

Health and Social Care Scrutiny Commission

Thursday 10 September 2020
7.00 pm

Online/Virtual. Members of the public are welcome to attend the meeting.
Please contact FitzroyAntonio.williams@southwark.gov.uk or
Julie.timbrell@southwark.gov.uk for a link.

Supplemental Agenda

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HEALTH AND SOCIAL CARE SCRUTINY COMMISSION

MINUTES of the Health and Social Care Scrutiny Commission held on Thursday 16 July 2020 at 7.00 pm at Online/Virtual. Members of the public are welcome to attend the meeting. Please contact FitzroyAntonio.williams@southwark.gov.uk or Julie.timbrell@southwark.gov.uk for a link.

PRESENT: Councillor Victoria Olisa (Chair)
Councillor David Noakes (Vice-Chair)
Councillor Helen Dennis
Councillor Maria Linforth-Hall
Councillor Darren Merrill
Councillor Charlie Smith

**OTHER MEMBERS
PRESENT:**

**OFFICER
SUPPORT:** Jin Lin, Acting Public Health Director
Dr Nancy Kuchemann, local GP and NHS CCG South East
London Clinical Lead
Genette Laws, Director of Commissioning , Southwark Council
Julie Timbrell, Scrutiny Project Manager

1. APOLOGIES

Councillor Helen Dennis gave apologies for lateness.

**2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR
DEEMS URGENT**

There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were none.

4. MINUTES

The minutes of the meeting on 22 June 2020 were agreed as an accurate record.

5. IMPACT OF COVID 19 ON RESIDENTS AND NHS

Dr Nancy Kuchemann, local GP and NHS CCG South East London Clinical Lead presented the health information and Jin Lin; Acting Director of Public Health presented the Public Health report.

The following points were made during the subsequent discussion:

- Members raised concerns with the delivery of the 111 service; the first port of call for COVID 19, and other medical matters. In particular a member highlighted a problem with translators, especially Spanish speakers; early in the pandemic people did not get a return call for a week. The GP lead said the 111 service was initially overwhelmed and she acknowledged that there were insufficient translators to cope with demand. She assured members that there is now planning to prevent this reoccurrence if there is resurgence. 111 performance had improved by May and GPs did not have a problem with interpreters.
- In response to questions concerning the large reduction in cancer referrals and attendance at A & E the GP lead said there was a big campaign to encourage people come back to NHS service sometime ago. GP services are open and the majority have remained accessible throughout the pandemic. There are people who do not want to attend hospital or have face to face appointments because they are shielding or worried about infection, however the chance of catching COVID 19 is quite low in our part of the country. Unfortunately here are people presenting later with greater severity of symptoms.
- A survey has been done on the impact of COVID 19 and more information will be ready in the autumn.
- The data on COVID 19 positive cases captures age and postcode; however it does not yet capture ethnicity. Officers do have access to ONS data, but there is a delay of two months. Officers intend to use this data to obtain more information on people with health conditions, and are using data to inform recovery plans and winter planning for a potential second wave , as well as ongoing services supporting people, such as the Community Hub .
- On line testing is available through the post in 24 hours, as well as a drive and walk through centre in Dulwich.
- The R rate in London is difficult to estimate accurately as the methodology becomes less accurate with smaller numbers.

Presently the R rate is released every Friday and is currently 0.7 – 1, however as this is problematic at low level; it is better to look at that in conjunction with new infections and estimated population rate. Using Pillar 1 Hospital data and Pillar 2 walk in and community data 7 new cases have been reported in the last few days, which is low. Southwark's population rate of infection is estimated to be 3 / 3.7 per 100,000, compared with a much greater magnitude in Blackburn, at 47 per 100,000 and 115 Leicester, at 115 per 100,000.

- Antibody testing is primarily currently being used for academic study to inform measurements of past infection rates, rather than being rolled out to the general population. A positive test ought not to change behaviour, as it does not mean that there will be immunity.
- The risk of contract of Covid mirrors class, ethnicity, population density, occupation.
- Public Health is learning about clusters. There are no clusters in Southwark, but officers are learning from outbreaks in meat factories, for example.
- Members raised the particularly difficulties and risks new parents face and officers said that they will be thinking about this through the survey and the health round tables that officers are planning to convene, to inform the recovery plan .
- A further report on the impact on children and young people and risks around Domestic Abuse will come to the next meeting.

6. CORONAVIRUS ACT CARE ACT EASEMENTS

A member asked if the easement powers had been enacted and officers explained that they had not.

7. SOUTH EAST LONDON CLINICAL COMMISSIONING GROUP (SEL CCG) MERGER

Dr Nancy Kuchemann, local GP and NHS CCG South East London Clinical Lead was present to take questions on the paper circulated with the agenda.

In response to questions she explained that regular meetings of the 6 borough CCG meetings are held and these are streamed with 40 members of the public and 8 Southwark residents present at the last meeting; recordings are not yet available to view on the website. Mental Health is delivered through borough based commissioning where possible, led by Partnership Southwark, who are recruiting. Lambeth is further

forward on Mental Health and more integrated. There are arrangements in place with SLAM.

8. SCRUTINY REVIEW: CARE HOME AND EXTRA CARE QUALITY ASSURANCE

Dr Nancy Kuchemann, local GP and NHS CCG South East London Clinical Lead, drew the members attention to slide 14 on the scrutiny review headline report, entitled NHS CCG contract management, where the scrutiny project manager had summarised information supplied by the CCG on services the NHS provide to Care Homes.

9. SCRUTINY REVIEW: CARE HOME AND EXTRA CARE QUALITY ASSURANCE - DRAFT REPORT

The chair invited comments on the headline scrutiny review report.

The Director of Commissioning, Genette Laws, offered to provide some clarifying text to explain the delivery of the additional care homes, which was welcomed.

There was a discussion on ensuring residents and families are able to utilise the complaint process. Members asked how well information is displayed and promoted to residents and family, provided in starter packs, displayed on notice boards, and also brought to their attention. Is there was more that could be done? The Director of Commissioning assured members that this was assessed during the contract monitoring process. The GP lead highlighted the principle of 'No wrong front door' when a concern or complaint is raised by anyone.

Members affirmed the importance of a recommendation on lobbying for Government for adequate funding for care homes, and the Director of Commissioning suggested this recommendation also highlights the need for sufficient funding to cover London Living Wage and Sick Pay, both of which are likely components of the Residential Care Charter, and members concurred.

RESOLVED

The report was agreed, subject to the above changes.

10. WORK PROGRAMME

A final meeting will be convened on the 10 September, and in addition to the work programme item listed, the cabinet lead for Public Health will be invited for an interview.

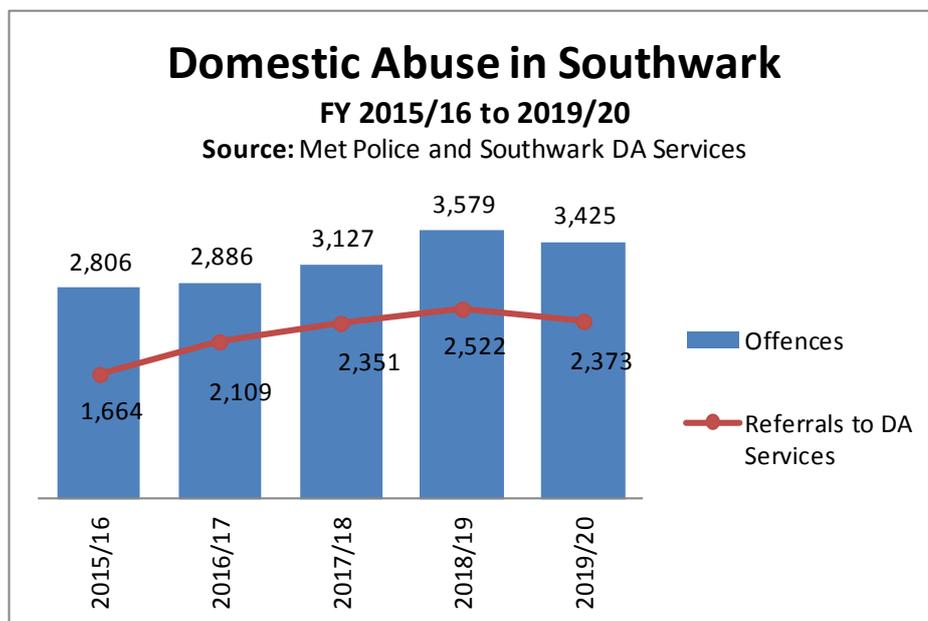
Item No.	Classification: Open	Date: 10 September 2020	Meeting Name: Health and Social Care Scrutiny Commission
Report title:		<i>Impact of lock down / Covid 19 on Domestic Abuse and how this has affected children and young people.</i>	
Ward(s) or groups affected:		All	
Report author(s):		Lisa Negi, Community Safety Officer Sharon Ogden, Safer Communities Team Manager	

