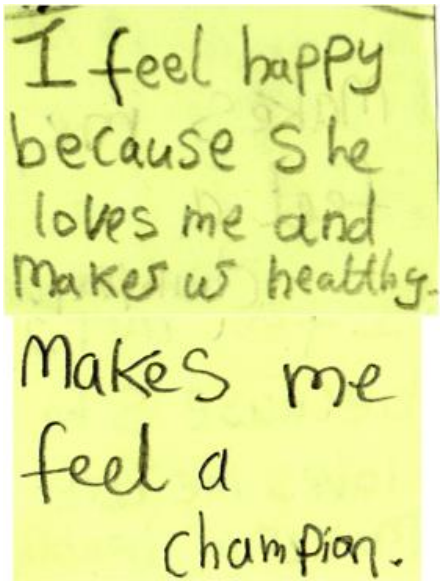


33% of Residents report WAIST SIZE reduction by up to one size **+** WEIGHT LOSS (**Ave. 3.7kg**)
C. 180 residents AVOID 10 years reduced life expectancy from developing type 2 diabetes[x]
Health research indicates **1 in 8** likelihood of developing type 2 diabetes over-65s [xi]

Graph 2: Frequency of occurrence of key health and well-being outcomes amongst Champions (Before becoming a Champion, and Now)



38% of Champions report WAIST SIZE reduction by up to one size **+** WEIGHT LOSS (**Ave. 4kg**)
Paid work (FTE) gained by **10%** of Champions & **20%** into **further training, PPG, public speaking**
Over 1,300 children reached, leading to improved health actions, knowledge, oral hygiene & exercise



Abdullah, 9 yrs, son of a Community Champion

4. SROI Methodology

This report draws on SROI evaluation stages as follows

4.1. Establishing Scope and Identifying Key Stakeholders

The scope of this SROI analysis is focused on Community Champions' activities across this past year. This SROI analysis provides results on an average 'annualised' format.

This SROI analysis is broadly evaluative: in the majority of instances evidence is provided of the outcomes being valued, from both primary and secondary sources specific to each service theme. However, where required, and where there are data gaps, or outcomes will occur in the future, other evidence-based data is used to support any forecasts that have been calculated.

Stakeholders are defined by this study as non-expert and expert or professional people who directly affect, or are affected by the programme; and "Beneficiaries" are defined by this study as those who directly experience positive or negative outcomes from Champions' activities. Beneficiaries are also stakeholders, but stakeholders are not necessarily direct beneficiaries.

Material stakeholders are listed below in Stage 2 (mapping outcomes).

4.2. Mapping Outcomes

The second stage of SROI involves qualitative research leading to the construction of an ***Impact Map***. The analysis sought to understand the impact of Community Champions from the perspective of its stakeholders; those who experience change. This helps build an understanding of the different ways in which people benefit. Our research team spent time talking to Champions, children, local residents and to other stakeholders to build a picture of what changes for them respectively.

The research team conducted stakeholder engagement with the key stakeholders identified in below, in order to:

- Identify the key *outcomes* achieved for each stakeholder group
- Understand how stakeholders describe and value the outcomes identified to enable better identification of *indicators* and *proxies* in stage three.

Envoy carried out semi-structured interview discussions with each of the stakeholder groups, covering issues including:

- Rationale for taking part in the specific project
- Strengths and weaknesses of each project, including changes to personal behaviour
- Perceived benefits and outcomes of the scheme for different stakeholders
- Reasons for success
- Where relevant, rationale for choice of activities

The interviews were *qualitative* in nature, and sought to understand how change arose, and some quantification of the amount of change, attribution levels and counter-factual about what would have happened anyway were also recorded.

Using information collected and triangulated from different material stakeholders, the research team constructed an **Impact Map** for the foundation of the SROI analysis. An Impact Map identifies and describes important stakeholders, activities and outcomes that arise from the project.

The Impact Map is an important foundation on which the SROI valuation process is built. It presents and describes qualitative evidence demonstrating inputs and activities that lead directly to outcomes and benefits for each stakeholder group. This evidence was provided through the stakeholders' testimonies. This data was triangulated between the different stakeholder groups so that different viewpoints reinforced the validity of these material outcomes and benefits. It is therefore the changes in these outcomes that were measured and then valued during the consequent quantitative data collection stage. A *summary* Impact Map is shown below.

