Manchester City Council
Report for Resolution

Report To: Citizenship and Inclusion Overview and Scrutiny Committee

Date: 15 December 2010

Subject: Agenda 2010

Report of: Deputy Chief Executive (Performance)

Summary

To provide feedback on the outcomes of the Agenda 2010 Conference, which took place on 29 October 2010, and to set out current proposals for mainstreaming Agenda 2010 post March 2011.

Recommendations

The Committee is asked to note the contents of this report and provide comments particularly in relation to the initial detail as to how the priorities for Black Minority Ethnic (BME) communities in the City should be captured post Agenda 2010

Wards Affected:

All

Contact Officers:

Name: James Hand
Position: Head of Organisational Development and Service Inclusion
Telephone 0161 234 1843
E-mail: j.hand@manchester.gov.uk

Name: Samiya Butt
Position: Programme Manager
Telephone: 0161 234 3732
E-mail: s.butt@manchester.gov.uk

Name: Anissa Kheratkar
Position: Service Improvement and Social Inclusion Officer (Race)
Telephone: 0161 234 3647
E-mail: a.kheratkar@manchester.gov.uk

Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.
1 Introduction

1.1 The primary focus of Agenda 2010, as set out in the Agenda 2010 Charter, was to close the gap between black and minority ethnic (BME) communities in Manchester in the four areas where BME communities felt they had the biggest impact on their lives. These areas were health, crime and disorder, employment and education.

1.2 To mark and evaluate the work of Agenda 2010 and to look at setting the future priorities for BME communities in the city, a ‘working conference’ was organised to take place on 29 October 2010 at Manchester Town Hall.

1.3 This report provides the Committee with feedback on the outcomes of the Agenda 2010 Conference and sets out the current proposals for mainstreaming the objectives of Agenda 2010 going forward.

2 Background and Context

2.1 Following the findings of the Stephen Lawrence Inquiry, the Race Relations Amendment Act 2000 placed a duty on local authorities to promote race equality and end race discrimination.

2.2 At the time, it was reported that BME communities suffered from a combination of linked problems such as worklessness, crime, anti-social behaviour, and poor health. Following, consultation with BME communities in Manchester, Manchester City Council, in partnership with Manchester Council for Community Relations (MCCR), and the then AAAPT Community Association (Arawak Walton, Ashiana, Aksa, People First and Tung Sing Housing Associations), brought together representatives from across the public, voluntary and community sector and established the Agenda 2010 Partnership back in October 2000.

2.3 The Agenda 2010 Steering Group, chaired by the Deputy Chief Executive (Performance), comprised representatives from each of the four thematic areas, which were led by the relevant mainstream agencies. NHS Manchester led the health group, Jobcentre Plus led the employment group, the education group was led by Children’s Services, and the Probation Service, Crime and Disorder (Manchester City Council) and Greater Manchester Police led on the crime and disorder group. The Steering Group has over the last ten years provided senior level leadership and driven the work across the four priority areas to improve outcomes for BME communities in the City.

3. Agenda 2010 Conference – Recognising the work of Agenda 2010

3.1 In order to reflect on the work of the Agenda 2010 partnership over the last ten years and to identify the priorities for BME communities in the City going forward, a half-day, strategic conference was organised and delivered on 29 October 2010 to capture the thoughts, perceptions, experiences and priorities of services / organisations and BME communities engaged and involved in the work of Agenda 2010.

3.2 The conference was attended by senior strategic partners across the City from each of the thematic areas, representatives from BME communities and BME voluntary and community sector organisations, along with lead elected members responsible for all equality strands. The senior panel at the conference was also representative of the makeup of the partnership. There were a wide range of delegates representing statutory organisations as well as community representatives including the
Manchester BME Network (which includes up to 200 voluntary and community sector organisations), the and Ahmed Iqbal Ullah Education Trust, Manchester Council for Community Relations, Inspired Sisters, Wai Yin, Support for Progress and Regensis Squared among many others.

