

Communities of Interest Q&A Forum Notes
Tuesday 23rd June 2020
3:00-4:30pm

Attendees

- **Amber Wilson** - Basis
- **Anna Chippindale** – Healthwatch
- **Annette Morris** – Voluntary Action Leeds
- **Charis Green** – Leeds Society for Deaf & Blind People
- **Charlotte James** – Leeds GATE
- **Daisy Morgan** – Forum Central
- **Damian Dawtry** – Feel Good Factor
- **Emily Turner** – Women’s Lives Leeds
- **Iona Lyons** – Voluntary Action Leeds
- **Jenn Bravo** – Turning Lives Around
- **Jez Coram** – Forum Central
- **Lelir Yeung** - LCC
- **Lucy Graham** – Forum Central
- **Owen Walker** – Leeds Autism AIM
- **Pip Goff** – Forum Central
- **Rachael Loftus** – WY&H
- **Sam Powell** – LCC
- **Tim Taylor** – Public Health
- **Zoe Ricketts** – Forum Central

Purpose

Working together to improve outcomes for Communities of Interest during Covid-19; embrace and progress the inequalities agenda and have an impact for people in the most marginalised and vulnerable communities in the current crisis and beyond.

Introductions

- **Amber; sex workers:** finance vulnerability continues to be main issue -supporting with food parcels, money for utilities, Wi-Fi/data to engage with virtual groups; mental health struggles either because shielding or face-to-face services aren’t available; increased capacity of women-only emergency accommodation has been great, but not always appropriate for everyone; working with Leeds GATE, Mesmac & LASSN on test & trace.
- **Annette; BAME community:** people’s concerns around lifting of lockdown & people from the BAME community in particular are worried about the impact of children going to back school/return to workplace; mental health and domestic violence are prevalent.
- **Anna; young people:** Healthwatch has just launched their [latest weekly check-in](#) focused on the emotional and physical effects of lockdown on children and young people aged 18 years and under. Also about to launch a report into the emotional wellbeing of people living in care homes.

- **Charis; deaf and/or blind community:** main focus is on reopening a centre next week, predominantly delivering daycare related services – will be a chance to test measures & practices that have been put in place; community are desperately wanting to participate in groups again so looking at doing that safely; planning for workshop alongside Healthwatch & Forum Central in partnership with 100% Digital Leeds; a lot of discussion around public transport/hospitals and wearing of masks, and implications for people who are lip reading.
- **Charlotte; gypsy and traveller community:** been doing a lot of work to secure Wi-Fi for members w/ 100% Digital Leeds, secured 10 MiFi boxes that will hopefully make a difference; still supporting people with food vouchers and weekly welfare calls; trying to consider test & trace and what challenges might be faced by the community, including making sure people are being given the right information.
- **Damian; men's health:** reminder that men are twice as likely to die from Covid, and implications of a recession, which we're likely heading for, on male suicide rates; Feel Good Factor is producing an Unlocked booklet featuring useful information and entertainment which is going out via the Manbassador programme.
- **Emily; women's health:** women's Covid survey has just closed with 971 responses; key themes include mental health due juggling childcare, working from home, chores, effect on work; worried about lockdown being eased too soon and a second spike, and gender inequality in the future; health of children or relatives they care for a huge concern; hoping to finish report within the next week or so.
- **Iona; young people:** mental health is most prevalent issue in terms of anxiety about the 'new normal', young people worried about going to school, a lot of unknowns; much lower numbers of children being taken into care- safeguarding issue; some organisations are providing mental health support to parents, which requires flexible working for staff; issues with playgroups etc over summer.
- **Jenn; homeless people:** social distancing always an issue which impacts on staff, increases anxiety for staff from BME backgrounds; getting hold of PPE; test & trace will be an issue as it could lead to a whole staff team being out; difficult to interpret guidance for this type of service.
- **Jezi; people with a learning disability and/or Autism:** a couple of organisations feeling pressure from parents of children with complex needs to come back to day services; several recovery groups set up, including Building Based Services and a working group led by Cath at Leeds Mencap; issues with people being afraid of PPE so organisations trying to help people get used to it.

