

HEALTH AND WELLBEING BOARD			
Report Title	Black, Asian and Minority Ethnic (BAME) Health Inequalities – Response to referral made by Children and Young People Select Committee and Healthier Communities Select Committee		
Contributors	Director of Public Health, London Borough of Lewisham	Item No.	3b
Class	Part 1	Date:	14 th November 2019
Strategic Context	See body of the report		

1. Purpose

To respond to a referral made by a joint meeting of the Children and Young People Select Committee and Healthier Communities Select Committee on 17 July 2019. At this meeting it was resolved that a referral be made to the Health and Wellbeing Board (HWB) recommending:

- 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.

2. Recommendation/s

Members of the Health and Wellbeing Board are recommended to:

- 2.1 Note the response to the referral outlined below.

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. CAMHS ethnicity data

- 5.1 Extensive work has been undertaken over the last three months by the Lewisham CAMHS service alongside SLaM data analysts to improve the accuracy and comprehensiveness of ethnicity data for Lewisham CAMHS.
- 5.2 Data below in Table 1, shows a much improved position for 2019/20 where the number of 'unknowns' has been reduced to 9%, meaning that the data is far more meaningful and accurate.
- 5.3 This more accurate and comprehensive data shows that although access for BAME children and young people is better than we originally thought, there is still an issue of disproportion, when measured against Lewisham's demographics. There is more work to be done to understand the level of disproportionality particularly for specific ethnic groups and gender.

Table 1. Ethnicity Data for Community CAMHS in Lewisham

	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%
Lewisham CAMHS Community Services (Sept 2016) (n=1,138)	2.8%	27.9%	10.9%	2.8%	43.4%	12.1%
Lewisham CAMHS Community services (Sept 17) (n=1,307)	2.4%	29.6%	14.4%	2.9%	49.2%	1.5%
Lewisham CAMHS Community services (Sept 18) (n=1,597)	3%	23%	11%	2%	48%	13%
Lewisham CAMHS Community services (Sept 19) (n=1,733)	2%	23.5%	12%	2%	51.5%	9%

- 5.4 Data cleansing has identified that in September approximately 9% of children and young people against a CAMHS caseload of 1,733 did not provide their ethnicity details. Of the same CAMHS caseload 39.5% of children and young people described themselves as of Black, Asian, Minority, Ethnic Refugee (BAMER) at the time of assessment, with 23.5% describing themselves as having a Black background, thus demonstrating an improved position of access than was previously stated.
- 5.5 Alongside this work to improve the Lewisham CAMHS data, commissioners for children and young people have also undertaken analysis of reach and ethnicity data across the wider commissioned mental health and emotional wellbeing pathway for children and young people. Early findings have been positive, with BAMER access being around 55-60% for most non-statutory/community based services. Evidence of this can be seen in Table 2 below.
- 5.6 SLam's Children Wellbeing Practitioner (CWP) Programme has been established to develop the CYP mental health workforce by allowing trainee mental health practitioners, with robust clinical supervision, to deliver evidence – based interventions to children and families with mild to moderate needs. This proven, community and evidence based approach has doubled in size over the past year. Whilst it is still a small resource, with approximately four WTE practitioners and two trainees, Table 2 shows that it has achieved 57% BAMER access against a total figure of 63.4% of 0-19 year olds that identified as BAMER in the Census 2011.

- 5.7 In 2019, Lewisham was successful in securing funding to implement two Trailblazer Mental Health Support Teams (MHST), as set out in the Transforming Children and Young People’s Mental Health: A Green Paper. Much like Children Wellbeing Practitioners, Education Wellbeing Practitioners (EWP) will allow a new cohort of trainees to join the local workforce in delivering evidence based interventions in community settings. This proven, community and evidence based approach is hoped to mirror CWP’s success in delivering proportionate BAMER access.
- 5.8 Appendix 1 provides benchmarking data which has been taken from the recently developed ‘four borough’ SLaM performance dashboard. This shows that many more Black CYP are accessing CAMHS services in Lambeth. Lewisham’s figures are similar to Southwark’s, if the black and mixed groups are combined.