The Conference Programme

3.3 The conference included presentations from the Chair of the Agenda 2010 Steering Group (Deputy Chief Executive – Performance), the Lead Executive Member responsible for equalities (Deputy Leader of the Council), and the Lead Member for Race. Each presentation set out the importance of race equality in the city and the role of Agenda 2010 in making this goal a reality. There were also presentations from each of the thematic partners, who set out what had been achieved in relation to each thematic area over the last ten years and their vision going forward. There was also opportunity in the conference for questions and answers to a panel of individuals who have been heavily engaged in the work of Agenda 2010 (the panel comprised of the, Deputy Chief Executive, Deputy Leader of the Council, the Medical Director for NHS Manchester, the interim Director for Policy and Implementation - the New Economy, the Chair of the Manchester Council for Community Relations (MCCR), a Chief Inspector from Greater Manchester Police and the Senior Vice Principal for the Manchester College). Delegates were also split up into smaller groups to focus discussions on each of the thematic areas: crime and disorder, health, education, and employment.

3.4 In preparation for the discussion at the conference, delegates were provided with a summary report on the progress and achievements against each Agenda 2010 theme. The summary report provided valuable background information and key data on performance and progress, which helped enhance delegates' understanding of the issues and supported them to engage effectively in the discussions (a summary of this report is attached as Appendix 1). The main focus of the conference was the interactive roundtable discussions, which were organised to focus on each of the Agenda 2010 themes and discussion around the following questions:

1. Reflecting on progress, what are the future priorities for BME communities and the Agenda 2010 partnership over the next 5 – 10 years?

2. How can we work towards mainstreaming the priorities and work of Agenda 2010 whilst still maintaining the focus on our changing BME communities?

4. Future priorities for Agenda 2010 – Conference feedback

4.1 The following information, provides an outline of the discussions that took place on the issues noted above. A detailed summary of the issues raised in all of the workshops is attached in Appendix 2 of this report.

4.2 Crime and Disorder

4.2.1 It was recognised that the Crime and Disorder Reduction Partnership (CDRP) has made some real change and progress in the past 10 years in meeting its objectives. It was also recognised that further progress was still required, and some of the specific priorities identified by the CDRV and discussed were:

Drugs
4.2.2 Drugs and alcohol are factors closely related to causes of offending and re-offending. A recent assessment of local need indicated that drug treatment for members of BME groups appears to be effective, however, the number of drug users from BME groups accessing treatment is low.

4.2.3 To address this, the Drug Alcohol Strategy Team (DAST) is developing a range of initiatives and approaches in partnership with the CDRP to identify areas of race inequalities, provide training for appropriate staff to support work and disaggregate information regarding BME communities around retention and attrition rates.

Neighbourhoods of choice, young people and gangs

4.2.4 In order to create neighbourhoods of choice where young people and families can choose to live and seek employment, continued reduction of gun crime and continued tackling of gang culture in areas of Manchester is essential.

4.2.5 With its partners the local authority will continue to support GMP’s operation to disrupt gang activity and provide alternative programmes through the Manchester Multi-Agency Gang Strategy. Chief officers have signed up to eradicating gun crime from Manchester by strengthening the co-ordination of key services and agencies. By reducing the levels of gun crime in the city, a space providing opportunities for communities to engage with mainstream services and introduce young people to alternative life choice will be created.

Integrated neighbourhood management

4.2.6 The priority towards even greater neighbourhood working will be delivered in Manchester through the Council’s plans for Integrated Neighbourhood Management. The valuable management information obtained through consultation with Key Individual Networks (KINs) in communities will be built into the model going forward. This will include community perceptions on the level of racist incidents, over and above those contained in statistics and views on the quality of service provided by the agencies concerned in dealing with and responding to local concerns.

4.3 Educational Attainment

4.3.1 The work over the last 10 years through Agenda 2010 has demonstrated that Manchester has made some great strides in improving the outcomes for BME groups in the education sector. The majority of BME groups outperform the Manchester average at Key Stage 4. Delegates noted that Agenda 2010 has been hugely important in laying the foundations for partnership working in Manchester. However, there are still some areas of improvement, which Children’s Services have committed towards addressing. These areas include:

Commitment to Mainstreaming

4.3.2 There is a commitment to mainstreaming the work that has taken place over the last ten years. This will be achieved by integration into the Children’s Services Business Plan and explicitly referenced within the Equality and Diversity delivery plan. This plan will be regularly reviewed by the service’s Departmental Equality Group, which reports directly to the Children’s Services Senior Management Team (CSSMT).
Addressing the issues that impact most upon BME communities - Looking beyond just education and acting as the voice and champion for all vulnerable children

4.3.3 While it is recognised that children from many BME groups are doing well, there will need to be a continued focus on children who are doing less well such as new arrivals.

