

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Community Cohesion and Integration – Equality of service delivery for Cheshire East council and partners
Date of meeting:	
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Executive Summary

Is this report for:	Information <input checked="" type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
Why is the report being brought to the board?	To inform Board Members about Community Cohesion work in Cheshire East and to discuss how together we can address local challenges to cohesion and improve health outcomes for our migrant communities.		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Starting and Developing Well <input type="checkbox"/> Living and Working Well <input type="checkbox"/> Ageing Well <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness Accessibility Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		

<p>Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.</p>	<ol style="list-style-type: none"> 1. Cultural Competency training for all staff. To address the knowledge and skills gap in health and social care staff in relation to engaging with migrant communities. 2. Member organisations to commit to joining the Multi-agency groups in the South and East. Increased membership of community cohesion working groups will maximise the impact of the Community Cohesion Strategy and implementation plans. A Memorandum Of Understanding (MoU) for members in this instance would be required. 3. Fully utilise the diversity in health and social care workforce. The cultural knowledge and skills of migrant health and social staff can be utilised in community engagement and development of services. 4. Review of existing on-line methods of education and sharing information. Develop better mechanisms to engage with under-represented migrant groups. For example, use of migrant social media groups to reach more people. The mechanisms will be informed by training and current knowledge on Cheshire East migrant population.
<p>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</p>	<p>Yes – Presented at Health and Adult Social Care Overview and Scrutiny Committee in September 2017 and at the Cheshire East Multi Faith Conference in November 2017, with service providers and community groups from across Cheshire East.</p>
<p>Has public, service user, patient feedback/consultation informed the recommendations of this report?</p>	<ul style="list-style-type: none"> • Yes, Crewe Community Cohesion survey conducted from Sept – Nov, 30th 2017. • Community feedback from engagement events • Community Connectors feedback • Service providers feedback
<p>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</p>	<ol style="list-style-type: none"> 1. Targeted services improve health outcomes for migrant communities. Cultural Competency training increases health care staff's knowledge and understanding of Cheshire East migrant population and develop their skills in effective community engagement. 2. More cohesive working among member organisations with focused use of resources for maximum impact. 3. Develop and strengthen provision of Health and Social Care services for all communities. Inclusivity of migrant health care staff's knowledge and expertise of their communities in development of services helps to improve service provision for migrant groups. Consequently, reducing inconveniences for the wider communities. 4. More people reached through use of on-line social media groups and information is easily available on gadgets.

Report Summary

1. Introduction

Cheshire East has seen a rise in the migrant population and diversity with an increase from Eastern Europe - Slovaks, Romanians and Romanian Gypsy and Traveller communities, and Bulgarians. Also, other nationalities and ethnicities, i.e. from the Middle East, India, China, East Timor Leste and other African countries.

The 2011 Census showed that a total of 2.7% of the total population (349,833) had been resident in the UK for less than 10 years with 0.6% less than 2 years. 1.8% of the population spoke another European language and 0.8% all other languages.

The Cheshire East schools census (January 2017) provides the most up to date evidence. This shows that there are about 102 languages spoken by 3,093 pupils, out of a total cohort of 52,820. Therefore 5.9% of pupils do not have English as their first language. After English, the highest first language spoken is Polish (1245). Of the nationalities above Slovakian is spoken by 199, Romanian and Roma by 87, and Bulgarian by 46. Urdu is spoken by 99, Malayalam by 77, Tagalog/Filipino by 59, Bengali by 79, and Chinese by 69. At least 16 pupils speak an African language. These numbers maybe more, as the data collected is from families with children currently registered in school.

There are currently 5 refugee families within the area, comprising of 10 adults, 17 children and 1 infant. In addition there are currently 19 unaccompanied asylum seeking children that are supported in Cheshire East. Whilst there are also undoubtedly adult asylum seekers these are currently under the radar and figures are not obtainable at this time.

The Crewe Cohesion Action Plan was developed to help address challenges to community cohesion and integration. The Crewe Community Cohesion Steering group, responsible for overseeing the action plan is made up of individuals from various organisations, local councillors and school representatives. One of the key objectives of the action plan is to improve equality of service delivery by Cheshire East council and its partners. A Cheshire East Cohesion Strategy will be developed from the evaluation and lessons learnt from the action plan.

Migrant population dispersal is varied across Cheshire East. Larger populations of migrant communities are mainly located in Wilmslow, due to its proximity to Manchester, Knutsford and Macclesfield. In the South, Crewe has the largest population and diversity of migrants. This cultural, language, and religious diversity makes for rich experiences between groups. However, there are challenges that services and communities face including; barriers to accessing and navigating health care services or community based support when they are isolated, lonely and do not speak English.

1.1 The challenges faced by migrant communities

- i) Lack of knowledge on services available, how they function and how to access them; this limits the services migrants can access, i.e. use of pharmacies or community based support instead of the GP or A&E. The lack of knowledge can result in inappropriate use of these services.
- ii) Language barriers – Some migrants who do not speak or understand English struggle with accessing services and communicating their needs, with some having to depend on family members, in some cases their children and community individuals to help interpret for them.

- iii) Anecdotal reports received during community survey held in 2017, of real or perceived discrimination by health services deterring migrants from accessing GP services, or mental health services when needed.

