



# VCS Future Scoping Meeting: Exploring the issues facing BAME organisations, community groups and BAME residents within RBKC

**Tuesday 30 June 2020, 1.00pm – 3.30pm**  
**Online meeting via Zoom**

**Chair:** Angela Spence (AS), KCSC  
**Notes taken by:** Zina Serageldin (ZS), KCSC

Item	Notes	Action
1	<p><b>Welcome and Introduction</b> – Angela Spence, CEO KCSC</p> <p><a href="#">Agenda</a></p> <p>Documents and links circulated before the meeting:</p> <p><a href="#">2020 Reports To Date On The Black, Asian And Minority Ethnic Population In Britain</a></p> <p><a href="#">Scoping the future of the Voluntary and Community Sector Summary of discussions held 13 May 2020</a></p> <p><a href="#">Office for National Statistics: Coronavirus (COVID-19) related mortality by religion, ethnicity and disability: England and Wales, 2 March 2020 to 15 May 2020</a></p> <p><a href="#">Healthwatch: Insights from BAME communities in Central West London: community wellbeing and primary care services</a></p> <p>Angela Spence welcomed everyone and ran through the meeting ground rules.</p> <p>AS explained the meeting was an opportunity to invite statutory sector colleagues to join voluntary sector organisations and have a conversation around the issues facing BAME organisations, and to try and unpack some of the wider issues experienced and reflect on what has been seen in terms of structural racism and inequality.</p> <p>AS also said that this is a really pertinent opportunity to have these conversations with local decision makers.</p>	
2	<p><b>Breakout Groups</b></p> <p>AS explained that this breakout session was for the voluntary sector only and that representatives of the statutory sector would join the meeting following this session.</p>	

	<p>The meeting divided into 5 breakout groups looking at the following questions:</p> <ol style="list-style-type: none"> <li>1. What concerns/questions do you want to raise/ask with the Council or NHS statutory sector colleagues during the plenary session?  (Public Health, RBKC Communities, West London Clinical Commissioning Group)</li> <li>2. What do you believe the statutory sector could do locally?</li> <li>3. What can the voluntary and community sector do or do differently to address local issues?</li> </ol>	
<b>3</b>	<b>Feedback and Discussion</b>	
	<p>The following joined the meeting:</p> <p>Cllr Anne Cyron (AC) - Lead Member for Communities, RBKC  Tunde Olayinka (TO) - Director for Communities, RBKC,  Houda Al Sharifi (HAS) – Director for Public Health for RBKC and Westminster  Jane Wheeler (JW) – West London CCG Associate Director for Integrated Care and Mental Health  Kalwant Sahota (KS) - WLCCG  Mary Mullix (MM) – Director for North Kensington Health Recovery Programme, WLCCG  Natalia Clifford (NC) – Public Health</p> <p>AS explained that not all questions may be answered today but KCSC would follow up after the meeting if necessary.</p> <p><u>Question from break-out group 1</u>  People have concerns about accessing hospitals, communities are anxious, people are fearful they won't come back if they do go to hospital, afraid of accessing healthcare; there is a fear of being charged and about data sharing; we need to consider those going through asylum and refugee process. How do we encourage them to access health care? A campaign is needed to allay fears of catching Covid-19.</p> <p>JW – There are hugely concerning questions of unintended consequences of people not seeking help at the moment. There is a need to get the messages out there addressing concerns. Some of the fears are completely rational. There is data showing that initially a large number of people did contract Covid-19 from hospital settings. Everyone's help is now needed to get the message out that infection control measures in care settings are in a different place than they were in March.</p> <p>GP practices are open for contact. Childhood immunisations are of particular concern and help is needed from all partners to get that messaging right. Different campaigns in different languages and formats have been rolled out.</p> <p>HAS – Public Health messaging still stands. Social distancing and hand hygiene are so important; the significance of this needs to be communicated and understood.</p>	

BAME communities are particularly affected by the virus due to a variety of factors including socio economics and health reasons. Diabetes and blood pressure management are an important part of ameliorating this.

From BME Health Forum: we have been working with Imperial College on videos on hospital safety in different languages.

Question from break-out group 2

From Maymouna Osman (MO): a question about the situation for migrants and how they can access healthcare. They have heard stories of people being asked to prove eligibility. How can people be given confidence to use the system and reduce risks of infection when they are being denied health care?

MM - Guidance in the NHS is that all primary health care is free at the point of use. There is a challenge around secondary care. We need to make the most of community assets to make sure the message is getting out there, and that messages are clear and consistent.

