Community Health Development
Year End Report 2016 -17

Date: 14th April 2017

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Background

Hyde Community Action have been operating a sub contract agreement with Pennine Care for 16 17 delivering 'Community Capacity Building, Creativity and Innovation' across Black, African, Minority Ethnic (BAME) communities in Tameside as an extension of the new service re-design, Be Well Tameside.

Ultimately the contract focused on liaising with residents, groups, workers and organisations in Tameside promoting the service and encouraging greater access, particularly focusing on BAME residents who may less likely to respond to conventional promotion methods. To create engagement opportunities to improve the uptake of health & wellbeing opportunities for local BAME residents particularly for priority groups, for example older adults, young people, men, carers, people with disabilities and people from disadvantaged neighbourhoods.

Brief Overview of Tameside

Tameside compromises of nine towns: Ashton-under-Lyne, Audenshaw, Denton, Droylsden, Dukinfield, Hyde, Longdendale, Mossley and Stalybridge.

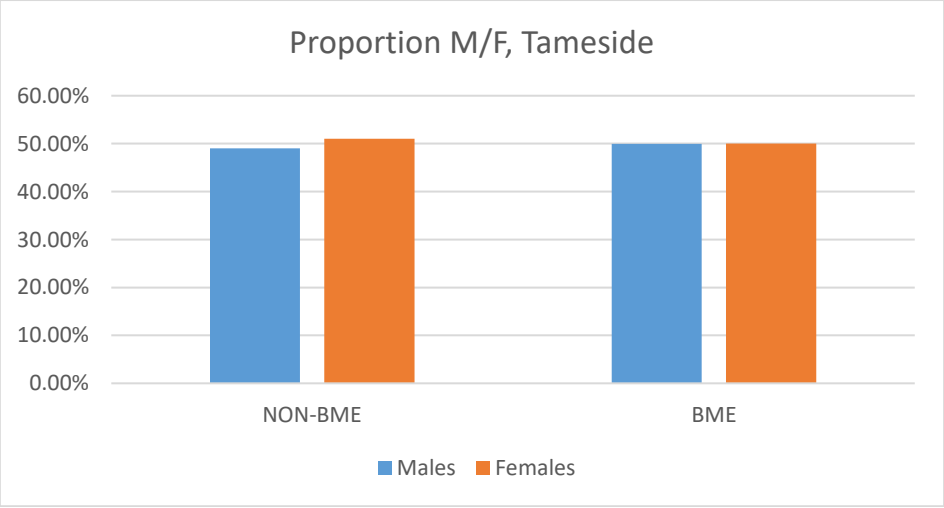
According to Public Health England's report on Tameside Health Profile 2014, the health of people in Tameside is worse than the England average and where life expectancy rates are lower for both men and women within the most deprived areas of Tameside in comparison to Tameside's least deprived areas.

In 2012, 26.7% of the population in Tameside were classed as obese. Estimated levels of adult excess weight, smoking and physical activity are worse than the England average.

In 2015 the total population for Tameside was estimated at 221,700[1], 108,900 male and 112,800 female residents.

