

**Communities of Interest Virtual Session Notes**  
**Thursday 1 October 2020**  
**12.30-2pm**

**Attendees**

- **Ali Kaye** – Leeds Older People’s Forum
- **Amber Wilson** – Basis
- **Ann Crossland** - Voluntary Action Leeds
- **Anna Chippindale** – Healthwatch Leeds
- **Annette Morris** – Voluntary Action Leeds
- **Beverley Yearwood** – Leeds City Council
- **Charis Green** – Leeds Society for Deaf and Blind People
- **Charlotte James** – Leeds GATE
- **Daisy Morgan** – Forum Central
- **Damian Dawtry** – Feel Good Factor
- **Iona Lyons** – Voluntary Action Leeds
- **Jay Anderson** – Leeds Faiths Forum
- **Karen Fenton** – Forum Central
- **Meirav Sasson** – Impact Consultancy
- **Owen Walker** – Leeds Autism AIM (chair)
- **Pip Goff** – Forum Central
- **Rachel Moore** – Carers Leeds
- **Shak Rafiq** – NHS Leeds CCG
- **Toshal Bhatia** – Health For All
- **Wendy Cork** – Advonet

**Introductions/check ins**

- **Ali (older people):** Neighbourhood Networks are reporting feelings of despondency and worries about mental health amongst OP they work with, particularly those more vulnerable, living on their own and who can’t get out; OP very reluctant to use pubs and cafes as don’t trust other members of the public to adhere to guidelines, and don’t feel comfortable in public spaces – so many are living in enforced lockdown; restrictions have also impacted services NNs were beginning to or thinking of rolling out – some hesitancy amongst many of moving back to socially distanced activities; very concerned about OP wellbeing over the coming months, and looking at activities that will provide an uplift.
- **Amber (sex workers):** holding 1:1s where necessary based on individual risk assessments; still no group activities; noticed continued impact of mental health and isolation and not being able to connect – substance abuse is going up, lack of access to crisis support, particularly for people who are under the influence; open for referrals for young people who might be being exploited in anyway; have small selection of

tests for women that might be symptomatic and can support them with taking the test.

- **Ann (young people):** a lot of work going on with orgs based in wards with highest rates of infections to get their views on how things could be done differently and how messages can land with young people – two very successful webinars, funding is available to help organisations with getting messages out as part of the outbreak plan; some people were getting ready for lockdown easing and now things are changing – how long is that going to last etc.
- **Annette (BME Hub):** encouraging members to get involved in discussions around BLM agenda with the Council and Core Group around seven key workstreams; in talks with agencies including the NHS around addressing inequalities which is ongoing work.
- **Charis (Deaf and/or Blind people):** ongoing challenge with reaching community as historically a lot have been in the centre and there's been close interaction; finding there are some clear challenges with communication, especially with use of digital for people with a sensory impairment; videos on social media are great but not everyone accesses them - people throughout the Deaf community are sending videos through Whatsapp so testing that idea; still finding 'call us if you need help' messages and there's not often an option for BSL users which causes frustration.
- **Charlotte (Gypsies and Travellers):** things seem to be up in the air with new local restrictions; trying to get members more engaged and maintaining relationships; still carrying out weekly welfare calls for those that are digitally excluded to update them on the guidelines; producing and 'Whatsapping' videos which members have found useful; using Facebook to get members engaged in activities; trying to upskill members so they can continue to engage the best way they can; myth busting around return to school which seems to be less of an issue now.
- **Damian (Men's health):** research on the effects of Covid on men –less likely to follow Government advice, more likely to externalise their difficulties; leading to physical, mental long-term effects of Covid, job losses, suicide, separation and relationship breakdowns. Lots of activities going on mainly in East Leeds, but mostly online so open to all in the city.
- **Iona (Leeds Voices):** working with partners to ensure winter messages going out best fit the communities they're going to – will be in touch, quite a tight turnaround, able to offer incentives to help as well.
- **Jay (faith groups):** new guidance has caused confusion amongst faith organisations in terms of what they can and can't do at Places of Worship, e.g. over whether people can attend with more than 6 people, and socialising before or after services; some places looking at putting on 2 or 3 services in a day as so many people are wanting to attend.
- **Owen (people with a learning disability and/or Autism):** pressure on carers has come through – there was a feeling that relief was coming

until new restrictions were announced; a lot of people in crisis mode and struggling to get timely services to help with that – ask would be to look at respite for people so they can have a physical break from people they're caring for; difficult to help as we're not a crisis service.

- **Rachel (Carers)**: already stretched carers are now facing continued isolation and minimum chance for respite; restrictions mean they can't rely on friends and family so many are reaching mental and physical breaking point; increase in emotional welfare calls, bereavement and helpline; focused on helping people identify themselves as carers so they can be supported.
- **Sophie (Hamara)**: patient ambassadors based in doctors surgeries have been supporting people to access things like their flu jabs, one attended to support at a flu clinic; having to limit group sizes, trying to find ways to have activities but with different measures; trying to do things offsite as they're both operating as food banks – finding new ways of working.
- **Toshal (Health For All)**: frustration over mixed messages; feedback from local people when leafleting e.g. people asking why they're still receiving information on restrictions; people want to know what they can do safely and wanting to come back to some sort of normality especially older people and those who have been shielding.
- **Wendy (Advonet)**: still providing advocacy support, including face-to-face; a lot more referrals around mental health and housing; learning disability and other services have got a lot of funding for digital and employment work; people with learning disabilities not accessing support; a lot of isolation and increased mental health; wanting to work on self-advocacy support to help people to access services in a way that suits them - running an event to cover resources available.