Supporting and challenging

4.3.4 Given the changing role of Children’s Services and budgets being allocated directly to head teachers, the local authority will continue to play a key role in supporting and challenging schools and other partners to deliver the right quality of universal, targeted and specialist services for all of the city’s children and young people.

Equality Impact Assessment and emerging issues

4.3.5 During the times of change, it will be important to identify emerging issues that are picked up through the service’s improved Equality Impact Assessments process. This will look to identify the impact services have, not just on BME groups, but all vulnerable groups.

Children’s Trust Arrangements and Children’s Board

4.3.6 Children’s Services will continue to play an important role in Children’s Trust Arrangements (CTA) ensuring that its vision is one which shares the values of the original Agenda 2010 Charter. We will also need to continue to analyse, address and prioritise the needs of vulnerable children and young people; including BME young people to achieve better outcomes through the Children’s Board.

4.4 Employment

4.4.1 The Agenda 2010 Employment Group has been focussed on coordinating and influencing commissioned activities that reduce the gap in employment rates between white and BME residents in the city. It was recognised by delegates that more BME residents will need to take opportunity of the jobs that will become available as we try to increase private sector employment.

4.4.2 Despite a number of initiatives over the last 10 years to improve employment outcomes for BME communities, BME communities are more likely to be unemployed in comparison to the city’s population. In January 2009, of the 14,590 residents claiming benefits in Manchester, 24% were from BME backgrounds. In January 2010, of the 18,845 Manchester residents claiming benefits, 26.6% were from BME backgrounds, indicating that BME residents have been particularly adversely affected by the recession.

4.4.3 In the 10 years of Agenda 2010, the partnership has identified what works in supporting BME communities to gain employment. However with the reduction in public sector spending, the future approach in the city on employment will need to be more about influencing mainstream provision and the Work Programme provision (replacing all existing DWP Welfare to Work programmes with a single framework that will cover all benefit claimants). The following three priority areas were identified going forward:
Influencing the Work Programme

4.4.4 In order to influence the Work Programme, a Manchester Dossier which outlines best practice in terms of what is most effective in supporting BME residents into employment has been produced. A Manchester Offer has also been produced which outlines services that can be aligned, commissioned/co-commissioned, opportunities for co-location and co case management. The Offer highlighted those areas such as ESOL where demand exceeded supply to encourage the Work Programme to buy in more provision as part of the offer. We have also commissioned support around developing a business case and negotiating with prime contractors targeting our voluntary and community sector providers to build their capacity to become part of their supply chain.

Ensure skills provision meets the needs of BME residents

4.4.5 A key barrier preventing BME residents is language. In the past, Manchester’s Work and Skills Partnership has used its discretionary resources to buy pre-ESOL and top-up Skills Funding Agency funded ESOL. However in future, the Work and Skills Partnership will identify its priorities in terms of skills in order to influence providers to ensure sufficient provision. A Curriculum Group chaired by Manchester College involving Manchester Adult Education Service, Manchester City Council and the voluntary and community sector is producing an Adult Skills Strategy to influence skills provision in the future, embedding the ESOL action plan produced in late 2009. In addition, we have also included ESOL as an ask for the Work Programme in recognition that it acts as a barrier to people from BME communities getting employment.

Ensuring that our BME residents access the jobs and opportunities from economic growth available

4.4.6 There is a range of good practice supporting BME residents to access jobs in the city including Cheetham Tesco store, The Corridor and NHS Trusts. Working with employers will be increasingly important to ensure that BME residents can access the jobs available, stay employed and therefore ultimately improving employment outcomes for BME communities in the city.

4.4.7 Based on the challenges, opportunities and priorities identified above, tackling worklessness remains as a key priority going forward. BME’s are a target group for the Work and Skills Plan and have been identified as a target group as part of the Manchester Offer and Ask to the Work Programme.

