

# Joint Meeting of the Healthier Communities and Children and Young People Select Committees Agenda

Wednesday, 17 July 2019  
**7.30 pm**, Council Chamber  
Civic Suite  
Lewisham Town Hall  
London SE6 4RU

For more information contact: John Bardens (02083149976)

This meeting is an open meeting and all items on the agenda may be audio recorded and/or filmed.

## Part 1

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# Joint Healthier Communities and Children and Young People Select Committee meeting on BAME mental health inequalities

## Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Wednesday, 17 July 2019.

Janet Senior, Acting Chief Executive  
Tuesday 9 July 2019

|                                  |  |
|----------------------------------|--|
| Councillor Tauseef Anwar         |  |
| Councillor Peter Bernards        |  |
| Councillor Colin Elliott         |  |
| Councillor Aisling Gallagher     |  |
| Councillor Octavia Holland       |  |
| Councillor Coral Howard          |  |
| Councillor Liz Johnston-Franklin |  |
| Councillor Caroline Kalu         |  |
| Councillor Paul Maslin           |  |
| Councillor Hilary Moore          |  |
| Councillor John Muldoon          |  |
| Councillor Olurotimi Ogunbadewa  |  |
| Councillor Jacq Paschoud         |  |
| Councillor John Paschoud         |  |
| Councillor Luke Sorba            |  |
| Lilian Brooks                    | Parent Governor Representative                     |
| Kevin Mantle                     | Parent Governor representative for special schools |
| Kate Ward                        | Parent Governor Representative                     |
| Gail Exon                        | Church of England                                  |

Monsignor N Rothern

Councillor Bill Brown (ex-Officio)

Councillor Sakina Sheikh (ex-Officio)

Roman Catholic Church

| <b>Joint Healthier Communities and Children and Young People Select Committee</b> |                          |                 |   |
|---|--------------------------|-----------------|---|
| <b>Title</b>  | Declarations of Interest | <b>Item No.</b> | 3 |
| <b>Contributor</b>  | Chief Executive          |                 |   |
| <b>Class</b>  | Part 1 (open)            | 17 July 2019    |   |

## Declaration of interests

Members are asked to declare any personal interest they have in any item on the agenda.

### 1 Personal interests

There are three types of personal interest referred to in the Council's Member Code of Conduct:-

- (1) Disclosable pecuniary interests
- (2) Other registerable interests
- (3) Non-registerable interests

### 2 Disclosable pecuniary interests are defined by regulation as:-

- (a) Employment, trade, profession or vocation of a relevant person\* for profit or gain
- (b) Sponsorship –payment or provision of any other financial benefit (other than by the Council) within the 12 months prior to giving notice for inclusion in the register in respect of expenses incurred by you in carrying out duties as a member or towards your election expenses (including payment or financial benefit from a Trade Union).
- (c) Undischarged contracts between a relevant person\* (or a firm in which they are a partner or a body corporate in which they are a director, or in the securities of which they have a beneficial interest) and the Council for goods, services or works.
- (d) Beneficial interests in land in the borough.
- (e) Licence to occupy land in the borough for one month or more.
- (f) Corporate tenancies – any tenancy, where to the member's knowledge, the Council is landlord and the tenant is a firm in which the relevant person\* is a partner, a body corporate in which they are a director, or in the securities of which they have a beneficial interest.
- (g) Beneficial interest in securities of a body where:-
  - (a) that body to the member's knowledge has a place of business or land in the borough; and
  - (b) either
    - (i) the total nominal value of the securities exceeds £25,000 or 1/100 of the total issued share capital of that body; or
    - (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person\* has a beneficial interest exceeds 1/100 of the total issued share capital of that class.

\*A relevant person is the member, their spouse or civil partner, or a person with whom they live as spouse or civil partner.

### (3) Other registerable interests

The Lewisham Member Code of Conduct requires members also to register the following interests:-

- (a) Membership or position of control or management in a body to which you were appointed or nominated by the Council
- (b) Any body exercising functions of a public nature or directed to charitable purposes, or whose principal purposes include the influence of public opinion or policy, including any political party
- (c) Any person from whom you have received a gift or hospitality with an estimated value of at least £25

### (4) Non registerable interests

Occasions may arise when a matter under consideration would or would be likely to affect the wellbeing of a member, their family, friend or close associate more than it would affect the wellbeing of those in the local area generally, but which is not required to be registered in the Register of Members' Interests (for example a matter concerning the closure of a school at which a Member's child attends).

### (5) Declaration and impact of interest on members' participation

- (a) Where a member has any registerable interest in a matter and they are present at a meeting at which that matter is to be discussed, they must declare the nature of the interest at the earliest opportunity and in any event before the matter is considered. The declaration will be recorded in the minutes of the meeting. If the matter is a disclosable pecuniary interest the member must take no part in consideration of the matter and withdraw from the room before it is considered. They must not seek improperly to influence the decision in any way. **Failure to declare such an interest which has not already been entered in the Register of Members' Interests, or participation where such an interest exists, is liable to prosecution and on conviction carries a fine of up to £5000**
- (b) Where a member has a registerable interest which falls short of a disclosable pecuniary interest they must still declare the nature of the interest to the meeting at the earliest opportunity and in any event before the matter is considered, but they may stay in the room, participate in consideration of the matter and vote on it unless paragraph (c) below applies.
- (c) Where a member has a registerable interest which falls short of a disclosable pecuniary interest, the member must consider whether a reasonable member of the public in possession of the facts would think that their interest is so significant that it would be likely to impair the member's judgement of the public interest. If so, the member must withdraw and take no part in consideration of the matter nor seek to influence the outcome improperly.
- (d) If a non-registerable interest arises which affects the wellbeing of a member, their family, friend or close associate more than it would affect those in the local area generally, then the provisions relating to the declarations of interest and withdrawal apply as if it were a registerable interest.

- (e) Decisions relating to declarations of interests are for the member's personal judgement, though in cases of doubt they may wish to seek the advice of the Monitoring Officer.

**(6) Sensitive information**

There are special provisions relating to sensitive interests. These are interests the disclosure of which would be likely to expose the member to risk of violence or intimidation where the Monitoring Officer has agreed that such interest need not be registered. Members with such an interest are referred to the Code and advised to seek advice from the Monitoring Officer in advance.

**(7) Exempt categories**

There are exemptions to these provisions allowing members to participate in decisions notwithstanding interests that would otherwise prevent them doing so. These include:-

- (a) Housing – holding a tenancy or lease with the Council unless the matter relates to your particular tenancy or lease; (subject to arrears exception)
- (b) School meals, school transport and travelling expenses; if you are a parent or guardian of a child in full time education, or a school governor unless the matter relates particularly to the school your child attends or of which you are a governor;
- (c) Statutory sick pay; if you are in receipt
- (d) Allowances, payment or indemnity for members
- (e) Ceremonial honours for members
- (f) Setting Council Tax or precept (subject to arrears exception)

# Agenda Item 3

| <b>Joint Healthier Communities and Children's and Young People Select Committee</b> |  |                 |                            |
|---|--|-----------------|----------------------------|
| <b>REPORT</b>   | Black, Asian and Minority Ethnic (BAME) Health Inequalities Progress Update – Children & Young People (CYP) and Adults                       |                 |                            |
| <b>CONTRIBUTORS</b>   | Adults Mental Health Joint Commissioning Manager, CYP Joint Commissioning Manager, and Director of Public Health, London Borough of Lewisham | <b>Item No:</b> | 3                          |
| <b>CLASS</b>  | Part 1   | <b>Date:</b>    | 17 <sup>th</sup> July 2019 |

## 1. Purpose

- 1.1. To provide an update on developments that have taken place over the past year to address Black, Asian and Minority Ethnic (BAME) health inequalities in Lewisham.
- 1.2. The activity presented in this report covers the wide range of services, programmes, projects and initiatives that are commissioned and/or delivered via Lewisham Council, Lewisham CCG and its partners. The activity presented covers both Children & Young People (CYP) and adults to give an overview of progress to date for both population groups.

## 2. Recommendation/s

- 2.1. Members of the Healthier Communities Select Committee and Children and Young People Select Committee are recommended to:
  - Note the progress made in the past year across CYP and adults, specifically around addressing mental health inequalities for BAME communities in Lewisham.

## 3. Strategic Context

- 3.1. The Health and Social Care Act 2012 required the creation of statutory Health and Wellbeing Boards in every upper tier local authority. By assembling key leaders from the local health and care system, the principle purpose of the Health and Wellbeing Boards is to improve health and wellbeing and reduce health inequalities for local residents.
- 3.2. The activity of the Health and Wellbeing Board (HWB) is focussed on delivering the strategic vision for Lewisham as established in Lewisham's Health and Wellbeing Strategy.
- 3.3. The work of the Board directly contributes to the Council's new Corporate Strategy. Specifically Priority 5 – Delivering and Defending: Health, Social Care

and Support – Ensuring everyone receives the health, mental health, social care and support services they need.

#### **4. Background**

- 4.1. In July 2018 the HWB agreed that the main area of focus for the Board should be tackling health inequalities, with an initial focus on health inequalities for BAME communities in Lewisham.
- 4.2. Following analysis undertaken by a sub group of the Board, three priority areas were identified through which the Board could play a significant role in addressing the widest gaps in BAME health inequalities. The areas identified were: mental health; obesity; and cancer.
- 4.3. The work of the Board has focused on the area of mental health in this first year and a strategic approach has been considered across both Children and Young People (CYP) and Adults.
- 4.4. The approaches and commissioning for these two population groups are carried out by separate teams across the council and CCG. However, there is a clear understanding that reducing mental health inequalities amongst BAME communities in Lewisham requires an integrated approach to maximise resources and improve mental health and wellbeing outcomes.

#### **5. Activity To Date (Adults)**

##### **5.1. BAME Mental Health Summit (October 2018)**

- 5.1.1. A mental health summit for BAME communities in Lewisham was held last year to start a community conversation about how Lewisham could develop a community-led approach to address BAME mental health inequalities. This followed the Thrive LDN community conversation around mental health and wellbeing that was held in Lewisham earlier in the year.
- 5.1.2. The following themes arose from the community discussions:
  - **Stigma** – the widespread stigma around mental health issues need to be addressed.
  - **Communication** – improved communication around what is already happening in terms of both community and statutory services is needed.
  - **Early intervention** –the need for earlier intervention with young people, via education and other routes to prevent mental ill health.
  - **Genuine co-production** – a clear mechanism is needed for genuine dialogue and co-production with BME communities for both mental and physical health

- **Cultural competence of services** – need further understanding of the need for and the benefits of culturally specific services, including the potential benefits of seeing a professional from a similar background to your own.

5.1.3. The specific recommendations that followed for the HWB were:

- Endorse and support stigma and discrimination reduction activities such as the Time to Change campaign.
- Require the Lewisham Health and Care Partners to develop mechanisms for genuine co-production with members of the BAME communities in Lewisham to support commissioning of all-age mental health services.
- Consider how a stronger focus on prevention and early intervention for mental health (particularly with BAME communities) can be achieved.

## 5.2. **HWB Workshop: Improving Health Outcomes For BAME Communities In Lewisham (March 2019)**

5.2.1. A 90 minute workshop for senior representatives from Lewisham's Health & Social care providers, community organisations and the BME Network was subsequently held, planned and facilitated by a member of the BME network, to fulfil recommendations arising from the summit, particularly around developing a mechanism for genuine co-production for BAME communities.

5.2.2. The recommendations from this follow-up workshop focused on resourcing BAME participation, exploration of how to better empower BAME communities as part of decision-making processes and an agreement by all that this was the start of a process to develop a long-term sustainable co-production approach to address health inequalities – in both physical and mental health.

5.2.3. The Executive Director of Community Services subsequently met with representatives from the BME network to continue to develop the Lewisham approach. Commissioning leads and BME network representatives are now in the process of agreeing the initial stages this approach specifically for BAME adult's mental health in the first instance.