BACKGROUND INFORMATION

1. Domestic abuse (DA) is defined as any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of gender or sexuality. The abuse can include, but is not limited to: psychological, physical, sexual, financial, and emotional.
2. The council and its partners have recognised DA as a priority for many years and it is a fairer future commitment to tackle all forms of gender based violence. Tackling DA and its long term effects is also a shared priority for both the Southwark Safeguarding Adults Board (SSAB) and the Southwark Safeguarding Children’s Partnership (SSCP).
3. A 5 year Domestic Abuse Strategy was launched in 2015 and Solace Women’s Aid was commissioned to deliver Southwark’s integrated Domestic and Sexual Abuse service. Building on the Domestic Abuse Strategy, July 2019 saw the launch of a new VAWG Strategy (2019-2024). This extended the partnership priorities to tackle all forms of gender based violence. These are:
 - Supporting victims
 - Tackling perpetrators
 - Prevention and early intervention
 - Partnership working
4. Southwark has one of the highest volumes of DA in London. In the 12 months from June 2019 to June 2020 there were 3348 domestic abuse offences recorded by the Police in Southwark, this compares to 3561 in the previous rolling 12 months, a reduction of 6%. However, it should be noted that a spike in reported cases has occurred since Covid 19 lockdown measures were implemented, with July 2020 seeing the highest monthly cases (321) since May 2019.
5. Demand for the Domestic Abuse service has increased year on year and now receives as many as 2500 referrals for survivor support per annum. In addition to the support and advice provided to survivors of abuse, the service also delivers a perpetrator behaviour change programme and delivers child therapeutic interventions to approximately 20 children per year.

6. Table 1 below shows the corresponding increase in recorded domestic abuse offences; 45% increase from 2013/14 to 2019/20 and referrals to the Southwark domestic abuse service; 43% increase from 2013/14 to 2019/20.

Table 1



7. In addition to the main service the Council also commissions Refuge to provide a 26 bed emergency domestic abuse refuge for 26 women and their children, and YUVA which works with young people who are displaying abusive behaviours in their personal relationships (parent/carer or girl/boyfriend).

IMPACT OF LOCKDOWN/COVID 19 ON DOMESTIC ABUSE

8. The Covid 19 pandemic and the government imposed lockdown which commenced on 23rd March 2020 has had a significant impact on victims of domestic abuse and their children, this impact has been felt nationally and locally. Survivors and their children have had their access to support services reduced. With front door access and face to face delivery suspended due to lockdown, the way service users access services has changed and services have had to respond and adapt quickly to ensure service users retain effective access to support. There has been much greater use of virtual support methods such as online chat functions and contacts via social media.
9. When lockdown was first imposed there was an initial decrease in demand for domestic abuse services as a result of lockdown circumstances making it more difficult for victims to access support (at home with the perpetrator) and also reduction in referrals from professionals. However as the strict lockdown conditions eased we very quickly saw a dramatic increase in demand for services. MASH referrals also increased as well as domestic abuse related calls to services such as Childline, and domestic abuse incidents recorded by the police.

National Picture

10. Refuge reports experiencing record highs in demand for its National Domestic Abuse Service Helpline as Government lockdown restrictions have eased. The total number of calls to Refuge's Helpline increased by 77% during June. In addition, the first week in July saw a 54% rise in women needing refuge space when compared with the last week in June – the highest number of women needing emergency accommodation during the lockdown period.¹
11. NSPCC reported that contacts to their helpline about the impact of domestic abuse on children increased by 32% since the start of the lockdown, to an average of one an hour. In May 2020 the helpline received its highest number of contacts about domestic abuse since 2016 when the current recording method began².
12. A Report by Oxford and Manchester Universities suggests that child to parent violence has also significantly increased since lockdown measures were put in place. They found that the number of child to parent violent episodes increased by 70%, and that 69% of practitioners surveyed, said they had seen an increase in referrals for child to parent violence³.

Local Picture

13. Locally, Southwark Domestic Abuse Advocacy and Support Service delivered by Solace saw referrals for survivor support increase by 25% in the period from 1st April to 30th June compared to the same period in 2019. The number of referrals received from victims aged 16 to 25 also increased significantly (46%; 137 compared to 94 in the same period last year). July 2020 saw the highest number of referrals ever received by the service in a single month.
14. The increase in referrals was largely driven by a dramatic increase in high risk referrals. Between 01/04/2020 and 30/06/2020 204 high risk cases engaged with IDVAs compared to 95 for the same period the previous year, this is an increase of 115%. In line with this, there was a corresponding increase in referrals to MARAC. The Multi Agency Risk Assessment Conference (MARAC) is coordinated by Southwark Council and meets fortnightly to provide a multi-agency response to high risk cases of domestic abuse. During the period 28th April 2020 to 18th August 2020, 312 cases were heard by Southwark MARAC, this compares to 232 in the same period last year, an increase of 34%.
15. Children's social care recorded a 34% increase in contacts relating to domestic abuse in the period 1st April 2020 – 31st July 2020 (781), when compared to the same period in 2019 (584). Whilst referrals for domestic abuse increased by 76%, from 151(April – July 2019) to 266 (April to July 2020).

¹ Refuge press release 23rd July 2020, https://www.refuge.org.uk/domestic-abuse-helpline-lockdown-eases/?utm_source=Twitter&utm_medium=SocialMedia&utm_campaign=PressNews

² NSPCC press release 10th June 2020, <https://www.nspcc.org.uk/about-us/news-opinion/2020/Calls-about-domestic-abuse-highest-on-record-following-lockdown-increase/>

³ Rachel Condry, Caroline Miles, Toni Brunton-Douglas & Anuoluwapo Oladapo, (Aug 2020), Oxford and Manchester University, <https://www.law.ox.ac.uk/news/2020-08-18-launch-report-child-parent-violence-during-pandemic>

16. There was an increase in individuals and families made homeless as a result of fleeing domestic abuse. Southwark's Housing Solutions service saw a 10% increase in approaches due to domestic abuse from 1st April to 30th June 2020 (112), when compared with the same period in 2019 (102).
17. The number of domestic abuse offences recorded by police in Southwark also increased during lockdown with July 2020 seeing the highest number of monthly cases (321) recorded since May 2019.

The Impact on Children and Young People

18. Children and young people in Southwark and across the UK, have had their lives turned upside down by the pandemic. Almost every young person has had to adjust to dramatic changes in their education and employment, routine and home life. The following key issues have been identified:
 - Deterioration of mental health
 - Increased exposure to abuse
 - Increase in child to parent violence
 - Uncertainty of child contact arrangements (with parents)
 - Impact of deterioration of parental mental health
19. ***Mental health*** - Young Minds (a young people's mental health charity) carried out a survey with 2,036 young people with a history of mental health needs between Friday 6th June and Monday 5th July⁴. This showed that:
 - 80% of respondents agreed that the coronavirus pandemic had made their mental health worse (41% said that it had got much worse).
 - 87% of respondents agreed that they had felt lonely or isolated during the lockdown period
 - Among more than 1,000 respondents who were accessing mental health support in the three months leading up the crisis (including from the NHS, school and university counsellors, private providers, charities and helplines), 31% said they were no longer able to access support but still needed it.
20. ***Increased exposure to abuse*** - children's exposure to abuse has also increased due to lockdown. Met Police data shows that there has been a significant increase in domestic abuse incidents in Southwark (as elsewhere) and this, coupled with the fact that there would usually be significant periods of time when children would be outside the home; at school, with friends, or extended family, will have resulted in them being witness to a greater amount of abuse than during other times. The Women's Aid Report 'A Perfect Storm'⁵ published in August found that 53% of the women they surveyed said that their children had witnessed more abuse during lockdown and 37% stated that the perpetrator had increased the use of abuse that was directed towards their children. Coupled with the increased exposure, they would likely have felt that there was reduced opportunity for help and intervention during lockdown.

