



**Community Health Development
Pennine Care NHS Foundation Trust: Be Well Service Sub Contract
End of Year Report 2020 - 2021**

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1.Introduction

Diversity Matters North West Ltd (DMNW) is a Charity and a company limited by guarantee. It exists to tackle health inequalities of the local residents. Its main objectives are to:

- Tackle issues that impact on people's health and wellbeing
- Provide targeted support for disadvantaged and excluded groups
- Promote improved community Cohesion

2. Background

DMNW have been operating a subcontract with Pennine Care to deliver targeted intervention with Black, African, Minority Ethnic and Refugee (BAMER) communities in Tameside as an extension of Tameside's Be Well Service (BWS) for over a decade. The contract focuses on developing and operating a flexible, innovative BAMER Community Liaison Worker role (CLW) that is focussed on prevention and early intervention¹.

DMNW have been working with the BAMER communities of Tameside for 13 years since its inception in 2007. Throughout the years we have worked tirelessly and built positive relationships, trust and confidence through our community led, asset based, grow our own approach. The last report anticipated the increased need of agile working and adapting to the economic changes, this was never more imperative than when we went into a global health pandemic in March 2020. The challenges for people from diverse ethnic backgrounds were apparent from the onset, one which DMNW took on with full force.

3. COVID 19 & Tameside's BAMER Community

Tameside is a multicultural borough, comprising of 19 Wards, 9 towns and 4 neighbourhoods². Health in Tameside is still listed within the 20% most deprived areas in England³ with a population estimated at 225,197.

The last 12 months has been marked by deteriorating health, wellbeing, and widening health inequalities, exacerbated by the COVID 19 health pandemic. According to the 2021 Marmot Review on health equity in England, since 2010, health inequalities have only increased / deteriorated, pointing to social and economic conditions, where we have seen life expectancy stall if not slightly deteriorate for some age groups⁴. The government lockdown restrictions gave rise to increased anxiety, stress, poor mental health, diet, the effects of which we will see in the coming 12 months.

During the first few months of the government lockdown from March 2020, Hyde was hit hard by the COVID19 virus where the highest number of deaths were recorded in the borough, with many from the BAMER community. This correlated with UK wide statistics on the disproportionate impact on BAMER communities. We quickly adapted, re-designed and transformed our services to meet the imminent needs arising from the local BAMER community, re-structuring the staff to work specifically around a COVID 19 support activities. Whilst other Charity's within the sector

¹ Draft BWS SLA 2017

² JSNA 2018/19

³ <https://fingertips.phe.org.uk/static-reports/health-profiles/2019/e08000008.html?area-name=tameside>

⁴ [https://www.health.org.uk/sites/default/files/2020-](https://www.health.org.uk/sites/default/files/2020-03/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_executive%20summary_web.pdf)

[03/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_executive%20summary_web.pdf](https://www.health.org.uk/sites/default/files/2020-03/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_executive%20summary_web.pdf)

struggled and subsequently either closed, temporarily or permanently, DMNW maintained operational, continuing to meet the local needs. Senior management supported staff to remotely work from home, slowly re-engaging volunteers, re-designing policies and procedures to enable safe service delivery.

Almost immediately, mutual support services appeared from both grassroot groups and statutory services as a response to the pandemic, however, although it was inspirational to see communities to come together, DMNW identified very early on that, this support was only available and accessible online. This method of communication excluded people who could not access online services, have a lack of IT proficiency, have no means to use IT and have language barriers. What we found was the widening inequalities to accessing services specifically around access to culturally sensitive, local food banks, access to emergency response support services and saw an increase in demand of our existing programmes supporting people experiencing higher levels of loneliness and isolations brought on by the pandemic. In April 2021, ONS found that personal well-being levels appeared to worsen for most measures including happiness, life satisfaction and anxiety across Great Britain⁵. Our own community consultation and conversations with local people found this to be the case specifically for ethnic minority communities⁶.

As the government has now paved a way out of the lockdown, DMNW are adapting to the changing landscape as new needs emerge as a result of the pandemic. Further delivery of services will change as a result, offering a blended programme of activities of both face to face and online engagements as the future is still uncertain.