## 5.3. **Mental Health Joint Strategic Needs Assessment (JSNA) (Completed June 2019)**

5.3.1. The topic of mental health was selected as a priority area by the JSNA Steering group in 2018. A comprehensive needs assessment has been undertaken by Public Health focusing on adult's mental health and is due to be made publicly available shortly. An integral part of this has been a series of recommendations focusing on inequalities in BAME adult mental health, which include the following:

- More targeted support for protected characteristic groups and groups we know are at higher risk of developing mental health conditions (BAME, refugees and asylum seekers, men, older people, LGBT+ population, homeless people,

people with substance/alcohol misuse issues, unemployed people, carers, and people in the criminal justice system)

- Continued to work towards reducing BAME mental health inequalities
- A continued focus on prevention and early intervention
- Improving the physical health of people with severe mental illness

5.3.2. A plan of action to address the JSNA recommendations will be developed with the Joint Commissioning Group (JCG) and Mental Health Provider Alliance, which will work alongside aforementioned work to develop a co-production approach for BAME adult's mental health.

#### 5.4. **Good Practice Models Research (May 2019)**

5.4.1. Networking with other London boroughs to research models of good practice for co-production to address health inequalities has been taking place. Additional desktop research to identify key learning points from other co-production initiatives are also being collated in order to transfer aspects of any successful models to Lewisham.

#### 5.5. **Lewisham Suicide Prevention Strategy Implementation**

5.5.1. The Suicide Prevention Strategy was agreed by the HWB in March 2019. The action plan is currently being implemented. The number of completed suicides among BAME Lewisham residents is not known at present due to lack of available data, however younger men (24-45) are have been identified as a priority risk group in Lewisham, which includes men from BAME communities. A launch of the Suicide Prevention Strategy is planned for September 2019, bringing together local professionals, key stakeholders as well as local residents. The specific application of the strategy to the needs of BAME communities around self-harm and suicide will be an important part of the strategy's implementation.

### 6. **Activity To Date (Children & Young People)**

6.1. The CYP Joint Commissioning team established a school focused mental health participation group which the young people called **Inspire**. All members of the group are Black, Asian, Minority Ethnic and Refugee (BAMER) and they work together to develop an approach to reduce mental health stigma and strengthen peer to peer support in schools (Nov 2018).

6.2. The Anna Freud Centre awarded Lewisham CAMHS with the '**Best Participation in Service**' award. The given reasons for selecting Lewisham included the Young Advisory Group (YAG) tips for staff that can be seen around the offices and the Alchemy BAME & LGBTQ+ Groups.(2017/18 awards).

- 6.3. The CAMHS-led participation group, **Alchemy**, designed and delivered cultural awareness training to CAMHS staff. They used their knowledge of inequality together with their lived experience to help CAMHS staff to better tailor services to their needs.

*“I’ve had a lot of experience of CAMHS and all kinds of clinicians... to be honest my favourite clinician was one that just acknowledged that I was black and she was white”*

Young Person, Alchemy

- 6.4. Alchemy was commissioned for a further year to extend the co-produced BAME and LGBTQ groups to children and young people beyond the scope of CAMHS creating an increased psychology presence in schools. The new specification includes a **focus on peer-to-peer support and increased emotional literacy in schools** (March 2019).
- 6.5. A relationship has been brokered between the National Maritime Museum and the two CAMHS participation groups; the Young Advisory Group and Alchemy. The project involved young people with mental health problems **designing and making mental health first aid kits for refugee families** arriving in Lewisham. (June 2019)
- 6.6. The CYP Joint Commissioning team have an on-going consultative relationship with Parent ENGage, the Young Mayors Advisors and the Looked after Children Council.
- 6.7. An Expression of Interest (EOI) has been submitted to the Department of Education for funding for two Mental Health Support Teams (MHST). The teams would deliver interventions to CYP with mild to moderate needs in schools. Children, young people and local residents’ voices were at the centre of Lewisham’s MHST proposal, which was predicated on the following three inequality drivers: Targeting schools affected by poverty and crime; Reducing pupil exclusion: Targeting and tailoring services for BAMER CYP (March 2019).
- 6.8. Recruitment of Healthy Schools Officer to directly support Lewisham schools achieving Healthy School status which incorporates a whole school approach to improving emotional wellbeing and mental health (June 2019).

## **7. Planned Approach & Actions**

### **7.1. Planned Approach**

- 7.1.1. There have been significant developments in promoting participation and co-production alongside a greater emphasis on targeting and tailoring services to BAME CYP and adults over the last 12 months.
- 7.1.2. The learning gained over the last year across CYP and adults will be enhanced further through more integration of the two work streams where

relevant. It is recognised that the needs of the BAME communities span both CYP and adults. People live as part of communities and family units and engagement and co-production with communities needs to recognise this.

- 7.1.3. There is an acknowledgement of the opportunities that can potentially be missed with early intervention approaches when mental health, or indeed any health topic, is considered independently across these two population groups.
- 7.1.4. Obtaining, scrutinising and communicating data relating to mental health services for the BAME populations will be key to further developments within the commissioning cycle.
- 7.1.5. The on-going relationship between the CYP Joint Commissioning Team, the Adult Joint Commissioning Team and a range of participation groups will be necessary for authentic co-production and young person/family - led services. Establishing the most effective forms of co-production with the BAME community is critical, recognising that a blend of many different approaches may be needed.

## 7.2. Planned Actions 2019/20

7.2.1. A number of actions have been identified specifically relating to CYP:

- **Increasing participation and co-production** is one of the eight local priorities within Lewisham's CAMHS Transformation Plan 2018. This has driven the establishment of a new, commissioner-led, mental health participation group alongside a re-focused CAMHS-led participation group, with a particular focus on BAME children and young people (CYP).
- A **member-led review** and an **NHS Intensive Support Team review** of the mental health pathway for children and young people in Lewisham were undertaken. Both reviews highlighted certain strengths, such as professional commitment to this work, and of specific areas of good practice such as the neuro-developmental pathway. However, it was noted that more could be done to promote seamless pathways and target and tailor services to the needs of CYP from BAME backgrounds. The recommendations are currently being progressed by the CYP commissioning team. (2018 and early 2019)
- The reviews generated 32 recommendations, around which joint commissioners have built a **robust improvement plan**. The plan is being monitored by NHS England and by the CYP Mental Health and Emotional Wellbeing Board on behalf of the Local Authority. Many of these recommendations have implications for the Early Help Review, which is running alongside improvement plan.

7.2.2. A number of priority areas have been identified for development as part of this improvement plan. These include:

- Exploring using LA CAMHS funding to develop an approach to work specifically with **young people at risk of exclusion**, paying particular

attention to the needs of BAME young people.

- A school-based pilot initiative involving the development of a **young person peer-to-peer support model** (including training for young people, problem solving booths and supervision for the peers providing support).
- Working with **voluntary and community sector providers** such as youth services, to enhance wellbeing and resilience for young people in community settings.
- Undertake a deep dive into **gaps in the data** in relation to the extent to which different demographic groups are accessing mental health support, potentially through a sampling approach. This should include breakdown by ethnicity across services.

7.2.3. A number of actions have been identified specifically for adults:

- To build upon community and service user participation to co-design local service and care pathways through the Mental Health Provider Alliance Development process.
- To ensure that the increase in Lived Experience workers (Peer Support, etc.) is representative of the local community and where necessary adopt a targeted recruitment approach/campaign.
- The Mental Health Alliance has broadly accepted the findings and recommendations from the JSNA and will seek incorporate these into ongoing development plans.

7.2.4. A number of actions have been identified across both CYP and adults:

- To follow up work with the BME Network to prioritise and develop an action plan over the next 3 years.
- To develop a co-production participation infrastructure to engage BAME communities in commissioning decisions that impact upon emotional wellbeing and mental health.
- To develop a Lewisham approach that promotes the interface between adult and CYP services especially:
  - For parents experiencing mental health difficulties, supporting them in the context of their family environment
  - For CYP experiencing mental health difficulties, supporting them in the context of their family and peer environment.
- To continue the development of the Lewisham Time to Change Hub in conjunction with promoting awareness of mental health and wellbeing among BAME communities in Lewisham.

7.2.5 A more detailed action plan including timelines and lead officers for specific actions has been included in Appendix 1 of this paper.

## **8. Financial Implications**

8.1. The various work described within the report that is the responsibility of the Council will be met from existing revenue budgets in the Community Services and Children and Young People Directorates.

## **9. Legal Implications**

9.1 There are no specific Legal Implications from this report.

## **10. Crime and Disorder Implications**

10.1. There are no Crime and Disorder Implications from this report.

## **11. Equalities Implications**

11.1. The Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

11.2. In summary, the Council must, in the exercise of its functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

11.3. The duty continues to be a “have regard duty”, and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. It is not an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.

11.4. The Equality and Human Rights Commission has recently issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled “Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice”. The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals

particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at:

<http://www.equalityhumanrights.com/legal-and-policy/equalityact/equality-act-codes-of-practice-and-technical-guidance/>

11.5. The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:

1. The essential guide to the public sector equality duty
2. Meeting the equality duty in policy and decision-making
3. Engagement and the equality duty
4. Equality objectives and the equality duty
5. Equality information and the equality duty

11.6. The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty, including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at:

<http://www.equalityhumanrights.com/advice-and-guidance/publicsector-equality-duty/guidance-on-the-equality-duty/>

## **12. Environmental Implications**

12.1. There are no environmental implications from this report.

## **13. Conclusion**

13.1. Reducing BAME mental health inequalities is a priority area across all ages within Lewisham Council. A variety of different work has already been implemented and plans are in place for further work in 2019/20 and beyond. The longer term aspiration is for the consideration of BAME health inequalities to be a routine consideration in all aspects of commissioning local services and programmes for the Lewisham population.

If there are any queries on this report please contact Catherine Mbema, Public Health, Lewisham Council, on 0208 314 4937, or by email at:

[catherine.mbema@lewisham.gov.uk](mailto:catherine.mbema@lewisham.gov.uk).

## Appendix 1: Lewisham BAME Health Inequalities Development Plan version 1.0

| Ref No.                                | Action  | Owner/Governance   | Timescale  | Progress  | RAG |
|--|---|--|--|---|-----|
| <b>Children and Young People (CYP)</b> |   |  |  |   |     |
| 1.                                     | Establish mental health participation group with a focus on BAME children and young people  | LBL CYP commissioning team / CYP Mental Health and Emotional Wellbeing Board                         | June 2019  | Specific school work will commence In October 2019          |     |
| 2.                                     | Response to recommendations from member-led review and NHS intensive support team review of mental health pathway for CYP in Lewisham | LBL CYP commissioning team / CYP Mental Health and Emotional Wellbeing Board                         | April 2019 – March 2021                          | 32 recommendations with short, medium and long term actions |     |
| <b>Adults</b>                          |   |  |  |   |     |
| 3.                                     | Work to ensure that there is community and service user participation in co-design of local service and care pathways                 | Adults Mental Health Provider Alliance   | September 2019                                   |   |     |
| 4.                                     | Implementation of recommendations from the Adults Mental Health JSNA  | Adults Mental Health Provider Alliance   | August 2019                                      |   |     |
| 5.                                     | Work to ensure that Lived Experience workers are ethnically representative of the Lewisham population                                 | Adults Mental Health Provider Alliance   | September 2019 (Linked to external funding bids) |   |     |
| 6.                                     | To co-produce approaches to engagement and on-ongoing dialogue as component of the Alliance Engagement & involvement strategy         | Adults Mental Health Provider Alliance   | September 2019                                   |   |     |
| <b>CYP and Adults</b>                  |   |  |  |   |     |
| 7.                                     | To work with the Lewisham BAME Health Network to continue to develop this action plan for the next 3 years                            | CYP Mental Health and Emotional Wellbeing board/Adults Mental Health Provider Alliance/Public Health | October 2019                                     |   |     |
| 8.                                     | To develop a co-production infrastructure to engage Lewisham BAME communities in  | CYP Mental Health and Emotional  | October 2019                                     |   |     |

## Appendix 1: Lewisham BAME Health Inequalities Development Plan version 1.0

| Ref No. | Action  | Owner/Governance  | Timescale      | Progress   | RAG |
|---------|---|---|----------------|--|-----|
|         | commissioning decisions that impact upon mental health and emotional wellbeing                          | Wellbeing board/Adults Mental Health Provider Alliance/Public Health                                  |                |  |     |
| 9.      | To develop a Lewisham approach to promote the interface between adult and CYP mental health services    | CYP Mental Health and Emotional Wellbeing board/Adults Mental Health Provider Alliance                | October 2019   |  |     |
| 10      | To develop the Time to Change Hub to include a focus on reducing stigma in BAME communities in Lewisham | Lewisham Public Health/Adults Mental Health Commissioning Team/Adults Mental Health Provider Alliance | September 2019 | The Hub has already been established but work to focus on reducing stigma in BAME communities to be developed. |     |

## Meeting the public sector equality duty at SLaM

2018 Lewisham ethnicity information



Please contact South London and Maudsley NHS Foundation Trust if you have any questions, comments or feedback on this report or if you would like to request a copy of this report in another format.

