



Health and Race Equality Forum Conference
Choosing Health: Choosing Equality
21st November 2005

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Acknowledgements

Our heartfelt thanks to all the delegates for their energy, active participation, thoughts and the honest comments and for making this day a success.

Bob Stewart

Chief Executive, Newcastle Healthy City Project

Cal Boal

Community Development Worker, Community Action on Health

Shamshad Iqbal

Chair Person, Health and Race Equality Forum.

Nick Springham

Public Health Specialist, Newcastle PCT

Susan Donnelly

Nurse Lead for Asylum Seekers and Refugees

Rachael Parsons

Centre Development Co-ordinator, West End Health Resource Centre

Barry Jackson

Primary Care Mental Health Lead

Roya Rezaee

Development Worker for Sexual Health Initiative North East (SHINE)

Farida Rehman

Development Worker, West End Befrienders

Lucy Hall

Health Development Service Manager

Angela Wallis

Health Improvement Co-ordinator, Newcastle City Council

Introduction

This is the report of the *Choosing Health: Choosing Equality* conference held on 21 November 2005.

The aim of the conference was to create an opportunity to:

- Celebrate the Forum's achievements
- Share good practice
- Review, discuss, re-focus and network
- Look at new and emerging priorities at a time of uncertainty and change;
- To gather the participants invaluable thoughts and feelings about the future role of HAREF in continuing to challenge racism; and in reducing inequalities in health experienced by BME communities living in Newcastle.

We were delighted to have Lord Victor Adebowale, Chief Executive of Turning Point as our keynote speaker. The keynote speaker was Lord Victor Adebowale, Chief Executive of Turning Point, the UK's leading social care organisation providing services for people with complex needs. Lord Victor provided insight into the inequalities experienced by people from different ethnic groups across the UK providing a vital national perspective for the conference.

Nearly 100 delegates attended representing the voluntary, community and statutory sectors which were a reflection of the enthusiasm different sectors within Newcastle have, to work in partnership and to tackle the very real disadvantages people from BME Communities face in Newcastle today. The day also saw relaunching of the Forum under its new name and logo.



Delegates at November's conference

One of the highlights of the day was the launching the Advocacy Project which has come about because of the involvement of the Forum. The participants had the opportunity to hear about one of the key successes of HAREF, the advocacy Project Launch.

Shamshad Iqbal, Chair of the HAREF, chaired the Conference. She welcomed the delegates and reiterated the aims of the conference and the day's programme. The Conference was set in the context of "Choosing Health".

Delegates had the opportunity to hear about how the government aimed to reach the targets outlined in its White Paper 'Choosing Health' as there is evidence to suggest that the needs of individuals and communities within these categories, are not being met. The HAREF felt this was a prime opportunity for those working with BMEC within Newcastle to address the key targets within the White Paper and address the key challenges of delivering them to the BMEC. For this reason, the workshops were based on five key targets based on available evidence:

Reducing the number of people who smoke

Evidence: Smoking levels vary considerably among minority ethnic communities living in Britain. Tobacco is a major cause of concern for some groups. For instance, smoking rates among Bangladeshi men and Black Caribbean men exceed the rates for the UK population.

Explanations for the differences in smoking rates between groups and age groups within minority ethnic communities point to a number of factors - namely the importance of culture and religion and of the impact of socio-economic factors (a rapid mapping study targeted at people living on low income and/or minority ethnic groups by Adam Crosier in "Report to the Health Development Agency" February 2001).

Promoting healthy and active life amongst older people

Evidence: It is clear that older people from black and minority ethnic (BME) communities are not achieving equal access to social, health, and economic services. Their numbers are also increasing significantly: by 2030, the minority elder population in the UK will have increased tenfold, from 175,000 to over 1.7 million. The greatest part of that increase will take place in the next 15 years. (Age Concern).

There is also a substantial challenge to minority ethnic organisations themselves to understand more than many currently do about ageing, older people and about the range and availability of services for them.

Improving sexual health

Evidence: The UK's black and ethnic minority populations continue to be disproportionately affected by poor sexual health. The groups affected and their experiences of HIV and STIs vary greatly, reflecting the diversity present in the migratory patterns, socio-economic circumstances, and experiences of disadvantage and discrimination in these populations.

Variation in the incidence of STIs among black and ethnic minority groups is further influenced by several factors, including diverse sexual attitudes and behaviours, patterns of sexual mixing, and differential access to sexual health services (Health Protection Agency).

