

# **MINUTES OF THE JOINT HEALTHIER COMMUNITIES AND CHILDREN AND YOUNG PEOPLE SELECT COMMITTEE MEETING ON BAME MENTAL HEALTH INEQUALITIES**

**Wednesday, 17 July 2019 at 7.30 pm**

**PRESENT:** Councillors Aisling Gallagher, Octavia Holland, Coral Howard, Liz Johnston-Franklin, Caroline Kalu, John Muldoon (Chair), Olurotimi Ogunbadewa, Jacq Paschoud, John Paschoud, Luke Sorba and Monsignor N Rotheron

**ALSO PRESENT:** Emma Aye-Kumi and Councillor James Rathbone

Apologies for absence were received from Councillor Tauseef Anwar, Councillor Peter Bernards, Councillor Colin Elliott and Councillor Hilary Moore

## **1. Appointment of Chair for the meeting**

Councillor John Muldoon, Chair of the Healthier Communities Select Committee (HCSC) opened the meeting, welcomed the participants and public and explained that the joint meeting came about following a resolution of the HCSC as follows:

“To hold a one-off joint meeting with the Children and Young People Select Committee before the summer recess to further consider the work being undertaken by the council to address BAME mental health inequalities; to receive evidence at this meeting on the progress of this work with clear timescales and proposed actions, on who is responsible for overseeing and monitoring the progress of this work at senior officer and cabinet level, and on whether there are any barriers to making quick progress; and to receive evidence at this meeting from the Cabinet Member for Health and Adult Social Care, the Cabinet Member for Children’s Services, and the Chair of the Health and Wellbeing Board.”

It was **MOVED**, **SECONDED** and **RESOLVED** that Councillor Muldoon be appointed as Chair of the meeting.

## **2. Declarations of interest**

Councillor Luke Sorba disclosed that:

- he is the Council’s appointee to the council of SLaM NHS Trust governors;
- he is also commissioned to deliver workshops through the SLaM recovery college.

## **3. BAME mental health inequalities**

The Chair introduced the Mayor, Damian Egan, who is also the Chair of the Health and Wellbeing Board, to address the committee. The Mayor made the following points:

1. He acknowledged that mental health outcomes for BAME residents in Lewisham are worse than for other residents
2. Austerity had had a pronounced effect on mental health provision and cut across all service providers
3. Long term change would require sustained efforts
4. He recorded his thanks to Catherine Mbema - Interim Director of Public Health, Danny Ruta – former Director of Public Health, and all officers involved in this work
5. He stressed the importance of learning from Lambeth's Black Thrive programme
6. He had appointed Barbara Grey, of Lewisham BME Network, as BAME health inequalities adviser.
7. It was necessary to improve services and to be ready for a change of governance so that when investment in public services will resume, Lewisham will be in a strong position.

Catherine Mbema, Kenneth Gregory – Joint Commissioner, Adult Mental Health and Caroline Hirst – Joint Commissioner gave a presentation. The slides can be viewed [here](#).

The Chair thanked the Mayor and presenters and invited questions from the Committee. A discussion followed in which the following points were made:

1. Members expressed serious concerns about the unreliability of available ethnicity data. The ethnicity of some 44.5% of service users accessing Child and Adolescent Health Services (CAMHS) was not known.
2. A Joint Service Needs Assessment (JSNA) was being carried out for adult service, but not for children and young people. A prioritisation process had been followed that identified adult mental health services as a focus area. Transition from CAMHS to adult mental health and self-harm services for children and young people would be looked at this coming year.
3. The Mayor was clear that this was a 10 year change programme and dramatic change would be challenging during austerity. It was noted that Lambeth's Black Thrive programme had had a long implementation phase, taking some 5 years to embed.
4. Members did not think it would be possible to bring about the necessary changes to mental health provision within the existing resource envelope.
5. Youth First has strong engagement with BAME young people and therefore it was important to look at the role of the youth service in the mental health strand of the Early Help Review. Resilience was at the core of the youth service offer and the Early Help review was considering whether to have a designated clinical lead within the youth service and other relevant settings.
6. The Virtual School (which provides support to looked after children) had created its own dedicated CAMHS team from within its existing resources and with open access, that is with no access threshold. As a

result the number of looked after children accessing mainstream CAMHS services had dropped by 21% in 2017.

