

Health and Social Care Scrutiny Commission

Tuesday 27 July 2021

7.00 pm

Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1
2QH

Supplemental One Agenda

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	<ul style="list-style-type: none">• Elective care recovery,• Cancer care and treatment,• Maternity care , pre natal and post natal care including immunization and ability of birthing mothers to have support in labour - both in recovery and hospital practice in any subsequent waves . (GSTT have advised their position is the same as KCH, as outlined in the submission for the next agenda item),• Any contingency plans to deal with potential third wave with relaxing of Covid regulations.	

Jon Findlay, Chief Operating Officer and Deputy Chief Executive , Guy's and St Thomas' NHS Foundation Trust will be attending to present.

Contact: Julie Timbrell on 0207 525 0514 or email: julie.timbrell@southwark.gov.uk

Date: 23 July 2021

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6.	King's College Hospital NHS Foundation Trust recovery plan King's College Hospital NHS Foundation Trust (KCH) have provided the attached submission , in order to address these particular issues: <ul style="list-style-type: none">• Elective care recovery,• Cancer care and treatment,• Maternity care , pre natal and post natal care including immunization and ability of birthing mothers to have support in labour - both in recovery and hospital practice in any subsequent waves . (GSTT have advised their position is the same as KCH, as outlined in the submission for the next agenda item),• Any contingency plans to deal with potential third wave with relaxing of Covid regulations.	10 - 13
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Guy's and St Thomas' Elective Care Recovery

Southwark's Health and Social Care Scrutiny Commission

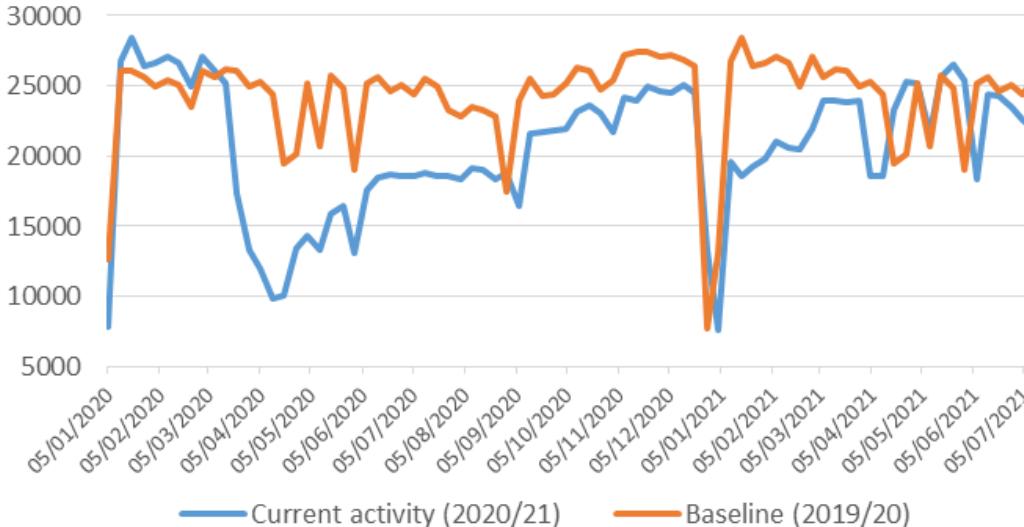
July 2021

Outpatient and Elective activity

COVID-19 has had a significant impact on our activity volumes throughout the first and second waves of the pandemic