Healthy eating and exercise

Evidence: Among women, obesity prevalence is high for Black Caribbean and Pakistani women and low for Bangladeshi and Chinese women. However, all female minority ethnic groups have levels of central obesity well above that of the general female population, with Black Caribbean and Pakistani women two times, and

Bangladeshi women over three times, as likely to have a raised waist to hip ratio as women in general (British Heart Foundation Statistics).

Improving mental health and well being

Evidence: In general, people from minority ethnic groups living in the United Kingdom are

- more likely to be diagnosed with mental health problems
- more likely to be diagnosed and admitted to hospital
- more likely to experience a poor outcome from treatment
- more likely to disengage from mainstream mental health services, leading to social exclusion and a deterioration in their mental health (Mental Health Foundation).

Specifically, the rates of mental illness like Schizophrenia and Psychosis among African Caribbean people is higher (James Nazroo and Kerry Sproston, EMPIRIC Report).

Summary of the keynote speech

The day began with the keynote speech by Lord Victor Adebowale, Chief Executive of Turning Point one of U.K's leading Social Care Organisation which provides services for people with complex needs including drug and alcohol misuse, mental health and disabilities.

Lord Adebowale's speech provided insight into the inequalities experienced by people from different ethnic groups across the UK and gave the conference a vital national perspective. The essence of his message was that the barriers to services should be seen as a challenge and not a threat as the demographics are changing rapidly as in Bradford and Leeds, which have high concentration of BME communities.

We have lessons to learn from that and take a proactive stance to evolve services rather than make reactive changes to services, which have limited suitability.

Lord Adebowale highlighted that Newcastle is one of the nine areas identified for the Focus Implementation Sites (FIS) and hence HAREF is in a strategic position to play a role and lead by example so that others can follow. Changes to policy are not an end in itself. The challenge is to implement them and conversations should be about how can we create a service in our neighbourhood that we can use?

He stressed that it makes good business sense to continue funding organisations like HAREF, which are strategically placed to enable the services to assist with bringing about complex yet necessary changes.

Delivering Choosing Health

A Presentation by Nick Springham Specialist in Public Health, Newcastle Primary Care Trust which gave the conference a local context and underlined the potential role for HAREF. The key messages were as follows:

Choosing Health

- It signals the government's intention to refocus the NHS into a true service for improving health as well as one that treats sickness. Health improvement and tackling inequalities will become an integral part of the NHS' mainstream planning and performance system and will be the core of its day-to-day business.



Nick Springham addressing the delegates

Key Priorities

- Tackling Health Inequalities
- Reducing the number of people who smoke
- Tackling obesity
- Improving sexual health
- Improving mental health
- Reducing harm and encouraging sensible drinking

Key Local Actions

- Leading community partnerships
- Delivering national priorities and targets
- Identifying local need and achieving local targets
- Commissioning and delivering services

Ethnicity and Smoking

Men

- 27% among general population
- 44% among Bangladeshi community

Women

- 27% among general population
- 1% among Bangladeshi community (Office of National Statistics 2002)

Delivering Choosing Health

Ethnicity and Obesity

- Strong determinant of obesity in children
- British Afro-Caribbean and Pakistani girls at increased risk
- Indian and Pakistani boys are more likely to be overweight (Saxena, Ambler, Cole and Majeed. Imperial College, London)

Ethnicity and Sexual Health

- In London, Gonorrhoea and Chlamydia are 10 times more common in African Caribbeans than in whites and three to four times higher than in black Africans.
- HIV infection more common among black Africans (Kings College, London)
- Increased attendance at local GUM clinic

Ethnicity and Mental Health

People from BME communities are

- More likely to be diagnosed with mental health problems
- More likely to be admitted to hospital
- More likely to experience a poor outcome
- More likely to disengage from mainstream services, leading to social exclusion (Mental Health Foundation)

Conclusions

- Serious health inequalities exist within and between BME communities.
- Choosing Health provides us with an opportunity to reduce inequalities in health.

Therefore...

- Choosing Health should be the tool through which we tackle Health and Race Equality issues.
- Health and Race Equality should be core to any Choosing Health Implementation Plan

For information specific to Newcastle for the above said themes, please refer to the notes on page *



Delegates at November's conference

Case Advocacy for Black and Minority Ethnic Communities at Newcastle Advocacy Centre

The launch of this project was a celebration of one of the successes of HAREF's partnership working and achievements.