Table 2. Ethnicity breakdown for non-statutory/community based CYP mental health and wellbeing services

Service Name	Service description	Caseload/ Reach 18/19	CYP recorded as BAMER
Young Person’s Health and Wellbeing Service	Face to Face Counselling (Compass)	595	54%
	Online counselling (Kooth)	710	57%
Parenting Support for behaviour/ conduct	Evidence based parenting programme (EYA)	98	88%
CAMHS Virtual School for Looked After Children	Early intervention provision for children looked after (SLaM)	103	58%
Children Wellbeing Practitioner Programme	Evidence based provision to support CYP with anxiety, low mood (SLaM)	116	57%
Mindful Mums Parenting Programme	Postnatal Wellbeing Parenting Programme for mothers of babies aged 0-2 (Bromley, Lewisham and Greenwich Mind)	141	38%

- 5.9 Positive progress has been made in improving the availability and quality of data on the ethnic origin of children and young people accessing statutory and non-statutory mental health and emotional wellbeing services. This data shows a mixed picture with room for improvement, particularly for statutory services. Action being taken is therefore as follows:

- Given the ethnic composition of the Lewisham CYP population, BAMER access to mental health services has been identified as one of nine key priorities within the refreshed CAMHS Transformation Plan 2019. Baseline information will be reported with clear actions attached, which will be monitored and reviewed over the course of the coming year.
- As part of wider performance management systems, equality of access to services will remain a priority for SLaM, ongoing work will be undertaken to ensure that the ethnicity of services users is recorded and any anomalies are addressed.
- Additional resource, such as the Mental Health in Schools Trailblazer will be targeted to meet the identified needs of our community, by focusing on BAMER access as a key priority.
- We will build on the well-established BAMER participation networks, such as Alchemy, that we already have in place. Alongside public health, we will work with the London Borough of Lambeth to learn from best practice in this area.
- A range of training programmes will continue to be offered to professionals across CAMHS and non-NHS providers such as unconscious bias and cultural awareness, with an expectation that this will be taken up by all relevant practitioners.
- We will continue to build on successes achieved through co-location of services and integration of statutory mental health provision with local non-NHS providers, but currently resourcing is a real constraint.
- We will actively seek to increase resources available for this area of work. The CCG are recognising the historical financial position and there are opportunities for improvement under the NHS Investment Plan.
- Ongoing work will continue with SLaM and other agencies, building on the successes in community based services and addressing the continued improvement agenda for SLaM CAMHS. Where possible we will work alongside adult's services, when supporting the commitment to a 'provider alliance' across children's services.

6. BAME mental health inequalities programme of work

- 6.1 The Provider Alliance Leadership group agreed to allocate the non-committed funding in the 19/20 programme budget to community engagement and involvement. A community engagement and involvement framework has been drafted and was presented to the Provider Alliance Leadership Group on the 28th October. The draft framework will be tested with community representatives and shaped

into a community and engagement strategy and subsequent action plan for the Provider Alliance. The community engagement budget will be used to support the delivery of the action plan.

- 6.2 The BAME network have a representative on the Leadership Group, however concerns have been expressed that only having one representative of the network is not sufficient. The Alliance will work with representatives of the BAME network to consider the current arrangements what may be the most effective method of engaging BAME community members and/or representatives in the co-design and co-production within the Provider Alliance development process.
- 6.3 An initial service user involvement meeting has taken place to support the identification of service users that are engaged in local service, that are willing to participate in the co-design and co-production of local care pathways that will be delivered by the Provider Alliance. The Service User Involvement forum and network will be co-ordinated by the Lewisham Community Wellbeing service.
- 6.4 The Provider Alliance Leadership group have broadly accepted the draft Joint Strategic Needs Assessment recommendations in principle and have agreed to incorporate the agreed recommendations into their planning documents.
- 6.5 The South London and Maudsley Mental Health Trust have established a Lewisham Independent Advisory Group to directly engage BAME community representatives in dialogue that will support the improvement of access, experience and outcomes for BAME service users. The Provider Alliance Leadership Group and Independent Advisory Group will establish a formal interface to ensure that there is a shared set of values, learning and priorities in our approach to engagement and quality improvement.

