

# North Kensington Multi Agency Forum

Monday, 19<sup>th</sup> March 2018

Learning Space, Museum of Brands, 111-117 Lancaster Road, W11 1QT

## Minutes

### Present

Name	Role/ organisation	Initials
Victoria Stark	Patient representative, lay member of Governing Body, chair	VS
Sheila Durr	Director of Communities and People, Royal Borough of Kensington and Chelsea	SD
Mary Fortheringham	Kensington and Chelsea Mind (Healing Minds (Consortia))	MF
Michael Ashe	Volunteer Centre Kensington and Chelsea	MA
Annick Batimba	Epic CIC	AB
Mona Hayat	Director for North Kensington Recovery Programme, WLCCG	MH
Carrie Hirst	Community Champions	CH
Sarah Cahn	Insight Young Peoples Drugs & Alcohol service	SC
Angela Spence	Kensington and Chelsea Social Council	AS
Filsan Ali	Midaye	FA

### In attendance

Name	Role/ organisation	Initials
Jason Strelitz	Public Health, Westminster City Council	JS
Radhika Howard	West London CCG	RH
Alison Kirk	North Kensington Engagement Lead, WLCCG	AK
John Foster	Royal Borough of Kensington and Chelsea	JF
Adrian Phelan	West London CCG	AP
Thiviya Raveendran	West London CCG	TR
Oisin Brannick	GP	OB
Joe Batty	Kensington and Chelsea Social Council	JB

### Apologies

Robyn Doran	Central and North West London NHS Trust	RD
Nafsika Thalassis	BME Health Forum	NT

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Anthony Graham	Working with Men	AG
Malcolm Phillips	Hestia	MP

Item	Action
<b>1 Introduction</b>	
<b>1.1 Welcome and Introductions</b> The Chair welcomed members and attendees to the meeting. Apologies were noted as above.	
<b>2 Minutes of the meeting held on 21<sup>st</sup> January 2018</b> The minutes of the meeting held on 21 <sup>st</sup> January 2018 were accepted and agreed.	
<b>3 Update on health needs assessment</b> JS provided an update on the health needs assessment in terms of the work that is moving forward. The health needs assessment consists of four areas: <ol style="list-style-type: none"> <li>1. Profiling of the community pre fire</li> <li>2. Evidence review – learning from other disasters. A draft of the review will be circulated before the next meeting in order for a discussion at the meeting</li> <li>3. What are we seeing in the services that are being delivered? what needs are emerging, demonstration of impact.</li> <li>4. Understanding community perspective – looking at what’s happening in terms of community research, linking into current pieces of work including young people’s health needs assessment which is currently being undertaken. Postcard project to collect community feedback</li> </ol> Starting to synthesise the different elements of the health needs assessment over the next few week. <p style="text-align: center;"><b>Action: JS to share evidence review for discussion at next meeting. JS to share early findings of synthesis at the next meeting</b></p>	
<b>4 CCG Communications</b> AP attended the meeting to present this item. The CCG is looking to establish a communication working group. The purpose of the group, which aims to have representation from the local community as well as voluntary and community sector organisation representatives, will be to work with the CCG in relation to the design and production of communications materials to support the North Kensington Recovery Programme.	

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<p>AP provided an update on the work delivered to date following the fire. This includes the establishment of a dedicated website providing information, support and signposting in relation to support available. The website has had 7800 page views by 1000 individual visitors. In addition to the website a phone app has been developed and is now available as well as a Twitter account which has been useful in providing information.</p> <p>It was acknowledged that a majority of the work so far had not had involvement with residents or partners and this has been down to a number of issues, mainly the pace of requirement to provide communications in the immediate response.</p> <p>To ensure a consistent provision of communications and related materials moving forward there is a commitment to streamline and align communications with partners as well as designing materials and communications with residents and partners to ensure they are meaningful and delivered through the most appropriate channels for the community.</p> <p>The scope of the working group is first to look at the existing materials that have been developed by the CCG and to decide what needs to be developed to continue to meet the changing needs of the community.</p> <p>AP invited members of the forum to provide any feedback on communications produced to date and any suggestions in terms of moving communications forward.</p> <p>MF suggested that we need to consider how communities are currently accessing information and to us this to inform our approach moving forward.</p> <p>It is critical to build capacity within our communities and we should be supporting community members to build their capacity and skills to enable them to deliver communications. Community members providing communications will ensure that it is designed and delivered in the most appropriate way.</p> <p>AB a central repository for information and signposting to support is essential.</p> <p>An approach could be is to benchmark how and where communications are currently being developed and delivered. This could be done through the members of the Forum through a simple survey that could capture the information required to benchmark.</p> <p style="text-align: center;"><b>Action: Forum members to nominate themselves or representatives from the communities they are working who may wish to be involved in the communications working group. Nominations should be sent directly to AP at <a href="mailto:Adrianphelan@nhs.net">Adrianphelan@nhs.net</a></b></p>	

