

Appendix 1

Work to date to engage and reach a range of 'at risk' communities

Pre Eid Muslim communities (focus on South Asian communities, but also reaching Muslim communities with different heritages)

Pre Rosh-Hashanah/ Yom Yippur (focus on Orthodox Jewish communities but also reaching wider Jewish communities, in partnership with connecting local authorities to respect the Eruv boundaries)

Black African communities; initial meetings with both Church and community groups (with some wider reach to black Caribbean communities), followed by setting up a sounding board and wider set of community influencers for wider outreach. This was deemed to be very significant given that for many new African migrants to Manchester, it is not uncommon to need to hold down two or three jobs, and engagement with statutory bodies is very limited. We will reach many of this continents' communities through their country associations, women's groups, churches and Mosques, schools and occupation clubs as well as through the more traditional VCSE sector representatives.

Black Caribbean communities; whilst the COVID infection rates for these communities is not as high as some of the other communities, we do know that once infected, there is a higher rate of death from COVID in these communities. Therefore, we are developing a similar sounding board and list of community influencers, which because of closeness with the black African communities will form a part of a wide black African and Caribbean sounding board.

Pakistani communities; our evidence indicates urgent and immediate engagement is required to reach these communities as the infection and death rates are one of the highest in Manchester. We have set up a sounding board and a long list of community influencers and have an intelligence led engagement strategy that will have the best reach across the communities and tackle the areas of highest risk, for example multi- generational living, overcrowding, traditional and cultural large gathering, cultural ways of greeting and meeting others outside of the household. Our sounding board which covers a wide range of women's and community groups is supplemented by a temporary post within the Muslim Heritage Centre for a more focused reach in to the religious leaders and male members of the communities. We are wasting no time and also developing place based focused mini sounding boards in areas of high density such as Longsight and Levenshulme through our neighbourhood teams to take immediate action to support the Pakistani communities.

Wider South Asian communities: we have identified higher infection risks across wider South Asian communities (Bangladeshi in particular) and our Pre Eid engagement has helped us establish good links across the Muslim communities in this cohort. We expect to widen the Pakistani sounding board to facilitate these communities once we have established significant inroads across the Pakistani communities, including but not limited to Muslim South Asian communities. For other Muslim communities from Europe and the African continent, we expect to reach these communities through our African and migrant sounding boards.

Disabled people; the rates of both COVID infection and death is significant for disabled people. We have utilised an existing engagement structure through Our Manchester Disability Board to get up and running with a sounding board for this cohort. We have learnt about inaccessible communications and engagement from this sounding board and started to make significant inroads in the areas of access for shielding, digital services, flu vaccinations and test and trace and are developing mechanisms to ensure public health messaging will reach disabled people in accessible formats at the same time as standard messages go out. Given the existing known barriers to access for this cohort, we are exploring the possibility of a disabled people's hub in Manchester in partnership with the VSCE sector to provide a one stop shop for disabled people to access accurate, timely COVID related advice and information.

Older White Irish communities: We are seeing an emerging increase in disproportionate numbers of older white Irish COVID cases in the city, and they are also a group with a relatively high number of admissions and deaths in the first wave. As a result, we will work with anchor Irish organisations such as the Irish World Heritage centre, Irish community care, Irish centres, businesses and pubs in the city to form a sounding board and a list of community influencers to better understand the challenges and concerns from these communities.

Refugees, asylum seekers, and migrants: without detailed local data showing us disparities among these communities, we are fully aware that the overall health inequalities for these groups are significantly poor and will evidence we need better reach to these communities. Therefore, we will set up a sounding board drawn from anchor organisations across the city such as MRSN, Yaran, Refugee action, Boaz trust, Rainbow Haven to help us better reach these communities. This will be complimented by primary care support lead for the refugee and asylum seeker.

Gypsy, traveller and Roma communities; Again, without detailed local data showing us disparities among these communities, we are fully aware that the overall health inequalities for these groups are significantly poor and will evidence we need better reach to these communities. Risk of loss of work, overcrowding, multi-generational living, movement between sites has already been highlighted to us through our neighbourhood engagement work. In regard to Manchester's Roma communities, key community leads have told us issues include lack of literacy, poverty and very low employment rates. Lack of common nationality (e.g. different Eastern European communities with different cultures and language) and extreme lack of trust in statutory bodies will be barriers to engagement. We will set up a sounding board and list of community influencers to help us establish key routes and channels for communications.

Sex workers; our engagement lead is working with MASH and the Men's room to get key messages out.

The city's Homeless strategy is led by Manchester City Council and is outside of scope for CHEM.

Occupational risk: We have taken swift action to protect our staff across health and care since April this year, developing one of the first risk assessment frameworks for

primary care that includes a comprehensive ethnicity and disability risk assessment toolkit. This embedded quickly and is used to provide extra protection measures for rapid deployment of staff to different roles as well as for staff in existing roles. We have met more challenges in embedding these risk assessments in the care sector which is more independent and has a wider number of providers. However, we continue to promote best practice, for example we have shared the North West BAME ADASS [workplace risk assessment](#) toolkit. We have strengthened our regular monitoring mechanisms for providers to ensure they are protecting front line staff. The CHEM group is now joining resources to improve occupational risks for taxi drivers, public transport providers and front-line staff in businesses and leisure facilities, particularly where we receive evidence that BAME citizens may be more at risk.

Household risk: Much of the work to date through our VSCE infrastructure work has been to test out the challenges for reducing household risks for 'at risk' communities. We are now nuancing our advice and support to households where inter-generational living, overcrowding and reliance on formal or informal care can mean extra precautions are required to reduce risk. We expect to take a similar approach for gypsy and traveller communities, refugee and asylum seekers and others with less secure housing options as our next priority area.

Social and physical environments: We have developed our support and advice to be more culturally competent to ensure citizens who for reasons related to religious observance need to engage in groups outside of their household, providing tailored messages for large gatherings and events. We are also addressing the different ways in which our citizens eat food together, shop or engage in leisure activities and tailor messages about risk reduction in different settings.

Shielding: We are working closely with our primary care lead and group for shielding to develop a communications campaign for people who have been shielding that will use health/neighbourhoods/VSCE networks to disseminate messages about keeping safe but also empowering people to access support and to go out safely.