

Trustees' Annual Report for the period

From 1st April 2022 to 31st March 2023

Charity name: Greater Manchester Eczema and Skin Support CIO

Charity registration number: 1189914

Objectives and Activities:

GMESS was set up as a charitable incorporated organisation (CIO) on 28th August 2020. GMESS aims to promote and protect the physical and mental health of sufferers of eczema and other inflammatory skin conditions in Greater Manchester through the provision of support, education and practical advice. The CIO also aims to advance the education of the general public in all areas relating to eczema and other inflammatory skin conditions.

Summary of the main activities in relation to those purposes for the public benefit, in particular, the activities, projects or services identified in the accounts.

Reference and Administrative details

Charity name	Greater Manchester Eczema & Skin Support CIO
Other name the charity uses	GMESS
Registered charity number	1189914
Charity's principal address	Zion Community Resource Centre 339 Stretford Road Hulme Manchester M15 4ZY

Structure, Governance and Management

Type of governing document:	Constitution – Foundation
How is the charity constituted?	Charitable Incorporated Organisation (CIO)

Contribution made by volunteers

We were funded to conduct a survey to ascertain the dermatology needs and health inequalities of Black Caribbean, Black African and South Asian members of the Manchester community. One of the women of South Asian background, who took part in the survey, requested to become a GMESS volunteer. She volunteered because she felt that it was a great opportunity to support others from her community who were living in silence with the skin condition, to enable them to receive support from GMESS, and have a voice and share their concerns with relevant health bodies with an interest in dermatology.

We now have a service user steering group in place. Their role is to review service user activities and outcomes. Also to help steer the direction of the charity.

Achievements and Performance

Funding achieved during the period:

- **Be Well Social Prescribing Development Fund:** to build our capacity to deliver activities
- **Manchester Integrated Care Partnership:** to conduct a survey to ascertain the dermatology needs and health inequalities of Black Caribbean, Black African and Asian members of the community
- **Culturally Appropriate Mental Health Fund:** to tack health inequalities that marginalised ethnic communities face when trying to get help from mental health services
- **Together fund:** to use sports, hydration, nutrition and 1-to-1 support to improve skin conditions

Black African Black Caribbean & South Asian Dermatology and Health Inequality Report

We conducted a survey to ascertain the dermatology needs and health inequalities of Black Caribbean, Black African and Asian members of the community. 30 people took part in the survey. The areas the survey explored were severity of skin conditions, management of skin conditions, support from mainstream health services, and cultural needs in the management of skin conditions. A number of the recommendations from the report included:

1. A culture of self-care should be promoted, supporting people with the knowledge and skills to improve their skin health and mental wellbeing. This should be delivered in a holistic framework that takes a person-centred approach.
2. Peer support groups should be more widely promoted as a means of support for those affected by these conditions. These groups offer the opportunity for those affected to be around people who share a similar experience, thus reducing isolation which supports improved mental wellbeing.
3. To ease the pressure on GP practices alternative approaches to managing skin conditions, including diet, hydration, stress management and exercise advice, should be more widely promoted, as prescription medication alone does not seem to be working for a large number of people, especially if there is continued use for a considerable number of years.
4. A greater recognition of the psychological effects of inflammatory skin conditions should be adopted by GP's and dermatologist, coupled with an improved referral process to culturally appropriate support. This should be supported by better promotion of mental health services and community engagement to reduce the stigma attached to such services.
5. Dermatology research and clinical trials must be more inclusive of BME groups to gain the trust of these communities and to improve the efficacy of prescription medication. Improved promotion of these opportunities needs to be adopted in order to attract the participation of these groups.

Participants activity

Due to the gap in provision our enquiries for support reach as far as London, Bristol, Blackburn, Preston, Bolton and Scotland. We have also received requests from New York, USA.

During the period we have supported 135 service users via the following activities:

- **Peer support groups** (Online, In-person, WhatsApp) to connect to other people with similar experiences, reduce isolation and share self-care advice.
- **1-to-1 Support** to support service users in achieving their skin health goals using a psychosocial coaching approach
- **Wellbeing courses** covering the psychological issues related to skin conditions e.g. support, stress, self-image, and the practical application of lifestyle approaches to managing skin health and wellbeing including diet, nutrition, hydration, exercise
- **Ad hoc support** less frequent conversation with service users to e.g. vent frustrations, inform us of how they are doing, answer any queries
- **General enquiries** members of the public and organisations making contact for advice and information including skin health, benefits claims, referrals, publicity

Marketing Plan & Promotion

To raise awareness about our areas of work we have targeted various community stakeholders including Health Development Co-ordinator for Hulme, across North, South, and Central Manchester; Integrated Neighbourhood Team Leads across Central and South Manchester. I have contacted a number of GP surgeries to display our promotional material in their surgeries which has been met with a positive response, included sharing our patient referral process.