Macius Kurowski, Equality Manager

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## 1. Purpose of this report

This ethnicity report provides information that can inform improvements to the quality of the services we provide, working in partnership with service users, carers, families and communities. The importance of this work is reflected in the Trust's [Changing Lives Strategy](#) which aims to improve what matters to service users which can only be achieved by working in partnership with them.

Our staff work hard to achieve this by delivering compassionate, safe and effective services for everyone who needs them. However, we know that there is a lack of confidence and trust about this in some Black, Asian and minority ethnic (BAME) communities, and that this, in turn, can lead to reluctance to seek help from some of our services at an early stage.

This is a serious problem because we also know that a lot of factors in society result in a higher risk of people from ethnic minority backgrounds developing severe mental illness. Because of these factors and the diversity of our local population, we see high proportions of ethnic minority service users in our services for people with severe mental illness. It is vital that these services provide the best possible quality of care and keep improving what matters to all service users, carers and families.

The information in this report does not provide all the answers, it does however provide information that can be used to stimulate thinking and generate questions that will help us to understand issues and concentrate our efforts to deliver equitable access, experience and outcomes for all.

We recognise the importance of sharing this information with service users, carers, families, communities and stakeholders, and of the importance of working in partnership with them. Ultimately, we want all local communities to have trust and confidence in the services we provide.

Similar reports for Croydon, Lambeth and Southwark and other Trust-wide equality information is available on our website at: [our equality information](#)

## 2. Explanation of the information in this report

### 2.1 Changes from last year's report

We shared last year's report with stakeholders, staff and borough [Independent Advisory Groups \(IAG\)](#) who we work in partnership with to improve access, experience and

outcomes for BAME people. Following their feedback, we have made changes to this years' report to make it more informative and useful.

| 'They said'  | 'We did'  |
|--|---|
| Provide data for a whole year. Not just two snapshots.   | Replaced the two snapshots of data with 12 months of caseload data.   |
| Include data from more services.   | Included data for a larger number of services.  |
| We want to be able to compare ethnicity profiles of different services.                        | Grouped service ethnicity profiles into six areas of service delivery where there is the greatest interest on race equality in access, experience and outcomes. |
| We don't think the Trust's experience data is representative of ethnic minority service users. | Presented the ethnicity profile of Friends and Family Test (FFT) respondents alongside caseload ethnicity profiles to enable comparison between the two.        |
| Provide experience data at a service level rather than for everyone in the borough.            | Presented Friends and Family Test data for respondents in each of the six different areas of service delivery.  |
| Include more outcomes data.  | Provided more outcomes data for Improving Access to Psychological Therapies (IAPT)`.  |

## 2.2 Information included in this report

This report provides information on the following:

- Access to services:** Caseload data to show the ethnicity of service users who accessed the Trust's services in Lewisham between 1<sup>st</sup> September 2017 and 31<sup>st</sup> August 2018. This data was sourced from the electronic system used by the Trust to record clinical information (this is known as the electronic patient journey system or ePJS). Data on referrals, people entering first treatment and waiting times to Lewisham IAPT services. This data was sourced from [NHS Digital](#). Interpreting data was sourced from the Trust's language service providers.
- Experience in services:** FFT data on whether Lewisham service users of different ethnicities would recommend these services to friends or family. This data was sourced from anonymised Patient Experience Data Intelligence Centre (PEDIC) surveys completed by or on behalf of service users in Lewisham services during the two and half years between April 2016 and August 2018. We have used this longer period to show where, or if, experience has changed over time.

- **Outcomes of services:** Data on outcomes from Lewisham IAPT services. This data was sourced from the [NHS Digital](#).

## 2.3 Explanation of how the information is presented in this report

The data in this report is grouped into the following six sections:

1. Community mental health services for children and young people
2. Adult services providing psychological therapies
3. Community mental health services for adults with severe mental illness
4. Crisis and acute mental health services for adults with severe mental illness
5. Community dementia and mental health services for older adults
6. Forensic offender mental health services

Each section contains the following information:

- A short summary of what the services do and where they get referrals. Where possible, a link to further information on our [service finder](#) is provided.
- Tables and charts to show the ethnicity profile of who is accessing the services and who has given FFT feedback about those services alongside a comparator.
- Tables to show the top ten languages of interpreters booked by the services.
- Tables and charts to show what percentage of service users of different ethnicities would recommend the services to friends or family.
- Initial views of what the data suggests, examples of what services have done or are doing about this and ideas for other potential next steps for services.

## 2.4 Limitations of the information presented in this report

The information in this report provides useful insight into the access, experience and outcomes of service users of different ethnicities and what services are doing to improve this. However, it is important to acknowledge the limitations of what this data alone can tell us.

### Limitations of access information

In some services, the level of unknown ethnicity makes it difficult to make meaningful comparisons about access. The ethnicity may be unknown because it has not been recorded or because a service user stated they did not want this recorded.

Census 2011 data has been used as a comparator for the ethnicity profile of service caseloads. This is because it provides the ethnicity profile of people living in the boroughs who may need these services. However, for some services, it is not always possible to draw conclusions about access from Census data alone.

The uneven incidence of some mental health problems across different ethnic groups is an important factor to consider for access to services for adults with severe mental illness. [Psymaptic](#) data has been used as an additional comparator for access to these services. The Psymaptic model is a national tool that predicts cases of first episode psychosis in each borough for people of certain demographic groups.

Another factor to consider is that some services do not accept self-referrals. A more appropriate comparator for access to these services is the ethnicity profile of the services that they receive referrals from.

### **Limitations of experience information**

The report contains data from the FFT question in anonymised surveys undertaken in each service. This data does not explain the reasons why service users would or would not recommend the service to friends or family if they needed it.

In some cases the sample sizes for some ethnic groups are very low. It is important to consider the number of respondents as well as the percentage responding positively when reviewing the experience information in this report.

This experience data provides some insight into the experience of the survey respondents in the sample. However, whatever the sample size, it cannot automatically be considered indicative of the experience of all service users from this ethnic group.

The report does not include feedback from other methods that service users use to give feedback such as suggestion boxes, ward community meetings, PALS (Patient Advice and Liaison Service), formal compliments or complaints.

### **Limitations of outcomes information**

The report only contains outcomes data from the IAPT service. These are clinical measures that are defined nationally. The report does not include information on other clinical outcomes or non-clinical outcomes relating to other aspects relevant to the mental wellbeing of service users.

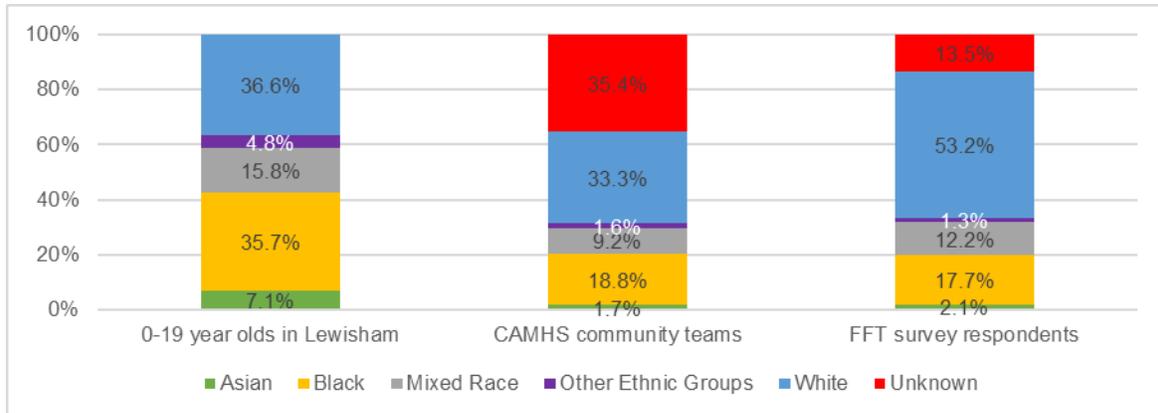
## **3. Community mental health services for children and young people**

Child and adolescent mental health services (CAMHS) community services in Lewisham include an [Adolescent Community Service](#), [Child and Adolescent Community Service \(Lewisham East\)](#), the [Kaleidoscope West Clinic Team](#), a [Child and Adolescent Looked After Service](#), a [Child and Adolescent Neurodevelopmental and Paediatric Liaison Service](#) and a [Young Offenders Service](#). Teams get their referrals from GPs, schools and social services.

### 3.1 Access

The table and chart below show the ethnicity of service users in CAMHS Community services between September 2017 and August 2018 in Lewisham and the ethnicity of FFT survey respondents to CAMHS community services.

|   | Asian | Black | Mixed Race | Other Ethnic Group | White | Unknown |
|---|-------|-------|------------|--------------------|-------|---------|
| 0-19 year olds in Lewisham (Census 2011)  | 7.1%  | 35.7% | 15.8%      | 4.8%               | 36.6% | 0.0%    |
| Lewisham CAMHS Community Services caseload between Sep 17 and Aug 18 (ePJS)           | 1.7%  | 18.8% | 9.2%       | 1.6%               | 33.3% | 35.4%   |
| FFT respondents to CAMHS Community Services surveys between Apr 16 and Aug 18 (PEDIC) | 2.1%  | 17.7% | 12.2%      | 1.3%               | 53.2% | 13.5%   |



Between September 2017 and August 2018 Lewisham CAMHS community services made 165 face to face interpreter bookings for 18 different languages to help communication between staff, service users and carers.

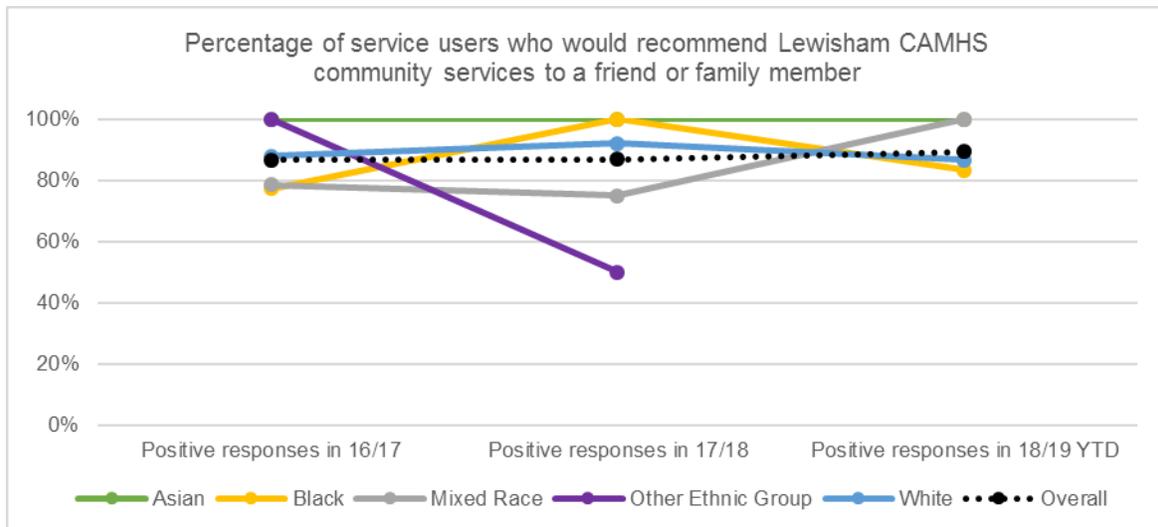
The table below shows the top ten languages of face to face interpreters booked by Lewisham CAMHS community teams between September 2017 and August 2018.