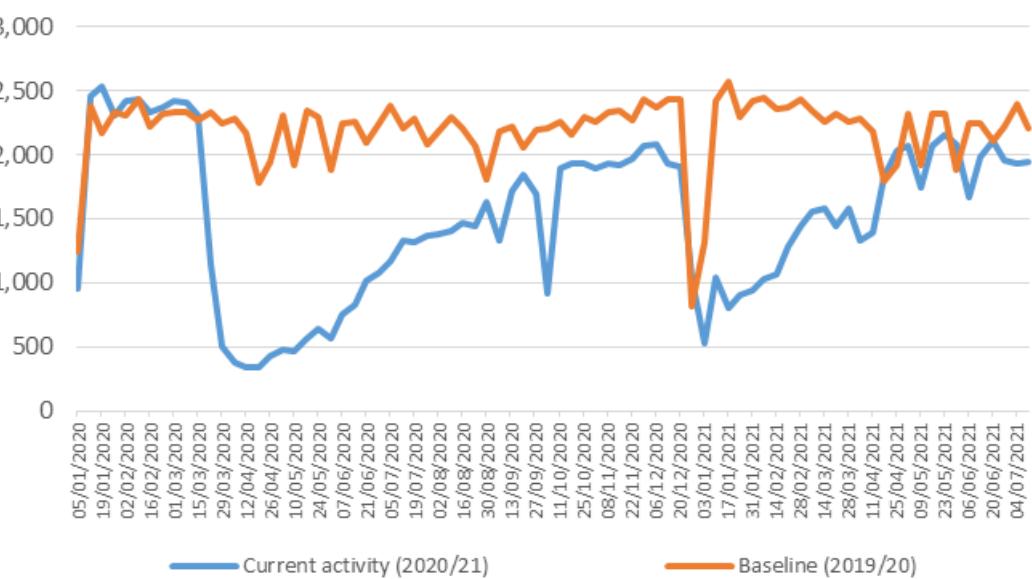
Outpatient activity: 4 week rolling average: 91% of baseline activity Pre-Covid (19/20*)

Current Outpatient activity vs Baseline



Elective activity: 4 week rolling average: 85% of baseline activity pre-Covid (19/20*)

Current Elective activity vs. baseline activity

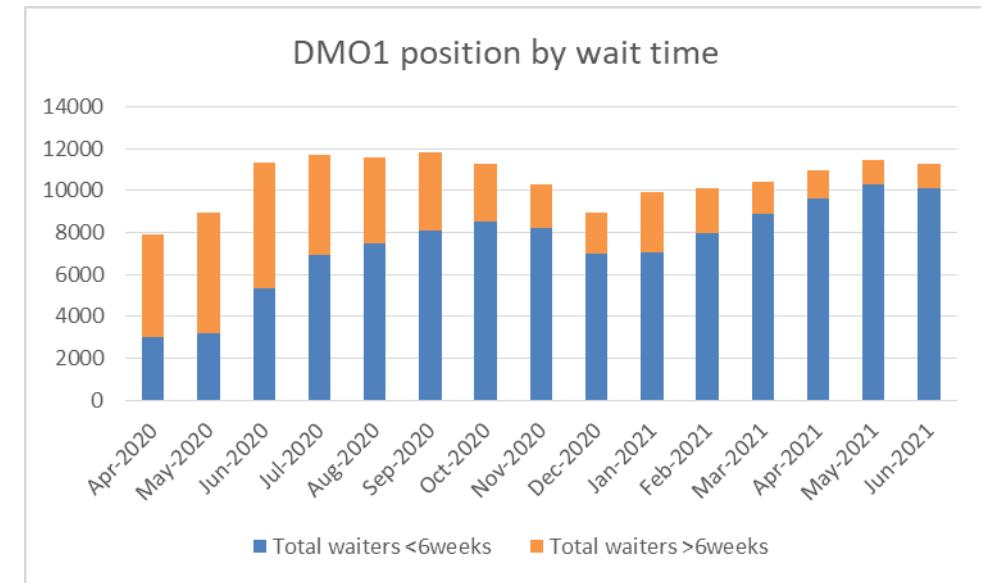
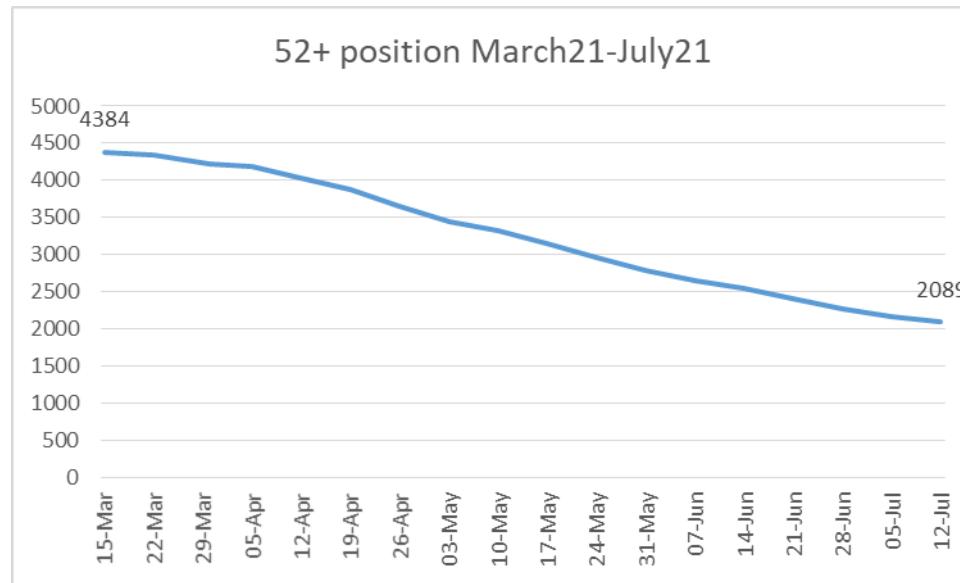