During this period we have utilised our social media accounts, including Twitter and Facebook, to raise awareness about GMESS. The types of information that we have posted include service user comments, funding announcements, wellbeing course, and other areas of our work. A number of our followers include Manchester Local Care Organisation, Greater Manchester Integrated Care Partnership, GP's x 2, Big Life Group, and National Eczema Society. We have also utilised community radio stations in Central and North Manchester to promote our service user activities.

Outcomes and Impact

Service User Case Study

The following case study is to demonstrate the impact of our interventions on the skin health of our service users, the main areas of impact being improved physical condition; reduced severity of the condition; improved mental wellbeing; increased confidence, self-esteem and social interactions; reduced visits to the GP; decreased use of prescription medication.

Situation Prior to Joining GMESS

Rebecca (name changed) was unable to sleep and exhausted from having infected and broken skin. Her relationship was suffering as she wouldn't take her clothes off. Her clothes and sheets had blood stains and she felt generally run down as her body was fighting the eczema.

Mentally she was depressed and at one point suicidal. She ended up on antidepressants and signed off work for six weeks. Socially she wasn't going out much and was declining doing activities with her friends. She said that she was miserable with her partner because she felt ugly.

She was visiting her GP monthly in relation to her skin condition and was using several prescribed medications, including different emollients that weren't great. She rated her skin condition as Moderate to Severe and her mental wellbeing as 3 on a 10-point scale.

Interventions and Changes Made

Rebecca received 1-to-1 support with a GMESS Support Worker where she discussed what she was currently doing to manage her condition and options she could try. We discussed all aspects of her life enabling her to consider changes she could make and what she would be comfortable trying. We worked together on a new lifestyle plan, which would be implemented initially over 10 weeks. Subsequently she updated the plan with further changes she wanted to make over the next few months.

Rebecca chose to stop using steroids and asking medical professionals for help. She started focusing on the holistic picture and read about what vitamins and supplements nourish skin to treat her condition from the inside. She started taking shots of aloe vera juice/ apple cider vinegar and black seed oil in the morning alongside a number of different vitamins and supplements that she was recommended through the group and had researched. She cut out coffee, started to drink more water (2 litres a day) and exercise regularly. She attended group sessions, speaking with peers about what works and what doesn't work and the struggles of having eczema. She bought an ice roller to soothe her skin when itchy.

Situation Subsequent to GMESS Interventions and Changes

Rebecca is now visiting her GP in relation to her skin condition only annually and describes her skin condition as Mild and her mental wellbeing an 8.

She now uses no GP prescribed medications.

She says, "Physically I went cold turkey on steroids as I realised that every time I used them my skin got worse after. When I was prescribed prednisolone, this was the catalyst that sent my mental health over the edge as I experienced side effects and was very emotional and erratic.

Physically she now sleeps through the night, and her skin is 95% free of eczema with the occasional very small flare up. "I now know how to manage it without the use of medication. I am not itchy, and I am body confident."

She has had no further absences from work and feels that, whilst her mental health has been up and down with the ebbs and flows of life, it no longer affects her skin and she is no longer on anti-depressants or would herself depressed. "I also feel listened to, the group was a space where I could share concerns so, when it happens and I do have a flare up, I don't feel like an alien with no cure."

She is clear that these are all outcomes from discussions in the GMESS group. "I was able to talk about my condition and not feel stupid for it affecting every part of my life. I have learnt that eczema affects everyone differently and there is not one cure or treatment, but a combination of lifestyle changes has supported a lot of people in the group."

"Socially I am now really comfortable and confident again. I also don't worry as much about having a flare up. I still, out of habit, take Aveeno moisturiser with me everywhere. It has taken about a year for the skin on my face to look youthful again as I had wrinkles round my eyes but I now get told I look younger and I often get complimented on how clear my skin is."

"I am eternally grateful for the support and information I have received from the GMESS group. There are no quick fixes or cures to eczema and it is a very open platform that recognises this, including discussing medical options as well as

completely natural. It is a really positive forum for looking at all the options and seeing eczema for what it is and learning how to manage it through making healthy changes. There is no one answer for everyone so having the forum provides a wealth of information.”