1.2 Challenges for Service providers

- i) Lack of understanding of the needs of different migrant communities, including homogenising of certain migrant communities, e.g. 'Eastern Europeans' without consideration for their diversity of languages and cultures may create 'one size fits all' services that may not apply and cater to those diverse needs.
- ii) Difficulty in engaging some migrant communities in promoting health information, conducting consultations and other activities. Challenges in community engagement can be a result of unawareness of the actual migrant populations in a community. Furthermore, there is a lack of knowledge and skills in engaging with marginalised groups.
- iii) Difficulty in catering for the diverse communities, with specific needs, compounded by different languages, cultural and religious beliefs, due to lack of financial and other resources needed to improve health outcomes.

2. Recommendations

2.1 Cultural Competency training for all staff.

To address the knowledge and skills gap in health and social care staff in relation to engaging with migrant communities, Cultural Competency training for both front- line staff and management should be provided. Trained staff will be better able to understand the diversity and make up of migrant population in Cheshire East and be able to provide targeted health services, health promotion, literacy and education activities that reach migrants effectively. The Community Cohesion Manager is currently developing a Cultural Competency training course for Cheshire East Council staff. This training will be specific to Cheshire East geography drawing from the information we already know about our communities. This can be shared across partner organizations.

2.2 Member Organisations to commit to working with multi-agency groups in the South and East with an agreed Memorandum of Understanding (MoU)

Member organisations should be actively involved in the Crewe Community Cohesion Action Plan and in developing and implementing the Cheshire East Community Cohesion Strategy, which commences in March, 2018. The goal is to embed the Cohesion Strategy within all service provision for Cheshire East Council and partners. Member organizations should have a Memorandum of Understanding that has a clear framework to an integrated approach to health and social care provision. Communities team are currently liaising with Manchester Multi-Faith groups, who are working with the local authority to develop a MoU that sets out how faith communities can help foster health and wellbeing and inform the MoU. The objective of the meetings with Manchester Multi-faith groups is for CEC to learn from the process in Manchester and be able to implement similar method for MoU with local faith groups.

2.3 Fully utilising the diversity in the health and social care workforce

Migrant health care staff from various countries bring their knowledge of their cultures and experiences of services to the host country. They may also be resident in the area and part of a migrant community that is disengaged. Their knowledge and understanding of their culture, health habits and the local community are valuable resources that can be utilised to develop services and improve engagement with communities.

2.4 Review of existing on- line methods of education and sharing information and develop better mechanisms to engage with under-represented migrant group.

Social media groups have been identified as mechanisms through which all communities engage with each other and are informed about local events. For migrant groups, Social media groups help them keep in touch with family and other people from their country. Use of migrant social media groups would be far reaching and translations of literature into 102 languages as identified through the schools census is not feasible. Therefore use of on line platforms will be more effective and reduce costs on translations.

3. Reasons for Recommendations

These recommendations are based on evidence collected from services, communities and other stake holders. The recommendations will help providers identify who their service users are and how to better develop their provision to better meet the needs of the diverse communities.

3.1 Provision of Cultural competency training will help equip health care staff with the knowledge and skills to develop services that reflect Cheshire East demographics and improve health outcomes for all communities. This will save costs on resources that are being wasted on ineffective health promotions, education and community based support services. Provision of the right information at the right time, in ways migrant communities can easily understand helps reduce barriers to accessing services. Additionally, a culturally competent organisation is better placed to help improve health outcomes for migrant communities through improved access to services and has the capacity to work effectively in cross-cultural settings to produce better outcomes for all.

3.2 A memorandum of understanding helps to provide clear responsibilities and direction for all member organisations. This aids in creating more cohesive working across services and stakeholders and helps identify and fully utilise local social and cultural capital. Member organisations can also share health expertise on migrant groups, to increase shared understanding regarding the impact of community cohesion and integration on health and well being of communities. Effective use of resources, with savings being made on tackling health issues within our migrant communities will benefit all residents. These savings can then be utilised elsewhere.

3.3 Inclusion of the diverse health and social care workforce also means drawing from their expertise on their cultures and religions to help inform development of services and help strengthen relationships and trust between services, migrant communities and established communities. This benefits all residents of Cheshire East and reduces community tensions, as some established communities tend to blame migrant communities for economic and social issues, resulting in fragmentation and divisions. Cross-cultural communication and Inclusivity also helps migrant communities feel empowered and included in decision making processes.

3.4 Social media groups are generally a platform used not only for socialising, but also for raising awareness of local issues and sharing information. Use of these platforms helps migrant communities share information in their own languages and also provides mechanisms for isolated individuals to have access to information.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 These issues have an impact on all health and well being strategy outcomes;

i) **Creating a place that supports health and well being in Cheshire.**

When services are developed in partnership with all communities, it improves their access to services, leisure and recreational facilities.

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- ii) **Improving the mental health and well being of people living and working in Cheshire East Services.**
Review of online services and other mechanism used to engage with migrant communities provides people with choices in accessing information and feel less isolated.

- iii) **Living well for longer**

Better knowledge understanding on migrant populations can help identify health care needs and provide informed targeted promotions around Diabetes, Tuberculosis, etc.

5 Access to Information

5.1 The background papers relating to this report can be inspected by contacting the report writer:

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