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<p><b>5. Update on participation projects</b></p> <p>AK provided an update on the three participation projects that are currently being developed and scoped.</p> <p>The Listening Project –a decision has been with the project to postpone the collection of community conversations until after the anniversary and to collect them in the early autumn. The decision is in relation to the envisaged media interest with the community in the build-up to the anniversary. The BBC feel that by being present in the community with their listening booth may be seen as media interest rather than the project itself. The deferment will also enable engagement with the community about the project to ensure that the community understand what the project is and how to get involved.</p> <p>Community Participation Photography Project – a further scoping meeting with colleagues from RBKC and the voluntary and community sector is planned for 20<sup>th</sup> March 2018. The aim of the scoping meeting is to drill down into the detail of the delivery and to identify potential cohort for each phase of the project. An update will be provided at the next Forum meeting in April.</p> <p style="text-align: center;"><b>Action: AK to provide an update on the project at the meeting on 23<sup>rd</sup> April 2018</b></p> <p>Youth Event – AK provided an update following her meeting with the Kensington and Chelsea Youth Forum. The purpose of the meeting was to scope the idea of an event with the forum members and to start to consider what workshops and activities the young people would want from the event. All of the members of the youth forum have offered to be involved in the design and delivery of the event which is planned to take place after exams in late June. The outline plan for the event agreed far includes:</p> <p>Keynote speaker(s) – possible Stormzy; Prof. Green, Akala                      Workshops focusing on skills and approaches to support self-expression                      Group discussion with panel following workshops                      Activities: Graffiti wall to capture feedback/views; photo/video booth to record messages; local young people performances/projects and activities                      Map of community and voluntary services currently available</p> <p>The event will run twice, one on a Friday afternoon/evening to be aimed at schools/pupils and the second event on Saturday aimed at young people’s voluntary and community sector projects (those young people who they are working with)</p> <p>AK asked the forum for suggestions for a venue as this is currently proving a challenge as it is important it takes place as close to North Kensington as possible. Suggestions</p>	

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<p>received which will be followed up were:</p> <ul style="list-style-type: none"> <li>- Chelsea or Queens Park Rangers Football Club</li> <li>- The Tabernacle</li> <li>- The Harrow Club</li> <li>- The Curve</li> <li>- Maida Vale – BBC</li> </ul> <p>It was noted that the event will need to be widened to involve other organisations/groups that are currently supporting young people across North Kensington as there is a lot of activity already taking place.</p> <p>In terms of communicating the event FA suggested that following the early findings from the community research that they are currently involved with, young people like to communicate through word of mouth and through those people that they already know.</p> <p>SC suggested inviting schools to nominate/attend with a group of pupils as this would be a good way of reaching those young people who may not currently be accessing local services or activities</p> <p style="text-align: center;"><b>Action: AK to provide an update on the event at the next meeting in April</b></p>	
<p><b>6. Kensington and Chelsea Social Council process to support new/emerging organisations</b></p> <p>AS and JB presented the work that the Social Council has been undertaking to support new and emerging organisations in North Kensington. The slides can be accessed here:</p> <div style="text-align: center;">  <p>Multi Agency Partnership presentat</p> </div> <p>In addition to the slides AS set out the following key points:</p> <ul style="list-style-type: none"> <li>- KCSC have been working closely with John Lyons and London Funders in the distribution of funding.</li> <li>- Challenge has been to keep the director of service up to date, however now working with CCG on the single directory. However there are a number of services that KCSC are not in contact with and as such it will be hard to ensure that those services are quality assured.</li> <li>- New processes are now in place to support new groups and organisations based on the learning to date.</li> </ul> <p>JB also added that a further challenge is that not all new groups/organisations want to be constituted or become charitable organisations.</p> <p>MA said that the issue of hosting a service rather than constituting is a live one as some</p>	

