North Kensington Community Conversation

Thursday 25 June 2020, 2.00am – 3.30pm
Online meeting via Zoom

Chair: Joe Batt (JB), KCSC
Notes taken by: Zina Serageldin (ZS), KCSC

Item	Notes	Action
1	**Welcome and Introduction** – Joe Batty, KCSC	
	Joe Batty (JB) welcomed everyone and ran through the zoom meeting rules and the agenda. The event was recorded. Any questions were to be added in the chat or indicated by using the 'raise hand' symbol. Microphones were on mute unless speaking. Everyone was asked to introduce themselves using the chat window. Presentation	
2	**Background of the North Ken Self-Care Programme** – Kalwant Sahota, WLCCG	
	Kalwant Sahota (KS) introduced herself. KS works within the North Kensington Recovery Team at West London Clinical Commissioning Group (WLCCG) developing health programmes with people effected by the Grenfell fire and also on integrated care for older adults, both for self-care and social prescribing. KS also works with Radhika Davis who leads on engagement in the community and health partnership programme. This is an opportunity to re-engage with everyone around what self-care management means with particular emphasis around Grenfell. It is a continuing conversation considering that many things have changed in terms of how we work because of Covid-19. Concentrating on self-care/self-management in terms of the types of services that can be brought on stream to look at long term sustainability and skill building supporting a community in North Kensington to manage their health conditions. Aware many organisations are working around conditions affecting the health of people in North Kensington: Diabetes, COPD, Cardiovascular problems, Obesity, Healthy eating, Physical Activity, Smoking rates and Mental health. These underpin and exacerbate many existing medial conditions. In addition, there was Grenfell and now Coronavirus. - Support the community to manage their long term conditions - Build confidence, knowledge and skills - Provide tools to improve health outcomes - Create a network of support - Train frontline health staff - Identify barriers and develop solutions	

	Focus on solutions to the barriers developing innovative solutions to moving conversation forward. Examples around building non-medical programmes, if you teach someone to cook they have that skill for life. Breathing exercises have evidence based results around health wellbeing.	
3	**Objective of the session & role of KCSC** – Hayley Turner, KCSC	
	The community have been consulted over the last few years about their needs. It is time to revisit topics that have not been discussed for a while and may have been assumed. Looking at building things together on projects based on new conversations. This includes Grenfell specific changing needs and the effects of Covid-19 on these needs. HT provided background on KCSC. It is a voluntary sector organisation supporting charities in Kensington & Chelsea, helping with collaboration and joined up approaches to issues in the area. Bringing together the NHS and local authority to work on issues that are collaborative and that benefit the community. KCSC does not deliver any frontline services but will often hold contracts from the NHS that it can give out to the community so smaller organisations can run projects.	
4	**Local Community Needs and Service Gaps – Group Discussion**	

	What are the key health and wellbeing priorities that are emerging in the North Kensington area currently and how can we best support them?
	
	The meeting broke up into two groups to discuss:
	
	1. Some key issues that have shown up in the community have been mental health - depression, hypertension, diabetes, asthma, obesity, social isolation and loneliness. From your experiences what are the key priorities that health services should focus on within these issues?
	   • Are there any other key issues not listed you've seen?
	   • How are you hearing about these issues from your clients?
	2. How have you seen these issues present in the local community and how do you anticipate things changing going forward?
	   • OR How have these issues shown up in the local community
	3. What barriers are preventing these issues from improving?
	
	Group 1: **Hayley & Kalwant**
	  1. The Digital Divide:
	   • Many organisations are now delivering much of their offering online and have had some good uptake, but numbers are lower than they could be because of inability of lack of access
	   • Some orgs pushed into phone groups to support residents without tech, which are inefficient and expensive, and restrict potential across different groups
	   • Also causes problems in accessing the most up-to-date information including government guidelines, Covid updates and accessing essential services (including Universal Credit and other benefits, both in terms of accessing them and understanding entitlement)
	   • Information about Track and Trace is also causing confusion and stress
	  2. Mental Health:	

- Residents experiencing increased stress as a result of keeping up with all the changes (i.e. new guidelines, track and trace, lack of clarity in messaging)
- Significant issues of anxiety and fear about going back outside, based in a lack of information and awareness about what is safe and what the current situation is
- Increases in depression and low mood, linked to isolation in many, particularly as a result of specific group services having stopped. Causing a lot of progress to be undone in many cases
- Social isolation having an impact on many residents, particularly those who had been attending in person sessions previously