Community Champions summary Impact Map of final outcomes

Stakeholders	Outcomes that changed as a result of the Community Champions programme
Champions	Improved physical health, healthier eating behaviours & weight reduction Reduced likelihood of contracting long term conditions (e.g. type 2 diabetes, obesity, cardio) Improved overall mental well-being Reduced social and emotional isolation Self confidence & Resilience New skills & Employability/Paid work Intercultural cohesion Fairness of access and treatment Courage to engage with health profession Improved Knowledge – about health, appropriate services and about local people
Residents	Improved physical health and weight reduction Healthier diet & eating behaviour (more veg, less oil, salt and sugar) Reduced likelihood of contracting long term conditions (e.g. type 2 diabetes, obesity, cardio) Improved overall mental well-being Sense of community and cohesion Fairness of access and treatment Courage to engage with health profession Economic savings from healthier eating on a budget Improved Knowledge
Children	Improved physical health and well-being Fairness of access and treatment Improved dental hygiene Improved relationships with family and friends School readiness Sense of community and cohesion Pride & Motivation Improved Knowledge
Local Services / Gov't	Resource value: reduced care need across diabetes, cardiovascular & LTC Resource value to health services Improved health equality and quality of services Resource value of reduced need for children's dental health intervention Economic contribution through finding paid work Citizenship and further volunteering

The outcomes identified in the Impact Map were then measured and valued. This allows us to demonstrate the extent to which Community Champions has helped achieve these outcomes, and the *value* of these outcomes to our stakeholders.

These outcomes are organised into economic benefits, social benefits and environmental benefits.

In addition, the process of stakeholder engagement and mapping of outcomes provides the research with an underlying **theory of change** as to how the outcomes come about through the Community Champions model, its processes and activities.

The **Theory of Change** is illustrated previously in section 1, in Chart 1.

4.3 Evidencing Outcomes and giving them a value

It is important to define long term outcomes as the outcomes which are being measured and valued within this SROI analysis, in order to avoid double-counting of outcomes, and to determine which fundamental end outcomes are actually of benefit, rather than valuing intermediary outcomes which contribute to the final end outcomes.

Once the stakeholder engagement was completed and the impact map constructed to identify material outcomes, data collection for quantifying the magnitude of change in those outcomes was carried out. The purpose of the data collection was to:

- Collect evidence as to how much change is created by the Community Champions for each material outcome identified
- Collect evidence as to the value to the stakeholder of each material outcome from the Community Champions project
- Collect evidence as to the likely benefit rate and drop off for outcomes
- Collect evidence as to the likely levels of *deadweight* (the likelihood of an outcome happening anyway without the selected programme), *attribution* (the proportion of change or impact that can be claimed directly by Community Champions) and *displacement* (the likelihood of any negative outcomes or dis-benefits being displaced to another stakeholder or location).

In this context, the outcomes surveys for Champions and Residents incorporated well-being questions in addition to questions on economic or financial outcomes. This provided measures of change in well-being and other social and economic outcomes as identified in the Impact Map. Copies of stakeholder surveys are also provided in the Appendices of this report. Over 60 households completed the Residents survey and 36 volunteer Champions (almost half) completed the Champions' survey (covering outcomes in physical and mental well-being, economic benefits, and other social outcomes).

Evidencing Well-being value

Many of the benefits for participants will be social and in some cases economic. One of the key differences between SROI and traditional Cost-Benefit Analysis (CBA) is that social outcomes (such as well-being) need to be measured and valued.