⁴ Young Minds Report 'Coronavirus: Impact on Young People with mental health needs' (Aug 2020), <https://youngminds.org.uk/about-us/reports/coronavirus-impact-on-young-people-with-mental-health-needs/>

⁵ Women's Aid report 'A Perfect Storm' (Aug 2020), <https://www.womensaid.org.uk/a-perfect-storm-the-impact-of-the-covid-19-pandemic-on-domestic-abuse-survivors-and-the-services-supporting-them/>

21. ***Increase in child to parent violence*** - in situations where the young person has been displaying abusive behaviours within the home, this has increased due to frustration and confinement. Parents have found it very difficult to home school with home schooling often being a trigger for abuse. The Oxford and Manchester University study suggests that there has been a 70% increase in child to parent abuse since lockdown was imposed. The Yuva service in Southwark has continued to support parents affected by child to parent abuse but this has been challenging to deliver effectively during lockdown as the young people have often been in the same space as the parent. Referrals for young perpetrators also reduced significantly throughout lockdown but have started to increase since July and is likely to increase further once young people return to school and try to adjust to the new routine.
22. ***Child contact arrangements*** - in situations where the child is living apart from the perpetrator, formal and informal child contact arrangements have often been more difficult. Supervised arrangements ceased at the start of lockdown and service users report child contact arrangements being used to further abuse and intimidate. Arrangements that were in the process of being settled by courts were also postponed, leaving victims and children in a precarious position. 38% of women surveyed by Women's Aid for their 'Perfect Storm' report, reported child contact arrangements being used to further abuse, with perpetrators pressurising women to facilitate child contact even when this would be in breach of restrictions, and also using the restrictions as an excuse not to return children. Service users report the uncertainty and increased tension around these issues has caused increased anxiety in their children, with one parent reporting it has resulted in the onset of night terrors and bedwetting.
23. ***Deterioration of parental mental health*** - the Covid 19 pandemic has resulted in many domestic abuse survivors experiencing deterioration in their mental health with the inevitable knock on effect on their children. If living away from the perpetrator then the isolation from support has often resulted in the triggering of old traumatic memories, anxieties and fears. If living with the perpetrator, victims have been more able to be controlled with less opportunity to seek help. A survivor survey conducted by Women's Aid in June 2020 found that 52% of women currently experiencing abuse experienced deteriorating mental health whilst 53% of those who had experienced abuse in the past said that the pandemic had triggered memories of abuse and affected their mental health. This deterioration in parental mental health will have a significant impact on the children in the household as they will often feel they are to blame, leading to increased anxiety and possibly depression.
24. The full impact, and particularly the long term effects of the covid 19 lockdown for those children and young people living in households where domestic abuse is present, will take some time to be seen. However, professionals working for specialist domestic abuse agencies have provided valuable insight in to the issues facing victims and their children during this time. One service user has also kindly agreed to share her experiences. Please see ***Appendix 1***.

Reduced access to support networks

25. The issues identified above have been exacerbated by the isolation resulting from lockdown, with access to formal and informal support networks severely reduced.
26. **Lack of access to formal support** - The isolation resulting from lockdown has had a dramatic impact on children experiencing domestic abuse. Any formal support they were receiving from professionals outside the home, whether at school or in other settings, stopped abruptly or took place via much less effective virtual means. Most specialist child therapy for children affected by domestic abuse takes place within the school setting and although our specialist agency, Solace, were able to continue some support via telephone and with the use of Zoom, this is much less effective as it doesn't allow the child a safe space and confidentiality away from the home.
27. School closures also meant that children no longer had access to face to face formal and informal support from dedicated school safeguarding leads and other school staff. Although virtual support has continued, this can be less effective than face to face support. Delivery of Operation Encompass was also impacted during this time. Operation Encompass is a partnership between the Metropolitan Police and schools. Whenever police officers attend a domestic abuse incident which takes place within a home where children are present (even if asleep at the time), the child's designated school safeguarding officer is informed so that 'silent' observation and support can be provided to the child within the school setting.
28. School staff play a vital role in supporting children affected by domestic abuse and the absence of that face to face support for this extended period will undoubtedly have had a significant impact on children's wellbeing. It is also likely to result in a significant upturn in safeguarding referrals once children return to school. Returning to former routines is likely to be a very challenging time for children and young people as well as their parents.
29. **Lack of access to social support networks** - In addition to the lack of access to formal support, children have also been cut off from the emotional support previously provided by friends and extended family. During the lockdown period, children and young people were confined to their own home and were not able to visit friends or family members or play/interact outside in groups. Extended family and friends homes may well have been a safe haven from the situation at home prior to lockdown.
30. **Lack of diversionary activities** - During lockdown, children and young people have had limited access to diversionary activities, such as youth clubs, playgrounds and other organised activities outside of school and home. Services have developed online activities and support but the physical isolation from peer groups would likely have increased their feelings of isolation and had a negative impact on their general health and wellbeing.

Covid service delivery adaptations

31. The Council recognised very quickly the need to adapt the delivery of services including domestic abuse services during lockdown, moving from face to face to delivery via online and remote means. This included the following:
- adaptation of our commissioned services to online delivery including survivor group work sessions taking place via Zoom
 - review of our website pages to ensure that more information was accessible online
 - communications campaign across Southwark to raise awareness of domestic abuse and how to seek help
 - additional funding provided for 2 additional full time Independent Domestic Violence Advocates (IDVAs) to support the increase in demand to the main service and also support Housing Solutions
 - additional funding to increase capacity for telephone advice line for main service.

In addition a number of new innovations have been developed including:

- New Who's in Charge parents support group (where child to parent abuse had been experienced) established via Zoom
- Police-led initiative whereby victims are provided with a code word to use in pharmacies and supermarkets to alert/report their abuse
- Safe spaces created via pharmacy consultation rooms to report abuse
- Weekly activity packs collated and delivered to children resident in the emergency domestic abuse refuge
- Bede, a charity which delivers both a domestic abuse project and a youth project, partnered with the singers and voice coaches at BBC Strictly Come Dancing/ The Voice to produce a remake of Britney Spears 'Stronger'. The recording and animated music video can be viewed on YouTube via the following link:
https://www.youtube.com/watch?v=tBSmbVbtzyl&list=RDtBSmbVbtzyl&start_radio=1

NEXT STEPS

32. Domestic abuse services are now putting plans in place to transition back to a model of service delivery similar to that which operated prior to lockdown. Face to face contact with survivors and children will be resumed and the return to school for many children will present opportunities for increased access to formal and informal support, however, for some, the return to routine and structure will present significant challenges, particularly in households where child to parent abuse is an issue.
33. Demand for domestic abuse support services is likely to continue to increase in the coming months. Referrals to the Solace advocacy and support service in July and August suggest that Q3 will likely be the busiest quarter in the service's history. Likewise, safeguarding referrals related to domestic abuse will undoubtedly continue to rise placing increased pressure on both voluntary and statutory services.
34. The full impact of the covid 19 lockdown on children who are/have experienced

domestic abuse will be seen in the coming months/years but voluntary sector organisations are already calling on the government to mitigate the impact by ensuring that:

- Domestic abuse to be seen as a priority at the highest level across all sectors of government
- A long term funding solution should be established to meet the increases in demand and ensure sustainable high quality service provision
- Government to recognise the impact of domestic abuse on children and ensure that their welfare is taken into account when legislating around support for those experiencing domestic abuse.
- Ring-fenced funding for mental health in schools, colleges and universities to enable them to provide mental health support to all young people who need it.
- Support for the NHS to cope with a rise in demand for mental health support, enabling face-to-face support to resume widely where possible

Appendix 1

Case study - Tara

Tara, an 8-year-old girl, was referred to the child therapy service during the Covid19 pandemic after witnessing her mother being verbally, emotionally and physically abused by her father in the past. Tara is described as very shy and withdrawn and was receiving emotional 1:1 support at school. With the closure of schools at the beginning of lockdown she had not been able to access the provision, with a deterioration of her psychological and physical well-being.

Lucy, Tara's mother, was particularly concerned as Tara seemed to be depressed and anxious, refusing to eat and sleep. Mum was worried that she would start to self-harm. Mum reported that she did not know where to turn for advice and information on how to support her child's mental health during this time, feeling that her own mental health was being badly impacted as well. Mum felt that being isolated at home was triggering old traumatic memories, anxieties and fears. She felt that she could not cope with the demands of parenting, the uncertainties of the future (having underlying health issues herself and belonging to one of the ethnic groups which is at greatest risk from the virus) and the unforeseen financial difficulties that she was now facing.

Tara and Lucy were struggling with a sense of loss and fear, difficulties in coping with a lack of structure and routine, increased isolation and missing contact with family and friends.

Mum was also worried about how her daughter would transition back to 'normality' when lockdown was eased and the long term impact on her, balancing support for her child's home-learning with work from home in a small flat without an outdoor space. During lockdown mum experienced difficulties around child contact, with child contact arrangements being used to further abuse and intimidate. Mum was also concerned about her ex-partner not following all the safety measures for Covid19 and possibly withholding the child.