Tameside BME / BAME Demographics

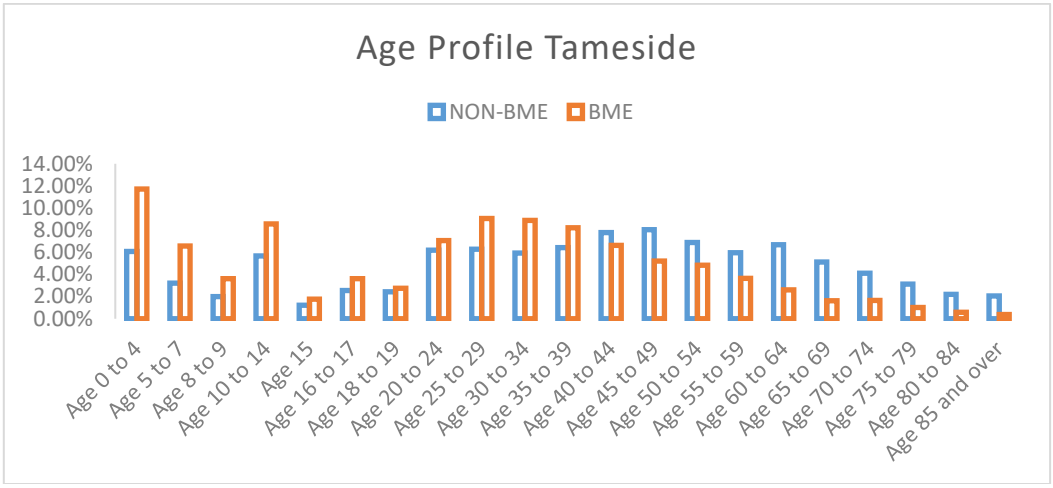
Figure 1:



No real difference BME/NON-BME[2]

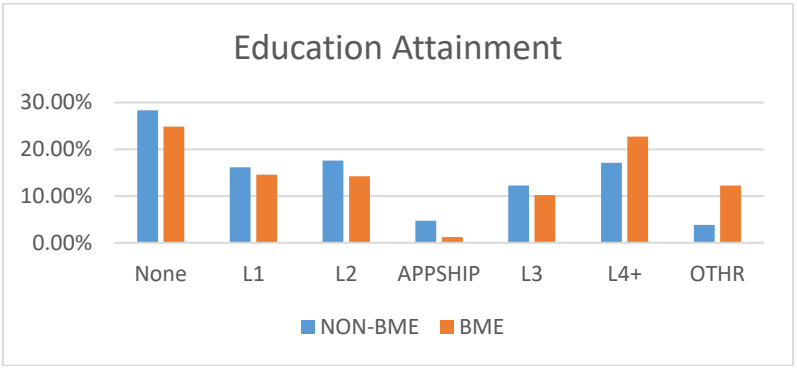
[1] Source: ONS mid-year population estimates
[2] Source: 2011 Census

Figure2:



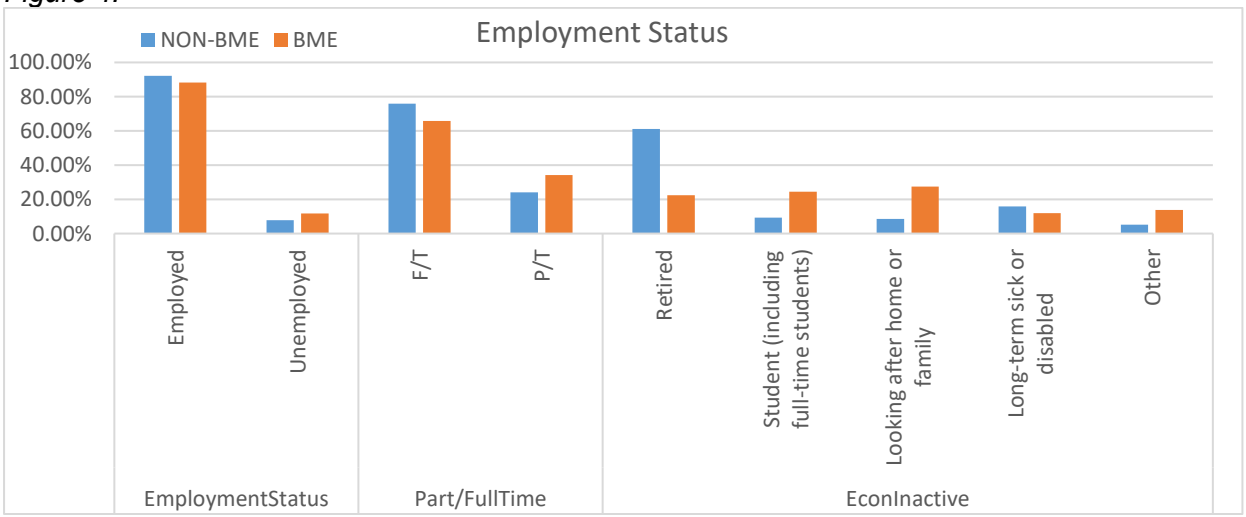
BME population are much younger overall than Tameside Non-BME average, especially under 14's, this is indicative of larger family size.[3]

Figure 3:



NON-BME population perform better within education/qualifications at lower levels. BME perform significantly better at BTEC, HNC level. This is in sync with the fact that Tameside's BME population are much younger overall. Data does not include graduates/postgraduate[4].