4. Key Performance Indicators (KPI) 20 21

Traditional methods of community engagement were turned upside down and was impossible to achieve in the early days of the government lockdown as many of the residents we worked with were predominantly from an ethnic minority background who a) already faced multiple health inequalities pre COVID b) did not have the English language and literacy skills c) who were low skilled in using technology d) who did not have access to resources to enable online engagement. With much of, if not, all the emergency services information being promoted and accessible online, this alienated people who were not digitally confident due to the barriers mentioned above.

Last year we spoke about the wider social determinants of health (Financial, Housing, Education, mental health) and how this impacted more on people from ethnic minority backgrounds, in the last 12 months, the pandemic has exacerbated these hardships, pushing them into further vulnerabilities. People have experienced job losses, loss in income, struggled with housing, accessing learning opportunities stalled for all age groups and mental health deteriorated due to increased anxiety, loneliness, and isolation.

Where last year we were coming away from one-to-one support, this year, this was our first offer, to support people individually, ensure they were well and connected to the right services. Through the months and after the second lockdown, we started to support people to get online and access our activities at the very least. In April 2021, ONS reported that more people are starting to leave their homes in comparison to

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<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/6april2021>

⁶ DMNW Consultation Report November 2020: COVID and BAMER communities

January 2021 to access more public places⁷. Our own community consultations also tells us that people are eagerly waiting re-engage with our activities.

This last 12 months was more crucial than ever to combine our efforts across the team to help tackle the widening inequalities amongst communities, ensuring the new emerging needs and gaps in services were addressed and supported as a borough. As a result, meeting the outcomes for this subcontract were eased to allow staff capacities to be allocated to where it was needed the most, this is reflected in the progress made towards the KPI's below. (See Table 1 below).

Table 1: Performance against KPI's

KPI's	Yearly Target	Actual Year
1. Number of referrals into Be Well Tameside service (CLW & CHC)	200	23
2. Number of people supported and/or referred / navigated to other service (CLW & CHC)	400	473
3. Number and variety of NEW initiatives tried and supported by the Be Well Tameside Service successful/ unsuccessful (CLW & CHC)	40	17
4. Number of community events and opportunities attended (CLW & CHC)	120	84
5. Case Studies/Focus Groups/Service User Feedback (CLW & CHC)	12	13
Reflective activity diary (highlighting breakdown of engagement activities and any case load work) (CLW & CHC)	-	-

4.1. Be Well Service Referrals

Engaging with BAMER residents was a challenge during the pandemic. Referrals were achievable towards the end of financial year where schools started to re-open and we started to re-engage with local people and focus on healthier lifestyles.

Compared to the 179 referrals made last year, this year we managed to get 23, despite a lot of interest to engage with the service. 43% of this was generated at Hyde Market outreach day, highlighting that face-to-face interaction is far more effective than virtually engagement. We continue to see some level of self-referrals because of the BAMER community liaison workers' earlier interventions. 57% of these referrals declared having a long-term condition. 22% of the people referred into the BWS required language support, higher than last 2 years, this was mainly for Bangla support. Again, with the lack of local training around ESOL during the pandemic, it has pushed people's confidence back and therefore, we have been seeing language support requirement to access services increase throughout the work of DMNW.

70% of the referrals came from women, rest were male. We continue to see a wide range of age groups engaging. The largest age group engaged this year were people aged between 41-50years (35%) and 51+ (35%). This was followed by age group of 31-40 years (17%). 78% of the referrals were from Hyde, 9% from Stalybridge and

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<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/6april2021>

rest varied across Ashton, Droylsden and Denton. Ethnic groups ranged from Bangladeshi (52%), White British (17%) and Pakistani (4%), we had 26% that did not want to declare.

People that accessed support from the BWS required multiple services. The services most in demand were weight management at 61%, healthy eating at 39%, sleep well, stress less and relax workshops at 30% and 26% for physical activities support. With the government lockdown, local sports sessions had to close its doors, people have told us that they have not been active as much due to multiple responsibilities they are facing at home, the lack of space and privacy. They told us they have been eating a lot more and moving less which correlates with the demand in services.

4.2. General Signposting and Referrals

Of those that we were able to record and capture, 473 people were signposted / referred to 495 services across Tameside. 63% of people supported were from Hyde, 19% from Ashton and rest were from Denton, Gee Cross, Newton, Stalybridge, Dukinfield. The diversity of people engaged included White British, Indian, Pakistani, Albanian, and Arab. Few did not declare. The Bangladeshi community still represented the largest group engaged at 64%, predominately residing in Hyde. 52% of signposting were due to conversations around isolation, this is a similar figure to previous years. Over 50% of the conversations held with people revolved around isolation and / or feeling of loneliness.

