

Embrace

In this issue

**BME Health Forum Response to
Health Care for London Consultation**

**Advocacy for BME Elders in
Kensington and Chelsea**

**Kensington & Chelsea PCT Equality
Agenda**

**MEND programme – Mind, Exercise,
Nutrition – DO IT!**

‘Ask Your Patients’ Week – Feedback

Join the NHS Donor Register

**Patient and Public Involvement in
Health – the latest!**

**Mental Health and BME Communities
in Westminster**

**Kensington and Chelsea Sexual
Health Needs Assessment**

**Westminster PCT’s Patient Advice and
Liaison Service (PALS)**

Join the Black Unity Forum

Dementia Advocacy Network

**Lunch Club for Bangladeshi Carers in
Westminster**



*Pictures from the Health Care for London consultation
event on 14th February*

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Embrace is the official newsletter of the BME Health Forum. It aims to reflect the health issues, views and concerns of the BME communities in both boroughs.

It is a quarterly newsletter and is published in the following months: **March, June, September and December**. If you would like to contribute to it, please e-mail the Forum at bmehealthforum@westminster-pct.nhs.uk.

Embrace is currently circulated to over 430 organisations, groups and individuals from the statutory, voluntary and community sectors in KCW.

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Content

| | |
|--|----|
| BME Health Forum Response to Health Care for London Consultation | 3 |
| Mental Health and BME Communities in Westminster | 6 |
| Join the Black Unity Forum | 6 |
| Patient and Public Involvement in Health – <i>the latest!</i> | 7 |
| Kensington & Chelsea PCT Equality Agenda | 8 |
| Lunch Club for Bangladeshi Carers in Westminster | 9 |
| Ask Your Patients Week – Feedback | 9 |
| Kensington and Chelsea Sexual Health Needs Assessment | 11 |
| MEND programme – Mind, Exercise, Nutrition – DO IT! | 12 |
| Advocacy for BME Elders in Kensington and Chelsea | 12 |
| Join the NHS Donor Register | 15 |
| Dementia Advocacy Network | 16 |
| Westminster PCT's Patient Advice and Liaison Service (PALS) | 16 |

BME Health Forum Quarterly Meetings for 2008

| Date | Venue | Time |
|---------------------------------------|---------------|--------------|
| Wednesday, 18 th June | Lighthouse | 12.30 – 3.30 |
| Wednesday, 17 th September | Yaa Asentewaa | 12.30 – 3.30 |
| Wednesday, 17 th December | Lighthouse | 12.30 – 3.30 |

Details and agendas for the meetings will be sent out in time.

Dates and deadlines for contributions to Embrace in 2008

| *Issue | Deadline | Due for publication |
|-----------|---------------------------------|-------------------------|
| June | Friday, 16 th May 08 | 6 th Jun 08 |
| September | Friday, 22 nd Aug 08 | 12 th Sep 08 |
| December | Friday, 14 th Nov 08 | 5 th Dec 08 |

****If you would like to include a piece in any of the Embrace issues, please e-mail it us in a Word or text format.***

The BME Health Forum is funded by Kensington & Chelsea and Westminster Primary Care Trusts

Kensington and Chelsea 
Primary Care Trust

Westminster 
Primary Care Trust

BME Health Forum Response to Health Care for London Consultation

The following is what the Forum sent to NHS London as a response to the recent Health Care for London Consultation:

The BME Health Forum, which works in Kensington, Chelsea and Westminster (KCW), held a 'Health Care for London' consultation event on 14th February 2008. The event was organised in partnership with Kensington & Chelsea (K&C) PCT and Westminster PCT and, was attended by 30 people including representatives of BME community groups from KCW.

The event involved three discussion groups on:

1. Maternity and Children & Young People
2. Access to GP practices and health centres
3. Mental Health

General comments:

1. We have been informed that NHS London will only consider or give priority to feedback which submitted through the questionnaires, i.e. direct comments and feedback will not be reviewed. We are very concerned about this as we believe this will exclude many people from all groups and communities but especially from BME communities. Newly arrived asylum seekers, particularly those who cannot write or read English and those who do not have the confidence to express their views in writing, will be excluded as a result. In addition, many of our members and clients find discussion groups as the best way to put their views and ideas forward and would find filling out questionnaires off-putting. This is why we decided to organise an event and conduct the

discussion groups.