4.5 Health

4.5.1 The white paper “Liberating the NHS” sets out the future direction of travel for health services. It is anticipated that General Practices (GPs) will undertake the majority of commissioning of healthcare, through the creation of GP commissioning consortia. In order that these consortia commission the most relevant services based on local need, partners, including the voluntary and community sector, need to ensure that they engage with current practice-based commissioning hubs to influence the commissioning of services to achieve the best outcomes for Manchester’s BME residents.

4.5.2 The proposed establishment of a statutory Health and Wellbeing Board for Manchester will provide the opportunity to establish a number of workstreams, including a potential equalities workstream, to oversee the commissioning plans of GP consortia and wider public service provision to ensure that the health and wellbeing of
Manchester’s BME communities is central to the commissioning and delivery of services. A strong focus on preventative services will underpin an approach to improve the life chances of our most deprived communities.

4.6 Summary of Issues

4.6.1 In summary the key issues identified across the groups were:

- The need to focus on the commissioning approach
- Empowering the voluntary and community sector in the commissioning and influencing roles
- Identifying and sharing good practice
- Coordinating equality in business planning activity
- Creating representative public service – senior BME staff

5 Moving forward and setting the future strategy of Agenda 2010

5.1 As noted above, the conference looked at the achievements of the Agenda 2010 partnership over the last ten years across the four thematic areas, and how the partnership should mainstream the priorities of race equality. A meeting of the Agenda 2010 Steering Group is due to take place in January 2011 to discuss the conference outcomes and the feedback from the conference workshops. Subsequent to the conference, additional meetings have already taken place with key partners from the Agenda 2010 Steering Group to enhance the framework for discussion about mainstreaming activity.

5.2 Following discussion with these partners, the follow areas will also be taken into account to ensure effective mainstreaming.

5.3 Responding Effectively to Key Demographic Changes in the City – Improving our evidence base

5.3.1 Manchester’s demographic has changed considerably in the last ten years. This is evident by changes in the population of Manchester itself. Not only has the BME population grown from 19.1% in 2001 to a projected figure of 28.1% in 2015, the communities are more complex. Alongside Manchester’s traditional BME communities, Manchester has in recent years seen the arrival of political migrants from countries as diverse as Zimbabwe and Eritrea and immigration from the A8 to A2 countries such as the Czech Republic, Slovakia and Romania. Therefore in moving forward there needs to be a much clearer definition of who we are referring to when we use the term BME communities.

5.3.2 Manchester’s State of the City Report – Communities of Interest is one aspect of the Manchester Partnership’s commitment to understanding its communities better, with a particular focus on equality groups. It comprises a suite of reports that focus on Manchester, including the State of the City Report, and Manchester’s State of the Wards Report. Together they provide an annual evidence base for decision-making and priority setting by Manchester City Council and its partners. The primary focus of
the Communities of Interest report is to provide information in relation to each of the equality strands, including race. The report provides detailed information on issues facing specific communities and offers a starting point for understanding the barriers that exist for people to achieve their full potential. Any future partnership race equality work needs to draw upon this crucial evidence base and direct the structure of the report.

5.4 Community Cohesion

5.4.1 Back in 2007, Manchester established a set of three principles around community cohesion. The first was that we do not need a separate community cohesion strategy. The challenge of ensuring that Manchester people live in diverse but stable and cohesive communities is a core element of our vision for Manchester as a world class City. The Community Strategy is therefore our strategy for community cohesion. The second principle was that cohesion is about more than race. Certainly inward migration and differences in ethnicity and faith have an impact on inequalities and cohesion but other differences such as where people live and differences between generations also have a major impact. Thirdly, it was agreed that whilst Manchester has always celebrated its diversity, there was a need to do more to also celebrate and promote the values that bring us together as a City.

5.4.2 The outcomes of the recent strategic review of community cohesion, supported by the Institute for Community Cohesion (iCoCo) recognised the importance and contribution that race equality makes towards building resilient and cohesive communities in Manchester. However, during the challenging times ahead we will need to ensure that we continue to prioritise narrowing the gaps in outcomes for our BME communities and ensure that community cohesion has a stronger focus in the work around race equality going forward.

