



Fairer Health for All Fellowship Cohort 1:

Final report

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Project details

Project Name	Holistic/ Culturally Community Health and Wellness Centre in Manchester
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Summary/Abstract

Case study research into the effects of COVID-19 has revealed stark health disparities among ethnically minoritised populations, significantly impacting their life expectancy. These inequities stem from socio-economic hardships, environmental barriers, insufficient access to care, and systemic provider biases (Lopez, Hart and Katz 2021). Addressing these disparities requires urgent action, including the establishment of a dedicated centre in an underserved area of Greater Manchester. This proposed centre would target health inequalities, champion sustainability, and foster community inclusion through targeted activities, workshops, and training programmes. These initiatives would emphasise comprehensive, accessible healthcare education tailored to marginalised and vulnerable populations.

A prototype initiative has already demonstrated measurable success, including life-saving outcomes and economic benefits for both individuals and the healthcare sector. Expanding this model to other areas of health and social care offers the potential to address pervasive systemic gaps and ensure more equitable outcomes.

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1.1 Introduction

Across Ummah has emerged as a pivotal force in tackling systemic health and social inequities through innovative, community-driven solutions. The Across Ummah Community Wellness and Inclusion Projects have been instrumental in addressing health disparities within underserved ethnic communities throughout Greater Manchester. Recent notable initiatives include the Manchester Local Care Organisation Diabetes Campaign, cancer awareness efforts, and programs focused on mitigating the impact of adverse childhood experiences. These projects specifically target populations facing substantial barriers to accessing essential health services, including mental health support, diabetes, Cancer and MMR education, Cancer, MMR, youth crime prevention, health awareness, food security, poverty mitigation, environmental sustainability, and both tropical and Western medicine research. For a comprehensive overview of our societal contributions, please refer to Appendices 1, 2, 3 and 4.

Community hubs, as noted by Chappel et al. (2022), represent a strategic framework for addressing social determinants of health (SDOH). However, many local primary healthcare centres remain bureaucratic and disconnected from the lived experiences of these populations. Across Ummah envisions a future where integrated health and social care systems prioritise equitable outcomes, ensuring all individuals have access to high-quality, affordable, and culturally competent care.

The gaps identified across Greater Manchester highlight the urgent need for a dedicated centre to provide comprehensive, life-saving support. The relevance and timing of this proposed centre can be further emphasized through the Gorton Healthy Matter Priority intervention (Fig 1), where Across Ummah will play a pivotal role in delivering these essential initiatives within the community. This centre would function as a trusted community hub, offering empowerment and a wide range of care solutions. It would directly address the priority outcomes identified through community consultations in Gorton, South Manchester, which revealed a strong demand for a more holistic approach to health—one that goes beyond traditional medical practices.

Across Ummah's current services are already addressing critical health and well-being concerns through practical and culturally relevant interventions. The creation of this centre would amplify these efforts, enabling the organisation to address systemic issues more effectively, tackle mental health challenges, reduce crime rates, and build a healthier, more resilient community.

1.2 The Fairer Health for All (FHFA) Fellowship

The Fairer Health for All (FHFA) Fellowship is a strategic initiative designed to address health inequalities by equipping professionals with the skills and knowledge needed to drive systemic change. The programme emphasises population health, equity, and sustainability, integrating project-based learning to ensure practical application. A core objective of the fellowship is to deepen participants' understanding of the social and commercial determinants of health while strengthening leadership capabilities and policy influence as outlined in the FHFA principles (Figure 1). By embedding learning within Greater Manchester's policy landscape, the initiative provides a contextualised approach to addressing disparities. A key outcome of the fellowship is the Across Ummah Community Centre Hub, a project developed within the FHFA framework to directly tackle health inequalities. This initiative exemplifies the fellowship's commitment to applying research and strategic action to real-world challenges, ensuring lasting impact on community health and well-being.

Fairer Health for All principles

The Fairer Health for All principles were co-designed by Greater Manchester partners and speak to how we will share risk and resources in a way that considers a strengths-led approach, building on the needs of individuals, communities and partnerships and to collaborative decision making, so that resource can be targeted and tailored to achieve good health across diverse places and people.



Figure 1: FHFA Principles

During my fellowship term, I adopted the principles of the FHFA into the operations of Across Ummah. In December 2024, Across Ummah was funded to deliver a community-wide public health intervention promoting Measles, Mumps, and Rubella (MMR) vaccination across the BAME communities in Manchester. By addressing gaps in the community, Across Ummah was able to galvanise stronger community cohesion and

deliver the intervention effectively, tackling the resurgence of MMR in the UK and promoting vaccination as safe and effective within the community.

