

# Celebrating Success



Participants



## Acknowledgements

Adhar Project  
NHS Leicester City Clinical Commissioning Group  
African Caribbean Centre (Fiona, Teresa)  
University Hospitals of Leicester  
Leicestershire Partnership Trust  
East Midlands Ambulance  
Leicester Adult Social Care  
Leicester City Health Watch  
Leicestershire Health Watch  
West Indian Senior Citizen's Project  
New Testament Church  
Shilo Church  
Golden Fellowship Group  
Leicester University (psychology unit)

And to all the many others who supported and participated in the conference. Hopefully, this is the beginning of trying to make a positive difference in the quest to ensure black people get access, equality, and equity from the NHS.



# African Caribbean Health Conference

## A Healthy Respect

June 2015



Supporting Communities to Meet Their Own Health Care Needs Today and Tomorrow

# Preface



In October 2014 Adhar staff members attended the AGM of the Leicester Clinical Commissioning Group (LCCG) chaired by Prof. Azhar Farooqi. During the meeting the chairman asked for comments, observations from the public gallery. A question was posed and to what has been achieved in helping the "black" community overcome inequality in relation to the 2010 Equality Act and the Closing The Gap - Leicester Joint Health and Well-being Strategy 2013-16.

The committee agreed to refer the question to the CCG's equality Lead. As a follow up to the referral a meeting took place between Joe Allen, (ADHAR Project Lead) and Haseeb Ahmad (Equality Lead for Leicester City CCG). Joe Allen also met with the managing director Sue Lock and Nick Carter an Independent Lay (CCG's) Member. A central theme was to challenge the perception that "Black people were hard to reach", and to demonstrate that Black people are part of mainstream Leicester.

The outcome was general agreement that the relationship between the CCG and the African Caribbean Community in Leicester should be revisited to improve access, communication, equality, equity, representation, services consultation and resourcing in relation to real needs in the NHS.

Leicester City CCG was already planning with their health partners (UHL, LPT, EMAS and Healthwatch) to carry out engagement with the Black and Minority Ethnic Communities in line with their work on the Equality Delivery System, so were very pleased to support a health conference for the African Caribbean community in partnership with Adhar to listen to the voice of those in the target community who use/ need the NHS and to ascertain their individual and collective views, needs, aspirations and interests. The CCG via its Equality Lead and Adhar took responsibility to plan, organise and deliver an African Caribbean Health Conference in June 2015.

The planning process included input from community participants Adhar, Golden Fellowship Group, WISCP, New Testament Church, Shiloh Church, Highfields Rangers, Caribbean Cricket Club, Scandals, Mount Zion, and ACCF. Publicity for the event was delivered via BBC Radio Leicester, and by "walking the beat" in the City Centre and the wider community.

Awareness was also raised by visiting known social and cultural outlets for African Caribbean's.

As part of a holistic approach to ascertain who is doing what, when, where, how, and why as part of the strategic process in accordance with the **Closing The Gap Health Strategy 2013-16** meetings were attended with Healthwatch Leicester, Healthwatch Leicestershire, Leicester Constabulary, Leicester City Council, Adult Social Care Dpt. VAL Health and Social Care Forum Leicester Partnership Trust, Leicester University (psychology unit). The salient point was agreement with Leicester City CCG, partners and the Black Community via Adhar to listen to the voices of the target community, and to ascertain the views of actual and potential users/benefactors of the NHS care services in Leicester/shire.

# Extracts from “Closing The Gap”



## Extracts from “Closing the Gap” Leicester’s Joint Health and Wellbeing Strategy 2013-2016

### Deprivation in Leicester

- Leicester is highly deprived, according to the Index of Deprivation 2010, ranking 25th most deprived of 326 local authority areas.

