

HEALTHIER COMMUNITIES SELECT COMMITTEE		
<b>Title</b>	<b>BAME Mental Health Inequalities Summary</b>	
<b>Contributors</b>	<b>Executive Director for Community Services</b>	<b>Item: 4</b>
<b>Class</b>	<b>Part 1</b>	<b>14 May 2019</b>

## 1. Purpose of Report

1.1. This report summarises the scope and aims of the Health and Wellbeing Board (HWB), Children and Young People Select Committee (CYPSC), and Children and Young People's Strategic Partnership Board's (CYPSPB) work in relation to Black and Asian minority ethnic (BAME) mental health inequalities.

## 2. Recommendation

2.1. Members are asked to note the work being done in relation to BAME mental health inequalities by the HWB, CYPSPB and CYPSC.

## 3. Local Context

3.1 The election of a new Mayor in May 2018 has brought a renewed focus on Mental Health. Building on the Mayor's electoral manifesto Lewisham's Corporate Strategy 2018 – 2022<sup>1</sup> has the following commitments as part of its *Delivering and defending: health, social care and support* priority:

- We will work to achieve parity of esteem and fair funding for mental health services.
- We will lead work with our health and wellbeing partners and our communities, to ensure that Black, Asian and minority ethnic groups gain appropriate access to mental health services.

It also has the following commitments under its *Giving children and young people the best start in life* priority:

- We will ensure that families from our BAME communities have equal access to care and support.
- We will increase the provision for children with special educational needs to meet children's learning needs within the borough.

3.2 As BAME mental health is an important area of focus for the Council several of its statutory and non-statutory committees, boards, and groups are working together and independently to take action to tackle mental health inequalities. The Health and Wellbeing Board, Children and Young People Strategic Partnership as well as the Children and Young People's Select Committee are all actively working on this.

<sup>1</sup> <https://lewisham.gov.uk/mayorandcouncil/corporate-strategy>

3.1 To ensure effective cooperation and avoid duplication this report outlines what the different groups and committees are currently focusing on in relation to BAME mental health inequalities in Lewisham.

#### **4. Background: BAME Mental Health in Lewisham**

4.1 In July 2018 the HWB considered a report<sup>12</sup> summarising the inequalities in prevalence and treatment of mental health for the BAME community in Lewisham. The following key issues were found:

- April 2018 approved mental health professional statistics illustrate that 35% of all Mental Health Act Administrator referrals were for people that categorise themselves as 'Black'.
- Black and minority ethnic (BME) residents are underrepresented in referrals to the local Improving Access to Psychological Services (IAPT).
- People that 'categorise themselves as Black' are overrepresented in Crisis and Psychosis care pathways within the community and inpatient services
- Compared with the Annual Psychiatric Mortality Survey (APMS) 2014 Lewisham's GP register has a higher rate of serious mental illness (SMI) amongst the Black population, however there is also a higher rate of SMI within the white population when comparing the APMS and GP register.

4.2 There are also significant differences in the rates at which the BAME community are accessing support. South London and Maudsley (SLAM) NHS trust 'Meeting the public sector equality duty' 2017 report shows that BAME young people in Lewisham gain less access to CAHMS services than their peers (approximately 58% of the young population were BAME according to the last census in 2011 but only approximately 46% of CAHMS services were supporting BAME young people in 2017).

#### **5. Health & Wellbeing Board**

5.1 The Health & Wellbeing Board is a statutory committee with several functions set out in the Health and Social Care Act 2012, which include but are not limited to:

- To encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.
- To provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under Section 75 NHS Act 2006 in connection with the provision of such services.
- To encourage persons who arrange for the provision of health related services in its area to work closely with the Health and Wellbeing Board.
- To prepare Joint Strategic Needs Assessments (as set out in Section 116 Local Government Public Involvement in Health Act 2007).

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<sup>1</sup> [The 'Big Question' and Health Inequalities Report](#)

<sup>2</sup> [Appendix 3 MH Statistics](#)

- To give opinion to the Council on whether the Council is discharging its duty to have regard to any JSNA and any joint Health and Wellbeing Strategy prepared in the exercise of its functions.

5.2 Lewisham's HWBB is chaired by the Mayor of Lewisham and its membership includes:

- Cabinet member for Health and Adult Social Care
- Executive Director for Community Services
- Chair of Lewisham Greenwich Trust
- 2 Representatives of Voluntary and Community Sector
- NHS England representative
- Healthwatch representative
- Chair of LCCG
- Director of Public Health Lewisham
- Chair of SLaM
- Chair of Lewisham Medical Council
- Executive Director of Children and Young People's Services

5.3 With its membership across commissioner, provider and community partners, the HWB is uniquely placed to lead on the reduction of health inequalities, by taking a systems-wide partnership approach to health.

5.4 In July 2018 the Lewisham HWB agreed that to utilise its unique role as a collective of system leaders it would focus on a "big question". It was decided that BAME health inequalities in Lewisham would be the first question that Lewisham would tackle, with mental health being the first specific area that the committee would focus on.