In addition, since February 2025, the adoption of proportionate universalism redefined Across Ummah's advocacy procedures, which resulted in the organisation representing the community in the House of Commons (HoC) consultations on deprivation, health inequality, and poverty among petitioners in Manchester. The consultation was part of the HoC Committee's inquiry—"Pensioner Poverty: Challenges and Mitigations." The Work and Pensions Select Committee, comprising MPs from all parties, aimed to scrutinise the work of the Department for Work and Pensions. During the fifth evidence session, I engaged with the HoC Committee on the role of Across Ummah in protecting the health and well-being of pensioners in our communities. I also highlighted the challenges posed by current policy directives in achieving an equitable society where support is accessible to those in need. This inquiry culminated in recommendations submitted to the HoC Committee for inclusion in the committee's final report to the government.

1.3 Addressing the Gap in Gorton: Why a Dedicated Wellness Centre?

Manchester faces severe public health disparities, requiring urgent and sustained intervention. With a premature mortality rate of 539 deaths per 100,000 people, the region significantly underperforms compared to other UK metropolitan areas (Greater Manchester Combined Authority, 2023). Life expectancy for both men and women in Greater Manchester remains among the lowest in England, reflecting deep-rooted socioeconomic and health inequalities. Furthermore, six of its ten districts rank within the worst 20% of localities in England and Wales for self-reported poor health, underscoring the widespread nature of chronic disease and inadequate healthcare access (Institute of Health Equity, 2020). While integrated care partnerships have been introduced to address these disparities, their effectiveness remains contingent on overcoming systemic barriers, including funding constraints, workforce shortages, and entrenched social determinants of health. Without a coordinated, multi-sectoral approach, Manchester's public health crisis is likely to persist, exacerbating long-term health and economic consequences.

The figure below gives details of the key indicators of economic and social inequality in Manchester, based on the 2019 Indices of Deprivation (IoD). It's a map highlighting areas of high and low deprivation, with red indicating the most deprived 20% of areas in England and blue representing the least deprived.

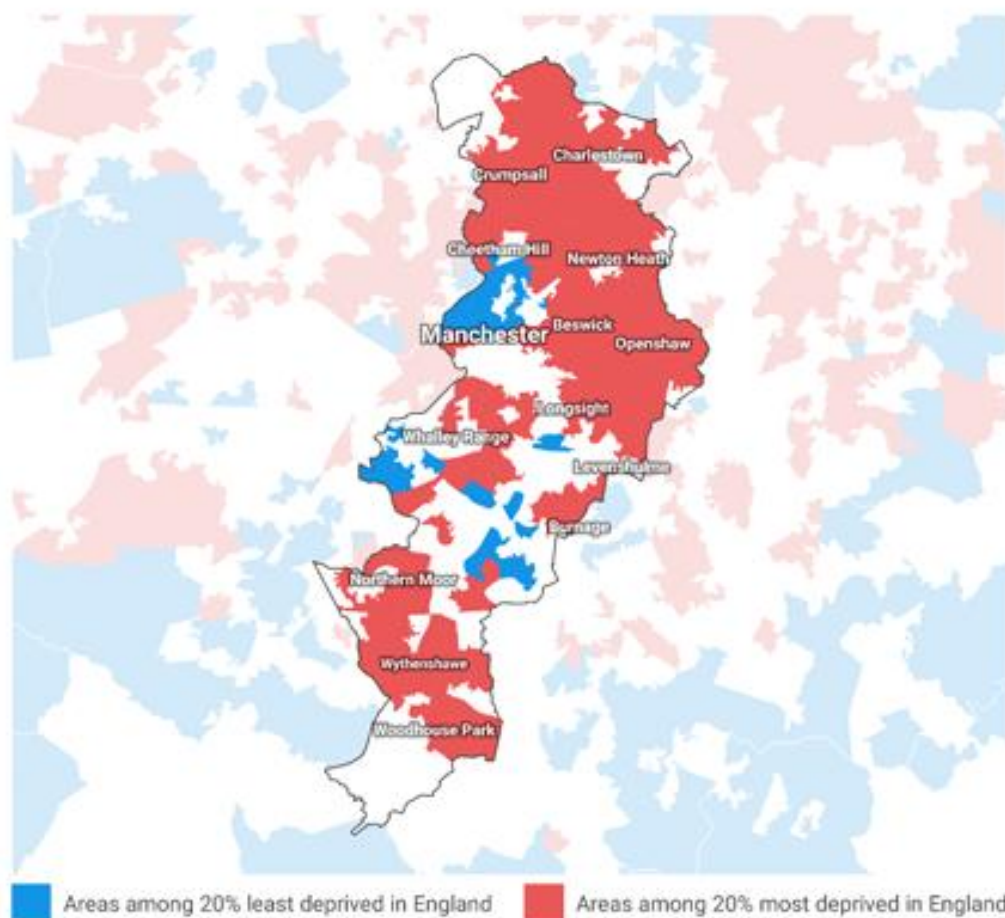


Figure 2: Measures of Deprivation and Inequality in Manchester (IoD 2019)

