

BME Health Forum Annual Report 2014-2015

Report from the Chair: Eddie Chan

This was another successful year for the BME Health Forum (hereinafter known as the Forum). We have had four very successful public meetings covering emotional wellbeing, FGM, the whole systems programme and the health and wellbeing of mothers and children. We have relaunched our emotional wellbeing project, and trained new members of staff who are now supporting clients. Our survey of organisations had a great response rate and gave us some very interesting insights into the health concerns of clients particularly with regard to the high prevalence of anxiety, depression, loneliness and isolation. We have also been advocating on behalf of BME organisations when partnerships have gone wrong and influencing tenders to better meet the needs of BME communities. We have been updating our website and our directory of organisations as well as delivering other projects for Central London CCG.

We have recruited 5 new trustees to our Board so we now have a total of 11 trustees. Our new trustees are Dina Baky from FORWARD, Gladys Jusu-Sheriff from Wand UK, Marie Tameze from French African Welfare Association, Meerat Kaur and Pete Westmore.

The Forum is the second tier charity supporting the BME frontline charities and will continue to work hard to represent the voice of BME communities across Westminster, Kensington & Chelsea and Hammersmith & Fulham. We are committed to improving the health and wellbeing of BME communities in these three boroughs and removing barriers to health and wellbeing in partnership with NHS and local authority commissioners and providers.

Finally, I would like to thank the fellow trustees and staff team for their dedication to the efforts of the Forum and look forward, as I hope they do, to another year of supporting BME charities deliver health projects, removing barriers to accessing high quality healthcare and reducing health inequalities.

Quarterly Meetings

We have held four public meetings covering mental wellbeing, FGM, the whole systems programme and the health and wellbeing of mothers and children. These meetings foster honest dialogue between commissioners, providers and BME communities.

Our meeting on mental wellbeing presented an independent evaluation of the BME Health forum mental wellbeing project as well as a presentation by Hammersmith & Fulham Mind, and the SpeakAloud project by the Migrants Resource Centre that challenges the stigma around mental illness. The meeting had 57 attendees representing all communities including migrant and refugee groups, Chinese, Arabic, Bangladeshi, Eastern European, Somali and African communities. The meeting succeeded in highlighting successful projects delivered by BME community organisations that support the emotional wellbeing of their users and help commissioners and providers think of new models to support this population where many people cannot access therapies in English and where the stigma around mental illness is particularly strong.

Our meeting on FGM was one the best attended meetings we have ever had with over 80 attendees. There were presentations by the Head of Safeguarding in RBKC, Midaye Somali community Development network and the lead GP for safeguarding children from West London CCG. In this meeting, the legislative framework around FGM and responsibilities for professionals and communities were discussed, giving an opportunity for dialogue and collaboration between professionals and communities on this issue.

Our meeting on Whole Systems was less well attended with 29 attendees representing all the local communities including mental health and learning disability charities. The lower attendance is probably because the topic was not of particular interest to the voluntary sector at this point. The presentations were by the CCGs, and members of the communities had the opportunity to voice their concerns about the changes that are taking place within the NHS.

Our meeting on the health and wellbeing of mothers and children had 53 attendees from all communities as well as Healthwatch, a local councilor, housing and domestic violence charities, Public Health and many NHS staff. The presentations were from Central London CCG, Midaye Somali Development Network, Westway Development Trust and CLCH. The meeting raised awareness among BME communities about the significance of children's early language development and informed them about the Connecting Care project where children are seen by paediatricians in GP surgeries, thus providing training for GPs in paediatrics and allowing easier access for children and families. Midaye updated us on the progress they have made in their pilot with St Mary's hospital in supporting women with FGM who are referred to social services.

Advocating for BME communities and influencing commissioners

The BME Health Forum has been successful in passing on concerns from BME communities and organisations to commissioners and affecting change. For example,

the BME Health Forum passed on to commissioners feedback from BME organisations about the barriers their clients faced in order to access the Expert Patient Programme. As a result, the new tender explicitly requests providers to deliver courses in mother tongue languages and to use materials translated in easy read.