Majority of people we engaged identified themselves as females, with only 19% identifying themselves as males. The figure for men has continued to improve year on year. The largest age group we engaged were again between 31–40years at 32%, followed by 41-60years at 33% and under 30's at 16%, rest were 61years and over. The highest demand for services were for:

- Learning / education at 25%, consistent decrease from previous years.
- Local social groups and activities went down to 10% as was physical Activities at 9%, as face to face sessions closed due to the pandemic and only operated online, which people from BAMER backgrounds struggled to engage in.
- Of those we could record, 27 people were signposted to the Tameside hotline for emergency support.
- We saw a rise in signposting people to healthy minds, mind, Samaritans and our own befriending and peer mentor programmes to help support with mental wellbeing, rest were signposted to GP's, food banks, Job centres, CAB, Age UK, Saheli, Housing, TMBC, Immigration, lifeline, and other training opportunities.

In addition, we conducted 153 actual referrals, which including completing referral forms, to:

- Food Bank: last year we reported 20% (22), this year we recorded 14%, however, data from the food bank in Hyde reported 53 referrals from DMNW to the service. This may be down to how staff have recorded the data on to the internal system.
- Age UK: We referred 15 people to the service to access help for benefits and to access winter warmer packs.
- Physical Activities: 14 people were supported to access local physical activities including the women's cycling group in Ashton and local parks.

- Volunteering: 26% of people were supported to access local voluntary opportunities
- Training & Learning opportunities: down to 21% a continuous decrease from last year.
- Rest of the referrals were to wider services including local social prescribers, PCREFURB, TMBC, welfare rights, Bridges, CAB.
- The referrals were generated through the activities conducted during the pandemic, via telephone and online. Again, this was only possible through wider DMNW team support.

4.3. Initiatives supported and sustained

This year has proved difficult to run our usual initiatives, however, we have focused on meeting the imminent needs of the local community in the first 6months and then gradually developed activities, working towards the KPI's.

During the initial 6months of the government lockdown we focused on a) working closely with both TMBC and Action Together to help bridge the inequality gap, meeting imminent needs b) supporting our own service where we saw a spike in demand and changes in needs and c) connecting people to the right services. We embarked on the following:

- Local intelligence gathering
- Trilingual DMNW wellbeing calls
- Supporting DMNW buddy project and other internal projects where we saw a rise demand, including cancer work, volunteering,
- Supporting Tameside social prescribing
- Supporting the set up and development of local food offer.
- Supporting the community COVID Champions work
- Developed local 5-Ways to wellbeing Campaign featuring images of local volunteers and developing bilingual content.
- Bilingual Health & wellbeing videos with BWS

Towards mid to the end of the year we kept our focus on bridging gaps in service and meeting the imminent needs of local BAMER residents in Tameside, starting with trialling and setting up an Instagram page where we hosted live question & answer sessions, topics focused on healthier eating, managing diabetes, the importance of vitamin D levels and how this can impact on the body and mind. This allowed us to engage with people that we would have not normally, from different age groups, communities as well as widen our reach across Tameside and beyond. As we resumed online activities, we started to see few referrals for the BWS come through, although hesitancy remained to access one to one support services.

Overall, we delivered 17 initiatives which included online workshops and events, campaigns, bilingual online contents, outreach, wellbeing calls, Instagram live question and answer session and cooking sessions, this is in addition to supporting inhouse and external local initiatives and support services.

4.4. Number of community events and opportunities attended

The governments social distancing restrictions prevented any community events from taking place. We have however had several contacts with partners via virtual

communications to help develop local services to meet the needs of the local BAMER communities. Attending 84 events and opportunities this year, our focus has been to reach and engage in networks such as the refugee and asylum seekers network, diabetes network, community champions meetings, BAMER health message and platforms where we were able to feed in local voices to influence local decision making and planning for exiting out of the lockdown, ensuring inclusivity of all of Tameside residents.