### Why we choose this priority (Mental Health)

- There is a significantly higher proportion of the Leicester population registered with a mental illness compared to the national or regional averages and the trend is worsening.
- Almost 23% of the total burden of disease in the UK is attributable to mental disorders. Mental illness can affect anyone of any age and many people will suffer mental illness over their lifetimes. It is associated with social exclusion, deprivation, domestic violence, low income, unemployment, poor housing, drug and alcohol misuse, and low educational attainment. Mental ill health is also associated with poor physical health and high risk taking behaviour.
- National evidence: 70 per cent of the prison population have mental health issues. BME groups are on average, three times more likely to experience psychosis than White British ones. The national health strategy noted that 'mental health problems can also contribute to perpetuating cycles of inequality through generations'.

### What we want to achieve

- We would like to focus on prevention and early intervention, and tackle discrimination and stigma.

### What we know

- We are above the national average for people aged 16-18 not in employment, education or training.

### What we plan to do

- Focus on prevention and grass roots community work, using a community assets approach, which utilises and recognises the skills and knowledge within communities, by working in partnership.

# WHAT HAVE THEY DONE?



# Round Table Feedback



## Local Authority

- It was said that there are generic social work teams – what does this mean?
- Do social workers care/understand?
- Suggest going back to specialist (Black) teams, improve relationships.
- Concerns about pollution – Asthma – role of street wardens.
- Hard to communicate with council via phone – cost of waiting, then referred to wrong places.
- Who helps with testing blood pressure, diabetes, sciatica, homes etc.?
- Questions/concerns of medicine fit for purpose, feeling people are given 'go away' advice.
- Why no respect if respect is given.
- People are 'self-helping' but need more public sector support.
- Who cares for the carers – advice, support, finance etc.?

## Recommendation

To meet with Leicester City Council Adult Social Care Leaders (Cllr R Palmer).

## Representation, Communication, Consultation

Concerns were expressed in the following terms:

- African Caribbean community is broken – Reps not chosen – who, when, how.
- Need for community infrastructure (for the people by the people).
- Desperate need for community cohesion (we, us, ours).
- Need for people who can communicate properly.
- Need to make them (system) understand and respond effectively to us (needs, aspiration, resource).



# Method



After considering the views of those who participated in the planning process, it was agreed that the conference should revolve around maximum feasible community participation using a "round table" **methodology**. In this regard the goal was to get widespread information from across the health field. Further, participants could move from table to table in accordance with their experience and interest. The information gleaned was also seen as a vehicle to inform equality systems. The tables were identified as follows.

1. Hospitals (all health issues).
2. Doctors (all health issues).
3. Mental Health/Psychology (avoiding stigma).
4. Ambulance (method of use).
5. Voluntary Sector (who, what they do).
6. Police (difference between criminality and mental health);
7. Local Authority (children, adult, social care, housing, social services); and communities.
8. Representation, communication, consultation).

## Summary

The thrust of the conference was to prove that *Black People were not hard to reach*, and to seek the views, needs and experience of those involved with the NHS for health care in its various capacities. The goal was to develop a community based approach to ensure that Black people are seen to be a part of the policy, strategy and decision making processes of the NHS in Leicester/shire, in real terms.

In total 91 participants attended the conference. It was estimated that around 80% were over the age of 60, and that 75% were women. There

was general satisfaction with the planning, organising and delivery of the conference. A number of participants observed that "**it was the first time they felt listened to**", and were of the view that such events should be a regular engagement strategy for helping them to have a say in quality of life health initiatives.

## Recommendations

Each table had to record their findings, these are reflected further on in the body of the report.

Each table also gave a public feedback on their findings and made a number of recommendations recorded as follows.

- To meet with the leaders of the Leicester City CCG and Healthwatch to ascertain their role and function in relation to Black people in Leicester/shire.
- To meet with Leicester City Council Adult Social Care Leaders (Cllr R Palmer)
- To meet with Leicester Constabulary to discuss relationship with the Black Community (Chief/Commissioner).
- To meet with those responsible for the management and running of the African Caribbean Centre (health hub) (Cllr. Cole).
- To meet with the African Caribbean Citizen Forum (ACCF) to ascertain their role and function as the body representing the black community in Leicester/shire.
- To establish an BME Network which would help to co-ordinate health activity in the future, and that this should be driven by the Leicester City CCG and Healthwatch.
- Have a series of information sessions run by Health and Social Care Providers at the African Caribbean Centre.
- Provide culturally appropriate training to health and social care staff.