1.4 Our approach to tackling inequality in the community

Persistent health disparities in minority communities across Greater Manchester demand urgent attention. Research by Across Ummah CIC, True Talk Cancer Research, and local government studies identifies socio-economic barriers and a lack of culturally sensitive healthcare as key factors exacerbating untreated mental illnesses, unmanaged diabetes, and vaccine hesitancy. Despite public health efforts, current systems fail to adequately address these issues, particularly for the BAME elderly population, where nearly 20% of respondents over 65 report unmet health needs—a group disproportionately affected by chronic illnesses.

Community support for intervention is unequivocal: 96% of 186 surveyed residents call for a food and healthy living hub, and 77.3% emphasised the need for mental health support and diabetes education and 56% showed the need for digital support. These figures

support the significant gaps in public health services and underline the failure to deliver equitable care to marginalised populations.

The Across Ummah Wellness Centre aims to rectify these deficiencies. By providing accessible, culturally tailored services, the centre aligns with national frameworks such as the NHS Integrated Care Board's four-year plan, the Public Sector Equality Duties (Equality Act 2010), and the Health and Social Care Act 2022. However, this project seeks to go beyond alignment—challenging the systemic inertia that perpetuates health inequalities.

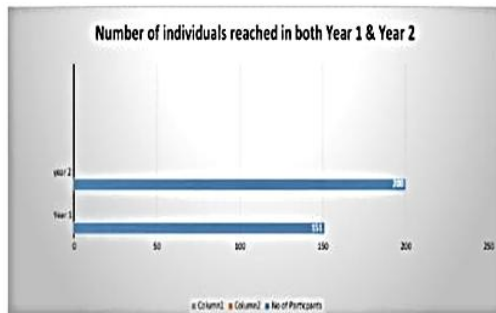
Critically, the centre will engage marginalised communities directly in the co-design and delivery of interventions, ensuring that services are not only inclusive but also address real, localised needs. The failure of traditional public health strategies to integrate community intelligence has left many populations underserved; this initiative seeks to dismantle that disconnection. By improving the collection and analysis of equalities data, the centre will enable targeted, data-driven responses to health inequities, moving from a reactive to a proactive healthcare model.

The project's collaborative framework under the VCSE Accord emphasises co-designed solutions with grassroots organisations and local stakeholders. This approach is crucial in embedding community intelligence into healthcare planning, yet its success hinges on sustained accountability and transparent decision-making—areas where previous initiatives have often fallen short. Furthermore, partnerships with GPs, community nurses, NHS mental health teams, and health visitors must be held to measurable outcomes, ensuring these alliances actively reduce health disparities rather than perpetuating tokenistic engagement.

This initiative acknowledges the persistent consequences of COVID-19, which not only worsened existing health inequities but also revealed significant flaws in healthcare delivery systems. In addressing these issues, the Across Ummah Wellness Centre aims to implement alternative and sustainable health practices that reduce disparities and build resilience in marginalized communities. However, the Centre's role extends beyond merely responding to immediate community needs—it must actively challenge the structural inequities that perpetuate health disparities. By integrating context-specific interventions, comprehensive data analysis, and genuine community collaboration, the Centre represents a critical step toward dismantling the systemic barriers to equitable healthcare in Greater Manchester. The true test lies in ensuring that its efforts yield long-term, measurable outcomes that meaningfully address unmet needs. For instance, the "It's Okay Not to Be Okay" intervention in Gorton, delivered over two years by Across Ummah, demonstrates promising health improvements and cost savings, as detailed in Figures 3 and 3b (Saloner, Wilk, and Levin, 2020). Furthermore, there is notable interest from government authorities in supporting health communities through the

establishment of community hubs (Burnham, 2022), which underscores the potential for broader systemic change.

PROJECT METRICS



In total, during the 2-year funded program, 351 service users were engaged and participated in the Culturally Appropriate Mental Health Fund: *It is Okay not to Be Okay* by ACROSS UMMAH.