Shak from NHS Leeds CCG gave an update on some of the resources that are available to help to communicate with communities:

- BSL videos: these are for the #NHSHereForYou campaign and can be found on [the website](#) – you'll see easy read and translated info leaflets and videos too
- Videos in different languages: the ones for the #NHSHereForYou campaign are as above but there are also a [small number of videos done by healthcare professionals](#) in their own time showing how people can reduce the risk of spreading COVID
- New handwashing materials, including targeting at younger people, one for the South Asian community: available on this [WeTransfer link](#) (**the only files you need are in the folder called embarrassing stories**)

The NHS in Leeds is also:

- Working with Leeds Voices and other colleagues around providing reassuring messages and managing expectations around winter planning.
- Emphasising the importance of people accessing GPs and other services – confusion and wrong assumptions that everything closed down.
- The Coronavirus myths session that took place this week is still available to view on Facebook: <https://www.facebook.com/nhsleeds/>.

**Emerging Mental Health Data** – *Karen Fenton, Forum Central and Meirav Sasson, Impact Consultancy*

Karen and Meirav joined the meeting to present the insights that have been gathered over the past few months, and reflect on whether what has been heard is accurate. These meetings also provide regular insight on a regular basis.

Amongst discussions with commissioners and Public Health, Karen and Meirav surveyed members across specialisms and utilised findings from this network to find out what the mental health impact of Covid has been on a local level. This data will be included with other data from statutory services, secondary care, primary care and pharmacy data to inform a rapid mental health needs assessment and a report which will go to the MH Partnership Board in November, and hopefully shape what priorities should be over the next few months.

The information gathered came from a relatively small number of organisations, but the themes that emerged were repetitive and in line with national data coming out from mental health organisations.

Meirav ran through the emerging and/or increasing mental health needs that have been identified which include social isolation and loneliness; abuse, domestic violence, tension and safeguarding; suicide and depressions; anxiety and loss, post trauma and bereavement.

Particular population groups that have been affected include newly unemployed, furloughed; working/pregnant/new mothers; women who suffer from abuse; people with existing health conditions/learning disabilities/Autism and their carers; people with Autism and their carers; Communities of Interest including Travellers, Black, Asian and Minority ethnic communities, and communities of faith; Refugees and Asylum Seekers.

Emerging needs that are different from the year before include reluctance to go to medical appointments and lack of access to medication and support. There's also been an increased need for crisis and complex needs support.

This is just a snapshot but not the entire picture. There's an opportunity to feedback more or for one-to-one conversations as soon as possible - please email [karen.fenton@forumcentral.org.uk](mailto:karen.fenton@forumcentral.org.uk) or [meirav@impactsconsultancy.com](mailto:meirav@impactsconsultancy.com).

### **Key/pertinent issues**

- **Digital Inclusion (Anna):** Anna has been in touch with everyone individually about the digital inclusion work Healthwatch is leading on on behalf of the PVG. The report is due out at the end of October so Anna is having conversations about observations you have seen in communities around barriers and positive responses. If you have done engagement on this subject, please point us in the direction of the work you've already done. Anna will share a draft of what will go into the report so people can sign it off in advanced.
- **Covid rates/Test and Trace:** huge amount of work is going in to make sense of guidance and try to make sense of queries. [These frequently asked questions](#) have been put together by Public Health. Sarah Erskine from PH is working on a specific document for TS organisations as they're aware that key principles will be really useful –we will share when able. Everyone is working together to meet the balance of responding to urgency and making sure we're being safe, with people's mental, economic and social health and wellbeing. There's acknowledgement that there is a second wave that needs to be dealt with. Two thirds of the city have wards with cases above 100, so not just particular areas, and there are also still issues around young people.
- **Testing:** there's been some question at WY&H (not Leeds) level about Third Sector frontline workers as essential for testing – we have pushed back strongly on that and have support from PH colleagues to make sure that changes. Testing is for key frontline workers, not just anyone. Cinder Moor testing centre is open and has capacity – encourage people to get the message out.
- **Third Sector Outbreak Plan:** priority so far has been around young people and there have been two brilliant webinars so far to engage organisations working with young people. We will mirror this approach in terms of targeting older people, with a particular focus on including messages of hope and staying well. Carers, and people from Black Asian and minority Ethnic communities, are also going to be a focus. We're really pleased to have appointed a TS Outbreak Plan Coordinator Stacey Taylor who will start by the end of the month.

- **Winter planning:** Iona was interested to hear from people about how clear messages are and how they can be clarified - contact her with feedback.
- **Shielding:** Shielding continues to be paused as we are not in lockdown, but support for people who have clinical vulnerabilities is still being discussed in the weekly Shielding meeting. The key message if you have clinical vulnerabilities is to minimise your contact with different people in addition to maintaining a one metre social distance. As a system we have to look after people's mental health and wellbeing, and it will be part of the Third Sector outbreak plan to consider the needs of people who are clinically vulnerable. The data shows that inner-city areas where poverty levels are higher and also among culturally diverse communities, take up for shielding support was much lower.

### **Suggestions for future meetings**

- engagement of smaller groups; safe working whilst meeting need
- how can we strike a balance between giving people services what they want and need whilst following guidance
- what are people's human rights, e.g. people in care homes