Waiting Lists

We have recovered well and quickly between waves, and are starting to reduce the number of very long waiters

- The number of patients waiting over a year for routine treatment, a key headline metric, has reduced by 52% in the last 4 months, a reduction of over 2000 patients compared to the peak March 2021 position. We are ahead of our plans to reduce this number to 0 over the coming 2 years.
- Waits for diagnostic procedures (DM01) have also reduced

3



*June 2020 DM01 position does not include RBH modalities as this position was prior to the merger.

Care Redesign

We are mindful that we still have a long way to go and that waiting times pre-COVID were not where we would have wanted, and so we are underway with major programmes of redesign and recovery

Ambulatory Care Programme

Transforming outpatients including:

- Improved management of referrals between primary and secondary care;
- Improving our communications with patients;
- Using new initiatives to improve access – about 30% of our outpatient consultations are now undertaken virtually this was about v3% pre-Pandemic.
Some follow up appointments have now been moved to be patient initiated (PIFU)

Working with our acute partners across SEL

- Our recovery needs to be inclusive across SEL and so we are working collectively with KCH and LGT to provide mutual aid to each other where one trust has capacity or there is significant inequity of wait times.

Use of the Independent Sector

We are investing significantly as a trust to use IS facilities and staff where clinically appropriate to fast track treatment for patients including:

- HCA London Bridge partnership
- Use of smaller hospitals for minor surgery, for example BMI sites across SEL
- 'Insourcing' additional staff to treat outpatient and diagnostic patients on evenings and weekends

We continued to treat patients requiring Cancer and other urgent surgery during the first and second waves.

In the period 23rd March 2020 – 30th April 2021, a total of 3,645 surgeries were undertaken on NHS patients through a collaboration across South East London providers and London Bridge Hospital.

The graph below highlights the cancer cohort of these surgeries.