A simple **Equality Impact Assessment** would have identified that considering questionnaires alone as feedback is a discriminatory practice, which will exclude the views and input of many vulnerable people.

2. Most of the BME community representatives who attended the event felt that the consultation document failed to address equality and diversity issues adequately. These include issues such as access to services for BME groups, including asylum seekers and refugees; needs of older people from BME communities; and the need to promote and provide opportunities for BME professionals to be represented at all levels of NHS to provide a better understanding of the needs of all BME communities in London in general and KCW specifically.
3. We would like a response from NHS London to the two points above as they represent general concerns about the process of consultation rather than specific comments on the proposals of the consultation itself.

The following is a summary of the Main Discussion Points from this meeting:

Maternity and Children & Young People:

- While a lot of women prefer midwifery care, care by

consultation and doctors in situ is also essential

- Different choices should be available for different people in differing circumstances.
- There should be a choice of midwife-led services and, a consultant made available if needed. Not a trade-off.
- People do not opt for home births because they do not have the confidence that they will get the support they need
- In practice, even when they opt for home births, they usually end up in hospital
- Prefer home visits from midwives after birth
- It would be good to have the additional option of dropping in to a midwifery service
- In practice, some women do not get visits by midwives
- Issue about the capacity of specialist centres
- Specialist centres in KCW work well, but only have a local remit
- People feel very pressurised by GPs to agree to vaccinations

GP Practices and Polyclinics:

- Perceived shortage of GPs resulting in low take-up of appointments
- Who determines the ratio of GPs per practice?
- Would be very useful to have access to GPs in the morning (7 – 8am), evening (5 – 8pm) and on weekends (9am – 2pm); maybe preference for set appointments rather than drop-in, but need a good booking system in place. This will require flexible working for GPs and their staff.
- Enable on-line booking of appointments
- Ongoing issue of the behaviour of some receptionists, particularly if the patient's first language is not English. Perhaps provide training for them?

- Would be very useful to have the option of having some tests done at GP surgeries – will reduce travelling time, need for multiple appointments, and ideally, be more personal due to familiarity with staff
- Issues raised about continuity of care, eg. Seeing same GP, forging GP/patient relationships
- Regarding Polyclinics → will polyclinics replace GP surgeries? This raised concerns about access, long distances to travel etc. Should be thoroughly assessed before implementation
- Patients would like to see the following services in the proposed polyclinics:
 - Dental services
 - Specialist consultant clinics
 - Link Workers (to assist people to access services)
 - Advice services
 - The Homeless population needs to be catered for – specific services required
 - Create space for community groups to use i.e. generic facility and promote it.
- Regarding A&E/minor ailments unit:
 - The diversity of London's population must be given careful consideration as a 'generic polyclinic' to suit all areas would not be suitable
 - Ongoing issues need to be looked at when exploring how services are to be delivered in future eg. Low use of interpreters, other barriers to registering with and accessing services

- Improve dissemination of information about services
- More is required within the consultation on why health inequalities arise
- All new proposals for service changes need to be equality and equity assessed
- The current proposals do not explore diversity issues enough
- As they stand, the frameworks will not address existing health inequalities
- Training for GP and primary care staff on diversity, health inequalities and the needs of specific groups
- Encourage recruitment of female health professionals
- Promote talking therapy from within BME communities (increase in value)
- Explore partnership working
- Training community individuals/groups who provide services
- Commission the voluntary sector as an information resource
- Increase recognition of the voluntary sector as a link to the community
- Increase the capacity of voluntary sector through funding
- The Commissioning process should be more accessible to voluntary sector organisations who may not have full capacity

Mental Health:

- Reducing fear and stigma
- Interpreting/language needs
- Culturally sensitive services
- People's background/ethnicity etc should be acknowledged and incorporated from the top-down
- Training members about BME communities,; access to training for BME individuals
- Fear of strong medication prevents many patients seeking treatment
- Provide post-diagnosis support to individuals
- Involve carers /family more
- Involve/educate community leaders
- Enable patients to access the different types of services on offer
- Prevent quick/overzealous diagnosis
- Educate about what actually happens in various treatments and what different medications do

Regarding Assertive Outreach:

- Good in theory but practice is questionable; Other issues need to be tackled before carrying out Assertive Outreach
- Engage and highlight various avenues/treatments
- Joint visits with community groups
- Community groups should be trained to provide outreach
- Increase education of services (tackle language barriers)
- Alternative therapies should be highlighted
- Independent service/advocacy is essential
- The OREMI Centre (in K&C) could provide outreach model
- Generally→ recognise that BME communities have different needs, learn from community models which are in place (i.e. Jewish community)

This response has also been forwarded to the Health Overview & Scrutiny Committees in K&C, Westminster and London.

Meet Guilaine Kinouani

Project Manager for Mental Health and BME Communities for Westminster PCT

I am Guilaine Kinouani, the newly appointed Project Manager for Mental Health and BME communities for Westminster PCT. My background is varied and includes advocacy, research and community development.

My role falls under the remit of Delivering Race Equality In Mental Health, which is an action plan launched by the Department of Health in 2005 to reduce inequities in terms of access, experience and outcome. As part of my role, I will be leading on different initiatives aimed at building the capacity of mental health providers, voluntary organisations and commissioners. In terms of process, I would like to encourage an open dialogue on how best to tackle discrimination and stigma in order to foster trust and timely (and appropriate) contact with services. This will involve working with different stakeholders including carers and service users, to ensure their voices are heard at the service planning level.

As I am sure you appreciate, my role is a challenging one and will require huge support from the communities and organisations that support them. I hope that we will be able to work as partners towards the reduction of the above inequalities and look forward to your questions, suggestions or comments.

For more info, please contact me on Guilaine.Kinouani@westminster-pct.nhs.uk

Black Unity Forum

Do you want to challenge and shape mental health services in Kensington & Chelsea?

Black Unity Forum gives people from black and ethnic minority backgrounds an opportunity to develop and influence mental health services in the borough of Kensington and Chelsea.

As a Forum member, you will have the opportunity to:

- Feedback concerns and consult with mental health service providers about local services.
- Join the Planning group and influence the Forum's priorities and activities. You will be eligible for training to build skills and confidence.
- Attend a monthly support and discussion meeting with relevant speakers and workshops.
- Receive and contribute to a monthly newsletter with interesting articles, local news and events.
- Attend free workshops on themes including Creative writing; Self-esteem for Women; Finding your Voice through Art and Spirituality and, Mental Health.

You will receive expenses for time spent at meetings or consultations.

Membership is free and open to people from black and ethnic minority backgrounds living in Kensington and Chelsea, who use or have used mental health services.

For further information, please contact the Support and Development Worker on 0208 964 3978 or drop into Office 8, 7 Thorpe Close, London W10 5XL. Email: blackunityforum@kcmind.org.uk

Patient and Public Involvement in Health – *the latest!*

The Local Government and Public Involvement in Health Act 2007 will come into effect on 1st April 2008 and introduces a range of measures, which will impact upon the work of PCTs.

The legislation establishes specific duties that apply where decisions would have impact on:

- a. the manner in which the services are delivered to users or
- b. the range of health services available

The legislation also requires the PCT to produce a report on patient and public involvement (involving people) activity and the outcome and impact of its findings.

In short, PCTs must be able to demonstrate how local people have been involved and consulted; what they have said; and how what they have said has influenced commissioning decisions and the planning and operation of services.

Legislative Background

Previous legislation for patient and public involvement was contained within the Health and Social Care Act 2001. In March 2006, a number of pieces of legislation were consolidated into The National Health Service Act 2006.