| Language                 | Number of bookings |
|--------------------------|--------------------|
| Spanish                  | 29                 |
| Kurdish / Kurdish Sorani | 28                 |
| Vietnamese               | 25                 |
| Pashtu                   | 17                 |
| Russian                  | 12                 |
| Arabic                   | 11                 |
| French                   | 10                 |
| Turkish                  | 10                 |
| Portuguese               | 5                  |
| Albanian                 | 5                  |

### 3.2 Experience

The table and chart below show the number of Lewisham CAMHS community service FFT respondents in each ethnic group and the proportion responding positively.

| How likely are you to recommend Lewisham CAMHS community services to friends and family if they needed similar care or treatment? |                              |                             |                              |                             |                                  |                                    |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|----------------------------------|------------------------------------|
| Ethnicity   | Number of responses in 16/17 | Positive responses in 16/17 | Number of responses in 17/18 | Positive responses in 17/18 | No. of responses so far in 18/19 | Positive responses so far in 18/19 |
| Asian   | 2                            | 100.0%                      | 1                            | 100.0%                      | 2                                | 100.0%                             |
| Black   | 22                           | 77.3%                       | 8                            | 100.0%                      | 12                               | 83.3%                              |
| Mixed Race  | 14                           | 78.6%                       | 8                            | 75.0%                       | 7                                | 100.0%                             |
| Other ethnic group  | 1                            | 100.0%                      | 2                            | 50.0%                       | 0                                | N/A                                |
| White   | 16                           | 87.9%                       | 11                           | 92.1%                       | 5                                | 86.7%                              |
| <b>Overall</b>  | <b>113</b>                   | <b>86.7%</b>                | <b>68</b>                    | <b>86.8%</b>                | <b>56</b>                        | <b>89.3%</b>                       |



### 3.3 Using this data for next steps

The level of unknown ethnicity in CAMHS community services makes it difficult to come to conclusions about access for ethnic minority service users. Lewisham CAMHS currently have a lower proportion of ethnicity recorded in comparison to other boroughs.

CAMHS have recognised the need to improve their recording of ethnicity. They have developed a dashboard to provide data to Borough Managers so they can lead action to improve this in their teams.

CAMHS have identified the need to improve access to community services for Asian and Black young people, particularly girls as an equality objective. The dashboard has been designed to provide managers with ethnicity data in relation to the source of referrals. This can help inform the planning, target activity and help measure whether this will achieve the aim of increasing access for these groups.

Staff at Lewisham CAMHS have supported young people to established BAME and LGBT+ groups who aim to work together to co-produce training for staff.

It is difficult to assess how representative the ethnicity profile of CAMHS FFT respondents are because a high proportion of respondents did not disclose their ethnicity. Comparing this partial profile to CAMHS service caseloads suggests that White service users could be over-represented. Increasing survey responses from ethnic minority service users and carers will make experience data more representative and therefore more useful.

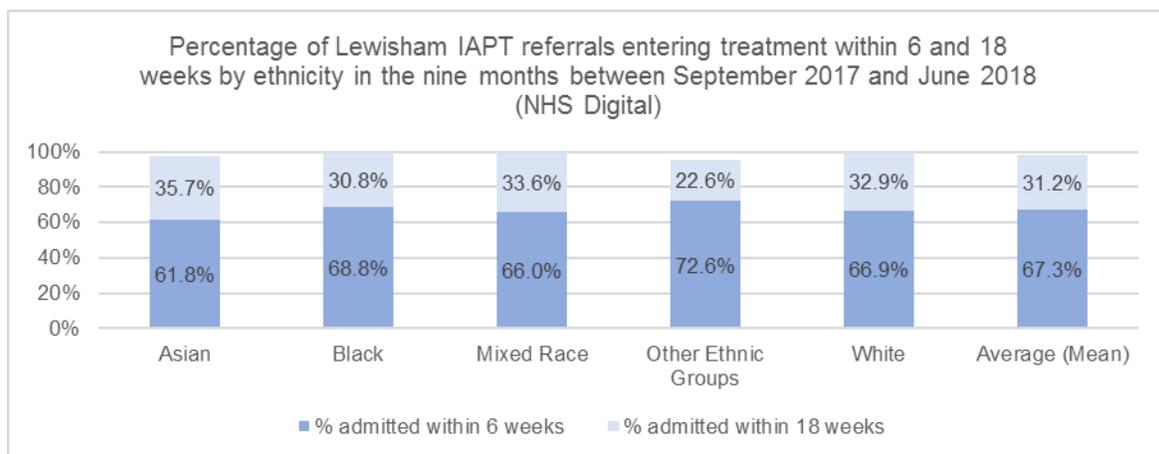
## 4. Adult services providing psychological therapies

Psychological therapy services provided by the in Lewisham include the following:

- [IAPT Lewisham](#) is a primary care service that provides advice and brief treatment, including self-help therapy for people, aged over 18, with depression or anxiety. Referrals are received from GPs and self-referrals.
- [Integrated Psychological Therapy service \(Lewisham\)](#) is a specialist psychological therapy service (secondary care) that provides assessment, treatment and care for people, aged 18-65, who have severe mental illness. The service receives referrals from the IAPT and Assessment and Liaison service.

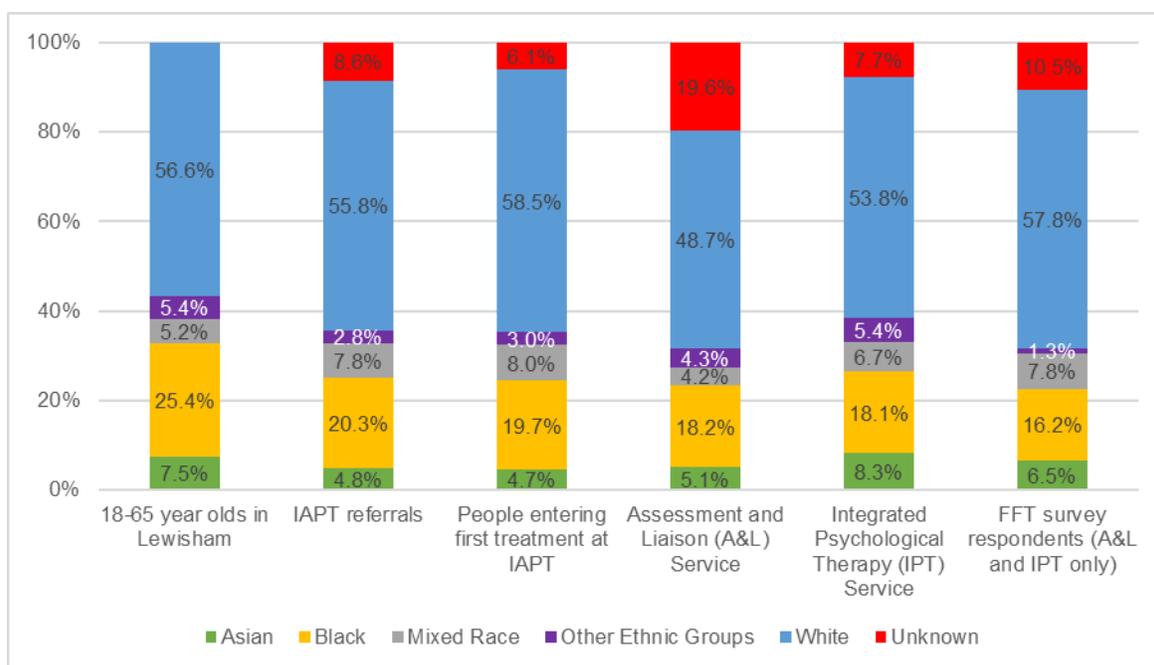
### 4.1 Access

The chart below shows the percentage of Lewisham IAPT referrals entering treatment within 6 and 18 weeks by ethnicity between September 17 and June 2018



The table and chart below show the ethnicity of referrals and people entering treatment at Lewisham IAPT in comparison with the ethnicity of 18-65 year olds in Lewisham, the caseloads of Assessment and Liaison and Integrated Psychological Therapy services and the ethnicity of FFT respondents in those services.

|  | Asian | Black | Mixed Race | Other Ethnic Group | White | Unknown |
|--|-------|-------|------------|--------------------|-------|---------|
| 18-65 year olds in Lewisham (Census 2011)  | 7.5%  | 25.4% | 5.2%       | 5.4%               | 56.6% | 0.0%    |
| IAPT referrals between Sep 17 and Jun 18 (NHS Digital)                                   | 4.8%  | 20.3% | 7.8%       | 2.8%               | 55.8% | 8.6%    |
| People entering first treatment at IAPT between Sep 17 and Jun 18 (NHS Digital)          | 4.7%  | 19.7% | 8.0%       | 3.0%               | 58.5% | 6.1%    |
| Lewisham Assessment & Liaison (A&L) service caseload between Sep 17 and Aug 18 (ePJS)    | 5.1%  | 18.2% | 4.2%       | 4.3%               | 48.7% | 19.6%   |
| Integrated Psychological Therapy (IPT) service caseload between Sep 17 and Aug 18 (ePJS) | 8.3%  | 18.1% | 6.7%       | 5.4%               | 53.8% | 7.7%    |
| FFT respondents to A&L and IPT service surveys between Apr 16 and Aug 18 (PEDIC)         | 6.5%  | 16.2% | 7.8%       | 1.3%               | 57.8% | 10.5%   |



Between September 2017 and August 2018 Lewisham IAPT and Integrated Psychological Therapy services made 812 face to face interpreter bookings for 33 different languages to help communication between staff, service users and carers.

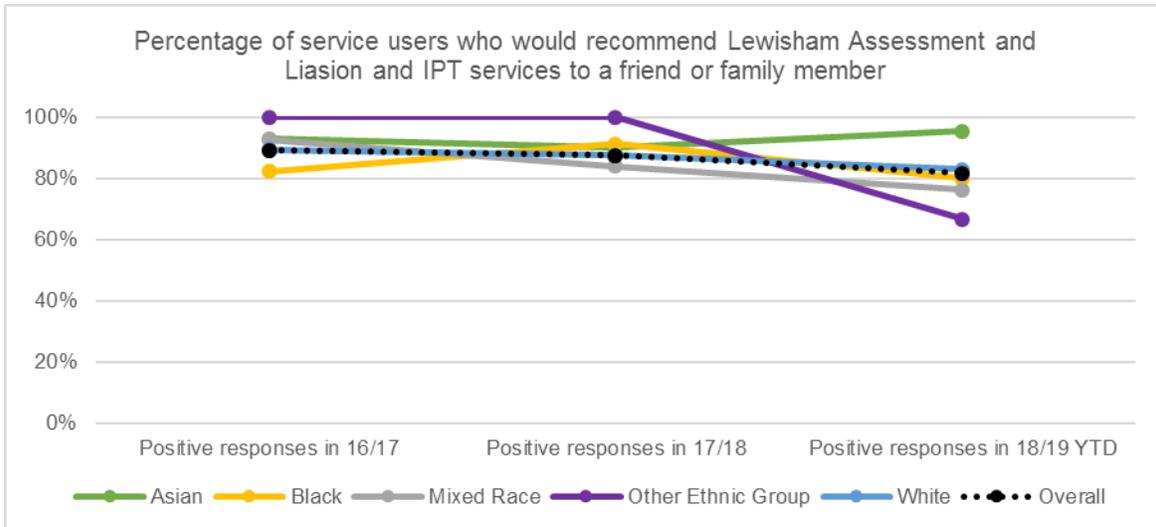
The table below shows the top ten languages of face to face interpreters booked by Lewisham IAPT and Integrated Psychological Therapy services between September 2017 and August 2018.

| Language        | Number of bookings |
|-----------------|--------------------|
| Tamil           | 153                |
| Spanish         | 117                |
| Turkish         | 75                 |
| Portuguese      | 61                 |
| Mandarin        | 53                 |
| Albanian        | 40                 |
| Vietnamese      | 38                 |
| Farsi (Persian) | 35                 |
| Arabic          | 32                 |
| Cantonese       | 30                 |

## 4.2 Experience

The table and chart below show the number of Assessment and Liaison and Integrated Psychological Therapy service FFT respondents in each ethnic group and the proportion that responded positively.