Figure 4:



Significantly higher proportions of BME residents work part time. Massive difference in retirees, 60% of "economically inactive". BME residents have far higher rate of education/training and family care resulting in increased economic inactivity. BME residents are slightly less likely to be economically inactive through illness/disability.

[3] Source: 2011 Census
[4] Source: 2011 Census

Tameside still suffers from high unemployment rate at 5.7% in comparison to 4.8% national average. Tameside jobless benefit claims are significantly higher at 2.6% in comparison to the national average of 2.3%.[5]

Office of National Statistics (ONS) reported around 6.5% of the population are from ethnic minority backgrounds other than European, including Afro -Caribbean, Bangladeshi, Chinese, East African, Asian, Indian and Pakistani. Others are of Irish, Italian, Polish or Ukrainian backgrounds. There are significant BAME concentrations locally, where 21.6% reside in St. Peters' ward in Ashton, the highest rate in the borough. The Joint Strategic Needs Assessment (JSNA) report for Tameside highlights St Peters ward also has one of the highest percentages of deprivation and poverty, worst 10% in the country combined with low skills levels and high unemployment reporting 23.1% of residents in long term unemployment. 14.4% have low mental well-being, second highest rate in Tameside and suffer the lowest life expectancy in Tameside of 70years. 52.7% of the population fall in to the 'At Risk' group with multiple unhealthy lifestyle behaviours (smoking, excess alcohol consumption and poor diets).

Most wards in Tameside have fewer than 5% of their population as non-white British. Ashton ranked the highest to have majority of the BME population at 71% closely followed by Hyde at 32%, largest groups being Pakistani, Bangladeshi and Indian. Droylsden East reported to have the highest % of Black African residents. Thus, our initial work focused in these areas whilst still stretching out to reach BAME communities in other boroughs through innovative outreach programme and engagement techniques.

Key Progress and Achievements 16 – 17

This year HCA has strategically positioned them as a borough wide organisation delivering key services to BME, socially isolated or vulnerable residents, in particularly our work with women on our learning, employability, domestic abuse and mental health 'Peer Mentor' programme. This has substantially added value to our sub contract with Pennine Care, as through the general referrals and signposting we saw high demand for learning, education and employment support.

Given the difficulties encountered during the course of the year, we successfully generated 91 referrals to the Be Well service, 90% women and 10% men, age ranging from 22years to 91years, largest age range 38 – 47 years at 27%. 43% of the referrals were for support on healthy eating, 25% for weight management and 26% for physical activities. 92% of these referrals were from the BME communities of which 47% requested language support. 47% of these referrals were generated from Ashton, 43% from Hyde and Newton. Dukinfield, Mossley, Stalybridge, Denton made up the remainder 10%. This was only possible through our partnership working with schools, other local community groups and organisations as well HCA's approach to the sub contract as an organisation, therefore, being able to continue delivering on the key performance indicators.

Of those that were recorded, 216 people were signposted / referred to other services from different ethnic backgrounds ranging from Sikh, Polish, Rumanian, Turkish,

[5] Source: 2011 Census

Arab, to Bangladeshi, Pakistani and White British. Biggest demands for service were for learning / education at 34%, employment support at 23%, local social groups and activities at 15%. With additional resources from the wider team within HCA we have supported and sustained community activities and training:

- Men's Badminton classes: Hyde
- Arm Chair Exercise: Hyde & Ashton
- ESOL Class: Hyde & Ashton

Health Forums: we have developed our localised forums to a pop up mobile activity, used as an engagement method generating discussions and building trust in new communities, which has proved to be successful.