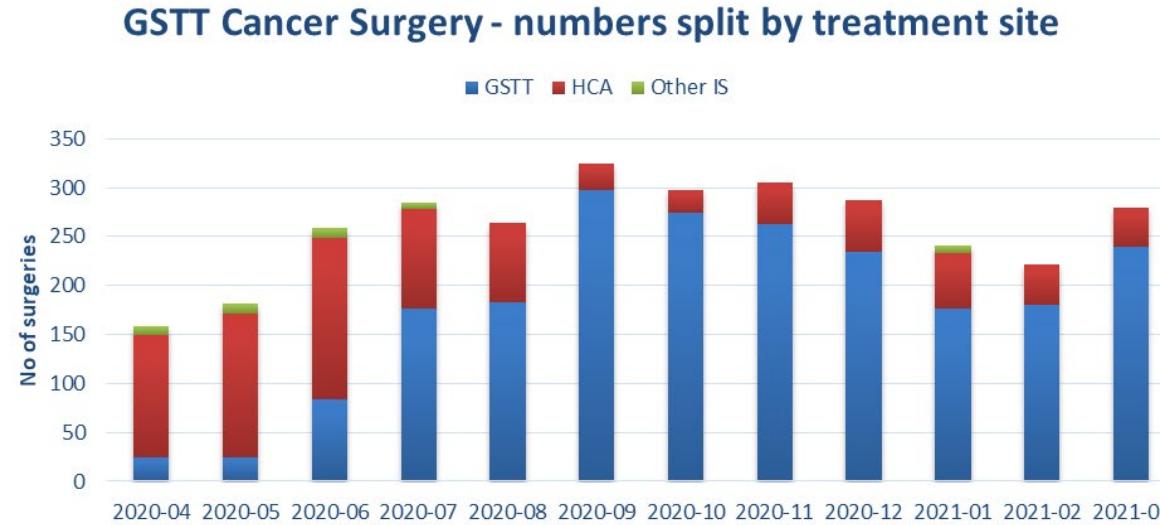


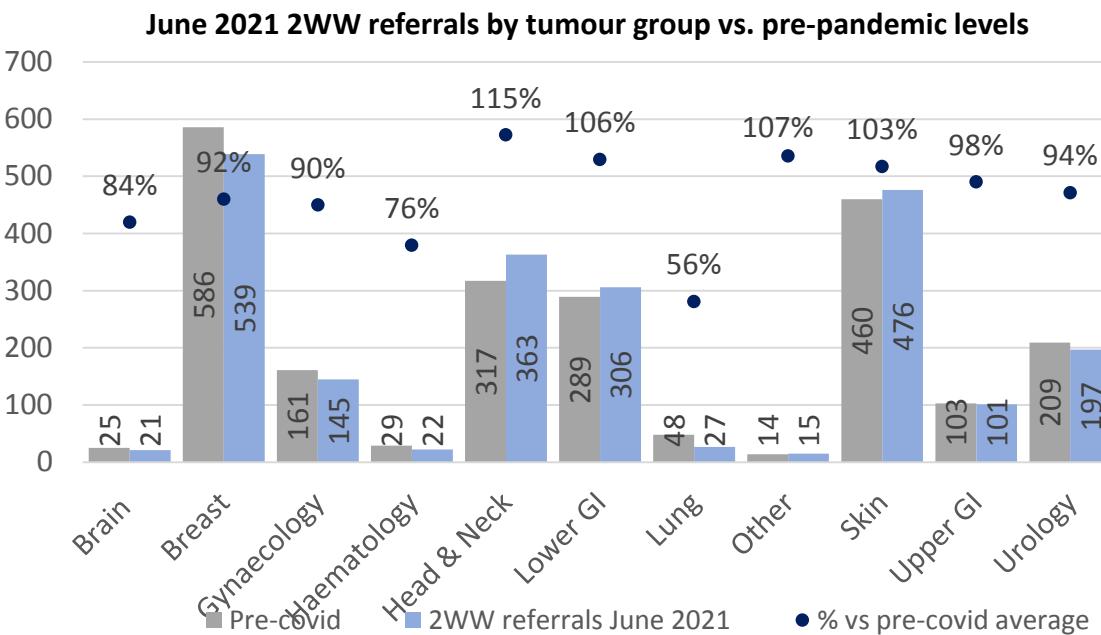
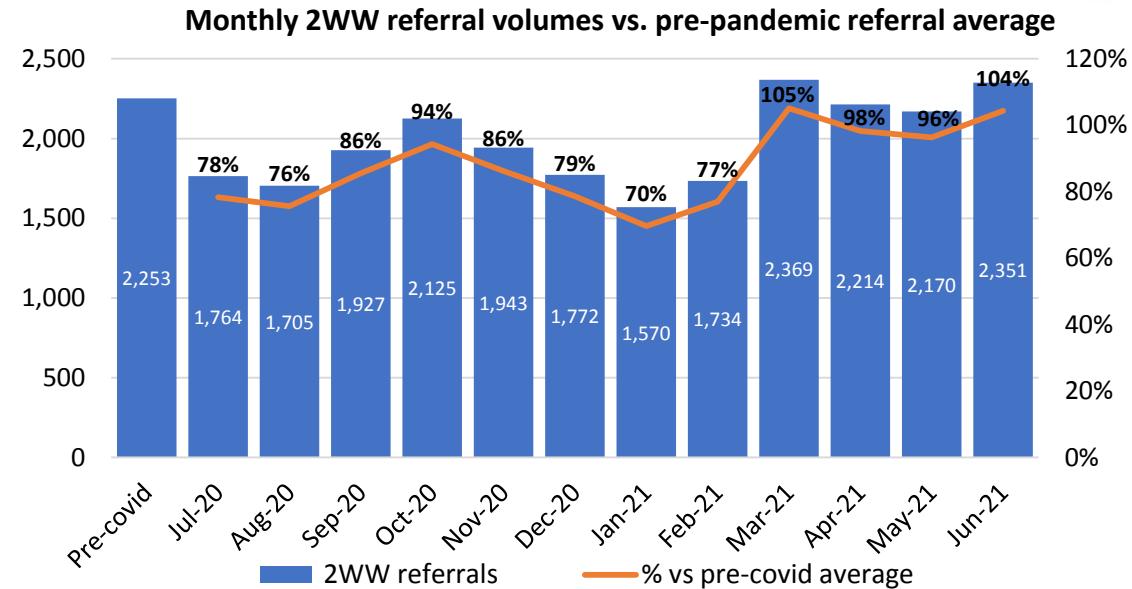
Table below shows all urgent surgeries undertaken on NHS patients at London Bridge Hospital.