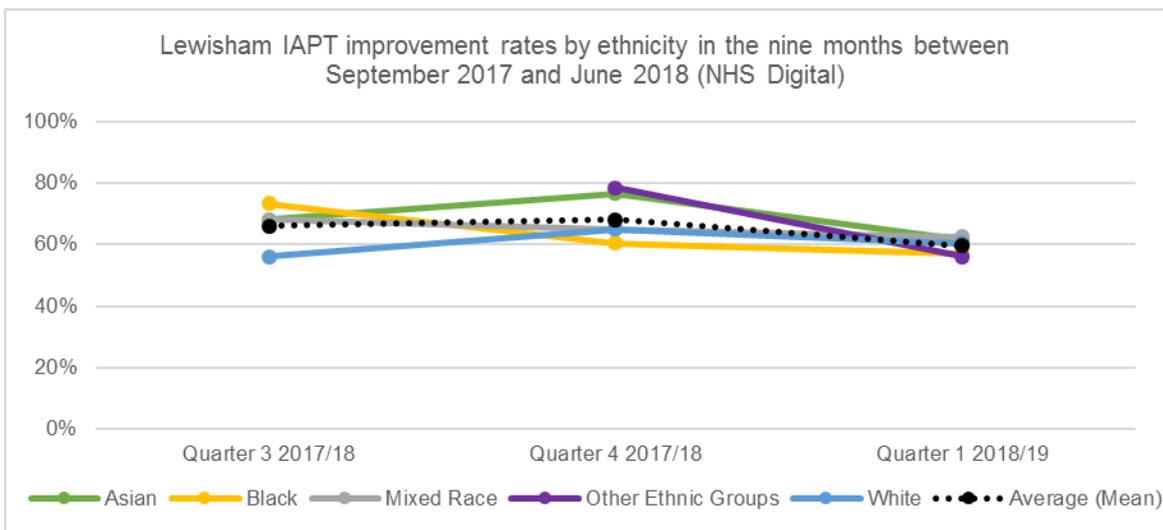
| How likely are you to recommend Lewisham Assessment and Liaison and Integrated Psychological Therapy services to friends and family if they needed similar care or treatment? |                              |                             |                              |                             |                                  |                                    |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|----------------------------------|------------------------------------|
| Ethnicity   | Number of responses in 16/17 | Positive responses in 16/17 | Number of responses in 17/18 | Positive responses in 17/18 | No. of responses so far in 18/19 | Positive responses so far in 18/19 |
| Asian   | 14                           | 92.9%                       | 30                           | 90.0%                       | 22                               | 95.5%                              |
| Black   | 45                           | 82.2%                       | 69                           | 91.3%                       | 50                               | 80.0%                              |
| Mixed Race  | 27                           | 92.6%                       | 31                           | 83.9%                       | 21                               | 76.2%                              |
| Other ethnic group  | 5                            | 100.0%                      | 2                            | 100.0%                      | 6                                | 66.7%                              |
| White   | 178                          | 89.3%                       | 222                          | 87.4%                       | 186                              | 82.8%                              |
| <b>Overall</b>  | 304                          | 89.1%                       | 388                          | 87.4%                       | 322                              | 81.7%                              |



### 4.3 Outcomes

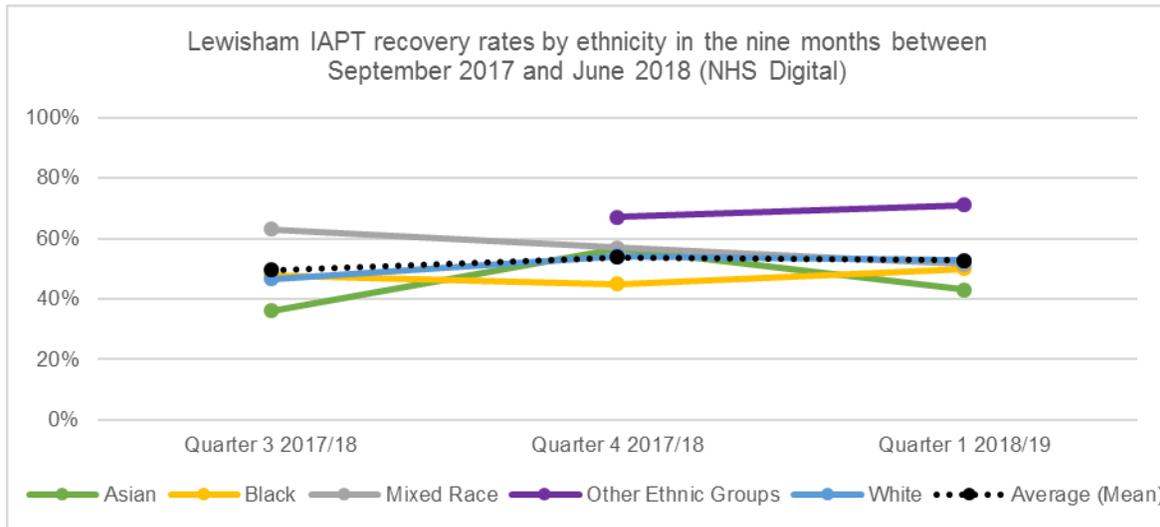
The table and chart below show the Lewisham IAPT improvement rates for service users of different ethnicities between September 2017 and June 2018 by ethnicity

|                     | Quarter 3 17/18 | Quarter 4 17/18 | Quarter 1 18/19 |
|---------------------|-----------------|-----------------|-----------------|
| Asian               | 68.0%           | 76.5%           | 61.5%           |
| Black               | 73.3%           | 60.3%           | 57.0%           |
| Mixed Race          | 68.0%           | 65.0%           | 62.5%           |
| Other ethnic groups | -               | 78.5%           | 56.0%           |
| White               | 56.0%           | 65.0%           | 60.3%           |
| Average (Mean)      | 68.0%           | 76.5%           | 61.5%           |



The table and chart below show the Lewisham IAPT recovery rates for service users of different ethnicities between September 2017 and June 2018 by ethnicity

|                     | Quarter 3 17/18 | Quarter 4 17/18 | Quarter 1 18/19 |
|---------------------|-----------------|-----------------|-----------------|
| Asian               | 36.0%           | 56.5%           | 43.0%           |
| Black               | 48.0%           | 45.0%           | 50.0%           |
| Mixed Race          | 63.0%           | 57.0%           | 51.5%           |
| Other ethnic groups | -               | 67.0%           | 71.0%           |
| White               | 46.7%           | 54.3%           | 52.7%           |
| Average (Mean)      | 49.6%           | 53.8%           | 52.8%           |



#### 4.4 Using this data for next steps

The data highlights that waiting times to enter IAPT treatment are broadly similar for different ethnic groups, it appears that a slightly higher proportion of people from other ethnic groups entered first treatment at six weeks.

A comparison of the ethnicity profiles of people referred with people entering treatment suggests that there is broadly proportionate access into first treatment for ethnic minority people once they are referred to IAPT.

Lewisham IAPT data shows the lowest proportion of unknown ethnicity in IAPT referrals, making this data more complete than IAPTs in other boroughs.

Lewisham IAPT have undertaken a number of outreach activities to increase access to the service by BAME groups. They have found that these outreach activities can lead to 'spikes' in referral but have not led to sustained change. IAPT have analysed their data

on BAME engagement and this was presented to a service meeting to look at how the whole staff team can help make improvements and identify training needs.

The service is aware of the variability in recovery rates for all ethnicities. The service has had some success in raising the recovery rate of Asian/Asian British. This service welcomed this improvement as this ethnic group showed lower recovery rates both in the Lewisham and in national data.

Lewisham IAPT is also working to develop a new group for young BAME men. This will be run by two male BAME staff who will aim to recruit young men via local gyms and clubs. There will be an emphasis on delivering brief psycho-education information slots and giving opportunities for men to then sign up for online or face to face therapies where needed. They are also trying to work with a physical health, exercise and wellbeing approach as they anticipate that this may be more appealing to men than talking treatments alone.

IAPTs do not use PEDIC surveys. The ethnicity profile of FFT respondents from Assessment and Liaison and Integrated Psychological Therapy services is similar to the current caseload which suggests that the feedback is a broadly representative sample, except for service users from other ethnic groups.

## **5. Community mental health services for adults with severe mental health**

The Trust provides a range of community mental health services for adults with severe mental health problems in Lewisham. These include the following:

- The [Assessment and Liaison Service](#) works with primary care and adult social care to support people aged 18-65, with mental health problems, where possible, without the need for a secondary mental health service. The team gets referrals from GPs and other health and social care workers
- The [Treatment Service](#) combines this assessment and liaison's service with targeted therapeutic interventions. People are referred to this team by Assessment and Liaison service.
- [OASIS](#) is a health service for supporting young people aged 14-35 who are experiencing psychological distress. Referrals come from a range of sources and the team accepts self-referrals.
- The [Early Intervention Service \(Lewisham\)](#) provides support to people aged 16-64 who are suspected to be at risk or who are having a first episode of psychosis

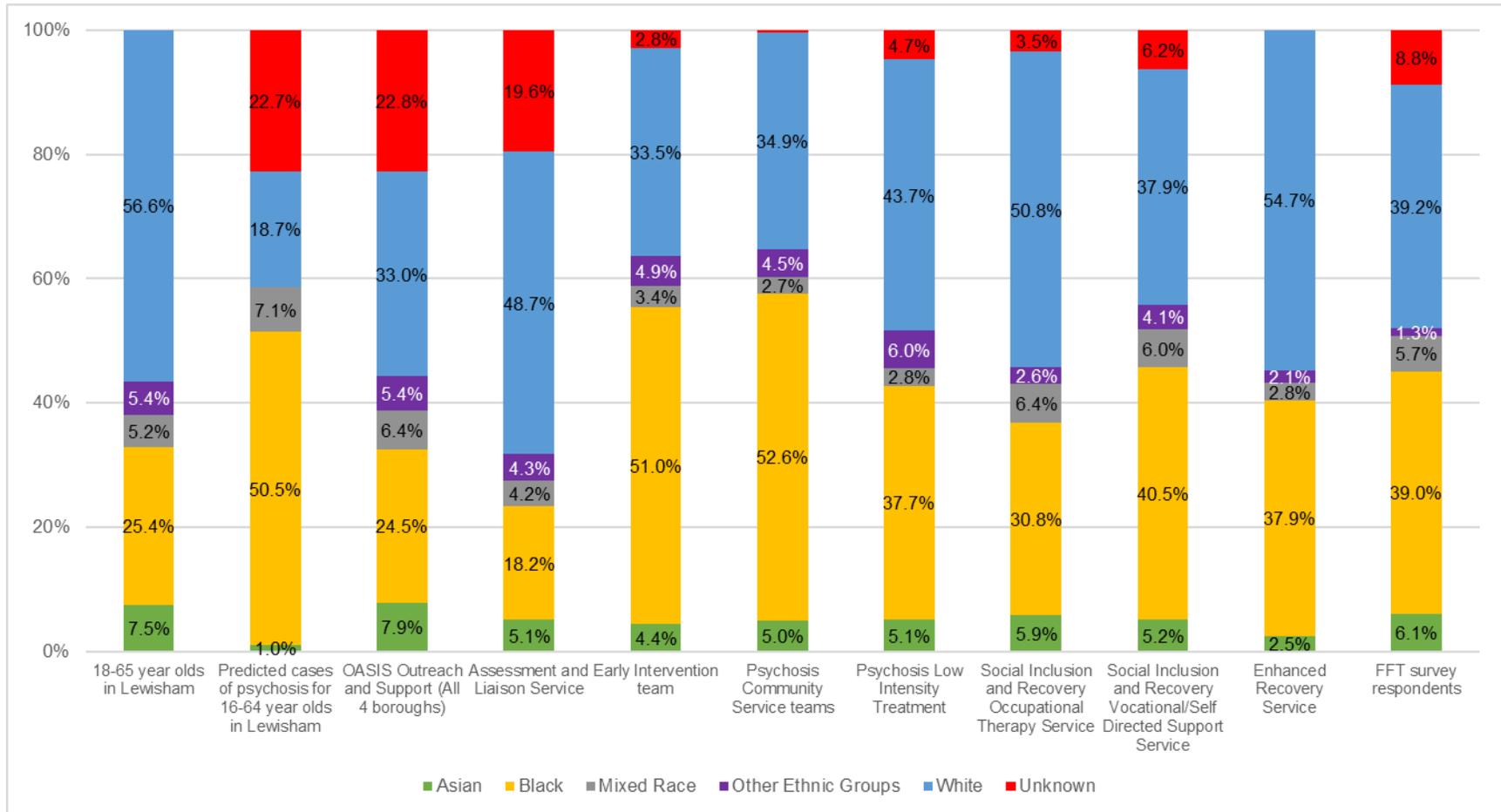
before they reach 'crisis point'. Referrals come from a range of sources including GPs and schools.