# Round Table Feedback



## Hospitals

Some positive feedback was given however concerns were expressed regarding:

- Emergency care (access/awareness)
- The need for prevention, because little things become big things, so hospitals should provide more information on prevention strategies so patients can help themselves.
- Hospitals not as caring as it was (time).
- Hygiene not up to standard because people do not care.
- Need for cultural understanding.
- Personal cleansing with a preference to someone we know.
- Need for carers support (isolation/alienation).

### Recommendation

To meet with the leaders of the CCG to ascertain their role and function in relation to Black people in Leicester/shire.

## Doctors

Concerns were expressed regarding:

- Appointments hard to get.
- Change to (loss of someone we know).
- Respect not as it was (not listening).
- Need hard to meet (do they know/care).
- Lack of race/cultural sensitivity.
- Role of reception (some do not care).
- Confidentiality not serious/practiced.
- Need outreach for the disabled.
- Support for senior citizens (transport).
- Ageism is misplaced respect.
- Can African Centre be a medical/health hub?

### Recommendation

To meet with the leaders of the CCG to ascertain their role and function in relation to Black people in Leicester/shire.

## Mental health/Psychology/Avoiding stigma

- Stigma – long term concern.
- Stereotyping – ongoing.
- Blacks not respected.
- Lack of effective access in real terms.
- Care related to high crisis – not soon enough to prevent illness.
- Poor communication with community.
- A drop-in centre at African Caribbean centre.
- Ongoing isolation (homestead) .
- Early support is necessary.
- Support/role for families – education, communication, consultation.
- Need to understand cultural context of need.
- Support for carers required.

### Recommendation

To meet with the Leicestershire Partnership NHS Trust to ascertain their role and function in relation to Black people in Leicester/shire.



# Round Table Feedback



## Ambulance service

- The service valued dignity/respect.
- Need for local engagement – could Caribbean centre be a venue for regular contact – Sickle cell, Thalassemia, Cancer etc.
- Develop networks – churches, newsletters, web.
- Marketing for BME – career opportunity.
- Education – cultural awareness training.
- Language – need to communicate/understand.
- Representation – who do we contact?
- Access to changes i.e. 999 or 111.
- Timely intervention – who cares?
- Responders are BME – community based support.
- Who cares for the carers (lonely voices).

### Recommendation

To meet with the leaders of the east Midlands Ambulance Service CCG to ascertain their role and function in relation to Black people in Leicester/shire.

## Voluntary sector

- Very little support for sickle cell from a public health perspective – why?
- Little or no communication with African Caribbean community.
- What is the role of the (VAL) Voluntary Action Leicestershire? (only WISCP, Adhar for health) because the Statutory sector needs a better communication and voluntary sector support
- Role of city council – supporting Black voluntary sector – cuts.
- Does the NHS admit when there is a problem so as to improve engagement?
- Lack of Black people in Senior Management Team at Leicester City Council.

- Who cares for the BME carers.
- The invited Black voluntary sector projects. believed they did not receive adequate funding.
- Concerns that during funding cuts and spending reviews, roles in equality and equality services. are cut. Seen as the first which can be cut.
- Concerns around Mental Health Services of Women in Prisons and lack of support for BME offenders.

### Recommendation

To meet with the African Caribbean Citizen Forum (ACCF). To ascertain their role and function as the body representing the black community in Leicester/shire.

## Police

- Concern that police did not attend.
- The conference agreed to invite the police. commissioner and chief constable to meet with the community in relation to health and other sectors.
- The goal is to improve police and Black community relations.

### Recommendation

To meet with Leicester Constabulary to discuss relationship with the Black Community. (Chief/Commissioner).