Jacqui Jobson, Denise Briddon and Yvonne Cheung made a joint presentation about the current work of the project and its future aspirations. Following are the excerpts of the presentation:

The context

Health and Race Equality Forum (Previously called Health Action Zone Race ASA), set up a health advocacy sub group in 2000 due to the issues highlighted by the interpreters and other evidence which forms the basis of the project:

- South Asian and Chinese Communities in Newcastle (July 2000)
- Community Organisations and health professionals (July 2000)
- Visits to London and Leeds (Aug/Sept 2000)
- Health and community professionals and interpreters (Feb 2003)
- Community Organisations (May 2003)

Overall view of the project

- Improve access to Health & Social Care services
- Support service users and their families
- Work with Health and Social Care professionals

What is Advocacy?

Advocacy is when one person helps another to be heard and the role of an advocate is to help a person to identify, protect and assert their rights.



The Advocacy Project stand

Case Advocacy for Black and Minority Ethnic Communities at Newcastle Advocacy Centre

Why Advocacy is important for BME communities

- Barriers in accessing Health & Social Care services:
- Lack of information
- Unaware of services exist
- Uncertainty
- Culture of self sufficiency within the community
- Discrimination
- Negative perception of service providers
- Some feedback and complaints processes are in English
- Many other barriers

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Newcastle Advocacy Centre

We aim to support vulnerable people in Newcastle to be heard and to have choices and control in their lives.

What do we provide?

- A Citizen Advocacy Scheme for vulnerable adults
- Mental Health Case Advocacy
- Black and Minority Ethnic Communities Case Advocacy
- Support to Advocacy Network Newcastle



The grand conference room

Case Advocacy for Black and Minority Ethnic Communities at Newcastle Advocacy Centre

Members of HAREF Sub group

- Newcastle Interpreting Service
- Race Equality Council (REC)
- Newcastle Health Development Service
- Newcastle Health Promotion
- Newcastle Social Service
- Other voluntary organisations

We take referrals from:

- Health & Social Care professionals
- Organisations, e.g. voluntary and community organisations
- Self referrals

The future

- Measure the effectiveness
- Make improvements
- Expand target communities
- Long term funding from statutory organisations



Delegates at November's conference

Contact

Yvonne Chung/ Jacqui Jobson

Black and Minority Ethnic Case Advocacy
Project

NCVS

MEA House

Ellison Place

Newcastle upon Tyne

NE1 8XS

t: 01912327445

**e: Yvonne.chung@cvsnewcastle.org.uk or
jacqui.jobson@cvsnewcastle.org.uk**

w: www.cvsnewcastle.org.uk

Information from themed workshops

The programme was designed to allow each delegate to participate in two of their preferred workshops and for this reason, the workshops were conducted twice.

The following comments are being shared without making any alterations, as some participants were keen to ensure that this was done and that the messages were not diluted.

Theme 1: Stop smoking

Presenter: Lucy Hall, Health Development Service Manager and Syed Hussain, Health Development Worker

Facilitator: Susan Donnelley, Primary Care Trust Nurse Lead for Asylum Seekers and Refugees

How can the information be cascaded to the communities?

Successes:

- Targeted outreach as being done currently
- Greater awareness for targeted groups
- Some bilingual advisors in Stop Smoking
- Working in the community with these groups
- Dedicated young person's worker (?) linking BME individuals and groups
- Key people who can give the information
- Male Bangladeshi workers contracted

Challenges:

- Cut in funding/ stopping outreach
- % of BME people in target numbers (not stated in document)
- Higher costs, more effort, less results.
- How to access BME groups?
- How to give these groups the information?
- How to include/involve individuals from these groups in services?

- To target young people (not targeted yet)
- Getting the right information to individuals
- People do not want to listen
- Community workers need to highlight the issues

How can we support individuals to achieve a healthier lifestyle?

Successes:

- Guidelines-“What to do when working with BME Communities?”
- Messages delivered by workers from that particular community

Challenges:

- Large number of individual cultures, backgrounds etc
- Services as people want them- more accessible to them
- People may feel shy or embarrassed (could bring people together to give more support, possibly self-run)
- Need to produce appropriate information/advice at the right time
- Tailor services to individuals
- Look at what people have in common to deliver a service

Theme 1: Stop smoking

How can we improve partnership working?