We worked closely and met with the BWS community team where we delivered key workshops online focusing on what we had learnt during the pandemic. In addition, we adapted our work and developed initiatives to continue maintaining engagement with the local BAMER communities, and to disseminate key health messages during the global health pandemic. Despite BWS referrals being low, we gradually saw re-engagement of people on online platforms as we offered a holistic package of support via DMNW wider work.

5. Service User Feedback

Our feedback from people engaged throughout our work highlighted that people wanted to re-engage face to face but at the same time were reluctant to do so given the current pandemic and what it meant for BAMER residents. Many felt cut off from people, from society, from family and friends and as a result, this has increased people's feelings of loneliness, isolation, and anxiety. For some more vulnerable individuals, engaging online proved difficult given the new challenges this last year brought with it, with many reporting lack of privacy at home, no access to equipment, increased family responsibilities, especially where people lived in multiple occupancy households, a highly common scenario within BAMER communities. Once again, the feedback continued to tell us that there is a fundamental communication gap between statutory services and individuals who do not have the English speaking, reading skills nor have IT literacy. Feedback from service users included:

'Thank you, it means a lot, it is nice to know DMNW are taking time out to reach and think about their service users' (DMNW Wellbeing Calls)

'Thank you for calling me, I wasn't aware of TMBC support service or anything, I will pass this information on' (DMNW Wellbeing Calls)

'I am struggling to cope, I have just lost someone in my family and I could benefit from the weekly calls to just to speak with someone, its hard being at home all the time, away from family' (Buddy Project)

"I feel tired all the time, now I know why, I need to go and see my GP to check my vitamin D levels" (Online Vitamin D and how to prevent diabetes Workshop)

"I know how our body is affected because of our diet but today I learnt so much and so I will attempt to change mine and my family's diet for good in the future" (Healthy Eating Session)

6. Other Projects

This year our volunteer engagement dropped by over 50%. However, the team pooled together to ensure that key emergency support was still offered to the local BAMER

communities and worked together to coordinate outreach, whether this was online or in the local community, adhering to social distancing guidelines.

Our plans for further campaigns around niche tobacco had to be placed on hold as much of this work relied upon (9) volunteers to support and cascade information.

6.1 Tackling Inequalities

Conversations with Pennine Care highlighted a local emergency response team. Input into this group from DMNW was essential given that the nature of the individuals the Charity works with across Tameside. Contact was made with Councillor Brenda Warrington, Leader of TMBC, and Action Together, where we are now involved in the response plans and discussing how we can work together to enable a transition which is inclusive of all its residents on a fortnightly basis. As a result of these conversations:

- DMNW have formed stronger relationships with public and voluntary sector organisations to address service gaps for BAMER residents.
- We fed into the GM wide report on how COVID-19 is impacting our BAMER communities to ensure local voices are part of any decision-making GM wide.
- We have fed back on TMBC Equality Impact Assessment for the COVID emergency response.
- We now have regular meetings with TMBC for the recovery planning and implementation.
- We are actively working as part of the BAMER Health messages group, diversity network, inequalities reference and the vaccination strategy group.
- We are now being funded by TMBC to conduct community consultation around the barriers to access to information.
- We have also taken part in GM wide public involvement and engagement in BAMER and Maternity research with Health Innovation Manchester

6.2 Social Isolation and Loneliness

We continue to gather anecdotal information on the prevalence of social isolation and loneliness in Tameside from our engagement with local BAMER residents. We have repeatedly seen over 50% of people we engage report some level of social isolation and loneliness. This year has been no different. We know from national research and as a result from the government lockdown, that loneliness and isolation has increased as we saw demand on our Buddy project at the start of the pandemic go up by 345%. People accessing the service were:

- a) on the governments shielded list
- b) individuals experienced family bereavement but could not visit them
- c) experiencing loneliness and isolation from being cut off from family and friends

We also started to see an increase in support service to help with social isolation and loneliness where more and more organisations started to conduct wellbeing calls and offer over the phone support.

6.3 Diabetes Work

We started to work with the British Muslim Heritage Centre, training local BAMER residents of Tameside in Diabetes train the trainer and online access to health records

training. We have had approximately 8 people sign up and who will then to re-deliver back into the communities with potential employment opportunity for people.