PROJECT METRICS

ACROSS UMMAH percentage increase within two

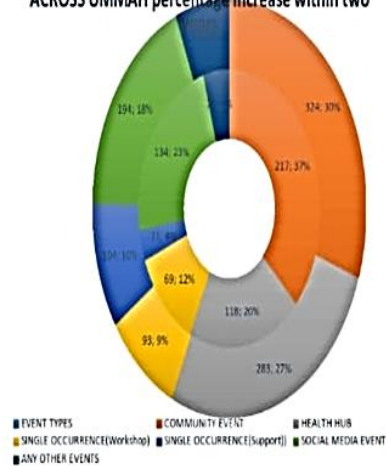


Figure 3b: *It's Okay not to be Okay* Project Metrics

The Diabetes and Eating Well summary below (Figure 3) critically examine the intersection of chronic health conditions and the exacerbation of health inequalities particularly in marginalised communities. Grounded in existing literature, it highlights how targeted nutritional interventions can mitigate the disproportionate burden of diabetes while addressing broader structural disparities in healthcare access and outcomes.

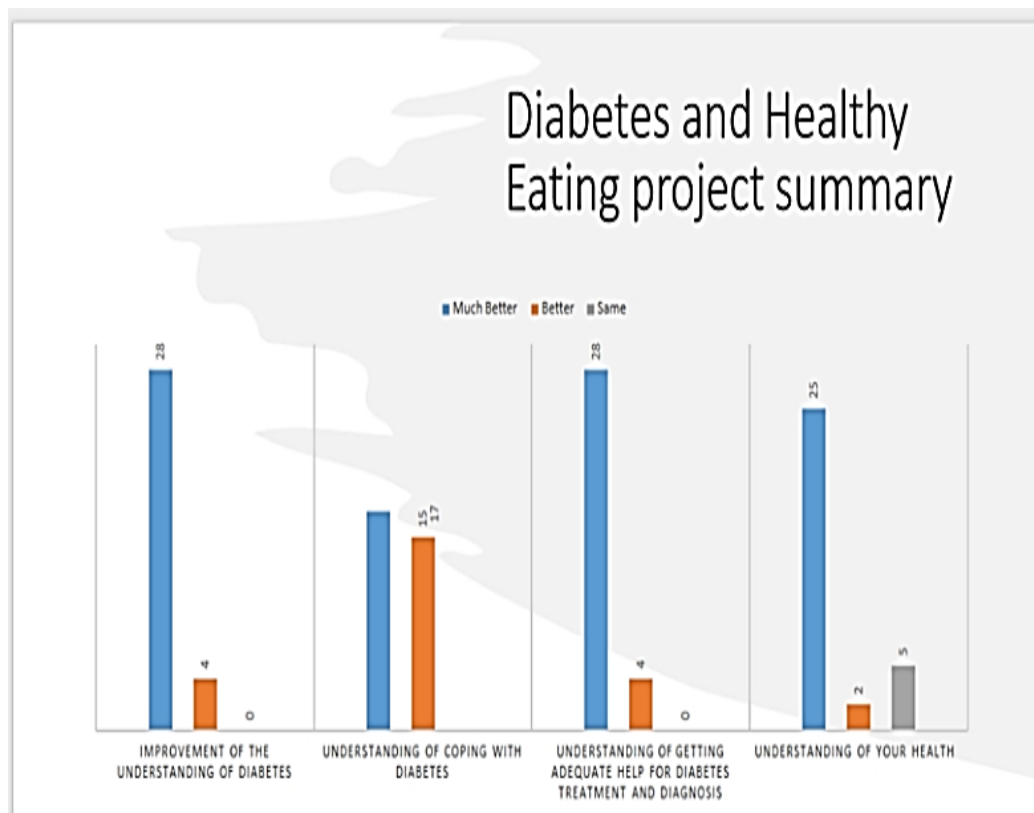


Figure 3: The Diabetes and Eating Well summary

1.5 Methodology

The development of the centre is rooted in strategic planning designed to create equitable and sustainable operational frameworks. This includes prototyping facility development, conducting timely reviews, and leveraging structured tools such as SWOT analysis and PUBCAR to critically evaluate and refine interventions. However, while these steps establish a foundational framework, they must be rigorously applied to ensure tangible outcomes rather than becoming procedural exercises.

Central to the project are ongoing operations, workshops, training, and outreach initiatives. Across Ummah has fostered trust and credibility by successfully delivering culturally tailored programs, including health and mental wellness projects, COVID

Community Champions, diabetes management, trauma recovery, and food security initiatives. Despite these achievements, the scalability of these successes within the proposed framework remains untested.