Specialty	Total surgeries at LBH March 20-April 21
Urology	682
General Surgery	518
Gynaecology	422
Cardiology	411
Cardiothoracic	195
Colorectal	166
ENT	142
Hepatology	131
Breast	121
Vascular Surgery	120

- Throughout the first and second waves, Chemotherapy and Radiotherapy also continued at GSTT in a COVID secure facility, in line with required demand.
- Cancer operating has increased since June, using London Bridge Hospital capacity, as well as increased theatre usage on the GSTT sites.

Cancer Referrals

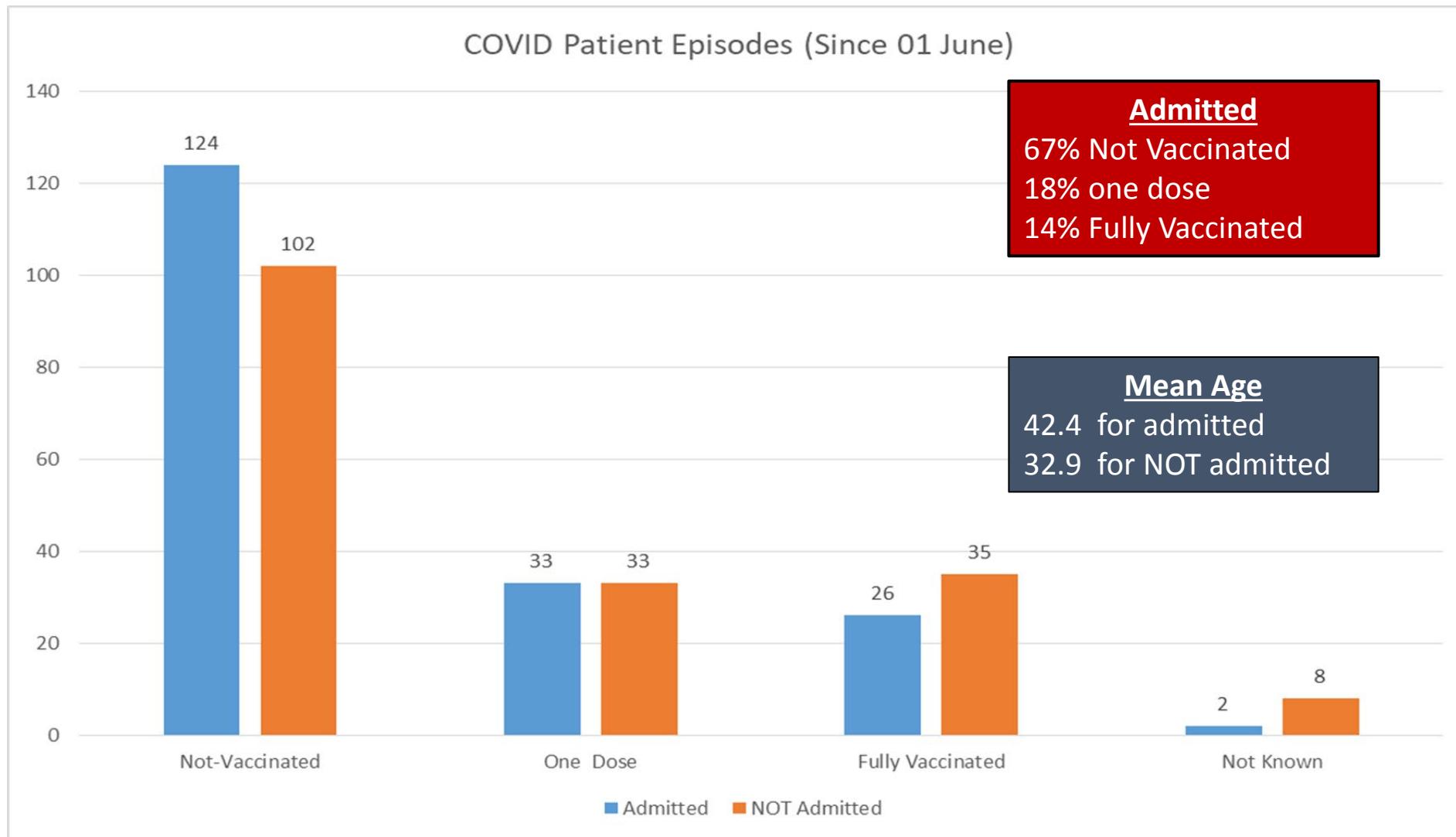
- We are now operating at pre-pandemic levels of cancer referrals and monitoring any 'missing' cohorts of patients very closely.
- We are working with primary care and commissioning colleagues to ensure all tumour group referrals recover to pre-pandemic levels as soon as possible. An example of a local South East London lung cancer campaign can be seen below (Figure 1).