5.5 Community Strategy and Integrating Race Equality into Business Planning Activity

5.5.1 As noted above, the principles of community cohesion and race equality are embedded within Manchester’s Community Strategy. The Agenda 2010 partnership will need to consider how it can embed the priorities of race equality into the city’s Community Strategy delivery plan and in the city’s Strategic Regeneration Frameworks (SRFs).

5.5.2 SRFs are developed in consultation with local residents to identify any specific needs and issues which are then translated into high level objectives. In addition, individual ward plans are developed by ward co-ordination and their key focus is in improving services at the local level. The ward plans directly underpin the delivery of the SRF and are monitored through the ward co-ordination process.

5.5.3 In developing the SRFs and three year ward plans, there are clear mechanisms to engage with communities and this engagement particularly via the ward plans is captured at a grass roots level. As both the SRF and the thematic plans are led by the appropriate regeneration area there is a real opportunity to identify and capture priorities for the different BME communities in the City by explicitly embedding them in the SRFs and requiring the regeneration teams to report on the priorities identified.

5.5.4 Embedding priorities for BME communities in the city within the partnership structure of the Manchester Board will require all partners to integrate equality into their day to
day business planning and in doing so, take ownership for equality. This approach will also mean that there is a more holistic approach to a particular issue.

5.5.5 As of last year, each service within Manchester City Council was required to complete an equality delivery plan as part of the business planning process. The equality delivery plan incorporates the five key strategic priorities set out by the Equality Framework for Local Government and is also included in the Disability, Gender and Race Equality Action Plans. This process should be strengthened so that race equality is captured, monitored and ultimately championed through this mechanism.

5.5.6 In moving forward, all statutory partners should look to better align their race equality priorities via their business planning processes, and align activities in the statutory Race Equality Schemes.

5.6 Integrating race equality in the commissioning of services and the role of the voluntary sector

5.6.1 As the role of the public sector is shifting away from one which is primarily concerned with direct delivery to one of influence, there will be a greater role for the partnership to influence partners and to commission services. To ensure that race equality is captured in the commissioning of services, it is important that race equality is a key consideration in the commissioning process. Influencing commissioning activity in the health sector and priority setting within the changing education sector in terms of race equality will be extremely important for Manchester.

5.6.2 It is also in the commissioning process that the community and voluntary sector will have a key role to play. To identify which services are needed to meet the needs of a particular group, there could potentially be a mechanism to engage with that particular group so that this engagement can influence and inform what type of service should be commissioned.

6. Governance of Agenda 2010 going forward

6.1 Given the need to continue to improve outcomes for BME communities in the City, there will be a role for a strengthened partnership approach building on and delivering more effectively the work started by the Agenda 2010 partnership.

6.2 What is also clear from the feedback from the conference is that the alternative to Agenda 2010 needs to be credible and focused on particular issues, being clearer in identifying where there are cross cutting issues at play such as deprivation, and where race exclusively place a part in producing positive outcomes. Therefore, a greater focus on delivering very clear, tangible outcomes for BME communities in the City is needed going forward. We also need to celebrate success more effectively, looking at where BME communities are succeeding.

6.3 At the next meeting of the Agenda 2010 Steering Group planned to take place in January 2011, discussions will take place around the governance of partnership race equality priorities going forward. These discussions will be informed by the learning around what has worked, conference feedback, changes in public policy, and the need for focused activity.
6.4 It is also proposed that the name of the new body responsible for the work of Agenda 2010 going forward should reflect the beginning of a new direction.

7. **Next Steps**

7.1 The next meeting of the Agenda 2010 Steering Group will reflect on the issues raised at the conference, examine the viability of the initial proposals and priorities for going forward outlined in this report and agree the way forward.