Funding

GMESS secured funding from Manchester Clinical Commissioning group, Be Well Social Prescribing fund, GMCVO and Sports England Sports totalling £19,474

Financial Review

GMESS does not currently have a reserves policy, this was reviewed and thought to not be needed yet, it will continue to be reviewed next year.

Expenditure increased slightly this year as more funding was secured and activity increased. The majority of this funding will be rolled over to the next financial year, as funding was for a 12 month period and didn't mirror the financial years.

The majority of expenditure is for the facilitation of groups and training and 1:1 activity. This is paid for through a consultation agreement with the facilitator and CEO, agreed by all trustees. Detailed financial breakdown below

Greater Manchester Eczema and Skin support					
Receipts and payments accounts					
For the period from	Apr-22	To	Mar-23		
	Unrestricted funds to the nearest £	Restricted funds to the nearest £	Endowment funds to the nearest £	Total funds to the nearest £	Last year to the nearest £
A1 Receipts					
Be Well	2,500	-	-	2,500	
CCG	1,000	-	-	1,000	
GMCVO	9,987	-	-	9,987	
MISC	81			81	
GM Sport	5,906	-	-	5,906	-
Sub total (Gross income for AR)	19,474	-	-	19,474	-
A2 Asset and investment sales, (see table).					
	-	-	-	-	
cash	-	-	-	-	6,171
Sub total	-	-	-	-	6,171
Total receipts	19,474	-	-	19,474	6,171
A3 Payments					
Staffing cost	6,181	-	-	6,181	-
ICT	383	-	-	383	-
Publicity	694	-	-	694	-
Insurance	-	-	-	-	-
research consultancy	120	-	-	120	-
session materials	456			456	
volunteer costs	120			120	
session refreshments	67			67	
stationary	-	-	-	-	-
Sub total	8,020	-	-	8,020	6,163
A4 Asset and investment purchases, (see table)					
	-	-	-	-	
	-	-	-	-	
Sub total	-	-	-	-	-
Total payments	8,020	-	-	8,020	6,163
Net of receipts/(payments)	11,454	-	-	11,454	8
A5 Transfers between funds	-	-	-	-	-
A6 Cash funds last year end	8	-	-	8	-
Cash funds this year end	11,462	-	-	11,462	8
Categories	Details	Unrestricted funds to nearest £	Restricted funds to nearest £	Endowment funds to nearest £	
B1 Cash funds	Bank	19,482	-	-	
	Total cash funds	11,462	-	-	
	(agree balances with receipts and payments account(s))	OK	OK	OK	
	Details	Unrestricted funds to nearest £	Restricted funds to nearest £	Endowment funds to nearest £	
B2 Other monetary assets	none	-	-	-	
	Details	Fund to which asset belongs	Cost (optional)	Current value (optional)	
B3 Investment assets	none	0	-	-	
	Details	Fund to which asset belongs	Cost (optional)	Current value (optional)	
B4 Assets retained for the charity's own use	none	0	-	-	
			-	-	
	Details	Fund to which liability relates	Amount due (optional)	When due (optional)	
B5 Liabilities	none	0	-		
Signed by one or two trustees on behalf of all the trustees	Signature	Print Name		Date of approval	
		Simon Kweeday		28/12/2023	

Trustee name	Office	Dates acted if not for whole year	Name of person (or body) entitled to appoint trustee
Simon Paul Kweeday	Chair	04/06/2020	Other trustees vote
Mohmed Hanif Bobat		17/02/2021	Other trustees vote
Marcella Angela Turner		28/08/2020	Other trustees vote
Muhammad Aurangzeb Shaikh		04/06/2020	Other trustees vote
Jeanette Letuina Stanley JP		18/05/2021	Other trustees vote

Names of the charity trustees who manage the charity

Corporate trustees – names of the directors at the date the report was approved

- There are no corporate Trustees

Name of trustees holding title to property belonging to the charity

- There are no Trustees for the charity

Funds held as custodian trustees on behalf of others

- None

Name of chief executive or names of senior staff members

- Paul Mattis CEO

Exemptions from disclosure

- None

Declarations

The trustees declare that they have approved the trustees' report above.

Signed on behalf of the charity's trustees

Signature(s)



Full name(s)

Simon Kweeday

Position (eg
Secretary, Chair, etc)

Chair

Date

30/12/23