Local Government and Public Involvement in Health Act 2007

The Local Government and Public Involvement in Health Act 2007 introduces substantial changes to PCT requirements for patient and public involvement. It enhances and places a strengthened duty on Strategic Health Authorities and Primary Care Trusts to report on consultation.

'Each relevant English body must make arrangements, as respects health services for which it is

responsible, which secure that users of those services are, whether directly or through representatives, involved (whether by being consulted or provided with information, or in other ways) in:

- a. *the planning of the provision of those services*
- b. *the development and consideration of proposals for changes in the way those services are provided, and*
- c. *decisions to be made by that body affecting the operation of those services.'*

an additional duty on PCTs: that each PCT must prepare a report on:

- a. the consultation carried out, or proposed before it makes commissioning decisions, and
- b. the influence that the results of the consultation have on its decisions.

Changes to Patient and Public Involvement (PPI) Structures

In addition, the 2007 Act introduces a range of methods that will impact on the PCTs, including:

1. Patient & Public Involvement (PPI) Forums will be replaced by **Local Involvement Networks (LINKs)**

A LINK will be a locally-determined network of local people and organisations, funded by government and supported by an independent organisation (host), to hold commissioners and providers of care services to account. There will be a LINK in every local authority area that has social services responsibility.

LINKs will:

- Promote and support the involvement of people in the commissioning, provision and scrutiny of local care services;

- Obtain the views of local people about their needs for, and their experiences of, local care services, and;
- Make –
 - Views such as mentioned above known, and;
 - Reports and recommendations about how local care services might be improved;
 to persons responsible for commissioning, providing, managing or scrutinising local care services

Regulations for LINKs to hold local care services to account were consulted on in late 2007 and are still to be confirmed. Secondary legislation will be produced in Spring 2008 to put these powers into place.

They are likely to include:

- Placing a duty of service providers to provide LINKs with information they request on Commissioners to respond within a certain timeframe to their reports and recommendations.
 - To allow members of LINKs to enter and view services (with some exceptions).
 - Enabling LINKs to refer issues to Overview & Scrutiny Committees (OSCs) for action.
2. Scrutiny role of NHS by OSCs will be strengthened and will include a 'Community Call for Action'
 3. Local Strategic Partnership and Local Area Agreement participation will be strengthened

Kensington & Chelsea PCT sets out their Equality Agenda

Kensington & Chelsea Primary Care Trust (PCT) has produced their draft Single Equality Scheme 2008 - 2011. This is a public document that sets out how and when the PCT will promote equal access to health services and eliminate discrimination on the grounds of someone's age, religion / belief, gender, sexuality, race or ethnic origin, and disability.

The PCT recognises that in its roles as an employer, service provider and commissioning body that some groups of people may experience health inequalities and also discrimination. The Single Equality Scheme will outline what the PCT is currently doing and the plans to develop new initiatives and workforce schemes to deal with known gaps, concerns and inequalities. For example, improving the data collection, quality and reporting by healthcare providers on patients profile such as ethnicity in

order to commission services that meet the diverse needs of our patients.

We are intending to gather comments, feedback and suggestions from patients, voluntary organisations and any other interested parties. This will take place through specific focus groups held in March across Kensington & Chelsea, as well as publishing the document on our website <http://www.kc-pct.nhs.uk/> with a questionnaire for community groups and voluntary organisations to feedback their views.

If you would like to register for the focus groups or require further information on the Single Equality Scheme, please contact Lesley Bown, Head of Equality & Human Rights at Kensington & Chelsea Primary Care Trust on 020 8962 4564 or email Lesley.Bown@kc-pct.nhs.uk.

Lunch Club for Bangladeshi Carers in Westminster

The **Migrants Resource Centre**, with the support of the **Westminster's Health and Care Network**, has set up a six-month project with a group of carers from the South Westminster Bangladeshi community. Carers means 'whoever provides, or intends to provide a substantial amount of support on a regular basis to a relative or friend because of age, illness or disability'.