Collaboration is emphasised as a core operational strategy, with established partnerships involving NHS teams, GPs, Primary Care Networks (PCNs), Integrated Leads, Health and Development Coordinators (HDC), community nurses, VCSEs, and faith-based organisations. However, these collaborations require a clear delineation of roles, accountability mechanisms, and measurable deliverables to avoid the risk of fragmented or tokenistic partnerships. Additionally, staff recruitment—relying on seasonal workers and volunteers—raises questions about continuity and the centre’s ability to provide consistent, high-quality care.

1.5.1 Challenges in Implementation

While the rationale for the centre is clear, its implementation is fraught with significant challenges that could undermine its long-term viability and impact.

1. Sustainable Funding

The greatest challenge is ensuring financial sustainability. Initial funding may support the centre’s launch, but there are legitimate concerns about securing consistent, long-term financial backing. Reliance on external sources, such as local government or public health agencies, leaves the project vulnerable to budget cuts or policy shifts. Without diversifying income streams—such as through social enterprise models or community-driven funding mechanisms—the centre risks service reductions or closure. This dependency underscores the need for a robust financial strategy that goes beyond grant reliance to ensure operational resilience.

2. Community Engagement and Cultural Sensitivity

Sustaining meaningful community engagement remains a critical obstacle, particularly in addressing culturally sensitive issues like mental health. Although Across Ummah has demonstrated success in overcoming stigmas through its wellness programs, ensuring widespread and lasting participation will require more than initial outreach efforts. The success of culturally appropriate interventions depends on ongoing, adaptive co-design processes that respond to the evolving needs of a diverse population. A failure to consistently engage the community could render services irrelevant or inaccessible, compromising the centre’s mission.

3. Accessibility and Logistical Barriers

Accessibility presents another pressing concern. While the centre’s success hinges

on being in a convenient, well-connected area, achieving this requires extensive negotiation with local authorities and transport providers. If the location is not adequately accessible, particularly for those facing mobility challenges or socio-economic barriers, the centre's reach and impact will be severely diminished. Moreover, physical accessibility alone is insufficient services must also be economically and socially accessible to ensure inclusivity.

4. Operational Continuity

Reliance on seasonal staff and volunteers raises critical questions about the centre's ability to provide consistent, high-quality care. The transient nature of such staffing models could lead to disruptions in service delivery, diminished institutional memory, and gaps in community trust. Establishing a stable, adequately trained workforce will be essential to avoid these pitfalls and ensure that the centre operates effectively over the long term.

While the proposed centre holds significant potential to address health disparities in Greater Manchester, its success hinges on addressing these challenges head-on. Sustainable funding models must be prioritised to mitigate the risks of dependency on external sources. Community engagement must go beyond initial consultation to establish enduring, adaptable partnerships. Accessibility must be addressed holistically, and operational models must prioritise stability and continuity. Without critical reflection and proactive planning, the project risks falling short of its ambitious goals, perpetuating the very inequities it seeks to resolve.

1.5.2 Opportunities and Strategic Impact

Despite the challenges, the project presents significant opportunities that could drive transformative change in the community if strategically leveraged. Foremost among these is the overwhelming community support, with 100% of survey respondents recognising the potential positive health outcomes the centre could deliver. This strong alignment between the project's goals and the population's needs not only fosters trust but also ensures high participation, a crucial factor for the success of any public health intervention in communities that often regard such initiatives with scepticism.

The centre also has a unique opportunity to address critical gaps in healthcare delivery for underserved populations, particularly in areas such as mental health services, diabetes education, and trauma wellness programs. These are domains where existing public health efforts have failed to adequately meet the needs of the BAME community. By filling these gaps, the Across Ummah project could not only improve health outcomes for individuals but also drive systemic change in how healthcare services are tailored to minority communities.

The project's collaborative approach further enhances its strategic potential. Partnering with public health organisations and leveraging existing infrastructure offers a scalable pathway to expand the centre's reach and impact. These collaborations could amplify the centre's capacity to address pressing health disparities while embedding its services into the broader public health ecosystem.

Moreover, the initiative has the potential to act as a replicable model for other underserved communities. Its emphasis on culturally sensitive care, coupled with the integration of mental health, chronic disease management, and wellness services, represents an innovative approach to addressing health inequities. Success in this project could influence public health policy, providing evidence to support future interventions targeting systemic health inequalities.