Niche Tobacco Project: We have continued to work with volunteers within the niche tobacco project. Volunteers have been recruited on an ongoing basis and supported by HCA, trained up by Pennine Care Stop Smoking team to deliver outreach sessions and group presentations to the Bangladeshi Community, increasing take up of support services to quit tobacco chewing.

Integrated Neighbourhood Service (INS) & Integrated Neighbourhood Team (INT): We are part of the INS steering group in Hyde working closely with General practices, health services and voluntary organisations and subsequently linked in to the local Integrated Neighbourhood Team (INT) situated at Hyde Police Station with our work around domestic abuse.

Other: We have successfully secured 3-year funding to develop our training, learning and employability as well as our peer mentor programme working with vulnerable women who are socially isolated across the borough of Tameside.

Our case studies / feedback from people engaged throughout the work highlighted lack of awareness of service and how it benefits people individually.

Feedback included:

- "I really need support with healthy eating. I do try eat healthy but I am not sure if my diet is balanced, I now know who can help me with this"
- "I felt so lost and didn't know where to go. The support has been invaluable, I am happy, I feel confident and I now know how to reach my goal"
- "I didn't know about the service, we need to raise more awareness and spread the word, definitely will tell my family and friends about this"
- "really glad I spoke to you; I wasn't aware of the service. I can't read English so it is difficult for me to find out about these things"
- "I am so glad; I am accessing Be Well service. I am taking more care of myself now by eating healthier and walking more"
- "Just knowing that I can pick up the phone and can ask about anything and someone will try and help me has decreased my anxiety levels!"
- "I have very few friends & no family support as my own family live in Pakistan, from meeting the CLW I now know about Be Well service, its changed my life, I feel confident and doing more things, I feel happy"

Key Challenges

Engaging with BME communities is always challenging, especially when they are accessing a new service for the first time.

- Groups are often limited on funding and have no paid staff subsequently activities and volunteers fluctuate often making it difficult for agencies to reach these groups, as we have found during this year as we expanded our work.
- We have held several caseloads for individuals supported on a one to one basis. These individuals were not ready to go in to the Be Well service and for some, who even after one to one support, did not feel they required the service. Do we now signpost on and not support further given the added pressure of not holding a case load and extending our reach?
- Language barrier remains the biggest barrier. During the course of this year, we worked with volunteers from a variety of organisations, community groups alongside family and friends of service users to initiate a dialogue. As a result, we worked with partners across Greater Manchester and sourced in local English for Speaker of Other Language (ESOL) classes. We may need to explore alternative ways to combat this.
- Individuals, women in particular, tend to prioritise their needs quite low down on the list after they have upheld their responsibilities to their children, partners and extended families. We are aware that individuals that are referred to the be well services are contacted several times before they are taken off, however, in our experience we have found that some women do still want the help and support.

Future plans 17 18

We have only scratched the surface working with ethnic minority groups and communities across the borough at a time where services are positively focusing energies on a person centred approach, aligning services to this effect. Throughout this year, we have witnessed firsthand how trust has diminished between statutory services and BAME residents therefore it is crucial to build trust with lead volunteers, community leaders and residents.

We will aim to explore future priorities with our commissioners, we envisage this will include continued engagement within wider BAME communities, in particular men, who have still remained difficult to engage.

We have had significant success in engaging with both the Bangladeshi and Pakistani communities in Ashton and Hyde and made very slow but steady progress in other areas, we envisage this will too form another focus, aligned with both Pennine Care and HCA's strategic vision.

In accordance with the Tameside & Glossop Care Together Commissioning for Reform Strategy 2016 – 2010, we hope to continue to work with residents focusing on:

- The wider social determinants of health and wellbeing
- Prevention to encourage healthier lifestyles, ultimately promote, improve and sustain health
- Promote positive mental health through all aspects of our work