Every month, **MRC** organises a **Focus group – lunch club** for Bangladeshi carers. We usually meet on Saturdays to make sure that we can meet the needs of all the carers. Carers are made to feel welcome and free to talk and share their experience of caring and, they can also bring along the person they are caring for.

Thanks to the support of **Carers Network Westminster** during this event, the carers are informed about the kind of help available for them and how to access it.

Moreover, we always have great food, prepared especially for us by an excellent Bangladeshi cook and we enjoy some leisure time together. We welcome all carers from the Bangladeshi community in the South Westminster area to come along and join us.

For more information about the project, please contact Ambra at 020 7 834 2505 ext.106 or e-mail her at ambra@migrants.org.uk

Ask Your Patients Week – Feedback

Ask Your Patients Week – Feedback

What is 'Ask Your Patients Week'?
Westminster Primary Care Trust (PCT) introduced Ask Your Patients Week in June 2007 for to find out what local people think about all of the health services we provide in the community. Westminster PCT directly provides 34 services in the community, such as podiatry, physiotherapy, district nursing and nursing home care. Ask Your Patients Week was introduced to make sure that all of our services meet the same high standards.

From 11th-17th June 2007 we asked every person who used our services in clinics, in their own homes and in other community settings to complete the 'Your Experience' survey prepared especially for Ask Your Patients Week. Focus group sessions were also held to ensure that as many voices as possible could be heard.

What did you tell us?

We had a huge response to Ask Your Patients Week and received views from over 2200 people. 91% of you rated your overall experience of using our services as 'Excellent' or 'Good'.

Access and Waiting

- 88% of you reported that you were seen on time
- 56% of people who had to wait, were not informed about delays and waiting times

Safe, High Quality, Coordinated Care

- 95% of you have confidence and trust in your health professionals
- 83% of you felt confident in our attention to hygiene, with 4% stating they were not happy.

Better Information, More Choice

- 82% of you felt involved in decisions about your care and treatment and 80% of you feel

that you received enough information

- 51% of you stated that you know how to make compliments or complaints about our services

Building Closer Relationships

- 57% of you stated that you had clearly seen your health professional's identification
- 87% of you felt that your health care professional listened carefully to what you had to say during your appointment
- 93% of you felt that you were treated with respect and dignity all the time by your health care professional (this rose to 100% with bedded services)

Clean, comfortable, friendly place to be

- 89% of you rated the friendliness and politeness of our receptionists as 'excellent' or 'good'
- 83% of you said that our health centres were clean to an 'excellent' standard (with 3% reporting 'poor')

What are we going to do with your feedback?

We are using your feedback to make our services even better and have also fed back the praise you gave to our staff. Some examples of the action we will take in response to your comments are:

- Let you know if you have to wait to be seen and let you know how long
 - We will audit of waiting areas in all our sites and introduce suitable systems, such as electronic display boards or white boards
 - All clinical staff visiting patients at home will inform patients by phone if they are

running late to an appointment

- Be more visible with our hand hygiene
 - Display pictorial posters raising awareness of hand hygiene for staff and visitors
 - Provide clip-on, personal alcohol hand gel for phlebotomists (nurses taking blood) and provide extra training
 - Make sure hand washing protocols are clearly displayed for agency or bank staff
- Display our identification more clearly
 - We will make sure all our staff have name badges
 - We will raise awareness of the importance of displaying ID through staff meetings, staff intranet and communications
- Highlight more clearly how you can make a compliment or complaint about our services
 - We will conduct quarterly mystery shopping exercises of all of our sites to make sure Comments Cards and information on how to comment or complain is prominently displayed
 - We will remind staff of how complaints and compliments should be handled – through staff training and communications and through attending team meetings
- Check that you feel fully involved with your care, including explaining any information which is written about you

- We will produce an information pack about all of our services, including what you can expect from us
- Ask your permission to share information about you with other health professionals
 - We will let you know that we share information on appointment booking forms and other written information

What next?