Solace's involvement with the family began when lockdown measures started to be eased down, after an incident that took place at a children's party that mum and Tara were attending, where Tara's dad showed up, attacking Lucy and trying to abduct Tara. He was stopped and arrested; a restraining order was subsequently issued to protect Lucy and her daughter.

Tara felt she was not safe anymore, she felt trapped and in constant danger. She stopped talking. She was displaying PTSD symptoms, having flashbacks and nightmares, being hypervigilant, showing a complete lack of interest in participating in regular activities, not wanting to see her friends or people in her family that she loves or socialise (safely), feeling guilty about what happened, being easily startled. She seemed depressed. At this point she was back in school for a few days a week and she was struggling to cope, having her friends in other 'bubbles' and not being allowed to play with them during the breaks.

During lockdown the Solace therapist provided weekly parenting and emotional support for mum, as Tara initially refused to have sessions online. Mum was provided with activities and resources that she could implement at home with Tara, helping her to create a routine. Mum reported that having weekly reviews with the therapist helped her to be consistent and gave her structure.

After further conversation with Lucy, Tara decided to start sessions online. As she was a first time contact it was initially more challenging to build a relationship online and to hold the sessions for the usual 50 minutes (due to the sustained attention that a screen requires).

Tara has recently started to show more confidence, less compliance and withdrawal, initiating activities and starting to explore past and recent traumatic events that have impacted her life.

She has been supported with stories, talking therapy, art tools, play therapy techniques (with toys that she has at home), to explore her feelings and anxieties.

Tara has recently shared that she feels much better after talking about what happened and she described having a 'blockage' in her heart that did not allow her to talk. She also shared her worries about telling her mum how she really feels, fearing that she would upset her. She is starting to express her sadness around school and not seeing her friends.

Tara has an incredible insight and she feels now that she can talk about her fears of how school will look like in September (when she might be separated from her friends again), how she worries about her mum catching the virus and not having a job, how disappointed she is in her dad. A safety plan has also been completed with her.

Lucy has reported that Tara is more open with her and seems more comfortable about sharing her feelings and thoughts. She seems generally happier and more settled. Therapeutic support for Tara is ongoing.

Agenda Item 8



Item No.	Classification	Date:	Meeting: Health and Social Care Scrutiny Commission
Report title:	Black, Asian and Minority Ethnic access to mental health services indicative review		
From:	Sam Hepplewhite, Director of Southwark, SEL CCG Genette Laws, Director of Commissioning, Southwark Council		

1.0. Purpose

- 1.1 To understand Black, Asian Minority Ethnic patients' access to mental health services across all age groups in Southwark.

2.0 What is Black, Asian and Minority Ethnic?

- 2.1 Black, Asian and Minority Ethnic (referred to as BAME) communities can be understood as: 'people living in England who are designated as belonging to a non-white ethnic group (according to the national census) which represent distinct groups and with their own identity recognised by themselves and by others'. (www.jcpmh.info, 2014).
- 2.2 In Southwark, we recognise that we have particular communities that we should specifically identify so that we understand their needs, this includes the Latin-American communities

3.0 Background

- 3.1 Prior to the Covid-19 pandemic, the Health and Social Care Scrutiny Commission asked officers to review the ethnic profile of the population and access rates for commissioned mental health services, particularly crisis services, at each life stage (children, young people, and adults).
- 3.2 Both the Director of Commissioning and the Place-based Director of Southwark chair the Southwark Joint Mental Health and Wellbeing Strategy (2018-2021) Implementation Steering Group. In a meeting subsequent to this request, they asked the team to broaden the Commission's request for the benefit of the Steering Group and identify learning from the information that will be shared. This is the full report that will be presented to the Steering Group when it meets in September as part of moving back to business as usual following the emergency response phase to the global pandemic.
- 3.3 It has been long recognised that people from BAME communities experience health inequalities. However, the impact of COVID-19 on BAME communities, especially on people from South Asian and African-Caribbean communities, has led to discussions about existing inequalities and inequities experienced by BAME communities.
- 3.4 Within, Southwark there is a recognition that people with serious mental conditions need to be supported more, not less, during a pandemic. However, research suggests that there is a lack of confidence and trust about mental health services in some Black, Asian and minority ethnic (BME) communities, and that this, in turn, can lead to reluctance to seek help from some of services at an early stage. Thus, there remains a pressing need to fully understand BME populations experience of accessing health systems and pathways, in order to tackle inequalities, secure improvements in access, experience and outcomes for all and support a shift to prevention.

4.0 Southwark's population profile

4.1 Southwark is an ethnically diverse borough with residents from a wide range of ethnicities and backgrounds. Latest estimates indicate that 63% of people living in Southwark have a white ethnic background compared to 84% nationally. A much larger proportion of the Southwark population come from black and mixed ethnic backgrounds when compared to England. The diversity of Southwark is much greater among the children of Southwark with roughly equal proportions of young people from white and black ethnic backgrounds. Ethnic minority communities are concentrated across the middle of the borough with pockets in the north. Over 120 languages are spoken in Southwark, with just over 1 in 10 households having no members who speak English as a first language. The top five main languages (other than English) spoken at the time of the 2011 Census were:

- Spanish (2.3%)
- French (1.6%)
- Portuguese (1.3%)
- Polish (1.2%)
- Italian (0.9%)

It is estimated that almost one in five adults in Southwark are experiencing a common mental disorder, equating to approximately 47,000 individuals. The prevalence of severe mental illness in Southwark is 1.4% (approximately 3,800 patients) and severe mental illness disproportionately affects male, older and black ethnic population groups. Suicide is seen as a proxy for underlying rates of mental ill-health; in a two year period between 2013 and 2015 Southwark was one of five London boroughs to report higher suicide rates than the national average.

It is estimated 1 in 4 people experience a mental health problem in any given year. Severe mental illness (SMI) refers to a range of more severe conditions including bipolar and schizophrenia, and typically this cohort has significant health needs and experiences great socio-economic disadvantage. People with SMI in Southwark are more likely to be male, black and older. In 2018-19 just under 10,000 people in Southwark were in contact with mental health services. There is strong evidence demonstrating the link between physical and mental health, and those with a long-term condition are between 2 and 3 times more likely to experience mental health problems compared to the general population.

5.0 Access

5.1 Perinatal services

One in five mothers suffers from depression, anxiety or in some cases psychosis during pregnancy or in the first year after childbirth. Suicide is the second leading cause of maternal death, after cardiovascular disease. Mental health problems not only affect the health of mothers but can also have longstanding effects on children's emotional, social and cognitive development. National costs of perinatal mental ill health are estimated at £8.1 billion for each annual birth cohort, or almost £10,000 per birth. Southwark ranked in the top 5% of the most deprived boroughs when it comes to overall factors and when it comes to child income deprivation.

In Southwark, there may be up to 2,630 cases per year of mental health disorders in the perinatal period – although some people may be affected by more than one condition.

In terms of perinatal mental illness among Black, Asian and Minority Ethnic (BAME) women, evidence on aetiology, course of illness and effective interventions is lacking and/or poorly understood.

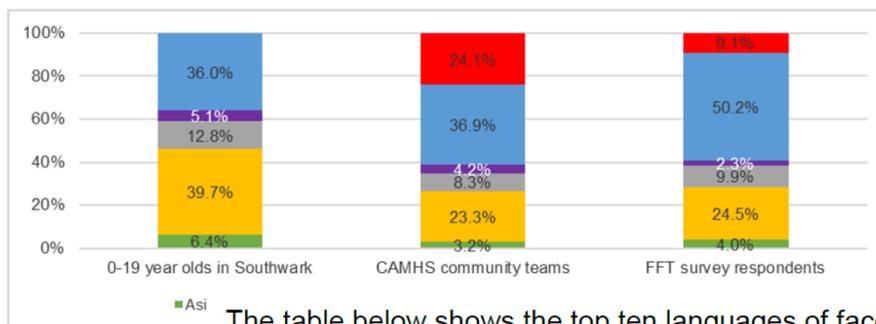
4.2 Community mental health services for children and young people

4.3 Approximately two thirds of Southwark children and young people are of Black, Asian and minority ethnic origin (BAME). BAME children are more likely to be exposed to other risk factors for poor mental health and wellbeing and are under-represented in CAMHS, but are over-represented in other services, e.g. social care and the youth justice system. (Southwark Children and Young people's mental health and wellbeing transformation plan)

4.4 South East London CCG and the council fund the child and adolescent mental health services (CAMHS) community services in Southwark. This includes the Child and Family Team; Adolescent Team; Neurodevelopmental Team; CareLink (Looked After Children); Early Help; Functional Family Therapy and Parental Mental Health. Referrals are received from GPs, schools, and allied health professionals.