7.2 The next meeting of the Agenda 2010 Steering Group will also discuss the detail of how these proposals and priorities will be realised, including for instance the membership of a newly formed body. Following this meeting, a programme of action will be produced and implemented.
Appendix 1 Summary of Progress from Thematic Areas

1. Crime and Disorder

1.1 Improving community confidence in relation to the policing of young black and Asian males was recognised as a priority for Agenda 2010. Statistics from Greater Manchester Police showed that Black and Asian males were five times more likely to be stopped and searched compared to white males. The establishment of Independent Advisory Groups (IAGs) has given strategically placed community members an opportunity to comment and advise on such types of policing matters. Working with Greater Manchester Police, members of the IAG have been instrumental in changing training methods to improve the contact the police have with young Black and Asian males in Manchester. The IAGs have also played a key role in the communication of critical incidents within the BME communities they have represented.

1.2 The implementation of many of the recommendations made following the inquiry into the death of Stephen Lawrence was undertaken through the Crime and Disorder Reduction Partnership (CDRP) structure of the Racist Incident Theme Group. This group included departments and partners of the CDRP, and colleagues in the voluntary sector such as Progress Trust and Manchester Council for Community Relations.

1.3 The group was responsible for the introduction of the country’s first dedicated non-police report line service for victims of racist incidents and this service continues to operate providing 24-hour cover all year round to any victim of hate crime.

1.4 Dedicated projects to improve reporting and increase support to refugees, asylum seekers and migrant workers including a dedicated officer to work with victims of hate crime in Victim Support have also been introduced through the thematic group.

1.5 In 2004 the CDRP carried out a self assessment- “The Journey to Race Equality”. This assessment was revisited in 2007, and the CDRP was reported to be the most improved thematic area for Agenda 2010 by the Audit Commission.

1.6 Contrary to national and regional trends, Manchester has seen an overall reduction in hate crime of 2.5% for the period 2007/08–2009/10. The A Division (north Manchester) roughly accounts for 50% of all recorded hate crime in Manchester, while the B Division accounts for around 30% and the C Division accounts for 20%. More notably the B Division, which is the most diverse community of the three police divisions and widely reported as the most diverse police division within the whole of Greater Manchester Police, has reported a significant reduction in hate crime of 9.9%.

2. Educational Attainment

2.1 In 2000, the education thematic group prioritised improving school attainment and closing the gaps between outcomes for BME communities and the averages for all children and young people.

2.2 In 2003, The Agenda 2010 steering group and the Department for Education in consultation with community groups agreed on a set of ethnicity categories which has allowed the service to analyse data and compare progress within and across groups.
Prior to this there was no common approach to BME classification with first language, especially in education, being used.

2.3 Over the life time of the Agenda 2010 partnership, the attainment of most BME groups at Key Stage 4 (GCSE) has consistently improved and has been above the Manchester average. The Pakistani and Indian groups as detailed in Table 1 below, have improved significantly since 2003.

Table 1  Keys Stage 4, Five A*-C including English/Maths

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>2003</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Pakistani</td>
<td>31.6%</td>
<td>53.7%</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>40.9%</td>
<td>48.6%</td>
</tr>
<tr>
<td>Indian</td>
<td>36.4%</td>
<td>51.4%</td>
</tr>
<tr>
<td>Somali</td>
<td>13.6%</td>
<td>45.5%</td>
</tr>
<tr>
<td>Manchester</td>
<td>25.3%</td>
<td>45%</td>
</tr>
</tbody>
</table>

Source: Children's Services

2.4 An indication of a successful education system is how many children and young people are inspired to move on into further and higher education. During the course of the Agenda 2010 partnership, more BME pupils from Manchester have moved into higher education that ever before. Since 2001, there has been a 338% increase in the number of black pupils going into higher education and a 85% increase for Asian pupils for the same period.

2.5 Exclusions from schools - Over the past eight years, the majority of Manchester children who have been permanently excluded are male and come from white British backgrounds. This is the same as the national profile. The ethnicity of some groups is recognised as likely to contribute to overrepresentation in exclusion. Nationally as well as locally, these groups have included children from black Caribbean, white/black Caribbean and traveller heritage. While the number of exclusions in actual numbers are low, this is an area that still needs focus.

2.6 Underachievement of some BME groups and white groups - Some BME children are still underachieving, with for example, children particularly boys from Caribbean groups achieving below the national average. What is also important to note is that the largest ethnic group that of white British, is also one of the highest underperforming groups.