If you would like to see the full report with more detail of the results and associated action plan of Ask Your Patients Week, please contact Mark Reid on mark.reid@westminster-pct.nhs.uk or 0207 150 8878.

We will be running Ask Your Patients Week again in 2008 and hope that you will take part. For more information, please contact Westminster PCT's Patient Advice and Liaison Service on Freephone 0800 587 8818 or go to www.westminster-pct.nhs.uk

Kensington and Chelsea Sexual Health Needs Assessment

Kensington & Chelsea PCT has commissioned an organisation called Design Options to carry out a Comprehensive Sexual Health Needs Assessment in Kensington and Chelsea. The assessment will help the PCT and the Royal Borough to better understand and meet the sexual health needs of residents and the future demand for services. The outputs from the assessment will also inform a new Joint PCT/RBKC Sexual Health Strategy, which in turn will inform future commissioning plans.

The assessment will help the PCT answer a wide range of questions. For example, would young people prefer to access stand alone sexual health services or would they prefer a range of services (including non-health services) available from the same site? What strategies are required to reduce stigma? What are the needs of BME groups? Have we got the right services in the right place at the right time? What needs are being met within primary care? What are the barriers to accessing services?

The first stage of the assessment will be to run a series of key informant interviews, which among other things, will help us narrow down which high risk groups we know least about or

need to know more about. Key informants are a critical source of information in the analysis of need and, people who have a key role in sexual health and related services will be contacted shortly and invited to share their views and knowledge.

If you would like more information about this work or feel you can contribute to it, please contact:

Stephen Tucker
Sexual Health Lead
Commissioning - Room 129
Courtfield House
St Charles Hospital
Exmoor Street
London W10 6DZ

Tel: 020 8962 4843
Fax: 020 8962 4690

MEND – Mind, Exercise, Nutrition – DO IT!

Are you worried that your children are overweight and not doing enough exercise? Then why not join MEND!

The MEND programme is a fun, free after-school course that helps families learn how to be fitter, healthier and happier. Experts in child health developed it and it really works!

MEND Programmes are open to children aged 7 to 13 who are above their ideal weight, accompanied by a parent or carer.

Recent graduate Osman Kargar says the course has really helped him: “the course has taught me how to be healthy and fit, and it has given me loads of confidence”.

Osman’s mother Farahnaz agrees, saying that she would recommend the program to any family with an overweight child.

“It has really helped to have the support of the MEND team. It was really difficult to help my son by myself. Osman’s been eating much healthier food and doing lots of exercise. I’ve seen such a change in

my son and we will definitely be continuing with the programme.”

The next MEND course starts on 23rd April and is held on Mondays and Wednesdays from 5-7pm at several locations in the north and the south of the borough.

If you are interested, please call the Kensington and Chelsea PCT Dietetics Team on 020 8962 7839.



Local Children taking part in the MEND programme last summer

Getting the message out on Advocacy to BME Elders in Kensington and Chelsea

Westminster Advocacy Service for Senior Residents (WASSR) is currently providing advocacy for older people in the Royal Borough of Kensington and Chelsea under a contract that runs until the end of September 2008.

Traditionally, advocacy has found it difficult to reach out to the BME community and in the past, this was the case for WASSR. Over the last 5 years, however, the effects of WASSR’s BME outreach strategy have been demonstrated in our referrals: in

Westminster, BME clients are now well over 40% of all referrals, and quite rightly so, as they are often the most vulnerable.

WASSR is now seeking the help of Embrace and members of the BME Health Forum to repeat that success in their work in Kensington and Chelsea.

WASSR delivers outreach to Black and Minority Ethnic communities by building up good relationships with many local

BME community organisations. There are many different cultural perspectives on ageing, advocacy and dementia amongst BME communities in Britain – this means there are many lessons to be learned working with different groups: understanding these differences in attitudes and approaching community organisations in the right way helps to develop trust over time.