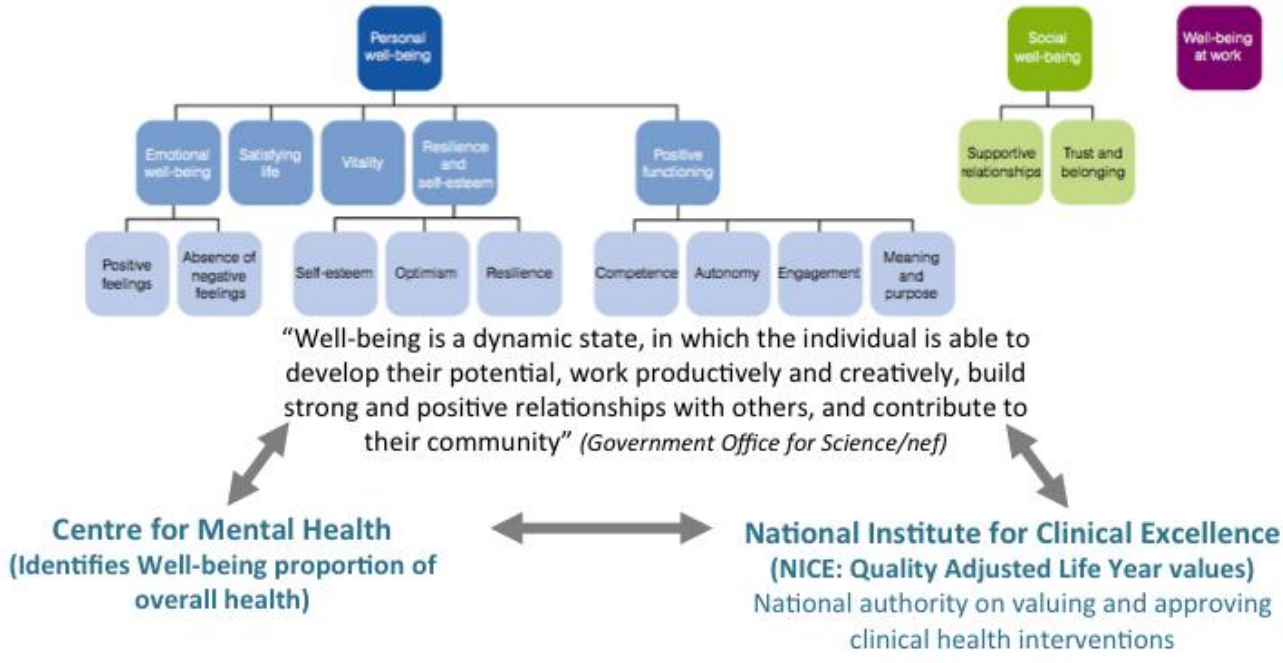
Outcomes such as well-being and emotional resilience are important because there is a wealth of evidence demonstrating that high well-being leads to better productivity, life performance, and capacity to solve challenges and tasks in life, in learning, and in the workplace. Additionally, health and well-being outcomes from being in work, training, education or employment accrue to the individual, and also potentially to the health care system from the subsequent reduction in need.

These social outcomes will be harder to measure, and this analysis draws on an existing measurement tool such as nef's *National Accounts of Well-being*[xii] (NAWB). The National Accounts of Well-being is a framework for understanding and measuring the different components of well-being, and it is useful tool in SROI for a number of reasons:

- It provides a breakdown of different components of well-being (see Figure 5 below), and helps inform decisions about the outcomes to measure
- It provides a set of questions and statistical analysis that has been academically tested, enabling high quality well-being measurement
- It has been tested in previous SROI analyses focusing on well-being outcomes
- It can help with the *valuation* of outcomes through the use of healthcare economics and Quality Adjusted Life Years or 'QALYs'. A description of using QALYs is explained further below.

This provides a sound evidence-based framework with which to measure change in well-being and other social outcomes as identified in the stakeholder engagement stage, and drew on questions from the *National Accounts of Well-being* and/or other tested questionnaire sources. The questionnaires were administered in hard paper copy at the Community Champions hubs. (Survey template is provided in the Appendices section).

Figure 2: Envoy well-being valuation framework, drawing on National Accounts of Well-being



Well-being in this model is broadly underpinned by the UK Government Office Science definition, from the Foresight report "Mental Capital and Well-being" 2008), and drawn on by the National Institute of Clinical Excellence, especially for its well-being guidance for productive workplaces (2009):

'... a dynamic state in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community.'