The project also aligns with broader public health priorities, such as reducing preventable diseases and addressing modifiable risk factors. In Greater Manchester, 42% of morbidity and premature mortality is linked to preventable conditions, including cardiovascular and respiratory diseases, type 2 diabetes, and some cancers. These conditions are heavily influenced by modifiable factors like smoking, poor diets, obesity, hypertension, and alcohol use. Tackling these issues requires addressing the social determinants of health—such as housing, education, income, employment, and violence—which account for an estimated 30-55% of health outcomes (Wigan Today, 2024).

By targeting these root causes, the Across Ummah project could contribute to reducing health disparities and preventing the onset of chronic conditions in the region. Its impact could extend beyond immediate health improvements, fostering systemic changes that address the structural inequities driving poor health outcomes. This dual focus on immediate community needs and long-term systemic change positions the project as a critical step toward achieving health equity in Greater Manchester and beyond.

1.5.3 Projected Outcomes and Long-Term Impact

Expected Outcomes of the Across Ummah Project

The anticipated outcomes of the Across Ummah project are both extensive and multidimensional. In the short term, the project aims to achieve significant improvements in digital skills, mental health awareness, diabetes management, awareness on Cancer and vaccination rates within the community. It will also drastically reduce poverty in these communities and for the vulnerable adults. These objectives align directly with the needs identified in the fellowship report's survey findings, confirming that the centre's services are tailored to address the most pressing health issues facing the population.

According to the Census, rates for deprivation amongst those aged 66 or more were particularly high amongst parliamentary constituencies in Greater Manchester. For example, in the constituencies of Manchester Central and Blackley and Broughton the rate was more than 4 in 5 aged 66 or more were living in deprived households. Half of Greater Manchester's pensioners are in health deprived households with rates highest in wards close to the town centres. Furthermore;

- Over half of Manchester's Lower Super Output Areas (LSOAs) are amongst the 10% most deprived nationally. In total, 314 of the 1,673 (18.8%) of the LSOAs in Greater Manchester within the most deprived decile nationally. Indeed 56 of these 314 are not only within the worst decile but also within the worst percentage point – the most deprived single percent of the older population in England.
- The Index shows there is also concentrations of deprivation amongst older people in the larger town centres and in particular Rochdale, Bolton, and Oldham. Ashton-under-Lyne and Bury also have concentrations but the deprivation is less widespread. This pattern is consistent with the places of residence of the older members of the ethnic communities found in these localities, particularly the Black Caribbean, Indian, Pakistani and to a lesser extent the Bangladeshi communities.

The groups in Greater Manchester most likely to be affected by pensioner poverty include:

- Disabled people
- Women
- Private renters
- Residents living alone
- Black, Asian, and other minority ethnic communities
- Asylum seekers and refugees
- Those whose income is just above the Pension Credit threshold
- Those eligible but not claiming later life entitlements

Over the long term, the project seeks to reduce health disparities, enhance overall community health, and promote social inclusion and cohesion. By establishing a wellness centre focused on both preventive care and culturally relevant services, the project holds the potential to create lasting improvements in individual health outcomes and the collective well-being of the community. Increased engagement with health services, along with a reduction in the stigma surrounding mental health, could foster a healthier and more resilient population.

However, the long-term success of the project is not guaranteed. It hinges on overcoming several critical challenges, including securing sustainable funding, maintaining ongoing community engagement, and ensuring the flexibility to adapt services based on continuous feedback. These factors will be essential to whether the

centre can meet its ambitious objectives. Moreover, the project's reliance on external variables, such as changes in public health policy and broader economic conditions, introduces further uncertainty into its future trajectory.

1.5.4 Context and Rationale for Change

The Greater Manchester BAME community faces significant health inequities. These disparities are most acute in areas like mental health, diabetes education, and access to general wellness services. Existing healthcare frameworks often fail to meet the cultural and logistical needs of this population. Mental health stigmas, a lack of culturally relevant services, and barriers to accessibility compound these issues.

1.5.5 Logic Model Overview

The Across Ummah project is structured around a comprehensive logic model that outlines its inputs, activities, outputs, outcomes, and long-term impacts. This model provides a clear roadmap for the project's design and the expected results, ensuring that all components are aligned with its overarching objectives.

Inputs

The success of the wellness centre is built on several essential inputs:

- **Community Feedback:** Survey data gathered from the community has been critical in identifying specific health needs and shaping the services to address those needs effectively.
- **Funding and Resources:** Securing financial support is vital for both the establishment and sustainability of the centre's operations.
- **Stakeholder Collaboration:** Partnerships with local healthcare providers, public health professionals, and transportation authorities are crucial to the operational success and accessibility of the centre.
- **Public Health Professionals:** Key medical professionals, including mental health experts and diabetes educators, will play an integral role in delivering the services.
- **Accessibility to Researchers** for life changing projects.