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<p>organisations are not appropriate to constitute or become and Community Interest Company so as supporting organisations we need to be careful.</p> <p>A further comment received was in relation to the challenge of new and emerging organisation donors who provide funding. Donors have to work much more closely with the current infrastructure and by doing so this would improve quality.</p>	
<p><b>7. NHS Model of Care</b></p> <p>MH presented the NHS model of care, the slides can be accessed here</p> <div data-bbox="322 770 386 831" data-label="Image"> </div> <p>MoC Summary slides 2.pptx</p> <p>Following the presentation MA invited questions and feedback on the proposed model. The following sets out the key questions and discussions that took place:</p> <p>How does this model fit with the Community Living Well model? - As the model is based on the My Care My Way it aligns with primary care provision and the aim is for the model of care to compliment Community Living Well but we are not quite sure as to how yet, this will require further thinking and working. The current model of care pilot is working quite well at present using the current My Care My Way case workers.</p> <p>Is this a more expensive model? - Not necessarily as the model is using existing services but there will need to be an increase in the number of case workers required to support the model. In respect of patient this will provide a better experience of joined up care and will save time for patients with have a single point of contact for their care.</p> <p>How would I get my lead worker? – This will be via your GP surgery but will be handled on a case by case base basis and will be identified by working with the family. It could be the person who has the most effective relationship with the family or it could be by personal choice by the family or individual. We are trying to capitalise and systemise the approach and it is a real opportunity to bring people and services together.</p> <p>How do we prevent the possibility of some case workers having increasing workloads (especially if they are popular with families) – the model will be an opportunity to do things differently and this will be done through activities such as training to ensure development of case workers.</p> <p>Is there an impact on the business as usual services delivered by the community mental health team, has capacity been pulled out from current services to provide additional services for North Kensington? – no one within the current outreach team have come from the community mental health team.</p> <p>How will referrals be made into the service? – as this is a multi-disciplinary approach to case management referrals can be made from a range of services. Once a referral has</p>	

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<p>been made the most appropriate person will be identified with the family in respect of providing case management.</p> <p>Surgeries will be commencing the pilot over the next couple of months and will be provided with training. Through the pilot stage the model will be continually evaluated.</p> <p>Mona Hayat is the management lead and Oisin Brannick is the clinical lead.</p>	
<p><b>8. Introduction to BME Community Research Project</b></p> <p>FA provided the background to the project – a new consortium of BME organisations have been set up following the fire. The consortium was set up with the support of Kensington and Chelsea Social Council who provided support and coordination.</p> <p>The consortium was successful in acquiring Big Lottery funding and has resulted in 11 organisations coming together in the consortium. The first activity of the consortium was to undertake community research to obtain a better understanding of the needs of local BME communities.</p> <p>Local community members have shown great interest to participate in the research. The organisations involved in the community research have received overwhelming interest from diverse members of the community, which was very positive. Community members who were very concerned with the growing violence of young people in the local area, has requested the research to also capture the needs of young people. Local young boys/men from the community volunteer and recruit young people to participate (young men). We have received positive feedback from members of the community in particular local parents for giving the young people an opportunity to voice their needs. We have also planned to engage with young girls, but we were not able to do it due to the time limitation we have had to complete the research.</p> <p>The research will be completed on 23<sup>rd</sup> March. The findings will be presented on 27<sup>th</sup> and 28<sup>th</sup> June at the Curve. FA will share the feedback at a future Forum meeting.</p> <p style="text-align: center;"><b>Action: FA to present the findings of the Community Research at a future meeting</b></p>	
<p><b>9. Media Impact on local community – discussion</b></p> <p>MH reported that an emerging theme of feedback identified by some of our providers that has started to emerge from residents is that people are starting to feel saturated and overwhelmed with the increasing amount of media interest in the community. Media requests are being undertaken directly with the community. MH wanted to understand if this is the case voluntary and community sector organisations.</p> <p>AS reported that there had been nothing for a while. KCSC did run media training for local organisations in September.</p>	

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<p>FA said that Midaye had received calls asking for them to connect them with survivors directly after the fire but this had stopped over recent weeks and months.</p> <p>MF agreed that immediately after the fire they were overwhelmed with enquiries but this was no longer the case.</p> <p>It was acknowledged by forum members that the community are vulnerable at the moment and will be leading up to the anniversary it is import to be able to connect the community with volunteers who are able to support them.</p> <p>MH offered support to forum members and advised that media reports can be directed to the CCG who will be happy to provide support.</p> <p>The CCG are happy to directly contact the media to inform them of their concerns in relation to media requests being made directly with the community and that this needs handling sensitively, especially running up to the anniversary.</p> <p>AS offered to send out a message via KSCS communication channels in terms of the offer of support and advice for organisations from the CCG.</p> <p>CH reported that the impact of the six month anniversary remembrance service at St Pauls on those attended was that they were not prepared of expecting to hear playbacks during the service or that the service was being filmed. Moving forward we need to ensure that we learn from these experiences and provide appropriate support to those up to the first anniversary.</p> <p>MF said that the new Suicide Prevention Strategy contained some good advice in relation to media handling. The strategy will be shared with the forum members for information.</p> <p>You can access the Suicide Prevention Strategy here</p> <p><b>Action: AP to follow up with CCG actions in relation to creating a communication to be shared through KCSC communication channels, offering support to local groups and organisations</b></p>	
<p><b>10. Any other business</b></p> <p>MH informed members of the Children’s and Families Therapeutic Survey which is currently available to families to complete. MH encouraged members of the forum to promote the survey and share with the communities that they work with.</p>	
<p><b>9. Time and date of next meeting</b></p> <p>23<sup>rd</sup> April 2018, 3.00pm – 5.00pm, Museum of Brands</p>	