- **Lucy; carers (on behalf of Carers Leeds)**: key theme around decreased mental wellbeing of adult carers; concerns around working carers having to return to providing care; people unable to receive respite care; balancing juggle with home and caring resulting in carers having less time to themselves; increase in wellbeing check-in calls helping people to stay mentally well; using Whatsapp/text messaging for peer support; how do we let people know about accessing carers assessments.
- **Owen; people with a learning disability and/or Autism**: housing, mental health & benefits are key issues; looking at working more closely with Engage Leeds and mental health services through conversations with Paula at Barca; also looking at recovery plans; people getting bills through for support they may/may not have received causing anxiety; as an advocacy organisation, looking at approach to Black Lives Matter; interested to know people's experiences of peer support and capacity to do that.
- **Sam; migrants, refugees & asylum seekers**: working to get key Covid messages out to diverse communities, more widely than work already done e.g. videos on YouTube, and trying to agree messages with greater longevity.

Test & Trace briefing – Tim

We have quite well developed outbreak plans, having been involved in things like measles & Hepatitis A, although Covid-19 feels quite different. Moving closer to 'recovery' but there are some key concerns, and fears about resuming something approaching normality. PH is working on an advanced local outbreak control plan by the end of June. We need much greater capacity due to risk of outbreaks in a range of settings and we don't know how it's going to end up so we need an agile system.

There's something about how messages are communicated to communities of interest, and the trust and links this group has to help us to work together. Comms is crucial - some work has already been done in terms of translating messages in community languages for example, but we need more innovative, creative ways that resonate with different groups. Lots of work is being done around health inequalities – the biggest risk factor is age but also deprivation, and many other factors. Unseen consequences will emerge as we move into likely recession.

Interested in getting views from the group on:

- 1. How do we take a proactive, preventative and positive approach with Communities of Interest to minimise the risk of outbreaks?**

Rather than responding to outbreaks, the best thing to do is to stop them in the first place. How do we do that through the communities of interest network?

To note, there is some local funding to enhance our local system – Tim has been advocating for the Third Sector around that and should be able to announce in the next week. The Third Sector is a crucial part in this – we need to build on the assets

& links we have but also protect against the underlying crises we all have. We need to develop it together and want to listen to issues/stories the network has.

- **Damian** – the next edition of Unlocked will focus on test & trace, and trying to get messages into simpler language. It's important to consider questions around 'what' and 'why' – people are more likely to want to get involved if they know why it's being done. Pip noted this is a practical example of how funding might enable this type of work.

We have a number of evidence-based messages, but it's ultimately about the trust/creativity/innovation that we can bring to it. It's important to promote messages around practicalities of getting the test including the home testing number.

- **Amber** – a key issue is enhanced stigma amongst certain groups; there's an important role for communication but also being clear around what happens to people's information and how to respond to answers people give etc.

Our role isn't to coerce people into doing things, but to give the information so they can make decisions, being a two way channel and a means of sense checking information. Nik from Leeds Women's Aid emailed re concerns around domestic violence and use of the app etc. Tim noted it's much about trust and people's uncertainty about using an app is understandable. It's important to raise and take away these kinds of concerns so we can respond to them.

- **Owen** – 'myth busting' i.e. dispelling common myths is a good approach, & important to provide honest & upfront information about where data is stored so people can make informed choices. Pip responded to say that if some issues are too difficult to overcome, what do we do about those?
- **Annette** – there's a lot of mistrust around the system, including the idea that BME people are being targeted; what can we do to help with people getting the right messages and not scaring them even more?
- **Anna** – Healthwatch has seen indications that employers have been unclear about what they can and can't expect from their employees. It's important to think of ways of getting messages to communities we don't often hear from e.g. the Eastern European community.
- **Sam** – there are clear issues with test & trace language, for those who feel the impact of a hostile environment.

Pip summarised there's willingness to work on proactive prevention, and an opportunity to develop the links we have even further.

2. Reactive contact tracing – if we know there's an outbreak, how do we work together to improve contact tracing with people in these communities?