The table chart below shows the ethnicity of service users in CAMHS Community Services (between April 2018 and March 2019) in Southwark and the ethnicity of the Friends and Family Test survey respondents to CAMHS Community Services (between April 2016 March 2019).

	Asian	Black	Mixed Race	Other Ethnic Group	White	Unknown
0-19 year olds in Southwark (Census 2011)	6.4%	39.7%	12.8%	5.1%	36.0%	0.0%
Southwark CAMHS Community Services caseload between Apr 18 and Mar 19 (ePJS)	3.2%	23.3%	8.3%	4.2%	36.9%	24.1%
FFT respondents to CAMHS Community Services surveys between Apr 16 and Mar 19 (PEDIC)	4.0%	24.5%	9.9%	2.3%	50.2%	9.1%



Between April 2018 and March 2019, the number of face to face interpreters booked between staff, service

The table below shows the top ten languages of face to face interpreters booked by Southwark CAMHS community teams between April 2018 and March 2019.

Language	Number of bookings
Spanish	90
Amharic	40
Kurdish/Kurdish Sorani	34
Vietnamese	29
Dari	20
French	13
Portuguese	12
Mandarin	11
Tigrinya	10
Bengali	6

4.5 Feedback from patients of the CAMHS community services

The table and chart below show the number of Southwark CAMHS community service Friends and Family Test respondents in April 2018 to March 2019 in each ethnic group and the proportion responding positively.

How likely are you to recommend Southwark 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 in 18/19	Positive responses in 18/19
Asian	18	83.3%	Under 10	100.0%	Under 10	80.0%
Black	81	92.6%	65	87.7%	37	89.2%
Mixed Race	32	93.8%	19	89.5%	23	95.7%
Other ethnic group	Under 10	75.0%	Under 10	71.4%	Under 10	50.0%
White	149	87.9%	129	90.7%	97	84.5%
Overall	324	86.1%	242	89.7%	181	85.1%

4.6 Learning from the data

According to the authors of the report (SLaM, Planning and Equality Team 2018/19 Southwark ethnicity information):

- The level of unknown ethnicity in CAMHS community services makes it difficult to come to conclusions about access for ethnic minority service users. SLaM are working on improving this.
- CAMHS have identified the need to improve access to community services for Asian and young Black people, particularly girls as an equality objective

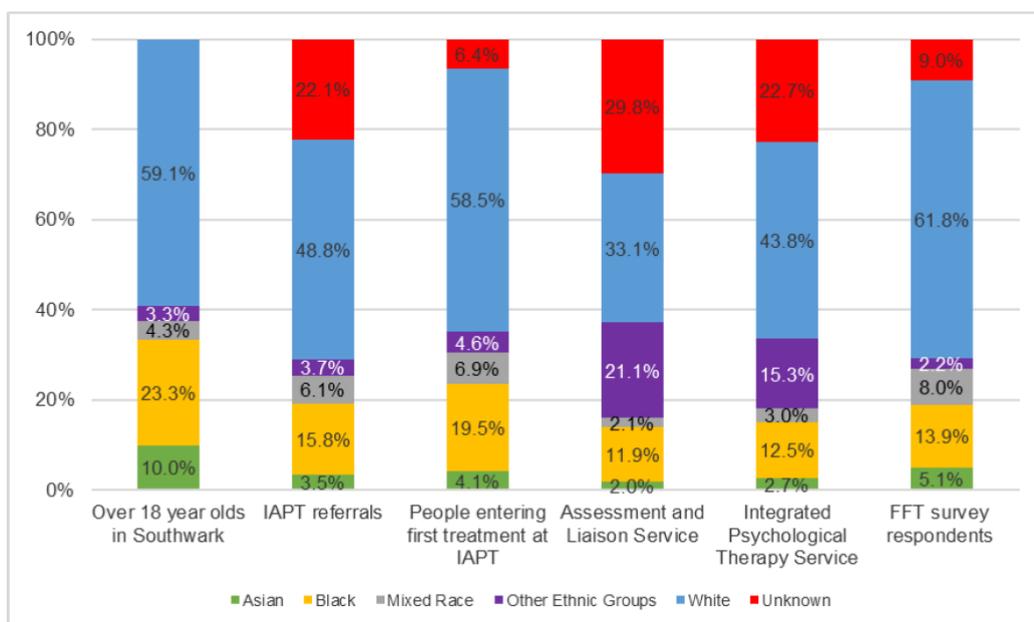
4.7 Adult services providing psychological therapies

4.8 South East London CCG commission Psychological therapy services provided in Southwark which includes the following:

- IAPT Service (Southwark) is provided by the Southwark Primary Care Psychological Therapy Service. They provide advice and brief treatment, including self-help therapy for people, aged over 18, with depression or anxiety. Referrals are received from GPs and from self-referrals.
- Integrated Psychological Therapy Team (Southwark) is a specialist (secondary care) psychological therapy service that provides assessment, care and treatment for people aged 18 and above who have severe and complex mental health needs.

The table and chart below show the ethnicity of referrals and people entering treatment at Southwark IAPT (between January 2018 and December) in comparison with the ethnicity of over 18 year olds in Southwark, the caseloads of Assessment and Liaison and Integrated Psychological Therapy services (between April 2018 and March 2019) and the ethnicity of FFT respondents in these later two services (between April 2016 and March 2019).

	Asian	Black	Mixed Race	Other Ethnic Group	White	Unknown
Over 18 year olds in Southwark (Census 2011)	10.0%	23.3%	4.3%	3.3%	59.1%	0.0%
IAPT referrals between Jan 18 and Dec 18 (NHS Digital)	3.5%	15.8%	6.1%	3.7%	48.8%	22.1%
People entering first treatment at IAPT between Jan 18 and Dec 18 (NHS Digital)	4.1%	19.5%	6.9%	4.6%	58.5%	6.4%
Southwark Assessment & Liaison (A&L) service caseload between Apr 18 and Mar 19 (ePJS)	2.0%	11.9%	2.1%	21.1%	33.1%	29.8%
Integrated Psychological Therapy (IPT) service caseload between Apr 18 and Mar 19 (ePJS)	2.7%	12.5%	3.0%	15.3%	43.8%	22.7%
FFT respondents to A&L and IPT service surveys between Apr 16 and Mar 19 (PEDIC)	5.1%	13.9%	8.0%	2.2%	61.8%	9.0%



Between April 2018 and March 2019 Southwark IAPT and the Integrated Psychological Therapy Service made 358 face to face interpreter bookings for 27 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 Southwark IAPT and Integrated Psychological Therapy Service between April 2018 and March 2019.

Language	Number of bookings
Arabic	67
Spanish	32
Bengali	29
Portuguese	28
Pashtu	27
Farsi (Persian)	22
Turkish	17
French	17
Lithuanian	16
Kurdish / Kurdish Sorani	13

4.9 Feedback from patients of IAPT

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

How likely are you to recommend Southwark 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 in 18/19	Positive responses in 18/19
Asian	10	90.0%	20	90.0%	12	91.7%
Black	33	93.9%	46	91.3%	35	94.3%
Mixed Race	24	95.8%	29	93.1%	13	92.3%
Other ethnic group	Under 10	100.0%	Under 10	100.0%	Under 10	66.7%
White	177	94.4%	184	88.6%	146	85.6%
Overall	274	93.1%	320	88.1%	227	88.1%

4.10 Learning from the data

According to the authors of the report (SLaM, Planning and Equality Team 2018/19 Southwark ethnicity information):

- The proportion of referrals of Asian and Black people appears slightly low compared to the local population.
- NHS Digital data on improvement rates and recovery rates show that these fluctuate over time for different ethnicities. Therefore, it is vital the IAPT continues working to understand and improve these outcomes for ethnic minority service users.
- Respondents of different ethnicities have reported similar levels of positive experience over the last three years.

