

Health and Faith Sector Conference
Thursday 6th November 2017
Conference Report

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Introduction



Following on from the Faith in Mental Health and Voluntary Sector Conference last year, a great deal of work has been done to inspire collaborative working between Greater Manchester Health and Social Care Partnership (GM HSCP) and the faith sector in Greater Manchester. This conference provided opportunities for faith organisations and health and social care partnership professionals to engage with each other and discuss an emerging Memorandum of Understanding (MoU) between these sectors. It also provided opportunities for patients, carers and faith organisations to share experiences, knowledge and expertise and to influence the MoU.



The conference was chaired by Canon Dr. David Holgate and Warren Heppolette, Executive Lead, Strategy & System Development, GMHSCP. Jon Rouse, Chief Officer, GMHSCP, offered personal and professional perspectives about how faith can promote health and wellbeing. There were religious leaders from a range of faiths in attendance and driving this collaborative venture.



More than 120 people were in attendance from across Greater Manchester and farther afield to discuss the issues that affected faith groups in relation to health and wellbeing, and the potential for addressing these issues through a MoU between Faith communities and the Greater Manchester Health and Social Care Partnership.



Aims

The aim of the conference was to bring together faith groups with GMHSCP to:



1: Take forward on-going discussions about how faith communities can partner GMHSCP to foster health and wellbeing

2: To inform the emerging MoU between the faith sector and GMHSCP

3: Participants will hear the voices of patients, carers and faith groups

4: Learning of good practice shared through open table discussions and networking



5: An understanding of future challenges and opportunities to deliver health outcomes for Greater Manchester residents

6: Participants will be updated on how the Greater Manchester plan for improving health and social care, Taking Charge is being implemented and progressed.

7: Progression on the development of the MoU

Highlights of the Day



We were privileged to have Mike Shaft in attendance at the conference. Mike is renowned for his radio broadcasting career, having presented a wealth of radio shows and having management functions in radio in his career. He continues to present the Multi-faith Sunday Breakfast Show on BBC Radio Manchester and kindly agreed to open the conference and welcome attendees.



The Reverend Canon David Holgate of Manchester Cathedral also provided an inspiring opening speech and set out the aims for the day. Canon David co-chairs the working group that instigated the conference and is behind the development of the MoU.

Jon Rouse, Chief Officer of the Greater Manchester Health and Social Care Partnership described the importance of this work for Greater Manchester, but also from a



personal perspective. He described how faith traditions in Greater Manchester were like 'layers of sedimentary rock' that have been built up, with huge strength, resilience and creativity. In setting the scene, Jon also posed the question, 'Why on earth have we not tapped into this resource?'

Jon went on to describe our communities and stated, '...there is no such thing as a hard to reach community in Greater Manchester.' He said there is poor engagement and poor access but that this is our responsibility.

Faith Audit Panel Session

Researchers from The Caribbean and African Health Network Greater Manchester (CAHN GM) supported by Critical Race and Ethnicity Research Cluster at "Manchester Metropolitan University" provided their interim findings from the faith and health audit. [Click here for link to audit.](#) Faye Bruce Chair of CAHN GM and a Programme Lead in Nursing at Manchester Metropolitan University opened the panel presentation by introducing the background to the audit. She stressed the importance of gathering the data to ascertain what was taking place within faith organisations around health, wellbeing and advisory services. Faye explained that the data collection exercise had so far reaped 85 respondents over a short period of 6 weeks from across a number of faith organisations. Dr Lorna Roberts outlined the methodological approach to the faith audit and talked about the challenges involved in accessing and engaging faith organisations. Dr Roberts highlighted the importance of building relationships to foster trust between organisations and researchers, which requires an extended period of time. Dr Eula Miller presented the audit findings focussing on





importance of development and capacity building of tailor made services for the future. Dr Ornette Clennon proceeded to explain the interactive geographical maps of the 85 respondents of which two case studies were selected from the data to share the activities taking place in their faith organisations.



Mohammed Akhtar, Executive Member Rochdale Council of Mosques, shared his case study of the work undertaken to meet the needs of the Muslim communities living in Rochdale. The Council of Mosques provides a gateway to service providers to enhance access and participation of Muslim communities. Mr Akhtar identified the challenges faced, these included knowing the customer and being able to understand their needs, being able to get it right first time and decision making. He also spoke about barriers and enablers that included socio-cultural and religious beliefs, having a strong knowledge base, the experience/learning with service providers and having inclusive outputs/outcomes.