Successes:

- Current work with Chinese and Bangladeshi groups
- Palliative care team working on prevention
- Current partnership work to share time and resources
- HAREF- All agencies working together to improve the health of BME communities
- Agendas which meet everyone's targets

Challenges:

- Getting the right information to the right places
- Work in partnership with community workers/ activists/ volunteers to deliver the information
- Co-ordinating the outgoing information
- Encourage men to be more sensitive to others and the effects of their smoking
- Easy access to local services, agencies and resources
- Understanding different cultures and backgrounds
- Making organisations who get funding smoke free
- Co-ordinate information going out about healthy lifestyles
- Organisations going after the same funding
- Being included in decision making at all levels

Theme 2: Healthy eating & exercise

Presenter: Rachael Parsons, Centre Development Co-ordinator, West End Health Resource Centre

Facilitator: Cal Boal, Community Development Worker, Community Action on Health

How can the information be cascaded to the communities?

- Information in different languages and other formats e.g. videos
- Build links between groups and key workers
- Social inclusion e.g. Asylum Seekers share experience and skills within the community
- Most people have the knowledge
- Provide different choices to develop
- Break the message down into bite sized chunks e.g. three 10 minute exercise session instead of an half hour all at once, recipe book with lots of contributors
- Get peer support workers of appropriate ages- but need to consider recruitment problems
- Go and talk to groups (some success)
- Provide information in a variety of formats e.g. own language tapes (some success)

Challenges:

- Language
- Referral process (appropriate gender and language needed)
- Avoid negative messages
- Need help and support in how to do it
- More social integration e.g. opportunities for Asylum Seekers to share experiences and skills within the community
- People not listening particularly if it challenges their behaviour
- The older generation finds it more difficult than younger people
- How to sustain projects
- More bilingual support workers to help people develop their own agenda
- Fit it into people's lifestyles, not the other way round
- Time, effort and information about where to get healthy food
- Understanding and willingness to change
- Recognise people's individual priorities
- Education on its own is not enough
- Needs to be built into working life and be flexible

Theme 2: Healthy eating & exercise

How can we support individuals to achieve a healthier lifestyle?

Successes:

- For example Kids Café- Providing different choices- Widen outlook
- Doing practical work
- Individuals need to set own agenda
- Offer easy solutions-healthy take away food
- Small step by step changes
- Build on and link into social activities already happening
- Emphasise the positives- 'do's' as opposed to 'don't'
- Identify personal goals- individualise
- Ongoing support with maintenance of healthy lifestyles
- Grow your own fruit and vegetables schemes- needs to be fresh and tasty (happening to a certain extent)

Challenges:

- Recognise and develop current good practice
- Ensure there are more culturally appropriate options available

How can we improve partnership working?

Successes:

- Specific BME sessions with support from interpreters
- Develop knowledge of health staff
- Learn from successful work
- Agreed aims and objectives (this is happening to a certain degree)

- Integrate the message into other work (this is happening to a certain extent)
- Put our differences aside and focus on the needs of people
- PCT Directory (Please see page for contact details)
- Physical Activity (Please see page for contact details)
- Quality of Life Partnership- Julie Tait- web based information resource

Challenges:

- Sharing knowledge- information across sectors
- Need to recognise the needs of those who are more isolated geographically
- Finding time to get information
- Time to develop the partnership
- Target driven hinders development
- Weighty paperwork
- Red tape and bureaucracy
- Need policy development to ensure real commitment at Statutory level along with shifting resources
- Appropriate services for everyone including all special interest groups
- Understanding that it is not a choice/option
- Agreed aims and objectives (this needs to happen more)
- Integrate the message into other work (this needs to happen more)
- Need knowledge of what everyone else is doing
- Funding

Theme 2: Healthy eating & exercise

Questions

- Challenging prejudice/ assumptions
- Being clear and consistent
- Recognise where people are coming from
- Develop the relationship
- Provide an environment where they are comfortable so that it can lead to change

Theme 3: Mental Health

Presenter and facilitator: Barry Jackson,
Primary Care Mental Health Lead

How can we inform the communities?

Challenges

- Language
- GP Registers
- Housing Service, not Monday – Friday
9.00am – 5.00pm

How can we support individuals to change to a healthier lifestyle?

- Raise awareness
- Do things differently
- Identify needs
- Social model
- Role model
- Self respect

How can we develop partnerships?

Challenges:

- Voluntary sector
- Share responsibility
- Mentoring
- Trust
- Outreach worker
- Top level commitment
- Sign posting

Questions

- What are we going to do next?

Theme 4: Older people

Presenter: Farida Rehman, Development Worker, West End Befrienders

Facilitator: Kirti Rakshit, Co-ordinator, Health and Race Equality Forum

How can the information be cascaded to the communities?