4.11 **Community mental health services for adults with severe mental health**

4.12 Severe Mental Illness (SMI) refers to a range of conditions which include schizophrenia, bipolar affective disorder and depression with psychosis. This cohort has significant health needs and also experiences great socio-economic disadvantage. People with SMI in Southwark are more likely to be male, older and from a Black ethnic background. (JSNA-MH - 2017)

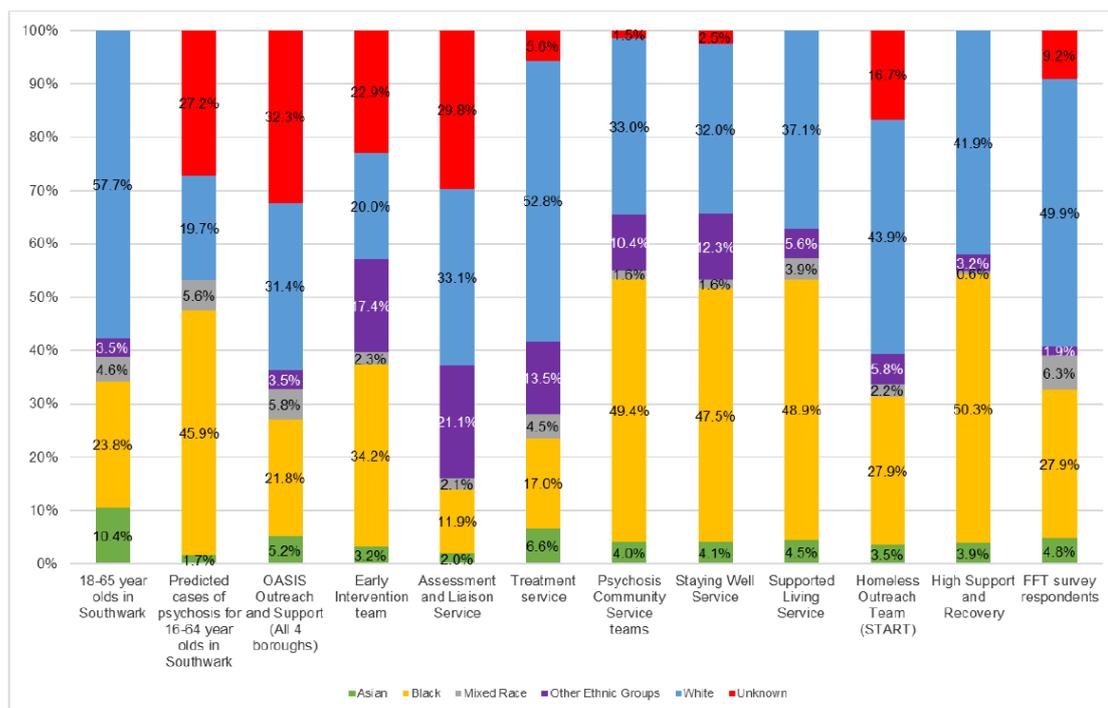
4.13 Nationally Black or Black British ethnic groups had the highest proportion of people who had spent time in hospital in the year, with levels more than twice the average for the White ethnic group (JSNA,2017)

4.14 South East London CCG commission through SLaM a range of community mental health services for adults with severe mental health problems in Southwark. These include the following:

- Assessment and Liaison service receive referrals from the Southwark Hub, GPs and other health and social care workers. They are for people age 18-65 and they refer people to appropriate mental health service.
- The Treatment service offers safe and effective treatment in the community to people experiencing severe depression, anxiety and/or personality disorders. 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.
- Early Intervention Service (Southwark) supports people, aged 14-65, 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.
- Psychosis Promoting Recovery Community Services in Southwark Central, Southwark North East, Southwark North West, and Southwark South provide care for adults, aged 18-65, who have a psychotic illness. There is also a Staying Well service, a Supported Living service, a Homeless Outreach service (START).
- The High Support and Recovery Team provide intensive community-based rehabilitation, care and support for adults with severe and long-term mental illness who live in Southwark.

4.15 The table and chart below show the ethnicity of service users in Southwark community mental health services (between April 2018 and March 2019) in comparison with the ethnicity of 18-65 year olds in Southwark the percentage of predicted cases of psychosis for 16-64 and the ethnicity of Friends and Family Test survey respondents to those services (between April 2016 and March 2019).

	Asian	Black	Mixed Race	Other Ethnic Group	White	Unknown
18-65 year olds in Southwark (Census 2011)	10.4%	23.8%	4.6%	3.5%	57.7%	0.0%
Predicted cases of psychosis for 16-64 year olds in Southwark	1.7%	45.9%	5.6%	0.0%	19.7%	27.2%
OASIS Outreach and Support caseload between Apr 18 and Mar 19 (ePJS) (All 4 boroughs)	5.2%	21.8%	5.8%	3.5%	31.4%	32.3%
Early Intervention team caseload between Apr 18 and Mar 19 (ePJS)	3.2%	34.2%	2.3%	17.4%	20.0%	22.9%
Assessment and Liaison Service caseload between Apr 18 and Mar 19 (ePJS)	2.0%	11.9%	2.1%	21.1%	33.1%	29.8%
Treatment team caseload between Apr 18 and Mar 19 (ePJS)	6.6%	17.0%	4.5%	13.5%	52.8%	5.6%
Psychosis Community Service caseload between Apr 18 and Mar 19 (ePJS)	4.0%	49.4%	1.6%	10.4%	33.0%	1.5%
Staying Well Service caseload between Apr 18 and Mar 19 (ePJS)	4.1%	47.5%	1.6%	12.3%	32.0%	2.5%
Supported Living Service caseload between Apr 18 and Mar 19 (ePJS)	4.5%	48.9%	3.9%	5.6%	37.1%	0.0%
Homeless Outreach service (START) caseload between Apr 18 and Mar 19 (ePJS)	3.5%	27.9%	2.2%	5.8%	43.9%	16.7%
High Support and Recovery service caseload between Apr 18 and Mar 19 (ePJS)	3.9%	50.3%	0.6%	3.2%	41.9%	0.0%
FFT survey respondents to adult community services surveys between Apr 16 and Mar 19 (PEDIC)	4.8%	27.9%	6.3%	1.9%	49.9%	9.2%



Between April 2018 and March 2019 Southwark adult community mental health services made 543 face to face interpreter bookings for 32 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 Southwark adult community mental health services between April 2018 and March 2019.

Language	Number of bookings
Spanish	101
Somali	76
Bengali	43
Pashtu	38
Vietnamese	35
Romanian	30
French	25
Polish	20
Arabic	20
Cantonese	20

4.16 Feedback from patients of adult community mental health service

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

How likely are you to recommend Southwark 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 in 18/19	Positive responses in 18/19
Asian	71	78.9%	66	88.9%	88	100.0%
Black	227	85.5%	319	92.0%	234	89.6%
Mixed Race	53	90.9%	93	94.4%	57	96.3%
Other ethnic group	11	100.0%	20	100.0%	15	88.9%
White	409	91.3%	557	87.8%	355	87.6%
Overall	859	89.2%	1199	89.4%	821	89.0%

4.17 Learning from the data

According to the authors of the report (SLaM, Planning and Equality Team 2018/19 Southwark ethnicity information):

- Services to consider what they can do to improve recording ethnicity data to produce the data needed to analyse and understand potential access issues.
- 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.

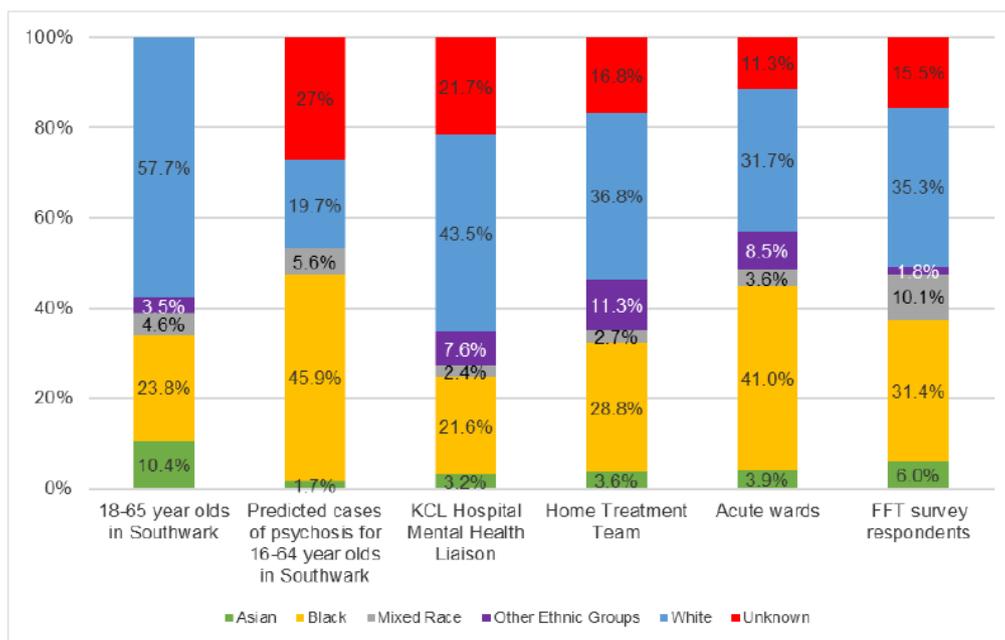
4.18 Crisis and acute mental health services for adults with severe mental health

South East London CCG commission through SLaM a range of crisis and acute mental health services for adults with severe mental health problems in Southwark. These include the following:

- The Mental Health Liaison Service (Kings College Hospital) assesses people to determine if they need mental health care and treatment and refers them to the appropriate clinical services.
- Home Treatment Team (Southwark) provides a community-based service to support people, aged 18-65, at home, rather than in hospital. Referrals come from other Trust services such as assessment and liaison teams, crisis services, promoting recovery teams and wards.
- Acute mental health inpatient wards support people in Southwark, aged 18 to 65 years old, who need inpatient crisis or acute mental health care. These include Aubrey Lewis 2 (Ruskin Ward), Aubrey Lewis 3 (AL3 Ward), Eileen Skellern Ward Female (PICU) and the Jim Birley Unit.