3. **Training for VCS Staff:**
- Staff under considerably increased pressure and stress as a result of the Covid-19 crisis affecting service demand and emotional challenges.
- Staff often struggling to cope and becoming emotionally exhausted and unable to take a break as no one to cover and provide services. Working in isolation increases this.
- There is a clear sense of need for increased support and training for staff to help develop better coping skills, self-care abilities and resilience skills
- There is a desire for staff training such as health coaching, motivation, behaviour change and conflict resolution, to increase the impact staff can have in sessions

4. **Joined Up Working**
- There is a need for a single point of access for training and a clear record of trained staff to enable cross provider referrals
- Increase the opportunity for staff to train each other and cascade learning to others/clients
- Improve the consistency of services offered by utilising familiar faces/trusted groups, with funding given to individuals who've been good in the past
- Encourage innovative or creative ideas in the community and support more grassroots groups

5. **Financial Uncertainty**
- Residents struggling to buy basics e.g. nappies, medicine, food
- Concerns about finances expected to cause problems in future, e.g. youth teams worried about young people being driven to drugs to support families
- Funding uncertainty is a concern for organisations, with talk of cuts and funding loss

Group 2: **Joe & Michael**
1. **Digital Divide:**
- Most work currently being held online, with limited face to face activities such as sports
- Lack of access to internet or knowledge of how to use is limiting service uptake and participation

- Some services simply don't work digitally, and outreach is near impossible, which means spreading health messages and supporting new clients is very difficult
- There is a lack of appropriately sized space to hold face to face services in with appropriate distancing, limiting the support that can be given to those without tech access
- The possibility of identifying public spaces (e.g. wifi enabled benches) in the community that could be reserved for community chats and support was discussed
- Hard to support and guide local volunteers remotely for staff who live elsewhere

2. **Mental Health**

- There is a lot of fear and anxiety in the community, particularly around a lack of clarity of information about the crisis, as well as general fear of infection and of a second wave
    - Grenfell tragedy is also a factor, people who lost loved ones are more afraid to lose people again to the pandemic
- High levels of frustration, low mood and depression among young people due to overprotective families keeping them indoors, with young people struggling with the restrictions
- Anxiety about accessing health services or visiting hospital due to fear of infection risk, preventing residents seeking appropriate health care/mental health care

3. **Struggles with Supporting Independence**

- Getting people out of the house is very difficult, people are scared for families and lots of kids are not being allowed to return to school
- People becoming reliant on food-services and viewing it as a permanent service rather than short-term support
    - It is becoming hard to explain the limits of funding and to explain to people that they will not receive the support forever
- Young people are being kept in by families, restricted from school and socialising
    - Some plans to take young people out for regular football games with a coach, key challenges are convincing families to allow it and having enough resources to make it safe
- Trying to engage families to support with tech access, improving online safety and develop mental health self-care skills, but hard to engage and make initial contact digitally

4. **Issues with Trust and Information**

- Mythbusting often having to take place as misinformation having a big impact, things like 5G fears, false rumours around Covid and others
    - Not just misinformation, as real experiences fuelling fears, (e.g. people pushed to sign do not resuscitate forms) so need to avoid dismissing real concerns but also establish ways to provide accurate information and dispel misinformation
- There is a lack of clarity or consistency of information on current situation and government guidelines

	- Lack of trust with unfamiliar organisations/people, difficulty getting families to open up and accept support **Comments from Phone discussion (Abdurrahman – SKYF)** Key issues are related to the family dynamic: - Families are struggling to cope with the young people in their household - Children becoming impatient with any form of homeschooling and education at home - Parents lack ability to keep up with education of young people in their households and young people are frustrated and concerned about their futures e.g. limited prospects, inability to attend Uni etc as a result of Covid-19 SKYF are aiming to deliver 121 education services for youth in the community Many young people are developing anxiety and frustration for various reasons, both due to being stuck indoors a lot but also out of fear for their futures as described above. This is also leading to much more anger and frustration, often abusive behaviour in family households Often young people are anxious about going out, partly through concern about the virus and because of pressure from parents, but also because of feelings of police harassment, felt to be increased since Covid-19 particularly in the earlier period of lockdown. Young people have shown a strong uptake of masks however and are more likely to wear them. Early on didn't listen to parents or guidance, but have started to take the issues more seriously and not ignoring guidance. Have actually found good reach during the crisis and have been able to reach new clients and engage people in workshops. Delivering several online workshops including educational ones, workshops for young women and mental health sessions. Online therapy sessions via social media, well received through improved confidentiality and privacy. Have increased workshop output online. People need more support, particularly parents of families. Teaching parents to use technology and improving their skills is challenging, often need kids to help, often find it embarrassing or lack support. Easier to reach young people, but some issues with tech on phones and poor connections. Needed to help parents to improve their ability to support kids and maintain skills.	
5	**Feedback and broader discussion**	
	Areas identified: Issues of digital divide, mental health and of isolated. There is a need to find spaces that can be used safely. Places are needed for people to sit in the public realm. Parts of London have free wi-fi incorporated in benches this is a potential solution for people caught in digital divide they can use space and meet with support workers in the community. Organisations are hamstrung by the lack of a physical space to work in. The human contact is so valuable but so rare. Organisations are dealing with issues of getting people out of the home. Looking at isolated people getting them back into the community. An example of getting some who needed the bank out after weeks of being housebound was offered. Dealing with the emotional issues of getting someone out of the house can be far more difficult than the practical part.	