Successes:

- Communicating good experiences
- Word of mouth as a very effective way of communication
- Approaching/communicating with representatives of the community
- Face to face communication
- Appointing and using Community Champions
- Developing trust and confidence
- Active partnerships
- A seamless pulling together of existing information and sharing it
- Volunteering
- Face to face communication
- Events to disseminate information
- The important role of community development workers

Challenges:

- Effective leadership
- Gatekeepers
- Lack of understanding of differences between groups

- Communication (language, complexity of language, ability to read own language, alternatives to leaflets and printed matter)
- Safe environment
- Relevance of information
- Accessibility to information
- De-jargon and pitch information at a level that can be understood
- Lack of empathy
- The need to involve older people
- Provide a forum
- Validate information
- Accessible and appropriate information (language, complexity of language, alternatives to leaflets)
- Hidden agendas
- Resources for interpreting and translating
- Mainstreaming and interweaving

*** The 2 key priorities under this discussion were: appropriate and one to one communication.**

Theme 4: Older people

How can we support individuals to achieve a healthier lifestyle?

Successes:

- Setting up own agendas
- Well informed support worker
- Volunteering (which enables developing friendships, keeps people occupied, relieves isolation and contributes to positive mental health)
- Familiar faces which enables building trusting relationships
- Testimonies of role models
- Sharing positive experiences and successes even if small
- Right information (happening to a certain degree)
- Starting small, making small changes, for instance ESOL classes
- Confidence building through building relationships
- Concentrating on what can be done rather than on what can't be done
- Partnership working to change lifestyles
- Opportunities to get together (happening to certain a degree)

Challenges:

- Getting people out
- Getting people involved
- Confidence
- Undependable and unsuitable public transport
- Relationship and trust with carers.
- Health factors (multiple health problems and needs)
- Enabling people, providing options and choices
- Match service to need.
- Right information (needs to happen more)
- Making it attractive, what are the incentives?
- Escort service needed
- Transport
- Supporting change and transition (intergenerational)
- Safe environment
- More BME workers
- Wider issues to be taken into account
- Interlinking of agencies to communicate issues
- Right information (needs to happen more)
- More opportunities to get together

*** The 2 key priority under this discussion were: Step by step small changes and listening to what the person wants.**

Theme 4: Older people

How can we develop partnership working in this area?

Successes:

- Networking events such as this
- Including members of the community in the partnership (to include and integrate)
- Self sustaining momentum (happening to a degree)
- Partnership of workers
- Partnerships and forums (happening to a small degree)
- Statutory and voluntary sectors working together (to a certain degree)
- HAREF as an example of good practice
- Commitment
- Stakeholders and leadership (needs to happen more)

Challenges:

- Knowing agendas and roles in each others partnerships
- Understanding limitations and challenging constructively
- Complexity of information (signposting)
- Self sustaining momentum (needs to happen more)
- Managers to work together (politics)
- Partnerships and forums (needs to happen more)
- Influencing decision makers
- Commitment from the top
- Funding
- Statutory and voluntary sectors working together (but needs to happen more)
- Sharing information
- More communication and networking with community groups
- Users as partners
- Need more commitment
- Stakeholders and leadership (needs to happen more)
- Using policy framework

The 2 key priorities under this discussion were: The willingness to be open, transparent and accountable and Inclusive partnerships with service users.

Theme 5: Sexual health

Presenter: Roya Rezaee, Development Worker for Sexual Health Initiative North East (SHINE)

Facilitator: Bob Stewart, Chief Executive, Newcastle Healthy City Project

Information (informed choice for all)

- Information needs to be clearer and simpler and in plain language.
- It needs to be available at a variety of access points, for example, schools, local shops, places of worship, youth clubs).
- It needs to be communicated using a variety of methods - leaflets, email, face to face, website etc.

Working with Individuals (personalization of support to make healthy choices)

- The priority is to improve access to existing services.
- The first step is to talk to members of the communities to identify the barriers. Some of the obvious barriers are access to interpreting services, gender specific services, and cultural awareness of staff.
- Secondly, it would be useful to work with community leaders who are willing to act as advocates for encouraging sexual health to be taken seriously and encourage people to access services.

Working in Partnership (working in partnership to make health everyone's business)

- The main focus at first should be the sexual health of young people.
- There is an existing partnership, "The Young People's Sexual Health Group" which may be the vehicle for the development of this work.
- The membership of this group could be broadened and its remit expanded.