Rev Esther Oludipe, Chair of Highway Hope, presented her case study of faith based health prevention. She expressed the need to begin her presentation with a 'hallelujah' praise as they do in the black churches. Rev Oludipe then outlined her organisation's vision and mission statement as one that delivers a range of social action and education services including health and well-being services to the local community. Dr Oludipe outlined the challenges faced in terms of funding, material resources and staffing including volunteers. She also highlighted the issues related to culture, faith beliefs, and education and training whilst recognising the need for partnership working with GMHSC to deliver health improvement





initiatives.

Dr Eula Miller ended the panel presentation by stressing the importance of the continued consultancy work that had already commenced with the Muslim and African and Caribbean faith community. The panel highlighted that there was still a long way to go to ensure that all faith communities are reached to determine what activities are in place, the activities of need and to identify the challenges and barriers to providing services.



Phase 2 of the audit will continue to consult and engage across faith organisations to help shape the MoU and establish ways to improve health outcomes across Greater Manchester.

Round Table Discussions

Morning Discussions

The morning session provided the opportunity to discuss the issues affecting faith communities in relation to health and wellbeing, and how these could be tackled. There were some common themes that emerged from the discussions which are summarised below:



Equality and Diversity

People described some of the ways in which faith could have either detrimental and or positive impact on certain issues in relation to protected characteristics such as gender and ethnicity.



There was a feeling that health services did not reflect the diversity of communities, and that resources needed to be more sensitive to the needs of individual communities. People felt that faith groups did not always understand each other well, and that gender inequalities occurred within some faiths. The HSCP has a key role to play in bringing together the faith groups and the development of a MoU is very



much welcomed.

They said that poverty was an issue that was highlighted within faith groups, and also older people who may have disabilities or feel isolation. Language barriers were also commonly mentioned.



One of the key themes was the 'clash' that sometimes occurred between faith and medicine. An example given was that some faiths would see sickness as a punishment or cleansing of sins. Another stated that medical treatment may not be compliant with health beliefs, for example the use of holy water may lead to people stopping their prescribed medication.

Cultural barriers and differences were stated as leading to stigma and a number of groups said that this could be overcome by education and training.



Finance and resources/ assets

People wanted to see how public health money in particular was being spent, but also how they could access money to invest in local communities. They wanted to see targeted resources and dedicated funding and resources, including training for faith communities to deliver on health and wellbeing outcomes. Identifying assets was seen as an issue, but also as a resolution to issues of accessing communities and finding space.



Volunteers were also seen as assets but they would need to be trained, skilled and possibly paid.

Collaboration and stakeholders/ partners/ communities

A wide variety of partners were identified through this exercise including statutory health and social care bodies, education, volunteers



and community champions and voluntary and community sector organisations. A need to engage frequently, build relationships and collaborate by sharing ideas and training was expressed. People felt that they wanted to retain their individuality, but also wanted to understand other faiths and organisations in order to break down barriers. They also wanted some shared values. They felt that by working collaboratively they could achieve health outcomes for example, in Bolton, there were issues with tooth decay associated with sugar in babies' bottles. Health visitors, schools, mosques and other faith groups could work together to address this and encourage prevention and peer education rather than 'cure'.



Structure and Accountability

Generally it was felt that there needed to be some accountability for the delivery of the MoU. People wanted help with measuring and reporting on success and/ or achievements. They wanted a strategy or plan with clear lines of accountability.



Barriers/ Solutions to Access

A number of barriers in relation to faith and accessing services were identified, some of which were physical such as mobility issues which could affect access to faith and other services, and some were more about mental health and stigma or discrimination.



Language barriers were identified, as was a lack of knowledge about what services are available. Gender issues were also highlighted again whereby there may be a lack of trust between female-male. Some issues were also stated as taboo subjects such as LGBT, abortion and mental health in some faith communities. Appropriate venues were seen as important to be able to deliver services that are accessible to minority groups and with which the public were familiar and could trust.



Service Provision and Treatment

People expressed that communities had their own needs and that services should address these needs, as well as offering personalised services. There was a suggestion that there should be more innovation. Some communities had very specific needs e.g. around diabetes and HIV and it was felt that there could be education delivered via pastors and in church around such issues. Contrary to this, there was a risk of misinformation and a lack of understanding of such issues. It was suggested that there could be more social prescribing via faith groups, and also that faith 'spaces' could be used to deliver some services.



Other

A number of other issues were highlighted including safeguarding and the challenge by faith communities that 'medics and science' are not always right.



Afternoon discussions

Generation of Care

The afternoon session began with Dr. Osagie who gave an inspiring account of how four generations of her family, all black women, had worked in the NHS. This set the scene for the afternoon discussions which were introduced by Warren Heppolette, (Executive Lead for Strategy System Development in GMHSCP) and chair of the working group, and Jim Battle, who is a member of the working group and has been driving this agenda forward since last year's conference.