The BME Health Forum also engaged with several BME organisations to find out what the issues have been when community organisations have been unable to deliver NHS or Public Health contracts and when partnerships with larger organisations have failed. The learning from this were communicated to Central London CCG and Public Health but were also used as learning for a new bid that is being facilitated by the BME Health Forum.

The BME Health Forum also passed on community concerns that while midwifery teams and health visitors were increasingly co-located, because of different catchment area systems, pregnant women in Queens Park were having to attend a children's centre in Kensington & Chelsea for their midwifery appointments which was difficult to get to and while there they couldn't access any of the other services on offer as they were for K&C residents only. The BME Health Forum passed these concerns to NHS commissioners and the Special Interest Group for Children and have received assurance from Early Help services that this situation will be rectified by August 2015. Furthermore, the BME Health Forum linked up the Imperial Maternity Services Liaison Committee with the lead for the maternity champions project by Paddington Development Trust so that the maternity champions will be able to revitalize the Maternity Services Liaison Committee and improve user engagement around maternity.

The BME Health Forum has been participating in Central London's Voluntary Stakeholder group and proposed a pilot for voluntary sector representatives to attend the village multidisciplinary groups. This run very successfully for several months and will lead to a further pilot of social prescribing posts in the test villages for Whole Systems.

The emotional wellbeing project

The emotional wellbeing project is a project designed to support people who are going through an emotionally difficult period but who are not mental health service users. The project focuses on people who are not fluent English speakers as these people find it the hardest to access appropriate services when they are going through a period of difficulty. The project is delivered by staff and volunteers identified by community organisations who are bilingual and who are trained by the BME Health Forum.

In October 2014 we relaunched our emotional wellbeing project with two organisations: The Abbey Community Centre and Midaye Somali Development Network. We trained 5 new members of staff and updated 4 previously trained members of staff. By the end of March they had seen 24 clients.

Here are a couple of case studies from the organisations:

Mrs YS from Hammersmith and Fulham borough. Mrs YS is very concerned about her teenage son who has left home and asked the social services to place him somewhere else, because he said that he does not get along with his father. Also, Mrs YS informed me that she is very worried about where he is living and his mental well-being. Mrs YS requested me to accompany her to the social services in order to see her son as she does not speak English and needed assistance. When we visited the social services she was informed that her son is in hospital and she was not informed prior to admittance even though he is underage. Mrs YS is much stressed and informed me she feels helpless in her situation. Mrs YS told me that she has good relations with her son but not with the father and would not come back to the house but he is willing to stay with his uncle. I encouraged her to keep going the line of communication with her son and try to meet him regularly since he is at home. She has informed us that the services we offer has helped her immensely and would like to continue with the session.

Mrs SA is a Somali woman living in Hammersmith and Fulham borough. When we first met Mrs SA she was having a family issue that was stressing her greatly. Our initial meeting Mrs SA informed us that she was anxious about her husband travelling to Somalia to visit his first wife. After she has calmed down I asked her if she communicates with her husband and if she is able to tell him her worries. Although, they have good communication and she informed me that in their religion its expected for men to have more than one wife but she was not happy about the situation. Even though, she was stressed at the beginning of session but during the session she has calmed down considerably and agreed that she should talk to her husband further. Also, we discussed better ways of coping stress and communicate effectively. We will continue our session and we agreed to methods of reducing stress.

We have also trained the organisations in a system of data collection which as well as ensuring data protection for the clients allows us to easily monitor the project and measure outcomes.

The survey of organisations

We conducted a survey of organisations to find out more about the health needs of their users and ensure our work is still meeting their needs. We had 47 responses. Of these 87% were from charities, 4% from NHS providers, and the rest were from social enterprises, not for profit companies, community interest companies and community groups. Their main beneficiaries were BME communities (60%), women (57%), and older people (55%). The organisations' main activities were giving information/ signposting (74%), emotional support/ counseling (51%), social events (49%), physical activities (47%) training (45%) employment support (43%) befriending/mentoring (40%),

and healthy eating (40%) while 87% of these organisations work with over 200 people per year.