For WASSR, the approach has often been to set up joint working with BME organisations or to work in partnerships, by recruiting bilingual volunteers and training them to become advocates for older people. WASSR also delivers *Advocacy Skills* training to staff and volunteers from a wide range of BME organisations and groups in Westminster. The experience and success of WASSR's BME outreach work led to an invitation to facilitate a workshop on *Developing Dementia Outreach Services for BME communities* at the national Dementia Advocacy Network conference in Birmingham in October 2006. Since then, WASSR has worked with the staff and volunteers of very many organisations supporting BME elders across the country. WASSR is now becoming known as a major source of expertise and is constantly being asked to provide presentations on all aspects of successful practice in Outreach for BME communities.

What is most important to WASSR is that its reputation for working with BME communities is based on the strength of its own service. One important way of reaching out is through the organisation's regular 'Conferences for Older People', which have targeted particular communities – among these are the Chinese community in Soho, the Bangladeshi community in Paddington and the Arabic Women's group in North Westminster. At these one-day

Conferences, every effort is made to support ethnic minority groups to play a full part in the day and get their voices heard. Through working with community groups, translation services, transport as needed and appropriate food have all been in place to ensure that everyone feels welcomed and supported.

The case studies below illustrate the way in which WASSR works: they warmly welcome contact from any organisation supporting BME elders in getting the services they need.

The case of Ms S

Ms S is a 68-year old lady who has 10 siblings but sadly none of them live in the UK and she has no family support network here. She came from India in her 20s and worked in Westminster as a nurse.

Ms S was referred to WASSR by the Social Services Department (Usually housing cases in Kensington and Chelsea are dealt with by the Housing Advice Centre but in this case, the issues were so complex and the client needed so much support, that it was felt advocacy was needed). At the time of referral, Ms S was living in Bed and Breakfast accommodation, having been homeless for a year. She had previously been evicted from sheltered accommodation for not paying her rent on time. The council had refused to provide her with housing, believing she had intentionally made herself homeless. When WASSR visited, Ms S said she felt she had never before had any support on housing from a professional body, even though she had been living in a sheltered scheme

Ms S had believed Housing Benefit was covering her rent and she did not understand there had been an

arrangement for her to pay half the rent and the Council to pay the other half. She felt this had not been explained to her and this is why she had accumulated £7000 in rent arrears.

Social Services were involved because Ms S had fallen on the stairs while trying to carry her meal from the kitchen, two floors below, to her room.

WASSR was asked to find her suitable accommodation by returning to the Council to argue that she was not intentionally homeless and they therefore had a duty to re-house her. The WASSR advocate worked with the Care Manager to support the client being re-housed in sheltered accommodation.

The advocate helped Ms S to see a psychiatrist to assess her mental capacity, as this was her second eviction for failure to pay rent and she seemed genuinely confused as to what she should have paid for her accommodation.

In the short term, the WASSR advocate helped our client to fill out the Housing Benefit forms and she was moved to another Bed and Breakfast, where rent was paid by Housing Benefits. The Homeless Team then carried out a further Mental Health Assessment to determine this client's on-going support needs. The WASSR advocate asked to be there when the assessment took place. Armed with the psychiatric report and a supporting letter from the Advocate, the Care Manager was able to argue for Housing to reconsider her application. When the Homeless Team's review is complete, the client may be found eligible for Council housing.

The case of Mrs P

Mrs P referred herself to WASSR. She is 74 years old and has lived in London for many years. Unfortunately, she has some communication difficulties with both comprehension and spoken English, as English is not her first language,

Mrs. P has several teeth missing from the front at the top of her mouth and would like a way of replacing these. She had attended a local dentist who had informed her of the treatment plan she would need. However Mrs P felt that the materials he suggested in her treatment plan would not be suitable, as she suffers from several allergies. The dentist referred Mrs P to a dental consultant for further advice and for allergy testing. Following the consultation, the consultant wrote to Mrs P's dentist saying that he did not feel it necessary to complete the allergy tests and recommending the previous treatment plan. The dental consultant stated that the dentist could refer Mrs P to her GP to organise a referral for allergy testing if it was deemed necessary.