The valuation approach to well-being outcomes is informed by the qualitative data collected from stakeholder engagement. Our analysis then followed the tested methods of previous evidence and healthcare economics research, by taking an estimate of the impact of well-being on overall health through the use of QALYs (Quality Adjusted Life Years).

This allows a valuation of overall mental and emotional well-being using the NICE (National Institute for Health and Clinical Excellence) cost–effectiveness threshold for one QALY (£30,000). The proportion of one QALY assigned to mental and emotional well-being, derived from research by the Centre for Mental Health into the average loss of mental health status - is estimated at 0.352 of a QALY or £10,560. This is a value for those moving into level 3 (mid-level severity) of mental and emotional well-being (as defined by the Centre for Mental Health). The proportional split of well-being outcomes is then valued and triangulated in conjunction with the *National Accounts of Well-being* sub-components outlined above.

For valuing physical health improvement, we assume a pro-rated 25% of the remaining £19,440 of the full QALY (£30,000 minus £10,560), to value improved health through exercise and healthy eating. This is closely comparable to the figures used in other research, including recent research by HACT[xiii] using an alternative approach, calculating life satisfaction value for improved health, as a function of household income and household activities.

However for the smaller proportion of the resident population in this study, who are estimated to have avoided type 2 diabetes and related cardiovascular or long-term conditions, we conservatively assume a fully QALY across only 50% of ten years reduced life expectancy (from developing type 2 diabetes) as stated by Department of Health and Diabetes UK.

In addition to the use of QALYS to value well-being outcomes, a range of tried and tested proxy values and public services unit costs were utilised to quantify the worth of the outcomes to local authority (e.g. adult social care) and public services (e.g. health care). **These are described more fully below in the Appendices section.**

It should be noted that the *values described are then reduced to the equivalent proportion or magnitude of change in each outcome*. E.g. if there has been a 10% change over time in an outcome, then only 10% of the proxy value for that outcome is calculated in the analysis. This helps to further reduce any likelihood of over-claiming value.

4.4. Establishing Impact

'Impact' is a measure of the difference that a project, organisation or programme has made. In this SROI analysis, impact is measured for different stakeholders' outcomes, compared with the likely level of that outcome in the absence of the project (known as counter-factual or *deadweight)*, and taking into account the contribution of other factors (known as *attribution*), and any *displacement* (where an outcome comes at the expense of another outcome, for example if an employment programme leads to some people getting jobs at the expense of other people). It is similar to the concept of 'additionality' discussed by HM Treasury in the *Green Book*.

This SROI analysis measures these adjustments by triangulating a number of different primary and secondary research elements to help establish impact credibly, specifically:

- *Attribution*: Responses to surveys and consultation gave credit, or "attribution" of outcomes at around 60-65%, however this was further reduced to a third (21%) for residents, and half of this (11%) for Children, to account for other factors, and activities at the community centre or school, and other settings, that they may have attended.
- *Deadweight*: The majority of respondents reported that it was highly unlikely that these outcomes would have occurred anyway or that alternative forms of outreach and access to health services would arise. However we have conservatively used a 50% counter-factual rate to further reduce the amount of impact claimed. Calculations are significantly sensitive to deadweight in this model, for example increasing the deadweight by 10% reduces the SROI to approximately £4:£1 and increasing to 75% deadweight reduces the SROI to £2.75:£1.
- *Displacement* is zero, as we have assumed improving a person's health does not have a negative unintended consequence on another stakeholder.
- *Drop-off* of impact is 66% drop off per year over a 3 year benefit period, although the majority of respondents felt the impacts would last well beyond 3 years, we have taken a conservative view. "Drop-off" is used to reflect that impact is reduced in strength over time.
- *Discount rate* of 3.5% was used (suggested in HM Treasury Green Book) for calculating the present value of future benefits.
- We have been advised by Tri-Borough Public Health commisioners to use a one third likelihood that Champions double-count or cross over the households they reach between them. Champions and hub co-ordinators identified the difference in number of new households and repeat households that they reach per month.