Table 2  Groups not achieving above the Manchester average in Key Stage 4

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>2003</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caribbean</td>
<td>21.0%</td>
<td>38.3%</td>
</tr>
<tr>
<td>British</td>
<td>28.3%</td>
<td>42.0%</td>
</tr>
<tr>
<td>White And Black Caribbean</td>
<td>18.2%</td>
<td>37.0%</td>
</tr>
<tr>
<td>Manchester</td>
<td>25.3%</td>
<td>45%</td>
</tr>
</tbody>
</table>

Source: Children’s Services
3. Employment

3.1 The focus of the Agenda 2010 employment group was to co-ordinate and influence commissioned activities that reduce the gap in terms of employment rates between white and BME residents. Integrating what is effective in relation to supporting BME groups into employment is embedded into all projects in the Work and Skills Partnership Investment Plan and within the activities of the partners that sit on the Partnership.

3.2 Since the formation of Agenda 2010, the Partnership identified the following principles as being effective in supporting BME groups into employment:

- Fill the gaps in mainstream provision - For instance, the partnership fund a range of pre-ESOL (English for speakers of other languages) provision with progression onto mainstream funded ESOL to support those where language is a barrier.

- Target those who are not mandated onto mainstream support such as lone parents with young children and long-term incapacity benefit claimants – the employment thematic fund Gingerbread, a national lone parent charity, to delivery activities in Children’s Centres and 64% of all those engaged have been from BME communities with 75% progressing into training and 44% into employment support.

- Add value to mainstream by enabling a neighbourhood focus and filling gaps in delivery locally – as well as facilitating activities in libraries, area teams support the development of community hubs in the heart of communities.

- One of the activities supported include -POEM or Partners of Ethnic Minorities which is a Job Centre Plus (JCP) funded initiative delivered by Standguide, this project supported targeted partners from BME communities who would not normally access mainstream JCP services offering one-to-one support. The initiative was incredibly successful in Manchester exceeding all targets set highlighting how successful an approach offering one-to-one support in community venues could be with this target group.

3.3 While the employment thematic group has introduced a number of initiatives over the last ten years to improve employment outcomes for BME communities, despite these efforts; BME communities are twice as likely to be unemployed as other residents. In January 2009, of the 14,590 residents claiming benefits in Manchester, 24% were from BME backgrounds. In January 2010, of the 18,845 Manchester residents claiming benefits, 26.6% were from BME backgrounds.

4. Health

4.1 Reducing inequalities for all residents was the major priority for the health system of the city. Research has indicated that BME communities are more likely to experience poorer health than the majority of Manchester’s population. BME communities have also been identified as being at risk of experiencing many of the variables that can cause poor with a greater risk of experiencing major killer diseases and those that cause limiting long term – illnesses.
4.2 At that time the “Health Inequalities Theme Group” of the Local Strategic Partnership (LSP) recognised the need to link their existing work (focusing on BME communities) to Agenda 2010. It was felt that there was a strong need to improve information sharing, and collaborative working, and more effectively monitor progress towards the health objectives of agenda 2010.

4.3 Progress by the health thematic group includes:

- Race and Health Forum- The forum was established to bring together a wide range of health professionals and communities to discuss and take action (where necessary) on relevant local issues. The forum is funded by the PCT to ensure that the views of BME residents are integral to the development of policy, and to improve access to services and delivery.

- Body Map – In addition to the interpretation service, the Body Map was developed as a practical tool to be used by health professionals and some patients. The Map includes a diagram of various parts of the body and the use of key wards in ten languages to aid communication, particularly for patients for whom English is not their first language. The Maps have been circulated to every GP practice in the city.

- Coronary Heart Disease (CHD) – during 2009/10 through targeted interventions for cardiovascular disease (CVD) the PCT piloted the delivery of vascular checks in community pharmacies. Data on deprivation ethnicity and cardiovascular disease outcomes on postcodes were used to identify where pharmacies were best placed to deliver health checks to the most vulnerable communities. A service specification was developed and contracts placed with 35 participating pharmacies. This model of delivery is currently being considered for specific targeted interventions relating to Coronary Heart Disease (CHD), making services more accessible to communities in their neighbourhoods.