**Figure 1**

Covid-19 Vaccination Programme

- Guy's and St Thomas started providing Covid-19 vaccinations on the very first day of the national vaccine programme.
- All 3 currently approved vaccines are available across both of our hospital sites.
- Over 500 staff have been deployed to support the rapid roll out of Covid-19 vaccinations.
- We have expanded the programme in line with the JCVI guidance and to date we have given over 570,000 vaccines.
- As we move into the third wave the vaccinations are making a big difference to the numbers of people who become seriously unwell with Covid.
- Since 1 June 20 Covid positive patients have been admitted to critical care of these 15 were unvaccinated 2 had one dose and 3 had been fully vaccinated.
- Final guidance on the next phase is awaited but we are planning to start booster vaccinations along with flu vaccination from 6 September 2021.

Vaccinations Programme



Wave Three Planning

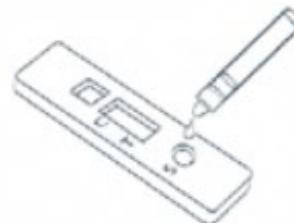
- We are prepared for the third wave and have detailed plans in place which involve:
 - In-depth monitoring, early warning triggers and modelling to enable us to be on the front foot in term of planning for the scale of the third wave;
 - Training and refreshing wide groups of staff to enable them to be redeployed to wards and critical care if and when required
 - Safeguarding as much elective care as we can through partnership working, continued use of the Independent Sector and separation of 'green' (non-COVID) and other pathways on our sites.
- Despite relaxing of COVID regulations in the wider community, the trust continues the following Infection Prevention approach:



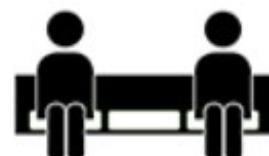
Wear a face mask (and other PPE where required) on all our sites



Clean your hands regularly and use the gel as you enter and exit our buildings



Self-test twice a week using the lateral flow testing devices



Keep a safe distance from others wherever possible

Agenda Item 6

King's College Hospital NHS Foundation Trust submission to the Southwark Health and Social Care Scrutiny Commission, July 2021.

King's College Hospital NHS Foundation Trust is one of the busiest and biggest Trusts in the country serving an inner-city population of 1.3 million people and acting as a tertiary referral centre for millions more.

This submission below sets out how the Trust, and in particular our Denmark Hill site - which cares for the people of Southwark - has supported our staff and patients during COVID-19, and the steps we are taking as part of our recovery from the pandemic.

COVID-19

Summary of COVID-19 situation

We have treated more than 7,400 patients with COVID-19 since the pandemic began.ⁱ This puts King's in the top 10% of all NHS Trusts in England and Wales for primary COVID-19 admissions. Throughout the pandemic, our staff have shown outstanding professionalism and agility to meet and overcome challenges, and they continue to provide high quality care to all. We are also grateful to the support we have received from partner organisations and external stakeholders.

Our site at Denmark Hill is particularly challenged at present. On 23 July 2021 we marked day 500 in our operational response to the pandemic. Despite periods of fewer unwell patients with COVID-19, King's College Hospital has not yet reached below 25 COVID-19 inpatients, and we are expecting to continue to have significant numbers of patients for the foreseeable future.

Our current Trust position is:

- As at Friday 16 July 2021:
 - Trust-wide: 39 admissions and 29 discharges across the last seven days.
 - For Denmark Hill site: 26 admissions and 14 discharges across the last seven days.
- As at Friday 23 July 2021:
 - Trust wide: 64 COVID-19 positive patients.
 - For Denmark Hill site: 47 COVID-19 positive patients, of which 36 people are in general and acute beds and 11 people are in critical care beds.