4.5 Calculating the SROI

With this process and all necessary data collected, the SROI can be calculated. The total value in this analysis is comprised of valuing the aggregate change for all material stakeholders, in each final outcome. This report accounts for the time period over which benefits are accrued, some of which can last into the future. Some outcomes can last beyond the initial intervention. Where this is the case, this value can be projected into the future using a discounted cash-flow approach. A drop-off rate is applied to acknowledge that outcomes are not maintained at the same level over time.

Additionally, a further adjustment is required for discounting the future value of money (as an indicator of value) due to inflation, and a discount rate of 3.5% is used in accordance with HM Treasury guidelines.

Further research to improve data

Given the scope of the research remit, increasing the sample size of residents would have provided more robust estimates of change, and the margin of error would be reduced. A longitudinal study tracking change and value over a longer time period, across a sample of households, would benefit the robustness of the evidence base in future. This would also add to the small body of comparative evaluations by NHS Hammersmith and Fulham (Health Champions baseline, 2011) and Turning Point Connected Care with Personal and Social Services Research Unit at the LSE (2011). In addition, ***a more full survey of vulnerable tenants and registered social landlords*** would have provided helpful evidence of value of sustained tenancies and reduced re-letting or voids, possibly higher than estimated in this analysis. However due to personal information protection rules, contact details were not kept for these participants within the timing of the evaluation.

5. Sustainability of the Champions model

Community Champions are generating important benefits to their local communities, households and local authorities, totalling an estimated of £2.78 million in annual net worth, from an investment of £550,000 evenly spread across six hubs. This SROI analysis estimates £5.05 of social and economic value is generated for every £1 invested - of which at least £1.65 of adult social care resource savings are potentially generated for the local authority, related to diabetes, improved mental well-being, community cohesion, and reduced isolation of families and older people.

The Community Champions programme is underpinned by social capital, and offers a strong and semi-structured approach to meeting the Public Health White Paper recommendation to deliver health and care that is "*owned by communities and shaped by their needs*". In addition, Community Champions help in a very meaningful way to directly improve and "*tackle health inequalities across the life course, and across the social determinants* of *health*" (Health and Social Care Act, 2012).

Consequently, the challenges for local authorities and health and care services are to work in more joined-up ways with their resources; to tackle socially embedded health issues, yet design approaches that increase quality and access, not solely reduce costs.

The project is dependent on local co-ordinators who are enthusiastic and dedicated in developing local volunteers, and improving the well-being of the community from a "hub" in a community centre type asset. The success of Champions is also operationally encouraging - it can achieve scale and reach through consistency of presence, knowledge and skill.

However, there are challenges for the future, not just to sustain the programme and find new revenue or funding streams, but also to understand the longer-term capacity for each community hub to keep reaching new households. It is unclear whether these hub locations will become more or less isolated, as the areas around them change, develop or become more gentrified and thus increasing the inequality gap further.

The current programme is partly built from the process learning and skills developed during the 2008-2013 Community Health Champions project in White City, where Champions are still involved today in community-led support activities for residents. The processes and outcomes identified and learned from White City's experience, whilst similar, have been refined and improved on in the current Champions programme across the six estates.

In the case of the current programme, the following areas need to be considered and planned for in terms of its operating strategy and long-term sustainability.

- **Being able to recruit and retain a stream of volunteers.** For improving the programme's reach and coverage, more volunteers will need to be identified, encouraged to participate and commit time whilst they may have other commitments.

- **Recruiting Champions from diverse background to ensure reflective representation of the community and range of service users.** This is important in order to maximise the opportunity for a broad range of residents to associate with group of Champions they meet, as opposed to perceiving that one particular group are dominating the guidance or activities available.

- **Keeping the champions motivated and supported.** Progressive people-focused leadership and co-ordinating skills will be required to ensure effective use, deployment and ongoing motivation of Champions to continue their volunteering and belief in the impact of the cause.

- **Valuing the individual contribution of each champion, feeding back achievements to the Champions and residents.** Valuing people on a personal level and feedback will be a key way to motivate volunteers and celebrate successes with residents, whilst raising the profile and worth of the programme to the community.

- **Collecting robust impact data.** Impact data should be collected in terms of identifying what changes for stakeholders over time, and by how much. This will provide much needed evidence over the long-run about continuous improvement as well as the ongoing value for money and/or limitations of the programme.