	Making sure that the agencies that are already working together continue to work together and build on that momentum. With increasing pressure on finances organisations have to work together as closely as they can. Major issues around depression and anxiety. Reluctance to access mainstream medical clinical services. Lack of technology, digital access, wi-fi Sometimes relay too much on technology there are many people who are unable to afford it or don't have wi-fi access. There also families with many children that only have access to one item of technology. The whole family will share it to access digitally. Concerns about youth turning to crime because finances of the family are affected. Need to look at impacts on the family as a whole. Upskilling font line staff to encourage behavioural changes among the groups that they know already. Encourage people to have trust moving from being house bound to getting out into public spaces. Single point of access development, for example courses all listed in one area that can be accessed. Focus on staff wellbeing and resilience heightened now (during Covid-19). There is strain on staff and local organisations. Discussed having training and peer support between organisations to address this. Financial uncertainty faced by many organisations has added to this.	
6	**Next steps**	
	KCSC will do another session for those that could not attend. KCSC will send out a small survey. If there is appetite KCSC would like organisations to do consultation with clients directly. More details to follow. A lot of meetings are currently taking place. Need to look at having more connected meetings rather than many all about the same thing. H&W forum will looking at having meetings around key topics. HT asked the group if they had any comments or suggestions about this. A suggestion was made that all organisations ask their groups/networks 2-3 simple questions. All groups would be asked the same questions for consistency. Examples: Are you feeling confident about your children going back to school? What are the barriers to you accessing your GP? There needs to be an ongoing dialogue as the situation changes every week.	
6	**Summary of 'chat' messages during meeting**	
	Sophie FitzHugh to Everyone: 02:04 PM Sophie Fitzhugh Rugby Portobello Trust **Leo Reid** to Everyone: 02:04 PM Hello everyone, I am Leo from The ClementJames Centre	

Bobby Juniper to Everyone: 02:04 PM
Bobby Juniper- Wellbeing Lead at The ClementJames Centre

Radhika Howarth to Everyone: 02:04 PM
Hello, Radhika Howarth. NKRT, WLCCG (work with Kalwant)

Ewa to Everyone: 02:04 PM
Hi, I am Ewa Kasjanowicz. I work at the Volunteer Centre K&C and run a Community Champions project

B Burgess to Everyone: 02:04 PM
Bee from Open Age and I have to leave at 2.30....not to go to the park unfortunately! Just saying

Zina Serageldin, KCSC to Everyone: 02:05 PM
Hi, This is Zina Serageldin. I am office administrator at KCSC.
Hi everyone, The meeting will now be recorded. If you have any questions just let me know.

Zohra Davis to Everyone: 02:07 PM
Hi everyone Zohra from AlHasaniya :)

Hayley Turner KCSC to Everyone: 02:08 PM
Hi Zohra!

Joe to Everyone: 02:10 PM
Hi all thanks for coming!

Filsan Ali to Everyone: 02:12 PM
Thanks

Zohra Davis to Everyone: 03:17 PM
Thanks everyone

ATTENDANCE LIST

		Organisation
1	Bee Burgess	Open Age
2	Bobby Juniper	The ClementJames Centre
3	Ewa Kasjanowicz	Volunteer Centre K&C
4	Filsan Ali	Midaye
5	Hayley Turner	KCSC
6	Joe Batty	KCSC
7	Leo Reid	The ClementJames Centre
8	Michael Godfrey	KCSC
9	Radhika Howarth	WLCCG

10	Sophie Fitzhugh	Rugby Portobello Trust
11	Tasio Cabello	Age UK K&C
12	Zina Serageldin	KCSC
13	Zoe LeVack	Kids on the Green
14	Zohra David	AlHasaniya

The information above will appear in minutes for this meeting which will be made available to all the attendees and published on KCSC's website.