Participants then had the opportunity of discussing through roundtable discussions the vision and themes to be included in the MoU as proposed by the GMHSCP Faith Group.

Vision



The vision was generally approved with some people saying that it was too 'wordy' and that it could be broken down and simplified. It was also felt that the language was directed towards healthcare professionals. There were some suggestions as to the wording that could be used in the document and these have been recorded in the appended document.

Themes:

General comments



People wanted to use 'faith community' rather than 'faith sector'. Poverty was seen as cross-cutting. The themes needed to be simplified.

Education/ training

This was a recurring theme with people expressing that there was a need for education and training but also that faith communities could support the delivery of training.

Resources



People wanted there to be clearly identified resources, including funding to deliver the objectives of the MoU. They felt that community assets could be utilised and that sustainability should be considered.

Services/ Activities



A community development approach was suggested as a way of enabling local service provision. People wanted services to be more joined up and suggested some good examples of integration such as in Tameside. They wanted a central point of contact for faith communities in each local area.

Accountability and Structure

In both the morning and afternoon discussion sessions, it became clear that accountability



and structure were important to people. They wanted clear pathways from health into faith communities but also wanted to ensure that there were mechanisms in place to demonstrate the value and achievements that would come through the MoU.

They asked for direct lines of communication between appointed members of faith communities and CCGs. They also wanted to include financial structure and accountability.



Language

There was an emphasis on the use of language in the MoU that avoids jargon and is holistic in that it isn't specifically written for health professionals and is inclusive of faith communities.

Communication and Engagement

People expressed that they would like to encourage two way dialogue through the MoU and would also like to overcome language barriers. They suggested a range of media including local newsletters, social media and TV and radio as means of communication. They thought annual events were not enough and should be more regular.



Partners

Many partners were identified and people felt that mapping would aid with this. They felt that carers were missing and they also stated that whilst there was overlap between faith and ethnicity, it was wrong to group faiths into ethnic groups.

They stated that we should not forget the wider determinants of health such as housing, work, benefits and education.



Concluding remarks

Canon David and Warren brought the day to a close with their reflections and stated what the next steps would be. Canon David finished with, 'For all that has been, thanks. For all that is to come, yes.'

Next steps

Next steps included a report being written and distributed in December and the Core Faith MoU Group to meet in January 2018. In addition to this a number of you have indicated to be involved in a wider steering group to take the work forward at a local level. Warren asked for names to be put forward to Maqsood those interested in starting a debate at a local level.