- **Ongoing support from Tri-Borough Public Health Service.** Overarching operational framework, performance monitoring and guidance will be needed from Tri-Borough to ensure the programme continues to dovetail with local objectives and alignment/partnership networks with local agencies.

- **Co-design of indicators of success with Champion Coordinators.** It would be effective management to include the hub co-ordinators when drawing on this research and collectively identifying and reviewing indicators of programme success with Tri-Borough.

- **Balance between scaling up and appropriate funding levels.** When reviewing or building further cases for expansion or scale, it will be important to estimate any natural limitation or natural capacity at given funding levels. Realistic operational capacity and any associated buffer must be a key consideration, given that each hub co-ordinator has limited resources.

- **Maintaining autonomous processes for each hub.** Centralising decision-making would be detrimental for the programme, because its key strengths are in the ability for each hub to tailor the design of Champions' activities to the specific and changing needs of local residents. Maintaining autonomy at local level, whilst understanding and maintaining key performance objectives with Tri-Borough support and partnership are a significant reason for success.

- **Keeping enthusiastic hub co-ordinators.** Above all, it is important the hub co-ordinators are recognised and kept motivated about the excellent, dedicated and important work they do with developing people's potential and developing local community potential. The success of each hub, whilst by no means guaranteed, will be partly dependent on the talent and drive of the co-ordinator.

- **Changing activities to meet local residents' needs and balancing this with cultural observations and respect.** The programme of activities should not necessarily be made into something that is everything to all people. Champions are successful when they are focused and targeted towards specific issues and groups. However, this does require genuine consideration and empathy for activities to be balanced in their design, in terms of accessibility, setting, and mutual respect between groups themselves.

- **Being able to use a local community centre/venue for activities.** In order to minimise cost and gain traction, it will be essential for champions hubs to be consistently based at a known or commonly accepted location and space (such as a community centre, library, children's centre, resident advice hub), in order to ensure safety, credibility, draw on existing administrative infrastructure and access.

- **Linking with other stakeholders, including housing associations, local authority agencies and health services, employment services, local businesses.** Champions can optimise their coverage, reach and resources if they can promote and deliver support through multiple channels and with a range of potential funders - especially those who have an interest in the welfare and sustainable well-being of local residents to live independently and to their potential.

- **Meeting the needs of new communities and new service users in future, and sharing knowledge between hubs.** The ability of hubs and Champions to learn from each others' ideas will help provide an added platform for innovation. This will be especially be important if Champions are introduced to other locations, that they are able to draw on economies of scale and efficiencies from best practice.

"What Community Champions mean to me" **Aliyah, 5 yrs, daughter of local Community Champion**

[i] Royal Society for Public Health
[ii] Quality Adjusted Life Years, which is the quality of life valuation threshold method defined by the National Institute for Clinical Excellence (NICE)
[iii] For more information see the SROI guide, published by the UK Cabinet Office, and available here: http://www.thesroinetwork.org/publications/doc_download/51-sroi-guide-2009-for-printing-out

[iv] http://www.socialimpactscotland.org.uk/about-/sroi-project-.aspx

[v] See: www.nao.org.uk/sectors/civil_society/successful_commissioning/successful_commissioning/general_principles/value_for_money/vfm_and_tsos.aspx

[vi] http://www.nao.org.uk/successful-commissioning/general-principles/value-for-money/value-for-money-and-csos/
[vii] Royal Society for Public Health
[viii] **N**ote Census data in hub summary profiles section is provided from 2001 and is likely to now be out-dated
[ix] 2006 data, Department of Health, National service framework for diabetes (2012)
[x] Estimate of 10 years reduced life expectancy from developing type diabetes taken from: Department of Health,:National service framework for diabetes (2012), & *Diabetes in the UK* by diabetes.org.uk (2010)
[xi] Health & Social Care Info Centre, 2013
[xii] New Economics Foundation (2009), National Accounts of Well-being. www.nationalaccountsofwellbeing.org
[xiii] HACT, Well-being Valuation approach (2014)