

Health & Wellbeing Board			
REPORT	Black, Asian and Minority Ethnic (BAME) Health Inequalities Progress Update – Children & Young People and Adults		
CONTRIBUTORS	Director of Public Health, London Borough of Lewisham	Item No:	4
CLASS	Part 1 (Open)	Date:	11 th July 2019

1. Purpose

- 1.1. To provide an update to the Board on developments that have taken place over the past year to address Black, Asian and Minority Ethnic (BAME) health inequalities in Lewisham, and to request Board approval for the suggested approach and planned actions for 2019/20 onwards.
- 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 Health and Wellbeing Board 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.
 - Approve the approach and planned actions identified for 2019/20 onwards.

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) 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

"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

needs.

- 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.

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. Members of the Board are reminded of their responsibilities to carry out statutory functions of the Health and Wellbeing Board under the Health and Social Care Act 2012. Activities of the Board include, but may not be limited to the following:

- 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).
- 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.
- To exercise any Council function which the Council delegates to the Health and Wellbeing Board, save that it may not exercise the Council's functions under Section 244 NHS Act 2006.

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 you have any difficulty in opening the links above or those within the body of the report, please contact Stewart Weaver-Snellgrove (stewart.weaver-snellgrove@lewisham.gov.uk; 020 8314 9308), who will assist.

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.