Activities

- The project encompasses a broad range of targeted activities aimed at improving community health:
- **Wellness Centre Establishment (desirable):** Unable to get a statutory place due to time and financial constraints therefore, four dedicated physical spaces

across Manchester in Gorton and Abbey Hey, Ardwick, Longsight and Harpurhey were made accessible for the community for the essential health services.

- Food Hub and Healthy Lifestyles: This service acts as the entry point for many, offering weight and blood pressure checks, along with vital signposting and support that has saved lives.
- Family Hub, Youth, and Daycare Centre: Activities designed to support new parents, pregnant women, and youth, with a focus on mental health, reducing gang involvement, and preventing knife crime.
- Diabetes and Cancer Education Workshops: Programs focused on preventing and managing diabetes and awareness of cancer within the community.
- Digital Hub Centre: Offering one-on-one digital literacy and numeracy training to meet individual needs.
- Trauma Wellness and Vaccination Programs: Initiatives to improve mental health and vaccination participation.
- Community Engagement: Continuous dialogue with the community to ensure services remain relevant, responsive, and effective.
- Collaboration with Public Transportation: Partnerships with transportation authorities to ensure the centre is accessible to all, particularly those facing mobility challenges.

Outputs

The project aims to generate measurable outputs, including:

- Regular mental health support programs aimed at reducing stigma and providing essential care.
- Diabetes education workshops designed to teach effective management and prevention techniques.
- A well-located and accessible facility that meets the community's needs.
- Community events and workshops that promote health awareness and active engagement on Cancer, MMR and Blood Pressure

Outcomes

The positive outcomes of the Across Ummah project are wide-ranging:

- Improved Mental Health Awareness: A reduction in stigma surrounding mental health, alongside increased community awareness of available resources.
- Better Diabetes Management: Enhanced community knowledge and practices around diabetes, leading to improved health outcomes.
- Enhanced Cancer awareness

- Higher Vaccination Rates: An increase in community participation in vaccination programs, improved awareness on MMR and ability to debunk various myths and misconceptions about MMR, strengthening public health resilience.
- Greater Community Engagement: Increased involvement in health services, resulting in higher health literacy and overall wellness within the community.
- Trust in Health Systems: By providing culturally sensitive services, the project boosted and will continue to build greater trust in healthcare providers and systems.
- It enhances more accessibility to Health Sectors and PCNs.
- With the trust and evidences gathered, the groups in Greater Manchester most likely to be affected by pensioner poverty include; Disabled people, Women, Private renters, Residents living alone, Black, Asian, and other minority ethnic communities, Asylum seekers and refugees, those whose income is just above the Pension Credit threshold, and those eligible but not claiming later life entitlements due to lack of awareness, beliefs and culture.

Impacts

- In the long term, the Across Ummah project aspires to generate substantial, sustainable improvements in the health outcomes of the Greater Manchester BAME community.
- Voices of Pensioners were raised to the Parliament, House of Common, addressing pensioners poverty and the need to alleviate their suffering and improve their quality of lives, January and April 2025.
- Reduced Health Disparities, the centre will continue to focus on reducing health inequities that disproportionately affect the community, particularly in relation to chronic conditions and preventable diseases.
- Increased Access to Preventative Healthcare: Expanded access to preventative services, particularly in the areas of diabetes, Cancers, MMR and mental health, reducing the prevalence of chronic illnesses. Address prevalent myths and misconceptions about diabetes (metformin affecting pregnancy) to marginalised pregnant women communities and proper medication.
- Healthier Lifestyles: Through education and services of Across Ummah, the project aims to foster healthier living practices and improve overall well-being in the community. Supported over 4000 individuals of which 433 residents have underlying conditions were referred and closely monitored. Surveys revealed high correlation with food insecurity, blood pressure and mental illness such as depression and anxiety.
- Sustainable Community-Driven Health Programs: By engaging the community and embedding culturally relevant care models, the project seeks to create a

sustainable health system that continues to serve the community long after its initial launch.

- Inclusion and Social Well-being: The centre will contribute to a stronger sense of social cohesion, fostering inclusion and addressing both the physical and mental health needs of the community.

1.5.6 SWOT Analysis

The logic model integrates a SWOT analysis to identify the key strengths, weaknesses, opportunities, and challenges that may shape the project's outcomes.