Currently we have nearly 400 staff – out of 14,000 Trust wide - being supported with varying symptoms associated with Long Covid. Our occupational health service has been running a pilot support programme for our staff affected. Over the summer period we'll be gathering feedback to understand how we can ensure that the support we provide is effective and beneficial to our staff.

Third wave preparation

We are beginning to see an increase in COVID-19 admissions, and we anticipate that this may be the start of a third wave of hospitalisations as case numbers rise nationally. Our early data suggests that currently, the delta variant is generally affecting younger people, who are in hospital for shorter periods of time, and are less likely to require admission to critical care.

We are seeing some patients who have received both doses of the COVID-19 vaccine, however, most of those presenting with serious illness have not been fully vaccinated. King's is ready to respond appropriately should we see another surge in critically unwell people. We are also committed to continuing with as much non-COVID activity as we can through the third wave, recognising the significant distress caused to patients with less urgent conditions whose treatment has been disrupted since the pandemic began.

After 19 July 2021, patients, visitors and staff are still required to wear masks and observe social distancing when visiting our hospitals. This is in line with national NHS guidance for health care settings. We've yet to fully see how the impact of the lifting of restrictions has impacted COVID-19 hospitalisations and mortality rates.

Attendances to the emergency department at Denmark Hill are currently exceeding pre-pandemic levels. We're working quickly and effectively to better manage the needs of people arriving at the emergency department, and to ensure the best use of existing staff and space – but demand currently shows no sign of slowing down, despite it being summer.

Elective care recovery

While some elective care was paused during previous waves, we are now carrying out planned elective care at all our sites.

Our focus is on progressing with our elective care recovery programme while also making sure we are ready and able to treat and admit increased numbers of COVID-19 positive patients if necessary. We are reviewing the situation and how we manage these dual priorities on a daily basis.

Like all Trusts, we have made some minor safety adjustments for people coming in for planned treatment whereby we are requiring that they test negative for COVID-19 and then self-isolate for at least three days prior to their day or inpatient procedures. The number of days isolation required extends for inpatient care depending on the clinical vulnerability of the people on the ward. We are already making good progress with reducing the waiting list for elective care and will continue to ensure elective recovery is prioritised.

Cancer care and treatment

There was some disruption to cancer care throughout wave one and wave two of the COVID-19 pandemic. Our cancer team have recorded and reviewed weekly a tracker for every patient whose diagnostic pathway or treatment was put on hold to ensure we have clinical oversight of the care backlog.

Clinical priority national guidance was followed, and patients were kept informed. While many of our Clinical Cancer Specialist (CNS) workforce were redeployed during wave one, we learnt that the impact this had on patients was significant, and as such, we are doing everything we can to ensure these staff always remain in their substantive posts.

To support our clinically extremely vulnerable patients throughout the pandemic, there were a number of actions that we proactively took. These included:

- All treatments that could be offered safely continued, and most cancer surgeries were transferred to private or other NHS providers to avoid delay. King's also set up a bespoke helpline for people with cancer during COVID-19.
- Weekly meetings with the South East London Cancer Alliance took place to ensure we shared resources across organisations and prioritised the most urgent patients.
- Support services - including radiology, pathology and endoscopy - are now prioritising cases delayed or postponed based on clinical need.

Furthermore, we have conducted a survey with our patients to understand their experiences of cancer care during COVID-19. Of the 50 responses garnered, we learnt that most patients had experienced disruption rather than cancelled care. Throughout the responses, communication and assurance for the future were key themes. Understandably, patients want to know that in future COVID-19 waves, their treatment will be able to safely continue.

Over the past 15 months we have made significant improvements for people with or affected by cancer who are using King's services. These improvements include:

- 100% of patients starting new cycles of chemotherapy are offered pre-chemotherapy consultations with high satisfaction response rates.

- The cancer patient involvement group was set up in March 2020 and successfully embedded during 2020-21. Patients participate in the development of patient information and also help in an advisory capacity with projects, surveys and service design so that we can ensure the care we provide is patient centred. There are two patient representatives who sit on the Trust Cancer Board to directly feedback and support co-production.
- We are providing continuing professional development for our cancer CNS workforce. We have also supported staff with training in breaking bad news virtually.