6.4 Bereavement Support

Through our conversations with people, we found that there was a rising need for culturally sensitive bereavement support. We have now met internally as a working group to explore how we can tackle this need and have carried out desktop research on services available that we can signpost people to for the time being. We will now be embarking on some training around dealing with trauma for staff, equipping staff with the knowledge and skillset to support people we engage with.

6.5 Supporting Health Campaigns

As well as developing our own campaign around the 5 ways to wellbeing, we supported local and national campaigns including, British nutrition week, stroke campaign and stop smoking / Ramadan. These were achieved via social media platforms and creating bilingual videos to further raise awareness.

7. Key Challenges

In March 2020, we saw the closure of our centre and our activities as a direct result of the global health pandemic. We have been in the thick of the pandemic this year which presented us with numerous new and emerging challenges as a Charity and for our service users. We have seen activities cancelled, re-organised and then postponed once again due to the government lockdown guidelines and restrictions.

7.1. Organisational Communication

Contractual position has always been a re-occurring challenge, especially in the last few years where we have been informed of 6 months extension a month before, placing the Charity in financial vulnerability.

7.2. Accessibility of services

Working throughout the pandemic, we already knew about the entrenched inequalities that marginalised communities faced on a daily basis. When it came to engaging these communities, it was apparent that this gap was widening. Our participation in tackling local emergency needs was vital in reaching BAMER residents and linking them into services. The emergency response services via government and local council all operated online and in English, straight away, alienating those who did not have the language or IT literacy skills. We worked tirelessly with services to ensure equitable and inclusive access for all Tameside residents. However, although we are all starting to walk on the same path, there is still a long way to go on this journey, more needs to happen for systemic and meaningful change to happen and sustain long term.

7.3 Engaging with BAMER residents:

With all face-to-face activities stopped, it has been a challenging time for community engagement especially within BAMER communities in Tameside as many of them would not be engaging online or would have additional barriers to do so. We focused on the imminent needs and on what we can do to help local people in Tameside. To reach out and recruit people to attend the sessions, we conducted ring rounds to existing service users to re-engage and actively promoted on social media. In addition, we assigned volunteers to spread the message, and shared information with

personal connections via colleagues, family, and friends.

We also found that some people do not feel comfortable to use zoom and some do not have smart phones. We linked people who required equipment to help them engage online to our employment support project where we coordinated requests and offered one to one support on how get online. Some people told us that with home schooling, increased in costs of food and bills, pressures off extended family responsibilities were impacting on people engaging with services, especially if it meant it was for themselves. We also found where parents could not support home schooling due to lack of understanding, language barrier or IT capabilities, older children were supporting younger siblings with homework which added to poorer mental health of young people. Young people were trying to focus on their own education therefore, many did not receive positive encouragement from parents to engage in activities outside of this as this was seen as a lower priority.

We were informed we could no longer distribute hardcopies of BWS leaflet door to door, therefore, we cancelled any outreach from Feb onwards until we received further guidance from BWS. This inevitably created further challenges in promoting the service.

8. Key Achievements

Where we have identified the need for specific services and or support that is not readily available in the local areas, we have explored potential partnerships and funding to address the gaps in service provisions. This has led to securing further funds and development of our social media platforms.

Funding Secured:

- 6-month funding for a BAMER link worker via Comic Relief COVID funds.
- 6 months funding from Mind Matters to pilot some work around step 1 mental health services in Tameside.
- 3 months funding from TMBC winter warmer grants to continue our buddy project.
- 6 months funding from TMBC to work on barriers to access information as part of the inequalities reference group.

Social media:

- Given the feedback from people and the current climate we were living in, it prompted a review of our own marketing strategy, we worked to ensure we diversified our engagement methods to target those hardest to reach. We focused on developing bilingual communication via WhatsApp broadcasting groups and initiated the development of Instagram account.
- Instagram: we hosted live question and answers session around the 5 ways to wellbeing and then moved on to hold live cooking sessions combining key health messages around healthy eating, physical activities, maintaining healthy vitamin D levels. This has now created an additional platform for DMNW to reach and engage a wider audience and inform people of key health messages via partnership working with public and statutory services.
- Website: We developed a focused page on COVID and BAMER resources, creating bilingual contents including the importance of hand washing, 5 ways to wellbeing, cooking videos and key contacts.