A summary of the participant's views

This summary is based on the feedback from workshops on Smoking Cessation, Healthy Eating and Exercise, Mental Health, Sexual Health, Older People. The discussions were focused on three key delivery issues:

Information

Concerns were raised over how information was delivered to the BMEC. In particular there was recognition that successful delivery depended on a strong commitment to understanding the needs of the community, for instance ensuring information was delivered in relevant community languages and in a variety of formats to maximise understanding.

A key example of this would be how HAREF have looked at the way the flu-vaccine campaign needs to be fine-tuned to ensure increased uptake within the BMEC.

Changing lifestyles

Delegates felt that the key to getting BME communities to change to a healthier lifestyle was primarily to recognise the vast diversity within BME communities in Newcastle (in excess of 50).

There needs to be better understanding of the differing needs within these communities across wider sections of the current services to ensure a more personalised approach instead of a broad expectation that people from all ethnicities wants and needs are the same. Advocacy was seen as a key to ensuring that people were able to express their needs and concerns.

Partnerships

Overall, delegates agreed that there was a need for partnership working across all sectors, to ensure the issues of race and equality are mainstreamed. HAREF itself was hailed as an excellent example of good partnership working where creative solutions could be discussed and developed amongst a wide variety of individuals, each bringing specific expertise to the table.

A great example of this is the development of BME mental health workers as discussed above. This shared approach to problem-solving ensures services are developed to meet the needs of the targeted communities.

Summary of recommendations

The overarching themes identified were:

- Recognising and prioritising the needs of the ever growing number of ethnic groups in the area along with a strong commitment to understanding their diverse needs.
- Information needs to be delivered in relevant community languages and in a variety of formats to maximise understanding.
- Ensure delivery is as personalised as possible to provide people with realistic and achievable targets.
- Ensure there are many opportunities for people's views to be listened to for example through advocacy projects.
- Development of strong partnerships between and across all sectors, to ensure the issues of race and equality are mainstreamed.

Conference feedback and evaluation

Participants expressed their views through a questionnaire, which enabled us to have their thoughts on various aspects of the conference. We appreciate their honest comments.

Number of people who returned feedback forms: **54 (57%)**

How did you first hear about the Conference? (%)

Email Invitation:	60
Word of Mouth:	19
Website:	2
Other*:	9

***Please state:** Manager, Speaker invite, sent details by post, letter sent to line manager, organising group? Leaflet, I am a member of HAREF, colleague x 2, Through Mental health trust (asked to attend in someone's place)

How would you rate the venue for suitability of the conference? (%)

	Excellent	V.Good	Good	Fair	Poor
Location:	41	41	18	0	0
Conference Suite:	25	47	21	6	0
Catering:	25	43	25	6	0
Parking:*	9	9	30	30	22

*Only applicable to 23 of the delegates who filled in forms

Were the timings convenient?

Yes:	94%	48
No:	6%	3

If 'NO' what times would you prefer?

“Later start”
 “10.45 start”
 “10.00-4.00”
 “half hour lunch would have been better but otherwise fine”

Conference feedback and evaluation

How did you find the content of the conference programme? (%)

Excellent:	7
V. Good:	56
Good:	33
Moderate:	4
Good:	33

Additional comments:

“Well paced out - informative”

“Very good, enjoyable and interesting”

“Morning speeches were a bit lengthy, but afternoon workshops were very interesting”

From the programme which sessions did you find most valuable? (%)

“Choosing Health”:	19
Keynote Speech:	24
Advocacy Launch:	24
Workshops:	33

Conference feedback and evaluation

In the boxes below could you please rate the value of the two workshops you attended (Percentages based on total number of people who attended each workshop):

	Excellent	V good	Good	Fair
Stop smoking:	121	46	31	15
Healthy eating:	18	62	29	6
Mental health:	31	38	23	8
Sexual health:	22	44	33	0
Older People:	0	14	71	14

In general, was sufficient time allowed for discussion during each session? (%)

Yes:	78
No:	22

Additional comments regarding the workshops:

"I felt we had to rush what was being discussed amongst the group. People have different paces of speaking"

"In mental health more time would have been useful"

"Could have done with 20-30 mins more for each workshop"

"But could always talk for longer!"