4.19 The table and chart below show the ethnicity profile of Southwark crisis and acute mental health service caseloads (between April 2018 and March 2019) compared to the ethnicity profile of 18-65 year olds in Southwark, the percentage of predicted cases of psychosis for 16-64 and the ethnicity of Family and Friends Test respondents to these services (between April 2016 and March 2019).

	Asian	Black	Mixed Race	Other Ethnic Group	White	Unknown
18-65 year olds in Southwark (Census 2011)	10.4%	23.8%	4.6%	3.5%	57.7%	0.0%
Predicted cases of psychosis for 16-64 year olds in Southwark (Psymaptic)	1.7%	45.9%	5.6%	0.0%	19.7%	1.7%
Kings College Hospital Mental Health Liaison caseload between Apr 18 and Mar 19 (ePJS)	3.2%	21.6%	2.4%	7.6%	43.5%	3.2%
Home Treatment Team caseload between Apr 18 and Mar 19 (ePJS)	3.6%	28.8%	2.7%	11.3%	36.8%	3.6%
Acute wards caseload between Apr 18 and Mar 19 (ePJS)	3.9%	41.0%	3.6%	8.5%	31.7%	3.9%
FFT survey respondents to crisis and acute mental health service surveys between Apr 16 and Mar 19 (PEDIC)	6.0%	31.4%	10.1%	1.8%	35.3%	15.5%



Between April 2018 and March 2019 Southwark crisis and acute mental health services made 435 face to face interpreter bookings for 31 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 Southwark crisis and acute mental health services between April 2018 and March 2019.

Language	Number of bookings
Spanish	96
Portuguese	47
Somali	44
Turkish	41
Vietnamese	33
Bengali	23
French	20
BSL (British Sign Language)	15
Amharic	13
Italian	12

4.20 Feedback from patients about Adult crisis and acute mental health service

The table and chart below show the number of Southwark 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 Southwark crisis or 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 in 18/19	Positive responses in 18/19
Asian	33	66.7%	49	71.4%	37	81.1%
Black	151	75.5%	235	66.4%	235	72.3%
Mixed Race	71	64.8%	48	56.3%	80	65.0%
Other ethnic group	10	80.0%	15	46.7%	10	70.0%
White	207	71.0%	257	67.7%	235	73.6%
Overall	587	72.1%	723	65.7%	669	71.2%

4.21 Learning from the data

According to the authors of the report (SLaM, Planning and Equality Team 2018/19 Southwark ethnicity information):

- Level of unknown ethnicity data is high in these services caseloads
- 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.
- An excellent example of work to promote equality and diversity was undertaken in Jim Birley Unit. Service users on the ward expressed a wish to learn more about each other's backgrounds and ways of communicating. So, staff organised a full day of

workshops and games exploring equality and diversity that received very positive feedback from the service users and staff involved.

4.22 Community dementia and mental health services for older adults

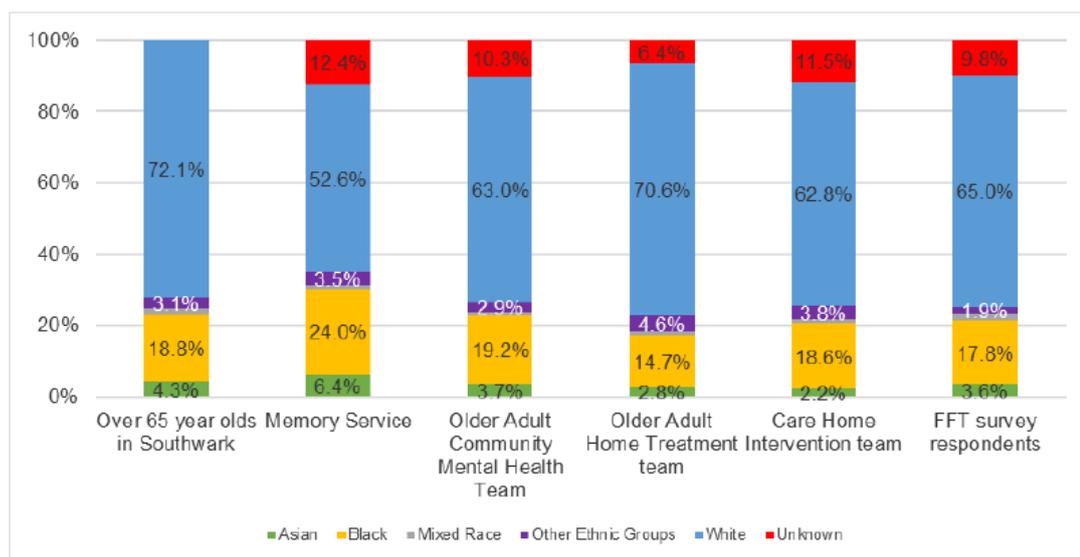
South East London CCG commission through SLaM a range of older adult mental health services in Southwark. These include the following:

- The Southwark and Lambeth Integrated Memory Service (SLIMS) offers comprehensive assessment, treatment and support options to anyone over the age of 18 with mild to moderate memory problems likely to indicate dementia. Referrals are received from GPs.
- The Older Adults Mental Health Community Team provides 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.

- Care Home Intervention Service support people aged 65 and over, whose behaviour has become challenging in the context of a dementia or mental illness and they are currently living in a day care, residential or nursing home setting.

4.23 The table and chart below show the ethnicity profile of Southwark older adult service caseloads (between April 2018 and March 2019) compared to the ethnicity profile of over 65 year olds in Southwark and the ethnicity of Friend and Family Test respondents to these services (between April 2016 and March 2019).

	Asian	Black	Mixed Race	Other Ethnic Group	White	Unknown
Over 65 year olds in Southwark (Census 2011)	4.3%	18.8%	1.7%	3.1%	72.1%	0.0%
Memory Service caseload between Apr 18 and Mar 19 (ePJS)	6.4%	24.0%	1.0%	3.5%	52.6%	12.4%
Older Adult Community Mental Health Team caseload between Apr 18 and Mar 19 (ePJS)	3.7%	19.2%	0.9%	2.9%	63.0%	10.3%
Older Adult Home Treatment team caseload between Apr 18 and Mar 19 (ePJS)	2.8%	14.7%	0.9%	4.6%	70.6%	6.4%
Care Home Intervention team caseload between Apr 18 and Mar 19 (ePJS)	2.2%	18.6%	1.1%	3.8%	62.8%	11.5%
FFT survey respondents to older adult service surveys between Apr 16 and Mar 19 (PEDIC)	3.6%	17.8%	2.0%	1.9%	65.0%	9.8%



The table below shows the top ten languages of face to face interpreters booked by Lambeth and Southwark dementia and older adult services between April 2018 and March 2019.

Language	Number of bookings
Portuguese	57
Turkish	40
Somali	27
Cantonese	26
Vietnamese	22
Spanish	21
Bengali	19
Italian	15
Arabic	14
Tigrinya	11

Between April 2018 and March 2019 Lambeth and Southwark dementia and older adult services made 345 face to face interpreter bookings for 36 different languages to help communication between staff, service users and carers.

4.24 Feedback from patients about dementia and older adult mental health

It is not possible to distinguish feedback for Lambeth service users of Southwark and Lambeth Integrated Memory Service. Therefore, the data below is information for both boroughs.