Question from break-out group 3

Digital exclusion affects access to adult services, and children who do not have ready access such as laptops in homes. What is being done to bridge these gaps especially for young people and parents of teenagers and children?

NC – In the first weeks of lockdown over 100 laptops were delivered to vulnerable families. We are now entering the second phase, getting a laptop to every sibling in vulnerable households, this includes wi-fi connection.

TO – The council, at planning meetings, are factoring in how they will work with those who are digitally excluded. Ways to upskill people are also being looked at. Older people in general are more than 25% more likely to be digitally excluded. The council has set up small group to look at data access. They should be reporting more on that in the future.

Question from break-out group 4

Funding for smaller organisations has been cut, organisations are underrepresented. How can the Council support these smaller organisations that still have service users needing their services?

TO acknowledged the marked financial impact that Covid-19 will have on statutory bodies. The Council estimates it will be 34 million pounds in deficit. Money from government will not cover that deficit. He said that support for organisations is not only about funding but about working in partnership and about developing relationships. He noted that some infrastructure support had been provided to smaller organisations to get DBS checks during Covid-19. TO hopes that future in-kind support can be offered.

Question from break-out group 5

The North Kensington community has been hit hard while still trying to recover from Grenfell. There is a lot of anxiety and fear in the community along with inequalities that already existed. There have been lives lost, loss of income and difficulties accessing health care. This has included language barriers and mental health concerns. People are also struggling with digital access, education, the police and overcrowding. Knowing what existed previously and the impact that the virus has had on BAME communities - what plans do all the statutory bodies present (NHS, CCG, RBKC) have in terms of addressing inequalities?

	<p>JW – There have been primary care access barriers including online and telephone access barriers; walk-in services are unlikely to open any time soon. Antibody testing in surgeries found that those with the highest levels of infection were reception staff many of whom were asymptomatic. By focusing on a standard approach across North West London primary care is hoping to ensuring inequalities are addressed. They are trying to get services targeted to particular needs e.g. diabetes and look at improving the accessibility of the routes into their services.</p> <p>MM – WLCCG are working with health partners to see what needs to be prioritised by trying to target and pick up issues. They are working with private care colleagues around access, for example language lines availability. They are looking at what is out there and what is not happening but no immediate answers have been found. They have to make sure that things already commissioned are being accessed.</p> <p>TO – RBKC plan to tackle two areas; access to services and understanding the barriers to access. They will ask what the outcomes are from using the services so that access is driven by needs.</p> <p>TO asked organisations to give feedback to RBKC giving reasons they think all communities but particularly BAME communities are not able to access services.</p> <p>HAS – Noted that some health messaging could be done better, by working together on the languages that are being communicated and the services that are commissioned for the area. Elements of health and healthy living can be worked on such as smoking levels, blood pressure control and diabetes.</p> <p><u>Question from break-out group 6</u> Gaps in community representation and decision making were exposed by the fire, austerity measures and Covid-19 and also the lack of a diverse recruitment strategy within the Council. A Charter for Public Participation was signed by RBKC. What concrete steps will now happen to remedy these old problems, and what SMART targets are set and who is going to evaluate performance? Is the Charter shared with the NHS?</p> <p>TO said that this is an area he will work on as Director of Communities. The question cannot be answered now but it is in his thinking going forward. TO acknowledged that the make-up of senior leadership doesn't represent the whole of the borough. Lots of work needs to be done going forward, it will take time but plans are being developed.</p> <p>TO would like to push direct engagement with residents. He feels that the only way to understand what communities want is to work directly with the community to avoid only speaking to just a few groups. TO would like to ask for assistance in getting access to the community to hear what these barriers are.</p> <p>Mohammad Farah (MF) asked about safety of the workplace. What support is there for staff and clients who are coming back to work/buildings?</p> <p>From KCSC: we will be running smaller sessions where organisations can talk about returning to work and share information.</p>	
4	<b>Recommendations</b>	