"I would have liked some background on the workshops I didn't attend"

"Some information from the workshop around the research/papers that have been produced for mental health issues"
 "There was sufficient time to digest what each session was about and ample time to freshen up before the next session started as well as time to chat"

"Was good to have the workshops in separate rooms so was easy to see, hear and participate"

"Longer for workshops or less aims/questions"

"More time required for discussion"

"Little time for discussions in mental Health workshop. Also was not amused by Dr Shipman joke"

Do you feel that the conference has been of value to you? (%)

Yes:	98
No:	2

How have you found the overall organisation of the conference? (%)

Excellent:	18
V. Good:	51
Good:	29
Moderate:	2
Good:	2

Conference feedback and evaluation

How have you found the overall organisation of the conference? (%)

Excellent:	26
V. Good:	58
Good:	19
Moderate:	0
Good:	0

If you had any specific queries how would you rate the response to them by the organisers? (%)

Prior to the event:

Excellent:	26
V. Good:	58
Good:	19
Moderate:	0
Good:	0

During to the event:

Excellent:	27
V. Good:	50
Good:	19
Moderate:	4
Good:	0

Conference feedback and evaluation

Any other comments:

- Good Enjoyed the day
- Place labels to food next time for halal and vegetarian
- Identifying a “champion” for respiratory disease and lung health in BME community (s)
- Would like to recruit a BME representative to regional British Lung Foundation Committee
- Excellent day, nice to hear what is actually being done and how we can all move forward from here
- It has been a very informative day - thank you
- Difficult to hear some presenters
- Enjoyed workshops particularly 1st one on mental health with Barry Jackson as he had wealth of experience on subject matter and came across to be very passionate plus made it easy for everyone to engage. 2nd workshop addressing older people focussed on one particular project didn't get as much info out of this one as I had hoped to, though found out that lots of health and race issues deal with same issues to make them work e.g. accessibility, engagement and mainstreaming
- Will there be a report? Will this be fed into PCT policy? Will this be fed back to central govt e.g. through Lord Victor?
- PowerPoint can be useful but for all presentations the text needs to be clear - presenters need to consider the contrast between the text and background it was not easy to see the text on the fancy background
- Advocacy video was interesting but subtitles across the bottom were white on dark background - very difficult to read
- Email addresses of delegates attending would be useful

Additional comments regarding the programme

- “All were very valuable”
- “Informative, would like the statistics printed on handouts”
- “Lord Victor & Nick Springham excellent”
- “‘Choosing Health’ was pure spin and very disappointing: Almost at complete odds with what Lord Victor tried to convey”
- “Workshops were very encouraging towards networking with others”
- “Choosing Health & keynote speech lacked substance and largely regurgitated information already in public domain — nothing new”
- “Made a lot of useful contacts — networking”
- “Overall I am very satisfied”
- “With group discussions — made you think of other aspects which may not have been originally considered if only looking at topic from my own experience”
- “Choosing health interesting but speaker raced through it spoke too quickly”

Recommended Topics for Future Conferences

We asked the delegates if there were any issues or topics they would like to see addressed at future conferences. The delegates recommended the following topics:

- “Young People –Youth Health Issues”
- “Community Centres”
- “Healthy lifestyles and mental health for asylum seekers and refugees”
- “Racism ‘Mainstreaming’
- “Facilitating partnerships to carry out work. How do organisations get literature/info translated/funded/distributed- self help group”
- “Special aspects/issues relating to disability and sensory impairment”
- “Someone from each locality for PCT, voluntary sector to discuss what is happening in their own locality for the BME people”
- “How to access BME community groups”
- “Awareness training on how to access all communities as a worker”
- “Where does volunteering fit into race and health”
- “More issues on mental health, breaking down barriers ,etc”
- “Community/Voluntary sector contribution”

Appendices

Explanatory notes and other contacts

Programme

Appendices

Explanatory notes

Compared with other parts of the country Newcastle has a relatively lower percentage of BME communities and the data available is rather limited.

For example, places outside London, e.g. Leeds (with large Afro-Caribbean populations) have reported higher rates of certain infections in these groups, but this has not been seen this here.

Information is available in the annual report which can be downloaded from the website - www.gumnewcastle.nhs.uk. The annual report for 2004 and the report for 2005 will be available soon.

HAREF's website is being developed currently. We hope to have links to relevant information and statistics about the priority areas made available on the website in due course of time.