7. Members asked about engagement with faith groups and heard that the council engages with faith groups through voluntary organisations such as VAL and Healthwatch.
8. Members felt that the recommendations in Appendix 1 of the report (actions 3 and 6-8), could not be done without additional resource as they require specialist support from partner organisations, which would come with a cost.
9. Lambeth Thrive had required a budget for staffing and events. It was suggested that there may be a need for an officer to lead on co-production and run events. Officers agreed that additional resource would be required and were advertising for additional posts to work on co-production.
10. Lewisham's provider alliance would have to agree that transformation work would become their core business. Some resource would be available for Lewisham BME Community Network as a key partner. However providers would be expected to absorb the cost of transformation work from their existing budgets.
11. One of the key messages from the mental health review that Councillor Holland had undertaken in 2018 was that levels of access for Black young people was getting worse and that young Black boys in particular were put off from accessing mental health services provided in school.
12. Members felt that there needed to be a tailored approach for ethnic groups that took into account cultural barriers, and also for those at risk of offending or being excluded from school.
13. It was highlighted that some 76% of Lewisham's school age population is BAME and therefore were the majority group. Officers stressed the need to embed co-production in order to meet the needs of BAME residents.
14. One Member advised that young people at risk of exclusion were not accessing services and therefore the mainstream offer would need to be reorientated to address inequality of access.
15. Outcomes would be included in an action plan that would go to the HWB.
16. Officers were carrying out a 'deep dive' to assess the accuracy of baseline data. Understanding the data was a focus area for SLaM.
17. Ensuring links between partner organisations to avoid silo working was a key aim. The rollout of i-thrive would help by providing a common language across services.
18. One Member shared that the Young Mayor had attended a recent meeting of the Children and Young People Select Committee and had said that young people do not know where to go to access mental health support. Officers explained that despite working with the Young Mayor and Advisers for a number of years, leafletting, delivering whole school assemblies on mental health, the feedback was always the same.
19. It was hoped that i-thrive would help primary care services such as schools to understand mental health care pathways and to disseminate them.
20. The Early Help Review was looking at use of the Family Information Service website and how to develop it to improve signposting.

21. Recruitment to a programme management post looking at transition management was underway. The post would cover a range of services for 14-25 year olds including send/ complex needs, risky behavior, self-harm, LGBTQ.
22. Anecdotal evidence from Councillor surgeries and door knocking highlighted that the data and residents' reported experiences do not match up. Officers were urged to think about timings of workshops and take into account that residents are often at work during the day.
23. It was suggested that, when looking at the data, recent history of individual countries be considered as it may help to predict where problems might arise. The data on translator requests by Tamils and South Americans correlated to recent political events in their home countries.
24. Judy Harrington of Save Lewisham Hospital Campaign, having been invited by the Chair to contribute from the public gallery, expressed concern about delays when transitioning from CAMHS to adult mental health services. She also highlighted problems for looked after children when moving back into the borough. She felt that austerity had seen cuts to early support and intervention and staffing levels to deal with these issues.

The Committee heard from Barbara Gray, Mayoress and Adviser to the Mayor on BAME Mental Health Inequalities.

Ms Gray reported that, in her view, there was a race crisis in Lewisham because money had never been spent on BAME residents even before austerity hit. The BME Network had experience of successful engagement with BAME residents. Her view was that the commissioning process was not fit for purpose and greater engagement with BAME residents was needed when designing services. It was important, she felt, to engage with organisations that have relationships with and are invested in BAME communities.

Ms Gray also explained that child and adolescent mental health should not be looked at in isolation, but the whole family needed to be considered as factors such as temporary housing, or being housed outside the borough contributed to mental health difficulties. Practical solutions to issues relating to deprivation may be more effective than clinical pathways, in some cases.

The committee heard that the level of expertise within the BAME community was high. It would be necessary to work with the BAME community and properly resource this work.

It was noted that:

1. The remit of the HWB extended to health and social care and it could influence partners in other agencies
2. A post was being funded by the Better Care Fund specifically to make these kinds of links
3. One Member cautioned against creating a system that cause a 'race to the bottom; for example if a resident's mental health difficulties had to reach a low point in order for housing improvement to kick in.
4. The Mayor gave assurances that this would not be the approach.

5. Another Member called for support for frontline staff dealing with mental health problems, for examples those dealing in frontline service roles such as Lewisham Home, schools, etc to recognise that bias and discrimination can affect BAME residents' ability to access services. She gave an example of a Black person with mental health difficulties being stereotypically labelled as angry.
6. One Member called for a follow up meeting in October so that scrutiny of BAME mental health inequalities could continue. The Chair explained that no such commitment could be made without consulting the Chair of Overview and Scrutiny and the Head of Scrutiny to establish whether there was capacity to support this.
7. Another Member requested quarterly updates that covered ethnicity data, and options for embedding and co-producing services within the BAME communities. It was also felt that feedback and evidence from community partners without 'official speak' would be helpful.
8. Members recognised that BAME communities did not always trust the council and therefore services may be best delivered in partnership with organisations that do have the trust of BAME communities.

It was RESOLVED that a referral be made to the Health and Wellbeing Board in the following terms:

1) That HWB investigates the lack of robustness and possible inaccuracies with CAMHS ethnicity data and provides details of how and when this deficiency will be addressed and remedied;

2) That HWB considers a dedicated programme, with additional funding and other resources, based within community and third sector partner organisations that already have expertise and the trust of BAME communities, on whose cooperation public consultation and co-production will rely.

The Chair thanked participants for their contributions to the meeting.

#### **4. Information item: Meeting the public sector equality duty at SLaM, 2018 Lewisham ethnicity information**

It was RESOLVED that the item be noted without discussion.

#### **5. Referrals to Mayor and Cabinet**

It was RESOLVED that the following referral be made to the Health and Wellbeing Board:

That HWB investigates the lack of robustness and possible inaccuracies with CAMHS ethnicity data and provides details of how and when this deficiency will be addressed and remedied;

That HWB considers a dedicated programme, with additional funding and other resources, based within community and third sector partner organisations that already have expertise and the trust of BAME

communities, on whose cooperation public consultation and co-production will rely.

The meeting ended at 10:00pm.