	<p><i>A summary of the whole session, taken from the recording of the breakout rooms conversations, plus recommendations can be found <a href="#">here</a>.</i></p>	
5	<p><b>Summary of key information from ‘chat’ messages during meeting</b></p> <p><b>NB this summary only includes a summary of those messages with links to further information:</b></p> <p>Brooke Dobbyn: Wave 3 of the London Community Response Fund should be opening again for applications tomorrow (<a href="https://londoncommunityresponsefund.org.uk">https://londoncommunityresponsefund.org.uk</a>) and for this wave priority is going to be given to organisations led by and for BAME communities and orgs with a turnover of under £1million.</p> <p>You can apply for grants of up to £10k for crisis response (food, essential supplies, PPE etc.) and up to £50k for longer term costs (up to 6 months) including staff and volunteer costs, equipment, organisational development and a proportion of overheads. You can apply again even if you had funding in Waves 1 and 2.</p> <p>Joe Batty: <a href="https://news.cityoflondon.gov.uk/city-launches-fastest-free-wifi-network-in-uk/">https://news.cityoflondon.gov.uk/city-launches-fastest-free-wifi-network-in-uk/</a> Article about provision of wi-fi networks in the City of London.</p> <p>Miranda Macfarlane: For organisations looking to conduct creative projects working with artists and/or cultural organisations, we are sharing regular updates on funds available (emergency and 'business as usual'). If you would like to receive these, please email us at <a href="mailto:Arts@rbkc.gov.uk">Arts@rbkc.gov.uk</a></p> <p>Elizabeth Bedford: Here is a link to the work on community wellbeing and primary care access that Healthwatch CWL and the BME Health Forum recently released – it is an info sheet based on focus groups we conducted with BAME community groups: <a href="https://healthwatchcwl.co.uk/wp-content/uploads/2020/06/Insights-from-BAME-Communities-in-Central-West-London-2020-2.pdf">https://healthwatchcwl.co.uk/wp-content/uploads/2020/06/Insights-from-BAME-Communities-in-Central-West-London-2020-2.pdf</a></p> <p>We are also continuously updating our results from our general COVID-19 experiences survey. We will be sharing the results that we have so far had from people identifying as BAME in the next couple of weeks, but you can read an info sheet on some of these results here: <a href="https://healthwatchcwl.co.uk/your-experience-matters-what-">https://healthwatchcwl.co.uk/your-experience-matters-what-</a></p>	

	<p><a href="#">bame-communities-say-about-covid-19-and-the-response-to-the-pandemic/</a></p> <p>I can also share our ongoing research with anyone interested: you can email us <a href="mailto:info@healthwatchcentralwestlondon.org">info@healthwatchcentralwestlondon.org</a></p> <p>Shared by Lizzie Cho following the meeting:</p> <p>Pan-London Council Forum: <a href="#">Disproportionate Impact of COVID-19 on Black, Asian &amp; minority communities</a></p>	
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### ATTENDANCE LIST

		Organisation
1	Alexia Benjamin	RBKC
2	Angela Chaudhry	RBKC
3	Angela Spence	KCSC
4	Anne Cyron	RBKC
5	Anne Goodger	The Dalgarno Trust
6	Brooke Dobbyn	K&C Foundation
7	Clare Richards	The ClementJames Centre
8	Elizabeth Allimadi	Baraka
9	Elizabeth Bedford	Healthwatch
10	Filsan Ali	Midaye
11	Gladys Jesu Sheriff	WAND UK
12	Hayley Turner	KCSC
13	Houda Al Sharifi	RBKC
14	Jackie Rosenberg	One Westminster
15	Jane Lanyero	African Women's Care
16	Jane Wheeler	WLCCG
17	Jenny Greenfield	KCSC
18	Joe Batty	KCSC
19	Kalwant Sahota	WLCCG
20	Khalid Ali	Hodan Somali Community

21	Lady Lenzie	Tabernacle Christian Centre Trust
22	Liana Jikia Gogritchiani	The Georgian School
23	Lizzie Cho	NOVA
24	Marie Tameze	Fawa
25	Mary Mullix	WLCCG
26	Maymouna Osman	Migrants Organise
27	Michael Ashe	VCKC
28	Michelle Poponne	Maternity Champions
29	Miranda Macfarlane	RBKC
30	Mohamed Farah	Hodan Somali Community
31	Muna Ali	Supplementary Schools & Westway Trust
32	Nada Salam	KCSC
33	Nafsika	BME Health Forum
34	Nicola Butler	Young K&C
35	Pamela Campbell	The Dalgarno Trust
36	Patricia Alert	World's End Under Fives Centre
37	Radhika Howarth	WLCCG
38	Ritushree Guha	The Advocacy Project
39	Rosana Ordoubadi	The Dalgarno Trust
40	S Idris	Unknown
41	Sally Miller	Carers Network
42	Sonia Timlett	Equal People Mencap
43	Steve Davies	Harrow Club
44	Sumita Ahmed	Healthwatch
45	Tunde Olayinka	RBKC
46	Vanessa Richards	Al Manaar Cultural Heritage Centre
47	Zenawi Tadesse	Pepper Pot Day Centre
48	Zina Serageldin	KCSC
49	Zohra Davis	Al Hasaniya

***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.***