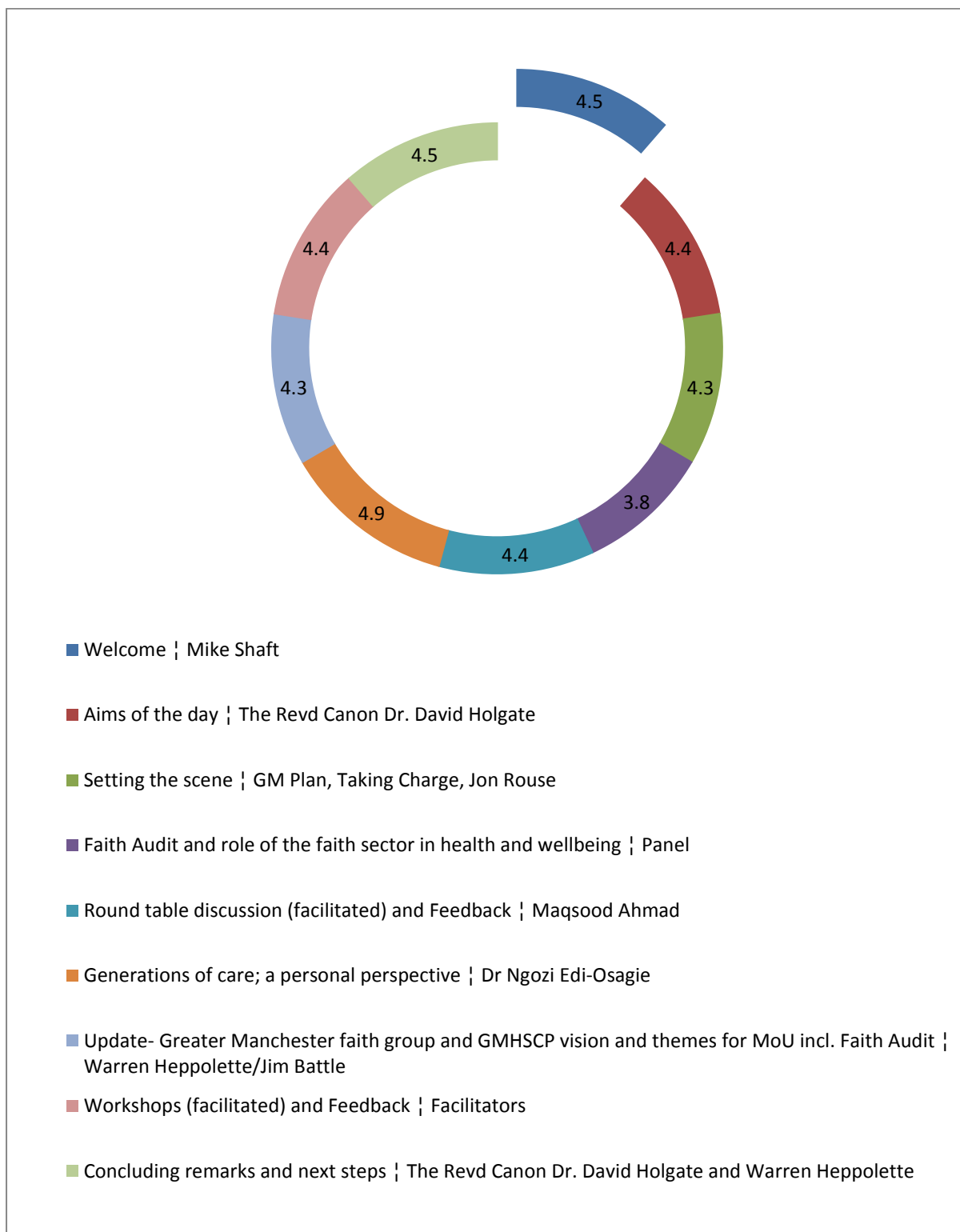
Appendix 1- Programme

Time	Title	Presenter
9:00 – 9:45am	Arrival registration, networking and refreshments	
9:45 – 9:50am	Welcome	Mike Shaft Radio Presenter, BBC Radio Manchester
9:50 – 10:00am	Aims of the day	The Revd Canon Dr. David Holgate, Manchester Cathedral
10:00 – 10:15am	Setting the scene GM Plan, Taking Charge	Jon Rouse Chief Officer, GMHSCP
10:15 – 10:50am	Faith Audit and role of the faith sector in health and wellbeing Panel Faye Bruce Chair of the Board of Directors, Caribbean and African Health Network and Manchester Metropolitan University (MMU) Dr Ornette Clennon - Visiting Research Fellow, Lead, Critical Race and Ethnicity Cluster Lead, MMU Dr Eula Miller - Ed.D, SFHEA, Senior Lecturer Adult & Mental Health, MMU Dr Lorna Roberts - Research Fellow, Award Leader MA Education Studies, CAHN Director Of Education and Research, MMU Rev Dr Esther Oludipe - New Covenant Church and Chair of Highway Hope Mohammed Athar - Rochdale Council Of Mosques	
10:50 – 11:05am	Refreshments and networking	
11:05 – 11:50am	Round table discussion (facilitated): <ul style="list-style-type: none"> What are the issues effecting faith communities in relation to health and wellbeing? How can the issues be tackled? 	Maqsood Ahmad Senior Manager, Health and Social Care Partnership SCN
11:50am – 12:20pm	Feedback on key two points/issues from facilitators from tables	Facilitators
12:20 – 1:05pm	Lunch and networking	
1:05 – 1:20pm	Generations of care A personal perspective	Dr Ngozi Edi-Osagie Consultant Neonatologist, Associate Medical Director, Manchester University NHS FT
1:20 – 1:35pm	Update Greater Manchester faith group and GMHSCP vision and themes for MoU incl. Faith Audit	Warren Heppolette Executive Lead, Strategy & System Development, GMHSCP/Jim Battle

Time	Title	Presenter
1:35 – 2:35pm	Workshops (facilitated tables): - <i>refreshments will be available</i> <ul style="list-style-type: none"> Do the vision and themes proposed look right from your perspective? Can the vision and themes be approved, if yes, how? What would you like to see in the GMHSCP and faith organisations/groups MoU? Who will be the local partners that can help to deliver the vision and themes and what role can they play? 	Facilitators
2:35 – 3:05pm	Feedback from workshops	Facilitators
3:05 – 3:15pm	Concluding remarks and next steps	The Revd Canon Dr. David Holgate and Warren Heppolette



Appendix 2- Evaluation



Please note complications with the IT system impacted on the Faith Audit evaluation,