7. BAME Health Inequalities Action Plan

- 7.1 At the last meeting of the Health and Wellbeing Board and subsequent joint Healthier/CYP Select meeting, the first iteration of an overarching BAME Health Inequalities action plan covering the priority area of mental health was presented. This action plan served to collate actions to address BAME health inequalities in mental health across children and young people and adults. An update on the actions presented in this initial plan, incorporating the work outlined above, can be seen in Appendix 2.
- 7.2 Work has since been undertaken by Council officers to extend this action plan to cover all of the three priority areas of BAME health inequality identified by the Board, namely mental health, cancer and obesity. Council officers have also been working to ensure that the action plan is co-produced with members of the Lewisham BME network.

- 7.3 To facilitate the final agreement of a co-produced overarching action plan with the Lewisham BME network, it is proposed that a BAME health inequalities working group covering mental health, cancer and obesity consisting of Council officers responsible for the respective priority areas and members of the Lewisham BME network, continue to oversee the development of the plan. This working group will also monitor progress using an agreed indicator framework for the action plan going forward. It is proposed that this working group be co-ordinated by Public Health and present update reports to each meeting of the Health and Wellbeing Board.

8. Financial implications

- 8.1 The various areas of 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.

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

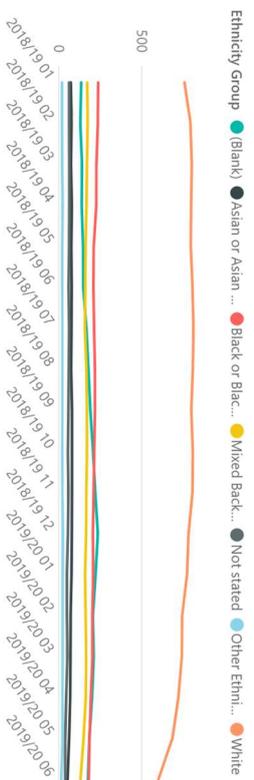
If there are any queries on this report please contact Catherine Mbema, Public Health, Lewisham Council, on 0208 314 4937, or by email at: [**Catherine.mbema@lewisham.gov.uk**](mailto:Catherine.mbema@lewisham.gov.uk)

Appendix 1: Ethnicity Data – SLAM, CAMHS services: Croydon, Lewisham, Lambeth and Southwark, June '19

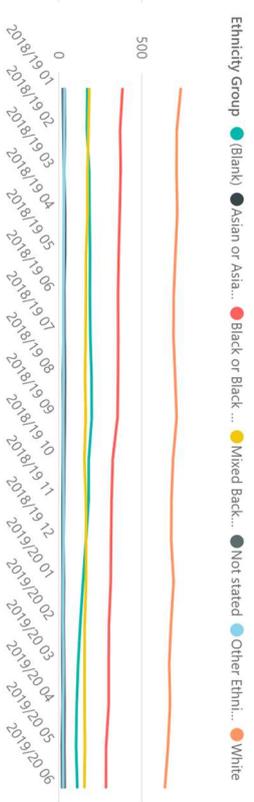
FYYear Directorate
CAMHS

Ethnicity Profile for the current caseload

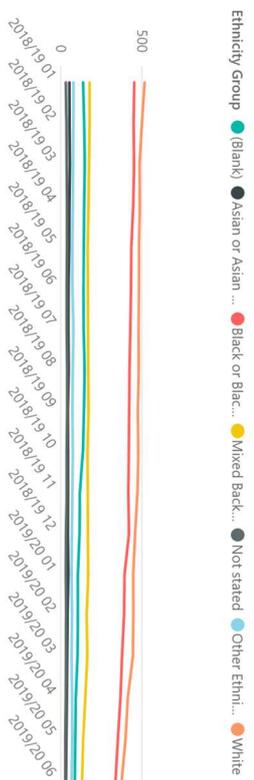
Croydon CCG - Ethnicity of Patients on the case load at end of month