- The Psychosis Promoting Recovery Community Service has teams in [Neighbourhood 1](#), [Neighbourhood 2](#), [Neighbourhood 3](#) and [Neighbourhood 4](#) providing care for adults who have a psychotic illness. Vocational and a Primary Care Enhanced Mental Health services are also provided.
- Lewisham Enhanced Recovery Team provides intensive community-based rehabilitation, care and support for adults with severe and long-term mental illness who live in Lewisham.

### **5.1 Access**

The table and chart below show the ethnicity of service users in Lewisham community mental health services between September 2017 and August 2018 in comparison with the ethnicity of 18-65 year olds in Lewisham the percentage of predicted cases of psychosis for 16-64 and the ethnicity of FFT survey respondents to those services.

|  | Asian | Black | Mixed Race | Other Ethnic Group | White | Unknown |
|--|-------|-------|------------|--------------------|-------|---------|
| 18-65 year olds in Lewisham (Census 2011)  | 7.5%  | 25.4% | 5.2%       | 5.4%               | 56.6% | 0.0%    |
| Predicted cases of psychosis for 16-64 year olds in Lewisham   | 1.0%  | 50.5% | 7.1%       | 0.0%               | 18.7% | 22.7%   |
| OASIS Outreach and Support caseload between Sep 17 and Aug 18 (ePJS) (All 4 boroughs)                            | 7.9%  | 24.5% | 6.4%       | 5.4%               | 33.0% | 22.8%   |
| Assessment and Liaison Service caseload between Sep 17 and Aug 18 (ePJS)   | 5.1%  | 18.2% | 4.2%       | 4.3%               | 48.7% | 19.6%   |
| Early Intervention team caseload between Sep 17 and Aug 18 (ePJS)  | 4.4%  | 51.0% | 3.4%       | 4.9%               | 33.5% | 2.8%    |
| Psychosis Community Service caseload between Sep 17 and Aug 18 (ePJS)  | 5.0%  | 52.6% | 2.7%       | 4.5%               | 34.9% | 0.4%    |
| Psychosis Low Intensity Treatment caseload between Sep 17 and Aug 18 (ePJS)                                      | 5.1%  | 37.7% | 2.8%       | 6.0%               | 43.7% | 4.7%    |
| Social Inclusion and Recovery Occupational Therapy Service caseload between Sep 17 and Aug 18 (ePJS)             | 5.9%  | 30.8% | 6.4%       | 2.6%               | 50.8% | 3.5%    |
| Social Inclusion and Recovery Vocational/Self Directed Support Service caseload between Sep 17 and Aug 18 (ePJS) | 5.2%  | 40.5% | 6.0%       | 4.1%               | 37.9% | 6.2%    |
| Enhanced Recovery service caseload between Sep 17 and Aug 18 (ePJS)  | 2.5%  | 37.9% | 2.8%       | 2.1%               | 54.7% | 0.0%    |
| FFT survey respondents to adult community services surveys between Apr 16 and Aug 18 (PEDIC)                     | 6.1%  | 39.0% | 5.7%       | 1.3%               | 39.2% | 8.8%    |



Between September 2017 and August 2018 Lewisham adult community mental health services made 432 face to face interpreter bookings for 37 different languages to help communication between staff, service users and carers.

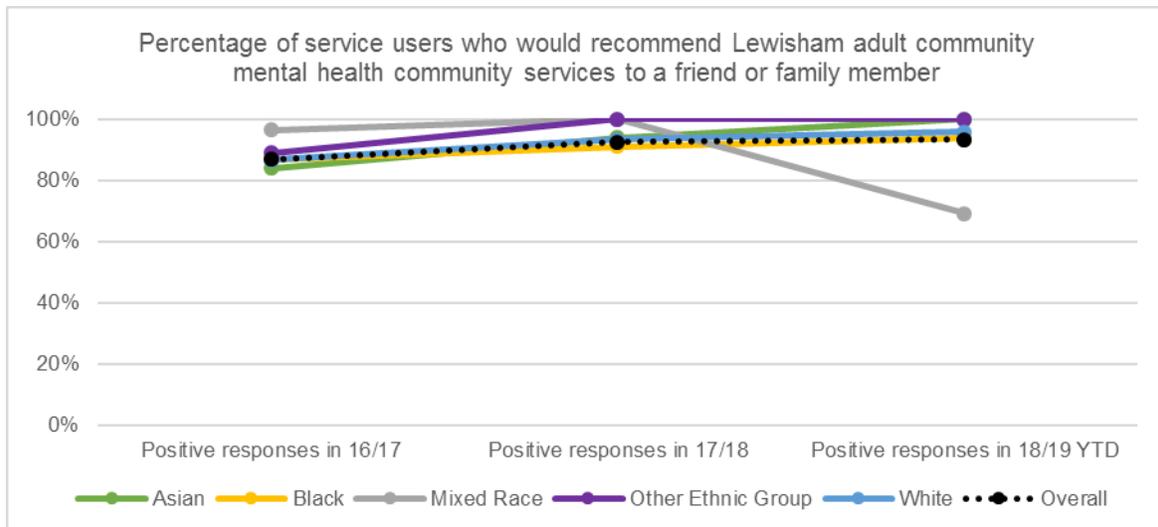
The table below shows the top ten languages of face to face interpreters booked by Lewisham adult community mental health services between September 2017 and August 2018.

| Language        | Number of bookings |
|-----------------|--------------------|
| Tamil           | 72                 |
| French          | 41                 |
| Somali          | 38                 |
| Farsi (Persian) | 34                 |
| Turkish         | 34                 |
| Spanish         | 27                 |
| Vietnamese      | 18                 |
| Mandarin        | 18                 |
| Russian         | 14                 |
| Dari            | 14                 |

## 5.2 Experience

The table and chart below show the number of Lewisham adult community mental health service FFT respondents in each ethnic group and the proportion that responded positively.

| How likely are you to recommend Lewisham adult mental health community services to friends and family if they needed similar care or treatment? |                              |                             |                              |                             |                                  |                                    |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|----------------------------------|------------------------------------|
| Ethnicity   | Number of responses in 16/17 | Positive responses in 16/17 | Number of responses in 17/18 | Positive responses in 17/18 | No. of responses so far in 18/19 | Positive responses so far in 18/19 |
| Asian   | 25                           | 84.0%                       | 33                           | 93.9%                       | 17                               | 100.0%                             |
| Black   | 183                          | 86.9%                       | 202                          | 91.1%                       | 97                               | 93.8%                              |
| Mixed Race  | 28                           | 96.4%                       | 29                           | 100.0%                      | 13                               | 69.2%                              |
| Other ethnic group  | 9                            | 88.9%                       | 6                            | 100.0%                      | 1                                | 100.0%                             |
| White   | 180                          | 86.7%                       | 209                          | 93.3%                       | 96                               | 95.8%                              |
| <b>Overall</b>  | <b>467</b>                   | <b>86.9%</b>                | <b>520</b>                   | <b>92.5%</b>                | <b>250</b>                       | <b>93.2%</b>                       |



### 5.3 Using this data for next steps

The level of unknown ethnicity in OASIS and the assessment and liaison services makes it difficult to come to conclusions about access for ethnic minority service users. It is important that these services consider what they can do to improve recording to produce the data needed to analyse and understand potential access issues.

In comparison to the psymaptic data, on the incidence of psychosis, OASIS, the Assessment and Liaison and Social Inclusion and Recovery Occupational Therapy service seems to have a lower than anticipated proportion of Black service users. This report brings together information that staff in these services can use to stimulate thought and activity to understand potential barriers to access and what can be done to address these.

Comparison of psymaptic data with the ethnicity profiles of Early Intervention and Psychosis Community Service caseloads suggests that there is proportionate access to these services for Black service users.

Staff in these services are encouraged to use this report to consider how their service is providing the best possible care to ethnic minority service users. This could include further developing the cultural competency of staff and service or identifying quality improvement activity that can deliver positive changes for ethnic minority service users.

It is difficult to assess how representative the ethnicity profile of adult community mental health service FFT respondents are because a high proportion of respondents did not disclose their ethnicity.

These services need to be able to actively monitor experience and outcomes for ethnic minority service users. Encouraging more survey responses from more ethnic minority service users and carers will provide better data to consider experience of services for different ethnic groups.

## **6. Crisis and acute mental health services for adults with severe mental health**

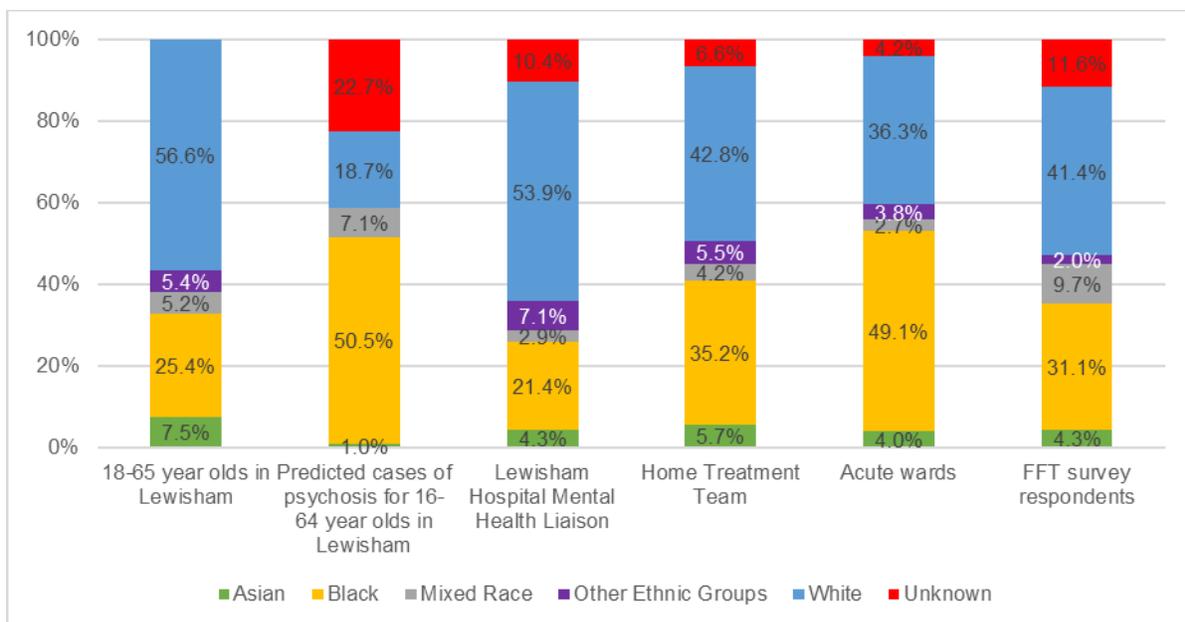
The Trust provides a range of crisis and acute mental health services for adults with severe mental health problems in Lewisham. These include the following:

- The [Mental Health Liaison Service \(Lewisham Hospital\)](#) provides care to people, aged over 18, who have mental health problems and who are patients at University Hospital Lewisham. The service assesses people to determine if they need mental health care and treatment.
- [Home Treatment Team \(Lewisham\)](#) care for people, aged 18-65, who have severe mental illness, who would benefit from assessment and treatment at home as an alternative to hospital. Referrals come from Trust services such as assessment and liaison, promoting recovery, crisis services and wards.
- Acute mental health inpatient wards support people in Lewisham, aged 18 to 65 years old, who need inpatient crisis or acute mental health care. These include [Clare Ward](#); [Johnson Psychiatric Intensive Care Unit](#); [Lewisham Triage](#); [Powell Ward](#) and [Wharton Ward](#).