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 Southwark and Lambeth 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 in 18/19	Positive responses in 18/19
Asian	11	81.8%	13	100.0%	Below 10	100.0%
Black	63	92.1%	50	94.0%	40	92.5%
Mixed Race	Below 10	100.0%	10	100.0%	Below 10	100.0%
Other ethnic group	Below 10	100.0%	Below 10	100.0%	Below 10	100.0%
White	173	90.8%	197	93.9%	188	94.1%
Overall	306	90.5%	290	94.1%	263	94.7%

4.25 Learning from the data

According to the authors of the report (SLaM, Planning and Equality Team 2018/19 Southwark ethnicity information):

- The caseloads of dementia and older adult mental health services appear broadly reflective of the ethnicity of older people in Southwark.
- Southwark and Lambeth Integrated Memory Service (SLIMS) have identified the need to encourage earlier access to memory services for older Black African and Caribbean service users as an equality objective.
- SLIMS are working with a steering group of partners to deliver work in communities, schools and with GPs to challenge stigma, raise awareness of dementia and how to access support about this. SLIMS made time to undertake cultural competency training as a team to support the delivery of this objective. This work was commended by the CQC during the Trust's recent inspection.
- The overall ambition of these services is to improve awareness and access to dementia services for people of black, Asian and minority ethnic groups and Access to memory services. Ethnicity data collected from 15 memory services found that people are accessing services; however, research suggests that BAME groups access services in crisis. Sharing service initiatives and resources on Alzheimer's Society website.

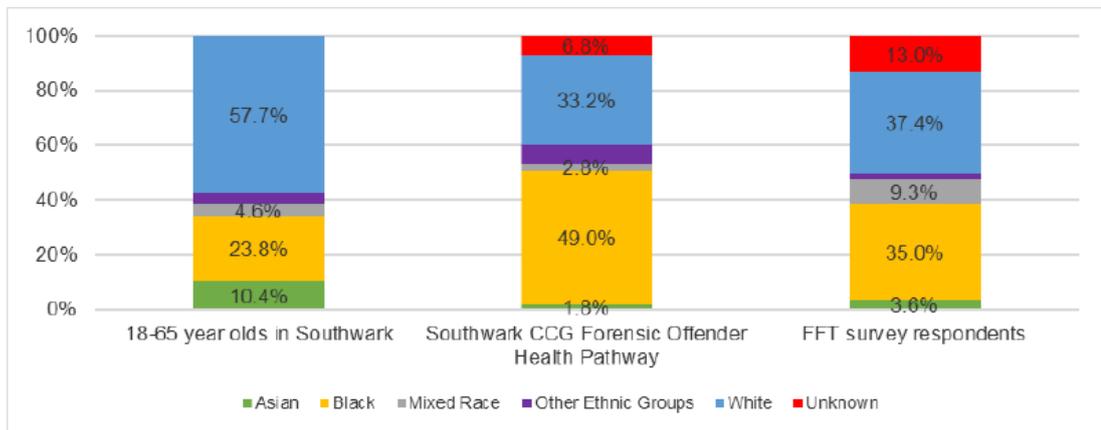
4.26 Forensic offender mental health services

South East London CCG commission through SLaM a range of medium, low secure and specialist inpatient forensic services at River House. The Forensic High Support and

Recovery Team (Southwark) 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.

- 4.27 The table and chart below show the ethnicity profile of Southwark CCG service users in forensic offender mental health services (between April 2018 and March 2019) compared to the ethnicity profile of 18-65 year olds in Southwark and the ethnicity of Friend and Family Test respondents to these services (between April 2016 and March 2019).

	Asian	Black	Mixed Race	Other Ethnic Group	White	Unknown
18-65 year olds in Southwark	10.4%	23.8%	4.6%	3.5%	57.7%	0.0%
Southwark CCG Forensic Offender Health Pathway caseload between Apr 18 and Mar 19 (ePJS)	1.8%	49.0%	2.8%	6.5%	33.2%	1.8%
Trust-wide FFT survey respondents to Forensic services surveys between Apr 16 and Mar 19 (PEDIC)	3.6%	35.0%	9.3%	1.6%	37.4%	13.0%



4.28 Feedback from patients of the Forensic Mental Health Service

It is not possible to identify Southwark CCG forensic service users in the anonymised Friend and Family Test 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 in 18/19	Positive responses in 18/19
Asian	19	68.4%	34	82.4%	24	83.3%
Black	256	73.0%	232	66.8%	203	74.9%
Mixed Race	73	63.0%	57	77.2%	57	82.5%
Other ethnic group	9	55.6%	11	63.6%	13	76.9%
White	258	73.3%	299	73.6%	200	80.5%
Overall	725	71.3%	709	69.1%	574	78.2%

4.29 Learning from the Data

According to the authors of the report (SLaM, Planning and Equality Team 2018/19 Southwark ethnicity information):

- The high proportion of Black service users means it vital that forensic services are culturally appropriate and meet the needs of Black service users. Forensic wards have prioritised promoting good physical health for service users as an equality objective.
- 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.
- Forensic services need to be able to actively monitor experience and outcomes for Black service users.
- Respondents of different ethnicities have reported broadly similar levels of positive experience over the last three years.

5.0 BAME Accessing Mental Health support from the Voluntary sector

5.1 Southwark Wellbeing Hub

The Wellbeing Hub is a jointly commissioned Southwark Council and the CCG, aiming to provide information, advice and improved access to services for anyone in Southwark experiencing problems with their mental wellbeing. To be eligible to use support services people must either live in Southwark or be registered with a Southwark GP. The service began operating in April 2015 and is run by an organisation called Together UK, a well-established national organisation providing a range of mental health support services

The single point of access was established to make better use of Adult Social Care mental health resources so a focus could be maintained on adults with higher level mental health needs. The Hub now acts as the front door to ASC mental health services, completing an initial screening exercise to identify people whose needs appear to meet Care Act criteria. This means that those who are not eligible for social care services receive the information, advice or guidance that they need as soon as possible and those that need specialist services have a shorter lead-in time to being assessed.

Wellbeing Hub –Qualitative Report Quarter 2,3 and 4 Year 5

Number of service users by ethnicity	White		80	59	93
	Black		46	57	91
	Asian		16	14	11
	Mixed		19	7	21
	Other		6	29	12

5.2 Learning from Data

The Wellbeing Hub is being accessed by an increasing number of Black residents who are finding the signposting, employment advice, group work and peer support helpful.

6.0 Big White Wall

Southwark CCG commissioned Big White Wall in July 2014 to provide the Support Network to residents through budget allocated under NHS England's Regional Innovation Fund. Big White Wall (BWW) was recommissioned once again in May 2019 providing a further 200 SN licences to residents across a one-year contract period.

6.1 Learning from the Data (Quarter Four: February 2020 – April 2020)

- BWW has supported 1,505 Southwark residents to date. 88 residents have registered to use the service in Q4. Many Southwark users registering this quarter (23.3%) stated that they were referred via an NHS website. Almost a quarter of those new members registering in this quarter were male.
- 38.6% of Southwark members describe themselves as 'White British'. However, the percentage of members identifying as BAME are considerably higher than the BWW average, at 27.2%, suggesting Southwark members are generally more diverse than BWW's usual healthcare demographic.
- Southwark members engaged well with the Course resources, with a total of 38 courses being completed. The most popular courses were 'Managing Depression and Low Mood', 'Balance Your Thinking' and 'Stop Procrastinating'.

7.0 Summary

There are several challenges presented by the data in this review.

- 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.
- 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
- It has in part given some understanding of the Black, Asian and Minority Ethnic (BAME) patient's access to mental health services across all age groups in Southwark.

- However there remains a need for services to consider what they can do to improve recording ethnicity data to produce the data needed to analyse and understand potential access issues.
- The data does not reflect the possible increase in need for and access due to the impact of COVID-19 on the BAME communities.
- The data focuses predominately on SLaM Services- main commissioned mental health provider in Southwark
- This should include access data from voluntary sector commissioned services.
- 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.
- It is not possible to identify Southwark CCG forensic service users in the anonymised Friend and Family Test surveys.
- The Level of unknown ethnicity data is high in crisis and mental health acute services caseloads.

8.0 Recommendations

- Improve access, experiences and outcomes of NHS, local government and integrated care systems commissioned services by BAME communities including: regular equity audits; use of health impact assessments; integration of equality into quality systems; good representation of black and minority ethnic communities among staff at all levels; sustained workforce development and employment practices; trust-building dialogue with service users. (Beyond the data: Understanding the impact of COVID-19 on BAME groups,2020)
- Mandate comprehensive and quality ethnicity data collection and recording as part of routine NHS and social care data collection systems, including the mandatory collection of ethnicity data at death certification, and ensure that data are readily available to local health and care partners to inform actions to mitigate the impact of COVID-19 on BAME communities. (Beyond the data: Understanding the impact of COVID-19 on BAME groups,2020)
- Accelerate efforts to target culturally competent health promotion and disease prevention programmes for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions including diabetes, hypertension and asthma. (Beyond the data: Understanding the impact of COVID-19 on BAME groups,2020)