5.5 A BAME Mental Health Summit was held on 8 October at which the Mayor, Chair of the Health and Wellbeing Board gave the opening address. This summit was attended by members of the community and voluntary and community organisations as well as a mixture of officers and staff from Lewisham CCG and Lewisham Council. The summit took an in-depth look at different aspects of the BAME community's experiences of mental health. The different aspects were as follows:

- Role of faith and faith groups in BME mental health
- Culturally specific services for BME communities
- Mental health and other health conditions in BME communities
- Mental health, employment and housing in BME communities
- Mental health and wellbeing across the life course in BME communities
- Mental health in men in BME communities
- Mental health, education and the criminal justice system
- Support for community groups to meet BME mental health needs

5.6 In each of the thematic workshops several clear themes relating to the experiences that BAME residents have in relation to mental health services came up repeatedly as issues. These themes were:

- **Stigma** - the widespread stigma around mental health issues
- **Communication** - improved communication around what is already happening in terms of both community and statutory services.
- **Early intervention** - the need for earlier intervention with young people, via education and other routes to prevent mental ill health.
- **Genuine co-production** - from both the feedback forms and discussion it was evident that there needs to be a clear mechanism for genuine dialogue and co-production with BME communities for both mental and physical health.
- **Cultural competence of services:** There were discussions around understanding both the need for and benefits of culturally specific services, and the potential benefits of seeing a professional from a similar background as your own.

5.7 Following the BAME Mental Health Summit it was agreed that HWB members would meet with representatives from Lewisham BME Network to discuss next steps to move towards co-production. An externally facilitated workshop was held in early March. The meeting was designed to be an interactive first conversation between statutory organisations and Lewisham BME Health Network, and hoped to tackle the following outcomes:

- Develop a common understanding of systems change (policy, processes and behaviour).
- Reminds attendees of the issues e.g. Experience of Mental Health services, disparity between crisis and voluntary access to mental health provision, etc.
- Develop a common vision (important for steering ongoing dialogue and action).
- Agree principles underpinning how we work together.

5.8 Building on the workshop, the Executive Director for Community Services met with the BME Network Health lead to develop the approach to co-production. It was agreed that a good option for sustainably co-producing mental health services was for the BME Network and the Mental Health Provider Alliance to work together. A timeline setting out how this would work in practice is currently being developed by officers in joint-commissioning.

## 6. Children and Young People's Strategic Partnership

6.1 Lewisham Children and Young People's Strategic Partnership brings together agencies in Lewisham to improve outcomes for children, young people and their families. The partnership board includes the following member organisations:

- Lewisham Council
- Lewisham Clinical Commissioning Group
- Lewisham and Greenwich NHS Trust
- South London and Maudsley NHS Foundation Trust
- Lewisham Southwark College
- Voluntary and community sector

- Metropolitan Police

6.2 In order to prioritise activity; partners have developed a strategic Children and Young People's Plan. All agencies within the partnership share a single vision:

***Together with families, we will improve the lives and life chances of the children and young people of Lewisham.***

6.3 The Partnership Board has recently reviewed its Terms of Reference and is now focused on developing the new Lewisham Children and Young People's Plan for the borough. The work on the new CYPP is timely as it could enable a specific focus on BAME mental health in line with the council's Corporate Strategy.

6.3 In addition to incorporating BAME mental health issues into the CYPP the next meeting of the CYPSP board (18 June) is due to have a specific focus around mental health services.

## **7. Children and Young People's Select Committee**

7.1 This select committee is responsible for fulfilling all the overview and scrutiny functions in relation to the social care of children and young people aged 0 – 19. This includes:

- the social services functions of the Council under all relevant legislation including but not limited to the Children Act 2004 and the Children and Families Act 2014 questioning other service providers to children and young people in Lewisham
- in relation to the provision of services for those under 19, exercise the Council's powers under all relevant Education Acts
- exercising the powers of the Council in relation to the provision of opportunities for education, training and learning outside the school environment including pre-school services
- making comments and recommendations to the Executive on the contents and the proposed contents of plans which make up the Council's policy framework
- considering children protection provision for vulnerable children; early years provision; special needs provision; schools and related services; youth services; youth offending; and challenging behaviour and transitional services for those leaving care.

7.2 In the summer of 2018, Councillor Holland was asked by the Cabinet Member for School Performance and Children's services, to review the extent to which the emotional and mental health needs of Lewisham's Children and Young People are being met and outline her suggested options for improvement. This report was considered as an appendix to a report on CAMHS waiting times which went to CYPSC in January 2019. Several of the recommendations in Cllr Holland's report focused on BAME children's mental health.

7.3 The development of the CAMHS Transformation Plan has taken the findings of the report into consideration already and the CYPSC heard that the report would be considered in future developments of the service.

## **8. Legal Implications**

8.1 There are no specific legal implications

## **9. Crime and Disorder Implications**

9.1 There are no crime and disorder implications arising from this report.

## **10. Equalities Implications**

10.1 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.

10.2 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.

10.3 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.

10.4 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/>

10.5 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

10.6 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/>

## **11. Environmental Implications**

11.1 There are no environmental implications arising from this report.

## **12. Environmental Implications**

12.1 There are no specific financial implications arising from this report.

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