We asked the organisations which issues and events were having the greatest impact on their clients' health and wellbeing. Almost all respondents selected isolation (91%) followed by poverty (78%), unemployment (76%) and poor quality housing/overcrowding (70%).

We asked organisations which health issues cause most concern to their clients. The highest response was anxiety/ stress (91%) followed by depression (84%), chronic pain (47%) diabetes (42%) and serious and enduring mental illness (40%). Additionally, we asked which are the health issues that clients bring to the organisations to help resolve and the responses were: feeling anxious or stressed (84%), sadness/feeling low/ poor self esteem (76%), loneliness (73%), feeling unwell/ unhealthy and not knowing what to do (58%) access/interaction with GPs (56%), parenting problems (53%), access/ interaction with social services (53%) and access/ interaction with health services other than GPs (51%).

Finally, we asked organisations what areas of work the BME Health Forum should be involved in. The responses were: supporting organisations deliver projects that improve the health and wellbeing of BME communities (89%), enable dialogue between NHS commissioners, NHS providers and BME communities (78%), build partnerships/ consortia for BME organisations to deliver services (69%), research barriers into accessing services for BME communities (51%) and support BME organisations meet the criteria to deliver contracts for statutory providers (51%).

As well as using this information to inform the work of the BME Health Forum, we are promote it to the CCGs and Public Health in order to influence their priorities and enhance the dialogue between communities and commissioners.

Communications and our website

In the course of the year, we have sent 204 emails advertising events, jobs, activities, volunteering opportunities and training. We have also updated our directory of organisations on our website to make it easier for people to find information about local organisations.

Delivering other projects

We have successfully delivered a project for Central London CCG in partnership with the Abbey Community Centre, Chinese National Healthy Living Centre and Midaye Somali Development Network. This project measured the effectiveness of care coordinators based in GP practices and will inform the Whole Systems Work.

Balance Sheet

As at 31 March 2015

	<u>Notes</u>	<u>2014/15</u>		<u>2013/14</u>	
		£	£	£	£
Current Assets					
Debtors		15,928		-	
Cash at bank and in hand		<u>71,544</u>		<u>62,476</u>	
		87,472		62,476	
Creditors: amounts falling due					
within one year	5	<u>(21,063)</u>		<u>(6,519)</u>	
Net current assets			<u>66,409</u>		<u>55,957</u>
Total assets less current liabilities			<u><u>66,409</u></u>		<u><u>55,957</u></u>
Funds					
Restricted funds					
- Grants fund	6		10,330		-
Designated funds					
- staff & running costs fund	6		43,376		43,376
Unrestricted income funds:					
- general funds	6		12,703		12,581
			<u>66,409</u>		<u>55,957</u>

For the financial year in question the company was entitled to exemption under section 477 of the Companies Act 2006 relating to small companies.

No members have required the company to obtain an audit of its accounts for the year in question in accordance with section 476 of the Companies Act 2006.

The directors acknowledge their responsibility for complying with the requirements of the Act with respect to accounting records and for the preparation of the accounts.

The accounts have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime.

Approved by the Trustees on 27 November 2015 and signed on their behalf

Name: B S Colman

Trustee & Company Director

Health Forum Trustees

Chair: Eddie Chan, Chinese National Healthy Living Centre

Treasurer: Brian Colman

Filsan Ali, Midaye Somali development Network

Dina Baky, FORWARD

Judith Blakeman

Ambra Caruso

Gladys Jusu-Sheriff, WAND UK

Meerat Kaur

Sylwia Lemanska, Migrants Resource Centre

Marie Tameze, French African Welfare Association

Pete Westmore

Health Forum Advisory Group members (additional to trustees)

Melissa Berry (Central London Community Healthcare)

Pritty Bhatt (Chelsea and Westminster)

Angela Chaudhry (Royal Borough of Kensington & Chelsea)

Emma Playford (Central London CCG)

Jackie Rosenberg (Paddington Development Trust)

Angela Spence (Kensington & Chelsea Social Council)

Health Forum Staff

Nafsika Thalassis, director

Vivien Davidhazy, admin support