### **6.1 Access**

The table and chart below show the ethnicity profile of Lewisham crisis and acute mental health service caseloads between September 2017 and August 2018 compared to the ethnicity profile of 18-65 year olds in Lewisham, the percentage of predicted cases of psychosis for 16-64 and the ethnicity of FFT respondents to these services between April 2016 and September 2018.

|  | Asian | Black | Mixed Race | Other Ethnic Group | White | Unknown |
|--|-------|-------|------------|--------------------|-------|---------|
| 18-65 year olds in Lewisham (Census 2011)  | 7.5%  | 25.4% | 5.2%       | 5.4%               | 56.6% | 0.0%    |
| Predicted cases of psychosis for 16-64 year olds in Lewisham (Psymaptic)                                   | 1.0%  | 50.5% | 7.1%       | 0.0%               | 18.7% | 22.7%   |
| Lewisham Hospital Mental Health Liaison caseload between Sep 17 and Aug 18 (ePJS)                          | 4.3%  | 21.4% | 2.9%       | 7.1%               | 53.9% | 10.4%   |
| Home Treatment Team caseload between Sep 17 and Aug 18 (ePJS)  | 5.7%  | 35.2% | 4.2%       | 5.5%               | 42.8% | 6.6%    |
| Acute wards caseload between Sep 17 and Aug 18 (ePJS)  | 4.0%  | 49.1% | 2.7%       | 3.8%               | 36.3% | 4.2%    |
| FFT survey respondents to crisis and acute mental health service surveys between Apr 16 and Aug 18 (PEDIC) | 4.3%  | 31.1% | 9.7%       | 2.0%               | 41.4% | 11.6%   |



Between September 2017 and August 18 Lewisham crisis and acute mental health services made 200 face to face interpreter bookings for 19 different languages to help communication between staff, service users and carers.

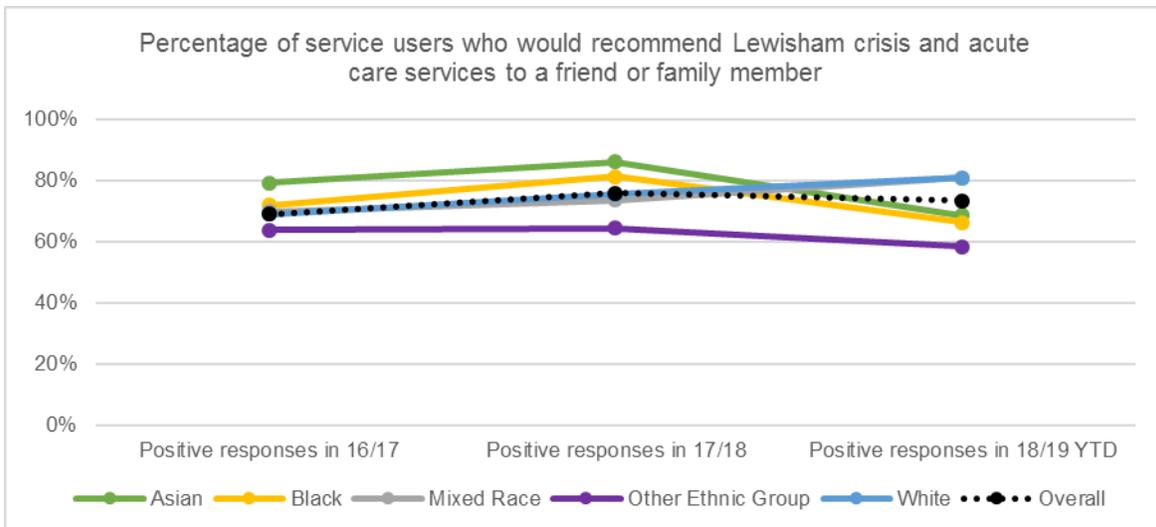
The table below shows the top ten languages of face to face interpreters booked by Lewisham crisis and acute mental health services between September 2017 and August 2018.

| Language   | Number of bookings |
|------------|--------------------|
| Portuguese | 31                 |
| French     | 29                 |
| Tamil      | 22                 |
| Russian    | 20                 |
| Spanish    | 14                 |
| Vietnamese | 14                 |
| Mandarin   | 11                 |
| Somali     | 11                 |
| Turkish    | 9                  |
| Polish     | 9                  |

## 6.2 Experience

The table and chart below show the number of Lewisham adult crisis and acute mental health service FFT respondents in each ethnic group and the proportion that responded positively.

| How likely are you to recommend Lewisham crisis and acute mental health services to friends and family if they needed similar care or treatment? |                              |                             |                              |                             |                                  |                                    |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|----------------------------------|------------------------------------|
| Ethnicity  | Number of responses in 16/17 | Positive responses in 16/17 | Number of responses in 17/18 | Positive responses in 17/18 | No. of responses so far in 18/19 | Positive responses so far in 18/19 |
| Asian  | 24                           | 79.2%                       | 36                           | 86.1%                       | 19                               | 68.4%                              |
| Black  | 156                          | 71.8%                       | 273                          | 81.3%                       | 145                              | 66.2%                              |
| Mixed Race   | 53                           | 69.8%                       | 79                           | 73.4%                       | 47                               | 80.9%                              |
| Other ethnic group   | 11                           | 63.6%                       | 14                           | 64.3%                       | 12                               | 58.3%                              |
| White  | 193                          | 68.9%                       | 406                          | 75.4%                       | 166                              | 80.7%                              |
| <b>Overall</b>   | <b>497</b>                   | <b>69.0%</b>                | <b>894</b>                   | <b>75.8%</b>                | <b>457</b>                       | <b>73.3%</b>                       |



### 6.3 Using this data for next steps

In comparison to the psymaptic data on the incidence of psychosis, services such as mental health liaison and home treatment, seem to have a lower than anticipated proportion of Black service users. However, the level of unknown ethnicity in these services caseload data makes it difficult to come to definitive conclusions about this. It is important that these services consider what they can do to improve recording to produce the data needed to analyse and understand potential access issues.

This report brings together information that staff in these services can use to stimulate thought and activity to understand potential barriers to access that may exist and what can be done to address these.

Staff in services that have a high proportion of ethnic minority service users such as the acute wards are encouraged to use this report to consider how their service is providing the best possible care to ethnic minority service users. Ideas to improve this could include continuing to develop the cultural competency of staff and teams or identifying quality improvement activity aimed at delivering positive changes for ethnic minority service users.

It is difficult to assess how representative the ethnicity profile of FFT respondents are because a high proportion of respondents did not disclose their ethnicity. Comparing this partial profile to acute ward caseloads suggests that service users who are Black or from other ethnic groups could be under-represented. Increasing survey responses from these ethnic minority service users and carers will make experience data more representative and therefore more useful.

The small number of FFT respondents from other ethnic groups have consistently reported less positive experiences. It will be important to monitor and respond to this feedback to ensure services are delivering equally positive experience for service users from other ethnic groups.

## **7. Community dementia and mental health services for older adults**

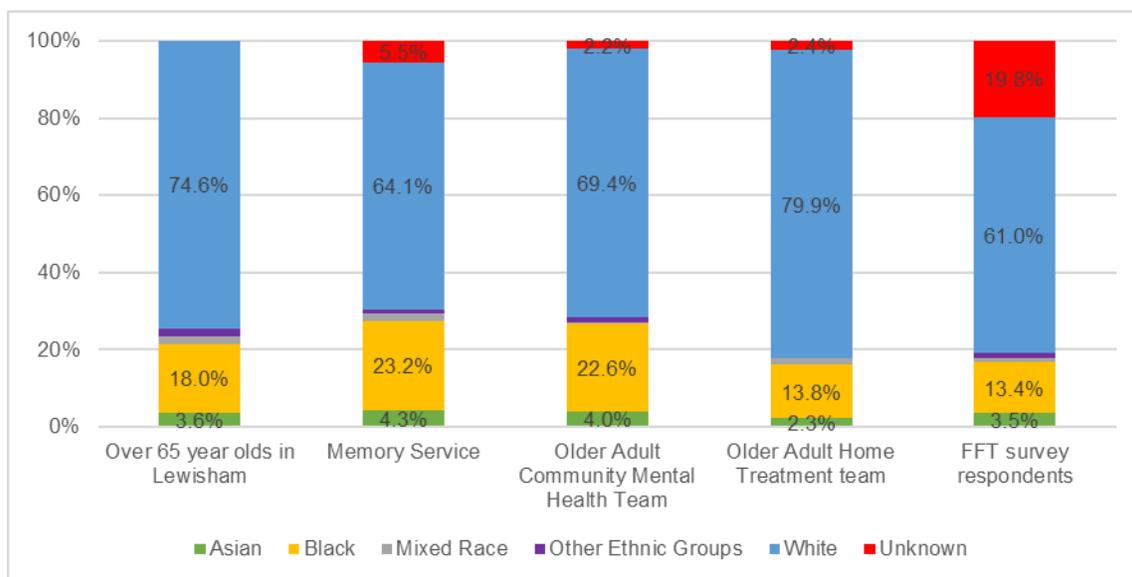
The Trust provides a range of older adult mental health services in Lewisham. These include the following:

- [Memory Service \(Lewisham\)](#) provides early assessment, treatment and care for people, over 18, who have memory problems that may be associated with dementia. Referrals are received from GPs.
- The Community Mental Health Team for Older Adults ([Lewisham North](#)) and ([Lewisham South](#)) provide community-based assessment, treatment and care for people aged over 65 who have mental health problems and younger people with a diagnosis of dementia.
- [Home Treatment for Older Adults](#) care for people aged 65 and over with severe mental illness who would benefit from assessment and treatment at home as an alternative to hospital. Referrals come from GPs, social services or other secondary care services.

### **7.1 Access**

The table and chart below show the ethnicity profile of Lewisham older adult service caseloads between Sep 2017 and Aug 2018 compared to the ethnicity profile of over 65 year olds in Lewisham and the ethnicity of FFT respondents to these services between Apr 16 and Sep 2018.

|   | Asian | Black | Mixed Race | Other Ethnic Group | White | Unknown |
|---|-------|-------|------------|--------------------|-------|---------|
| Over 65 year olds in Lewisham (Census 2011)   | 3.6%  | 18.0% | 1.9%       | 1.9%               | 74.6% | 0.0%    |
| Memory Service (SLIMS) caseload between Sep 17 and Aug 18 (ePJS)                        | 4.3%  | 23.2% | 1.7%       | 1.1%               | 64.1% | 5.5%    |
| Older Adult Community Mental Health Team caseload between Sep 17 and Aug 18 (ePJS)      | 4.0%  | 22.6% | 0.5%       | 1.2%               | 69.4% | 2.2%    |
| Older Adult Home Treatment team caseload between Sep 17 and Aug 18 (ePJS)               | 2.3%  | 13.8% | 1.5%       | 0.0%               | 79.9% | 2.4%    |
| FFT survey respondents to older adult service surveys between Apr 16 and Aug 18 (PEDIC) | 3.5%  | 13.4% | 1.0%       | 1.2%               | 61.0% | 19.8%   |



Between September 2017 and August 2018 Lewisham dementia and older adult services made 38 face to face interpreter bookings for 14 different languages to help communication between staff, service users and carers.