From our work on this contract in the past few years, we knew people preferred group sessions and workshops on key health messages as some found the one – to – one appointment uncomfortable. We knew that operating online will be a challenge as many of those who do engage tend to be people where English is not their first language and where they possess little or no IT literacy skills. With this in mind, we worked tirelessly to engage with people via wellbeing calls and through Instagram sessions, WhatsApp broadcast voice messages and videos messages and slowly worked with people to upskill in using IT equipment and software to then engage online.

9. Organisational Learning

9.1 Organisational

We learnt that capacity remains an issue for us, although we have been able to respond quickly to the pandemic, this has pushed vital pieces of work around future sustainability of the Charity back. As we are slowly looking at building back better, we are exploring further changes to the staffing structure which will release key expertise and capacity to progress on these areas sooner rather than later.

Although our online activities over the last few months saw increase in engagements, this has come at a cost of investing large amount of staff time to recruit, we found once again, the direct, personal approach works best and simply promoting on online platforms does not. People have also told us that they prefer face-to-face engagement as it allows them to come out of the house, access a safe and culturally sensitive venue and engage with bi-lingual workers at DMNW.

As we emerge out of the lockdown, the impact on poor health and wellbeing will become more prominent as people would want to access key services relating to weight management, healthier eating, physical activities, and mental health services.

9.2 Culturally Sensitive Bereavement Support

The government social distancing restrictions gave rise to increased levels of anxiety amongst BAMER communities. For communities where supporting families of a bereaved person is fundamental to their lifestyle and faith, not being able to attend funerals or pay their condolences has impacted poorly on people's mental health and wellbeing. We know from our conversations with BAMER residents that culturally sensitive bereavement support is a gap in local services. This is an area we are currently exploring further.

9.3 Social Isolation & loneliness / Mental Health

We have continuously seen over 50% of the people we engaged with experiencing some level of social isolation and loneliness, increasing levels of anxiety. This pandemic also gave rise to those who have not previously experienced this and, therefore, told us that they struggled to access the right services for them. It is highly likely that we will be seeing the effects of the pandemic on people's wellbeing in the next few months as the government paves it way out of the lockdown.

We mentioned in the last year's report that the lack of culturally appropriate services has systematically led to increased inactivity levels of the BAMER communities of

Tameside, this has only increased in the last 12 months. What sustainable activities set up 12 months ago, must be supported once again to re-start.

As before, we continue to advocate for placed based targeted early interventions as we know ourselves that this works and is clear from our work during the pandemic, and previous to that, when working with and alongside the BAMER communities. We continue to hold conversations with partners, funders, and commissioners around longer-term investment and that a system wide change is required to truly make an impact on people and their lives as we know community development cannot happen overnight⁸.

9. Forward Plans 21 22

We are still facing challenges going forwards, despite the government easing out of the lockdown. With new strains of the virus being detected across the UK and globally, we still need to keep vigilant in case of a potential 3rd lockdown⁹. With this in mind, we look ahead and focus on delivering a blended offer of engagement activities to help support BAMER residents with the rising needs specifically around digital inclusion, getting active, health awareness and support with mental health and wellbeing. Key areas of focus for us will be based on:

- Responding to imminent crisis support until further guidance from BWS, focusing on place based and community lead approaches to wellbeing, prevention and early intervention.
- Work with the TMBC and the voluntary sector on the emerging priorities around digital inclusion, poverty, widening inequalities within BAMER groups, Mental Health for adult & young people¹⁰.
- Continue attendance at the COVID Community Champions & Refugee and Asylum seekers network.
- Outreach: Re-engage with local BAMER groups exploring outdoor face-to-face outreach to engage with local people who are not digitally literate.
- Support BWS with bilingual bitesize health videos and explore further joint working and delivery of workshops within the BAMER communities.
- IG Live: Develop a framework to utilise Instagram live Q & A to promote key messages of health and wellbeing.
- Diabetes and online access to health records: Develop further partnership with the British Muslim Heritage Centre for local health initiatives.
- Bereavement and mental health support: Explore needs and start discussions with partners to bring localised and accessible provisions.
- Physical Activities: we will look to help re-instate local community sports club in Hyde.

⁸ TMBC Living Well: A picture of Physical Activity in Tameside Presentation

⁹ <https://publichealthmatters.blog.gov.uk/2021/02/05/what-do-we-know-about-the-new-covid-19-variants/>

¹⁰ VSIG 24.09.2020 Minutes