Mrs P then contacted WASSR saying that no-one was listening to her concerns and that she needed support to discuss her allergy problems and the treatment plan directly with the dentist.

WASSR Involvement: It was arranged with Mrs P for the WASSR advocate to attend the dental appointment. Prior to the appointment, Mrs P and the advocate met to discuss her concerns. Mrs P believed she had many allergies and could even have a severe reaction to the allergy tests. Mrs P stated that although there is no medical evidence to support her concerns, she had had several previous allergic reactions to

medical treatment and at one time, following an allergic reaction, had been incapacitated for several months. It was agreed that the advocate would attend the dental appointment, help Mrs P to say what she wanted, would secure her options in relation to NHS treatment on offer and would signpost to ICAS if she felt that she would like to complain about the dental service.

Outcome: *Mrs P attended her dental appointment with the support of the advocate and was able to put forward her concerns confidently. The advocate was able to request that Mrs P be informed of all of the options available and be re-referred to the dental*

consultant. The advocate was also able to support Mrs P to contact NHS Direct to gain addresses of alternative dental practices for a second opinion, arrange to attend an appointment with her GP to discuss her allergy history and liaise directly with the dental consultant on the reasons why the initial treatment plan had been offered. The advocate was able to spend time listening to Mrs P to gain an understanding of her needs, her concerns and her English language difficulties. Mrs P now says that WASSR services are valuable to her and that she will continue to contact WASSR for her advocacy needs, as she feels confident in the service's abilities to relieve her stress and anxiety.

Everyone can be a lifesaver – join the NHS Donor Register

We often read in newspapers about people who've done something heroic to save someone's life such as dive into a freezing river or run into a burning house. You may think that you could never be a hero but the truth is everyone can be a lifesaver – all you need to do is join the NHS Donor Register.

Each year more than 1,595 patients from Black and Minority Ethnic communities (20%) are on the waiting list for a transplant, yet less than 2% are on the NHS Donor Register.

People from South Asian, African and African-Caribbean communities living in the UK have a much greater chance of needing a kidney transplant than the general population. This is because they are more likely to develop diabetes or high blood pressure, both of which are major causes of kidney failure.

Organs are matched by blood group and tissue type (for kidney transplantation) and patients from the same ethnic group are more likely to be a close match. And because so few people from BME backgrounds are on the organ register, this reduces the chance of finding a successful match.

To decide whether or not you wish to give life to someone else after you have died is something very personal and it is important that everyone makes their own decision.

Even if you already carry a donor card, you should join the NHS Organ Donor Register to ensure your wishes are recorded. Discuss your decision with those closest to you so that they are aware, should the time ever come.

Adding your name to the register will only take a few minutes of your time but it could save someone else's life.

Join the NHS Organ Donor Register by visiting www.uktransplant.org.uk or by calling the NHS Organ Donor Line 0845 606 0400.

Dementia Advocacy Network
BME Outreach project
(Westminster Advocacy Service for Senior Residents)
020 7439 3131 info@wassr.org

Do older people in your community centre know enough about
Dementia and memory loss?

- What is Dementia?
- What are the symptoms of Dementia?
- What is not Dementia?
- What are the services available to help people with Dementia?
- Ways of coping with every day life

Are you interested in a free information session on Dementia and memory loss for
the group of older people in your centre?

Yes! Please contact Gona Saed, DAN/BME Outreach Worker on
0207 439 3131 or email: bme@wassr.org

Westminster 
Primary Care Trust

Want to know more about local health services?
Need help with a health-related issue?

Westminster PCT's Patient Advice and Liaison Service (PALS)
is here to help

We will be at these centres on these days and at these times until the end of May
2008:

Health at the Stowe, Monday 9.30am - 11am

Lisson Grove Health Centre, Tuesday 9.30am - 11am

South Westminster Centre, Wednesday 9.30am - 11am



For further information, contact Carol or Olatoun on Freephone 0800 587 8818 or
email pals@westminster-pct.nhs.uk

You can also go to our website www.westminster-pct.nhs.uk