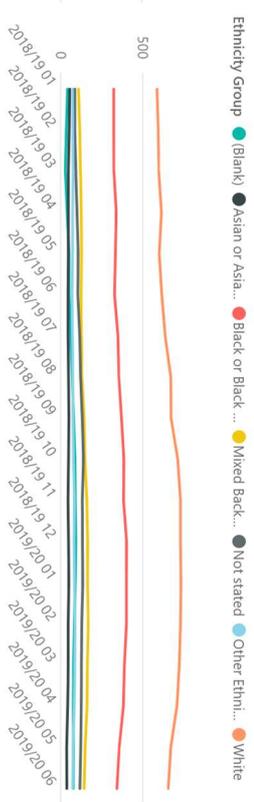
Lewisham CCG - Ethnicity of Patients on the case load at end of month



Lambeth CCG - Ethnicity of Patients on the case load at end of month



Southwark CCG - Ethnicity of Patients on the case load at end of month



Note: These are all patients who have attended a First Face to Face (waiting patients or accepted patients who have not yet been assessed are excluded)

Appendix 2

Ref No.	Action	Owner/Governance	Timescale	Progress	RAG
Children and Young People (CYP)					
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 commenced In October 2019	Green
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 are being worked through	Orange
Adults					
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	An initial Service User involvement network meeting was held in July, further engagement work is needed with local service users groups to promote the network and increase participation – representatives from the network will be invited to join the co-design sessions for the Provider Alliance	Orange
4.	Implementation of recommendations from the Adults Mental Health JSNA	Adults Mental Health Provider Alliance	August 2019	MH Provider Alliance has broadly accepted the recommendations but will need to establish an order of priority	Orange
5.	Work to ensure that Lived Experience workers are ethnically representative of the Lewisham population	Adults Mental Health Provider Alliance	December 2019 (Linked to external funding bids)	NHSE Community Transformation bid was not successful – MH Provider Alliance to consider how this objective will be achieved within existing resources	Orange

Ref No.	Action	Owner/Governance	Timescale	Progress	RAG
6.	To co-produce approaches to engagement and on-going dialogue as component of the Alliance Engagement & Involvement strategy/plan	Adults Mental Health Provider Alliance	September 2019	A new Transformation Manager has been appointed to support the Provider Alliance Development process. A community engagement and involvement framework has since been drafted and was presented to the Provider Alliance Leadership Group on the 28 th October.	
CYP and Adults					
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	Council officers have received feedback from the Lewisham BME network on the first iteration of this action plan and will work with network members over the next 2-3 months to refine and agree the next iteration of the plan, which will also cover the priority areas of cancer and obesity.	
8.	To develop a co-production infrastructure to engage Lewisham BAME communities in commissioning decisions that impact upon mental health and emotional wellbeing	CYP Mental Health and Emotional Wellbeing board/Adults Mental Health Provider Alliance/Public Health	October 2019	The BAME Health network are now represented on the Adult Mental Health Provider Alliance Leadership Board, others methods (As outlined above) that enable co-production within the commissioning process will need to be identified and explored with the BAME Health network and wider community	
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	October 2019	Discussion between commissioners of adult and CYP mental health services has commenced to work on the	

Ref No.	Action	Owner/Governance	Timescale	Progress	RAG
		Health Provider Alliance		interface between adults and children's services.	
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 is to be developed.	