PHE has a standard operating procedure for different settings & groups e.g. care homes, vulnerable groups, schools, and PHE will do contact tracing to find who

person's been in contact with and give them guidance. We'd like to develop a proactive list for the Communities of Interest, recognising that some are more complicated than others e.g. BAME community, building up a better picture of our reach and how an outbreak can be communicated with different people. It needs to be more robust than just picking up the phone to let people know.

There's a skeleton system in place but it needs developing so that when outbreaks do happen (which they will), we have a stronger infrastructure in place. Pip noted this will also link geographically with hubs operating in wards across the city.

- **Damian** – could we use client management systems to get messages out? We don't have a strong sense of that yet so definitely something to consider.
- **Sam** – it's not just who we communicate with but how we communicate that's important – we need to factor in making sure messages are handled sensitively and appropriately.
 - Pip agreed that clear information and comms is a key theme.
 - Amber noted this links in with who has control over a person's information e.g. in cases of domestic abuse. Also links to stigma – what it feels like for people.
 - There are all sorts of reasons why messages might be difficult for people – we need to try to understand those and help people have conversations; operating virtually makes it harder than usual.

Key, appropriate messages are needed and it will be important to agree these in advance rather than as an outbreak happens. Is there something around peer support and using people's voices to communicate messages in a way that will be heard? Sam noted she will come along to the next session to discuss and get people's input on the messages she has been working on.

We can help PH colleagues through using the mechanism we've got and putting creative, accessible comms in place. How do we help to empower the organisations we work with and share these messages so they are more likely to be heard?

Tim summarised that things are moving fast but hopefully will be able to share next steps in the near future.

Follow up on issues previously raised – Pip

- *Walk-to test centre*: we worked hard to get information out, and more people are now using it.
- *Concerns around digital access*: working on a paper for the CCG to highlight what this need looks like for organisations, **please share any issues for inclusion**.
- *Fear of returning back to services*: raised in reset and resilience group & a number of other meetings, trying to help people see that services aren't just going to go back to how they were before.
- *Tackling Inequalities*; a working group has been set up – raising concerns from this group is seeing people making sure practical steps are happening and a range of organisations are feeding into that group.

Shielding – Rachael

Rachael provided an update based on the latest Government guidance on shielding issued on 22nd Jun. Shielding was due to come to an end at the end of June, but has been extended to the end of July, provided prevalence remains low.

From 6th July onwards, people are able to spend time outdoors as long as they minimise contact, and should continue to limit contact with people outside their household. People who live alone will be able to form a support bubble with another household as long as one of those is a lone household.

It's important to reiterate that the current advice applies until the end of July, so messages around hand washing etc should still be emphasised. There will be issues around those who are unable to return to work on 1st August, and related to those who have been receiving food parcels until this point.

We want to reset the conversation around 'what do people who are extremely clinical vulnerable in Leeds need from us in order to stay healthy and happy?' A text message and email was sent immediately and will be followed up with a letter in the next week with a reminder of the support that's available.

In the middle of July, would like to go out to everyone with a warm, conversational letter with information on help available and details of local organisations that can help – input from this network will be really important for this. Note letters will be translated but won't necessarily be going to people that need them - translations will be shared via Pip so please distribute as necessary amongst people you work with.

Registrations close on 17th so it's important people register before that date in order to get access to things like priority delivery.

AOB – Pip

Rachel Cooper is leading on a piece of work as part of Harnessing the Power of Communities around how we represent & advocate on behalf of third sector organisations. Any thoughts on barriers experienced by organisations you're linked in with and support we can help make available are very welcome. We have resource and will be recruiting someone into a post to support the work around representing the Third Sector. Linking in with this network will help to inform that.

As a reminder, the virtual Zoom sessions now form the primary basis of information sharing amongst the communities of interest network. In addition, we are asking each link organisations to provide a brief, one paragraph summary of key issues to communities@forumcentral.org.uk the day before each Q&A session. Suggestions for content include:

- The challenges people within your community of interest are facing

- The challenges, your organisation and supporting organisations working with your community of interest are facing
- Examples of how organisations are overcoming challenges
- Asks of decision makers

The summaries will then be collated and circulated alongside meeting notes.