Strengths

- Strong Community Support: The project has garnered 100% approval from the community, laying a solid foundation for success.
- High Demand for Services: The proposed services, particularly in mental health support and diabetes education, directly respond to the community's expressed needs, as indicated by survey results from Greater Manchester residents.
- Culturally Appropriate Care: Designed with cultural sensitivity at its core, the project ensures that its services resonate with and are accessible to the community it serves.
- Data-Driven Approach: Built on comprehensive community feedback, the project is responsive to actual health needs, ensuring targeted interventions.

Weaknesses

- Funding Limitations: Initial funding may not be sufficient for full implementation or long-term sustainability of services.
- Engagement Challenges: Sustaining engagement across all community segments, particularly on sensitive issues like mental health, may prove challenging.
- Operational Challenges: Efficiently staffing and training the centre's team could present logistical hurdles that impact service delivery.

Opportunities

- Community Engagement: High levels of community interest, with 95.5% of survey respondents expressing a willingness to engage with the centre, presents an opportunity for continued participation and success.
- Partnerships: Collaborations with public health organizations and local government bodies offer avenues for expanding the scope and impact of services.
- Service Expansion: As the centre matures, there is potential to expand its offerings, further increasing its reach and impact on the community.

Challenges

- **Sustainable Funding:** Securing long-term financial backing is a major concern that could jeopardise the project's longevity.
- **Mental Health Stigma:** Overcoming the stigma surrounding mental health, especially in certain parts of the community, requires ongoing, culturally sensitive efforts.
- **External Factors:** Changes in Government, public health policies or economic conditions may disrupt funding sources and affect operational capacity.

1.5.7 Recommendations

To address these challenges and ensure the project's success, the following recommendations are critical:

1. **Sustainable Funding:** Prioritize securing diverse, long-term funding sources, such as partnerships with government bodies, non-profits, corporate sponsors, or social enterprise models that generate income while delivering services.
2. **Culturally Tailored Outreach:** Develop a culturally sensitive outreach strategy that includes collaboration with trusted community leaders to foster trust and participation. Engaging the community in the development of interventions through a bottom-up approach will also ensure services are tailored to their needs. Diverse opinions in caring for ethnic minorities are lifesaving. What matters to an individuals should be centred around their care of plans.
3. **Address Social Determinants of Health:** The project should explore partnerships and initiatives that tackle broader social factors, such as housing stability, employment support, and income security, which contribute to health disparities. This holistic approach will promote overall health equity.
4. **Continuous Monitoring and Adaptation:** Regularly integrate community feedback to adapt services in real-time and ensure they meet the evolving needs of the population. Establish performance metrics to assess the impact of the project, enabling necessary adjustments to improve outcomes.
5. **Trust and credibility are crucial for change.** We bridged health gaps by overcoming communication barriers, fears, and misconceptions, providing culturally appropriate care. This improved sedentary lifestyles and responses to medical treatments and research.

1.6 Conclusion

The Across Ummah Community Wellness and Inclusion Project presents a vital opportunity to tackle health disparities in Greater Manchester, particularly among marginalised communities. With strong community support and a clear demand for

services—ranging from mental health interventions to cancer and diabetes education—the project aligns closely with local health priorities. Its holistic approach bridges gaps often overlooked in conventional NHS and social care settings, integrating both qualitative and quantitative measures to evaluate impact and enhance population health.

However, challenges such as funding sustainability, cultural sensitivity, and the broader social determinants of health must be addressed to ensure long-term success.

Strengthening strategic planning and fostering cross-sector collaborations will be crucial in overcoming these barriers. Despite these challenges, the project's alignment with community needs provides a strong foundation for impactful change. If these obstacles are effectively navigated, the initiative has the potential to drive meaningful improvements in health equity and contribute to lasting community well-being.

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Overview of Across Ummah Services

Appendix 1



Appendix 2

	Number of sessions	Number of individuals supported
Weekly Food hub and healthy lifestyles	106	2942
Mental Wellness and Therapy	55	268
Workshop and training	48	773
Research partnerships	16	93
University partnerships	7	9
Outreach/ Trips	18	351
Total:	250	4436

Overview of Across Ummah Services

Appendix 3



Across Ummah delivering services to community

Delivery of various interventions

- Promoting healthier lifestyles, eating habits and regular exercise to combat the prevalence of diabetes, high blood pressure and other diseases.
- Address prevalent myths and misconceptions about diabetes (metformin affecting pregnancy) to marginalised pregnant women communities and proper medication.
- Home Delivery service for those who are mobility limited, and terminally ill
- Cooking sessions, supply utensils to improve balanced healthy eating habits and complement medication
- Collaboration with NIHR and other Researchers for Medical Research on Marginalized Communities. to understand the specific health conditions, challenges and needs of marginalized populations.

Appendix 4



Across Ummah delivering services to community