Other contacts

For the PCT Directory

David Stobbs

Newcastle Primary Care Trust
Benfield Road
Newcastle upon Tyne
NE6 4PF

Tel (0191) 219 6000

Fax (0191) 219 6066

For physical activities

Susan Bennet

Physical Activities Strategy Co-ordinator
Newcastle City Council
Civic Centre
Barras Bridge
Newcastle upon Tyne
NE99 1RD

Tel (+44) 0191 2328520

Fax (+44) 0191 211 4908

Programme

Morning

09.00 - 09.30	Tea/Coffee and Registration
09.30 - 10.00	Welcome Note by Shamshad Iqbal Chair of the Health & Race Equality Forum <ul style="list-style-type: none">• Brief History of Health & Race Equality Forum• Aims of the Conference
10.00 - 10.45	Keynote Speech by Lord Victor Adebawale - Chief Executive of Turning Point <ul style="list-style-type: none">• Presentation on the National Picture• How HAREF could influence decision makers
10.45 - 11.00	Teas & Coffees - Networking Opportunity
11.00 - 11:30	“Choosing Health” Nick Springham - Public Health Specialist, Newcastle PCT <ul style="list-style-type: none">• Choosing Health, the key points of the delivery plan• The potential opportunities and challenges for HAREF and for BME communities living in Newcastle, in light of “Choosing Health” priorities.
11.30 - 12.00	Advocacy Project Launch – Presentation by Jacqui Jobson, Yvonne Cheung (Newcastle Council for Voluntary Service) and Denise Briddon (Newcastle Interpreting Service) <ul style="list-style-type: none">• How the project came about• The Key aims of the project• The way forward

Programme

Afternoon

12.00 - 13.00	Break for Lunch - Networking Opportunity & Workshops sign up
Afternoon	Workshops based around Choosing Health
13.00 - 14.00	Workshop Session 1
14.00 - 15.00	Workshop Session 2
	Each workshop will begin with a mini-presentation providing an example of good (current) practice and a look at the implications, opportunities, and challenges community projects face in light of "Choosing Health" priorities.
	There will be five workshops with the following themes. The same workshops from session 1 will be repeated in session 2 and delegates will be able to attend a maximum of two different workshops, one in each workshop session.
	<ul style="list-style-type: none">• Mental health• Obesity• Smoking• Sexual health• Older people
15.00 - 15.15	Summary of Key Issues to come out of workshops & closing remarks
15.15	Conference Close

Contacts

Bob Stewart

Chief Executive
Newcastle Healthy City Project
14 Great North Road
Newcastle upon Tyne NE2 4PS
t: 0191 232 3357
e: bob.stewart@btconnect.com

Shamshad Iqbal

Chair, Health and Race Equality Forum
Angelou Centre
2 Brighton Grove
Newcastle upon Tyne NE4 5NR
t: 0191 226 0394
e: shamshad@wwmail.co.uk

Susan Donnelly

Nurse Lead for Asylum Seekers and
Refugees
Newcastle PCT
Elswick Health Centre
Meldon Street
Newcastle upon Tyne NE4 6SH
t: 0191 219 5760
e: susan.donnelly@nhs.net

Angela Wallis

Health Improvement Co-ordinator
Newcastle City Council
Civic Centre
Barras Bridge
Newcastle upon Tyne NE99 1RD
t: 0191 2328520
e: angela.wallis@newcastle.gov.uk

Nick Springham

Public Health Specialist
Newcastle Primary Care Trust
Benfield Road
Newcastle upon Tyne NE6 4PF
t: 0191 219 6000
e: nick.springham@newcastle-pct.nhs.uk

Jacqui Jobson

Newcastle Advocacy Centre
NCVS, Mea House
Ellison Place
Newcastle upon Tyne NE1 8XS
t: 0191 2327445
e: jacqui.jobson@cvsnewcastle.org.uk

Rachel Parsons

West End Health Resource Centre
Adelaide Terrace
Benwell
Newcastle upon Tyne NE4 8BE
t: 0191 2724244
e: rachel@wehrc.demon.co.uk

Lucy Hall

Health Development Service
Elswick Health Centre
Sceptre Court
Newcastle upon Tyne NE4 6SH
t: 0191 2195250
e: healthdp@elswick11.fsbusiness.co.uk

Cal Boal

Community Development Worker
Community Acton on Health
Old Brewery Court
156 Sandyford Road
Newcastle upon Tyne
t: 0191 261 1488
e: cal@coh.org.uk

Mr Barry Jackson

c/o Geoffrey Rhodes Centre
Algernon Road
Byker
Newcastle upon Tyne NE13 6PX
t: 0191 219 4604
e: barry.jackson@newcastle-pct.nhs.uk

**For copies of the summary
report or any further details,
please ring or write to:**

**Co-ordinator: Kirti Rakshit
Health and Race Equality Forum**

c/o Newcastle Healthy City Project.
14 Great North Road
Newcastle upon Tyne
NE2 4PS

t: 0191 211 3595

e: kirti.rakshit@btconnect.com

w: www.healthandrace.org.uk