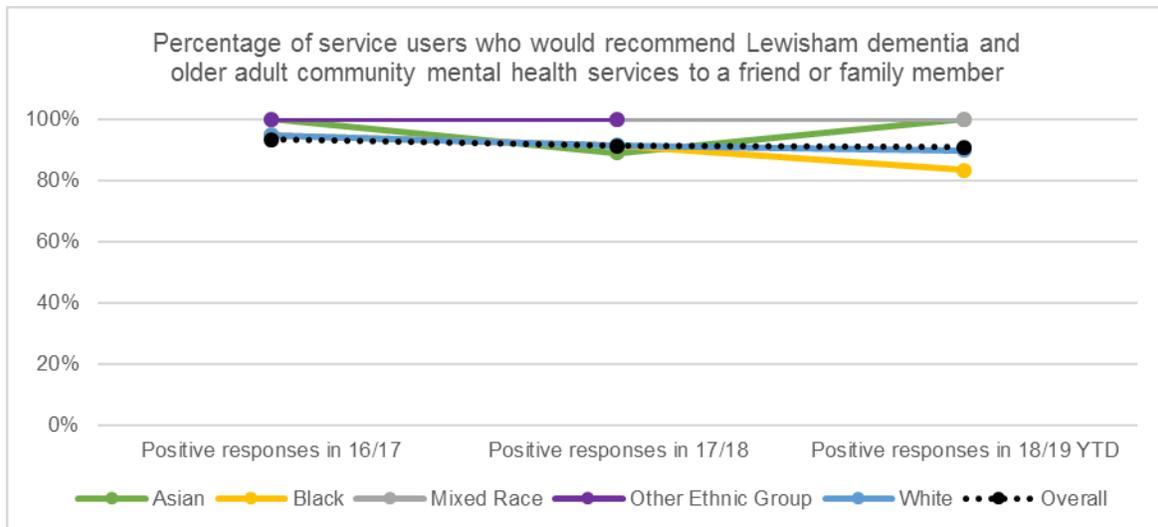
The table below shows the top nine languages of face to face interpreters booked by Lewisham older adult services between September 2017 and August 2018.

| Language  | Number of bookings |
|-----------|--------------------|
| Turkish   | 8                  |
| Cantonese | 6                  |
| Tamil     | 4                  |
| Spanish   | 3                  |
| Arabic    | 3                  |
| Kyrgyz    | 3                  |
| Yoruba    | 2                  |
| Italian   | 2                  |
| Bulgarian | 2                  |

## 7.2 Experience

The table and chart below show the number of older adult services FFT respondents in each ethnic group and the proportion that responded positively.

| How likely are you to recommend Lewisham community dementia or older adult mental health services to friends and family if they needed similar care or treatment? |                              |                             |                              |                             |                                  |                                    |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|----------------------------------|------------------------------------|
| Ethnicity   | Number of responses in 16/17 | Positive responses in 16/17 | Number of responses in 17/18 | Positive responses in 17/18 | No. of responses so far in 18/19 | Positive responses so far in 18/19 |
| Asian   | 2                            | 100.0%                      | 9                            | 88.9%                       | 6                                | 100.0%                             |
| Black   | 19                           | 94.7%                       | 34                           | 91.2%                       | 12                               | 83.3%                              |
| Mixed Race  | 0                            | N/A                         | 3                            | 100.0%                      | 2                                | 100.0%                             |
| Other ethnic group  | 3                            | 100.0%                      | 3                            | 100.0%                      | 0                                | N/A                                |
| White   | 76                           | 94.7%                       | 141                          | 91.5%                       | 78                               | 89.7%                              |
| <b>Overall</b>  | <b>147</b>                   | <b>93.2%</b>                | <b>228</b>                   | <b>91.2%</b>                | <b>109</b>                       | <b>90.8%</b>                       |



### 7.3 Next steps

In comparison with Census data, the caseloads of dementia and older adult mental health services appear broadly reflective of the ethnicity of older people in Lewisham. Other borough memory services have identified the need to encourage earlier access to memory services for older Black African and Caribbean service users. This activity may provide useful learning for consideration by Lewisham memory service. Interpreting data suggests that Lewisham dementia and older adult mental health services use fewer interpreters than older adult services in other boroughs.

The numbers of FFT responses are currently quite low. It is difficult to assess how representative FFT respondents are of Lewisham dementia and older adult mental health services because of the high proportion of respondents whose ethnicity was not disclosed. Services can encourage more responses from carers and service users and explain that the disclosure of ethnicity in PEDIC surveys is used to give us a better understanding of service user experience from different ethnic groups.

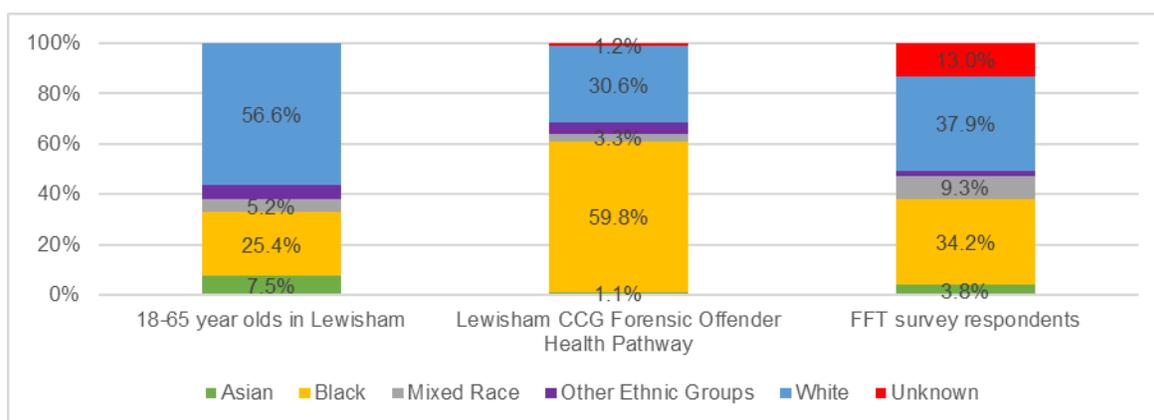
## 8. Forensic offender mental health services

The Trust provides a range of medium, low secure and specialist inpatient forensic services at [River House](#). The Community Forensic Service (Lewisham) provides community-based assessment, treatment and care for people, aged 18-65, who have severe mental health problems and who may be a risk to themselves and others.

## 8.1 Access

The table and chart below show the ethnicity profile of Lewisham CCG service users in forensic offender mental health services between Sep 2017 and Aug 2018 compared to the ethnicity profile of 18-65 year olds in Lewisham and the ethnicity of FFT respondents to these services between Apr 16 and Sep 2018

|  | Asian | Black | Mixed Race | Other Ethnic Group | White | Unknown |
|--|-------|-------|------------|--------------------|-------|---------|
| 18-65 year olds in Lewisham  | 7.5%  | 25.4% | 5.2%       | 5.4%               | 56.6% | 0.0%    |
| Lewisham CCG Forensic Offender Health Pathway caseload between Sep 17 and Aug 18 (ePJS)          | 1.1%  | 59.8% | 3.3%       | 4.1%               | 30.6% | 1.2%    |
| Trust-wide FFT survey respondents to Forensic services surveys between Apr 16 and Aug 18 (PEDIC) | 3.8%  | 34.2% | 9.3%       | 1.7%               | 37.9% | 13.0%   |



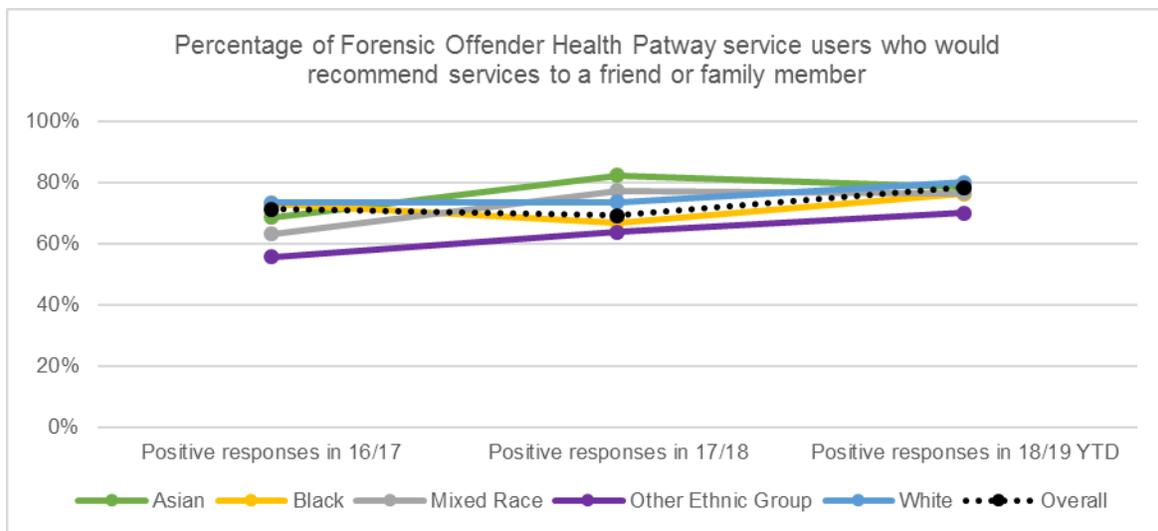
Our interpreting data does not enable us to identify the borough that service users are from; therefore, the following information spans the whole forensic service.

Between September 2017 and August 2018 all the Trust's forensic services made 125 bookings for eight different languages. The top three languages of face to face interpreters booked for forensic service users were Arabic (49 bookings), Portuguese (39 bookings) and Somali (28 bookings).

## 8.2 Experience

It is not possible to identify Lewisham CCG forensic service users in the anonymised FFT surveys. The table and chart below show the number of all Forensic service FFT respondents in each ethnic group and the proportion that responded positively.

| How likely are you to recommend forensic mental health services to friends and family if they needed similar care or treatment? |                              |                             |                              |                             |                                  |                                    |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|----------------------------------|------------------------------------|
| Ethnicity   | Number of responses in 16/17 | Positive responses in 16/17 | Number of responses in 17/18 | Positive responses in 17/18 | No. of responses so far in 18/19 | Positive responses so far in 18/19 |
| Asian   | 47                           | 95.7%                       | 30                           | 96.7%                       | 20                               | 95.0%                              |
| Black   | 128                          | 91.4%                       | 106                          | 93.4%                       | 45                               | 93.3%                              |
| Mixed Race  | 32                           | 90.6%                       | 25                           | 88.0%                       | 9                                | 88.9%                              |
| Other ethnic group  | 4                            | 75.0%                       | 5                            | 100.0%                      | 3                                | 100.0%                             |
| White   | 211                          | 94.3%                       | 115                          | 92.2%                       | 53                               | 96.2%                              |
| <b>Overall</b>  | <b>470</b>                   | <b>92.6%</b>                | <b>320</b>                   | <b>91.6%</b>                | <b>162</b>                       | <b>94.4%</b>                       |



### 8.3 Using this data for next steps

The Trust’s ability to change the complex societal and systemic issues that result in the over-representation of Black service users in forensic services is limited.

The high proportion of Black service users means it vital that forensic services are culturally-appropriate and meet the needs of Black service users. Ideas to support continuous development on this could include staff attending the Trust’s cultural competency training identifying quality improvement activity aimed at delivering positive changes for ethnic minority service users.

It is difficult to assess how representative the ethnicity profile of Forensic FFT respondents are because a high proportion of respondents did not disclose their ethnicity. Comparing this partial profile to forensic service caseloads suggests that Black service users could be under-represented.

Forensic services need to be able to actively monitor experience and outcomes for Black service users. Encouraging more survey responses from Black service users and carers will make experience data more representative and therefore more useful.

## 9. What are we doing about this?

During 2019, the Trust will:

- Use this report to encourage staff to consider and analyse ethnicity data (on access, experience and outcomes) so services can respond to any potential race equality issues that are identified.
- Continue to deliver the [Trust's integrated equalities action plan \(2018-21\)](#)
- Continue to encourage Lewisham staff to attend cultural competency training developed and delivered in partnership with BME Community Development Workers from Off The Record Croydon and Croydon BME Forum.
- [Partnership working with members of Lewisham Independent Advisory Group through quarterly Joint Working Groups.](#)
- Seek feedback on this report from stakeholders and staff to identify how it can be improved.
- Work with staff in the Trust's operational directorates to develop another local ethnicity report for Lewisham covering the 2018/19 financial year. This will be published in May 2019, as part of our new schedule of publishing annual equality information to show what we have done and what has changed.