

CORE20PLUS5 COMMUNITY CONNECTORS

IN GREATER MANCHESTER



WHAT IS CORE20PLUS5?

Focuses on the most deprived 20% of the national population. It's a national NHS England and NHS Improvement approach to support the reduction of health inequalities. It identifies 5 focused clinical areas requiring accelerated improvement.

WHAT IS A COMMUNITY CONNECTOR?

Community Connectors are people who are part of communities who are often not well supported by existing services, experience health inequalities, and who then help change these services to support their community better. They are here to listen, not deliver services.

WHAT ARE THEY GOING TO DO?

The Connectors will listen to the voices of Caribbean and African people to act on their concerns. They will focus on barriers and enablers to reduce health inequalities and connect people with decision-makers. This is a temporary role, so Community Connectors will only be in place for 4-6 months.

SO WHAT'S GOING ON IN GREATER MANCHESTER?

In Greater Manchester, this means working with the Caribbean & African Health Network (CAHN) across the entire city region. CAHN have recruited 30 Caribbean & African Connectors to work with PCNs explore the elements of care pathways that matter to Black people.

CLINICAL PRIORITIES

MATERNITY CARE

Data shows black women are 40% more likely to experience a miscarriage than white women, and deprived areas can have higher rates of still births.



CANCER

Incidence rates of prostate cancer in the Black ethnic Group are higher compared with the White ethnic group in males.



SEVERE MENTAL ILLNESS

People with severe mental illness (SMI) face health inequalities and live on average 15 to 20 years less than the general population.



RESPIRATORY DISEASES

Mortality considered preventable from respiratory disease in the under 75s (2017 to 2019) was 2.9 times higher in the most socioeconomically deprived areas in England compared to the least deprived.



CARDIO-VASCULAR DISEASE

People from the most deprived areas in England are 30% more likely to have hypertension than the least-deprived, and these inequalities are wider still for outcomes of hypertension like stroke and coronary heart disease.

BUT HOW IS THIS DIFFERENT TO SOCIAL PRESCRIBING WORK?

IT'S FOCUSED ON THE CARIBBEAN AND AFRICAN COMMUNITY.

IT'S ABOUT IMPROVING PATHWAYS THROUGH CO-DESIGN WITH THE CARIBBEAN AND AFRICAN COMMUNITY.

IT'S FUNDED THROUGH A NATIONAL PATHFINDER PROGRAMME.

IT'S TEMPORARY FOR UP TO 6 MONTHS.

IT WILL NOT OFFER SOCIAL PRESCRIBING, BUT IT MIGHT IDENTIFY WAYS TO SHAPE AND IMPROVE ITS OFFER.

LEARN MORE ABOUT THE COMMUNITY CONNECTOR WORK:

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