It is recognised that there is more to do, but it is reassuring to see that our improvements for people needing cancer care are making the experience better for our patients. We have recommitted to ensuring that cancer care remains a key priority for King's and have set out an action plan in this year's quality account.

Maternity care

Throughout the pandemic, our maternity staff and services have been following national directives, and our antenatal care is continuing in line with the NICE guidance. There is now a mixture of face to face and telephone appointments available, and women are cared for in the most appropriate way for their clinical needs. We are working to scale back up to full face to face appointments as soon as is safely possible. All expectant parents are encouraged to use the national booking process to book a COVID-19 vaccine, and they are supported by our clinical teams in making the best decision for them.

As soon as the national guidance allowed, we supported one person to accompany the birthing person at antenatal appointments and during the birth and aftercare. While this is limited at the moment to one support person, they are able to have access to the ward 24/7. To ensure that we are protecting everyone, patients and their support person are asked to complete a lateral flow test if feasibly possible before they come into hospital.

Additional Information

COVID-19 vaccination programme

We are proud to host a mass vaccination centre which supports our local community, including the people of Southwark, to receive protection against COVID-19. This follows King's being one of the first NHS hospitals to begin vaccinating healthcare staff in December 2020.

The mass vaccination centre is situated at the Western Education Centre on our Denmark Hill site and opened on Wednesday 19 May 2021. Since it opened, we have provided 36,630 COVID-19 vaccinations to members of the public. The centre is giving the Pfizer vaccine to people who book appointments through the national booking system, and a small number of second dose Astra Zeneca vaccinations to our staff. There have been no demand issues; everyone who has booked an appointment has received a vaccine and we have a less than 10% did not attend rate which is very positive.

The mass vaccination centre has received extremely positive community feedback with 99% of people reporting the service as very good or good. This is a phenomenal accolade to the staff who have worked tirelessly to support our local community. We have also had high profile support including a visit from the UK government vaccines minister and our local MPs. King's continues to work closely with our partners locally and Our Healthier South East London integrated care system (ICS) to ensure that we support the people of Lambeth and Southwark to get vaccinated.

Across our staff group, we have reached 80% of fully vaccinated staff. We're continuing to offer all staff one to one conversations with their line managers to allay any concerns that they may have about COVID-19 vaccination and to boost confidence.

New Trust strategy

This month, we've launched our new five-year, patient-centred, clinically-led strategy for King's, *Strong Roots, Global Reach*ⁱⁱ. This is important milestone for the Trust and as our communities

begin to recover from COVID-19, we feel that now is the right time to be determining our priorities for the future.

The strategy commits King's to being **BOLD**:

- **Brilliant People**
- **Outstanding Care**
- **Leaders in Research, Innovation and Education**
- **Diversity, Equality and Inclusion is at the heart of everything we do.**

We're committing to working even more collaboratively with our partners and local communities which will be ever more important now that the legislation to confirm the ICS frameworks is before Parliament.

The strategy was launched after extensive engagement with staff, the public/patients and our partners. Since the beginning of the year, more than 4,500 people have contributed to the development of our strategy – from inside and outside our organisation. We received more than 100 responses to our public survey, and we facilitated workshops with more than 25 other organisations as well as patient groups, including older people and people with learning disabilities, to hear their views.

Programme of transformation

Modernising Medicine

Over the next 18 months, the Trust is investing in the Denmark Hill site to deliver transformation projects which will improve patient care, experience and outcomes across emergency care and outpatient services.

We are: creating a new acute medical unit; constructing a new building to house some outpatient services; and relocating a proportion of therapy services to a new site near to Loughborough Junction station. This will be coupled with significant staffing investment to ensure our changes are safe and sustainable.

A wide cohort of our patients, visitors and staff will benefit from the refurbished clinic spaces – both on site and at Coldharbour Works - which are being purpose built in order to accommodate the necessary changes to urgent care.

We will be engaging with patients, service users and our local community to help us ensure that their needs are at the heart of these improvements. We have completed an equality impact assessment to highlight any unintended consequences for service users, and to help us to put in place meaningful mitigations.

The new acute medical unit will encourage better collaboration between health care teams and improve safety, experience and outcomes for patients. King's is committed to continuous improvement and these projects will also help the Trust achieve the objectives set out in the NHS Long Term Plan.

For more information, please contact: Rachael Truswell, Head of Stakeholder Relations, on Rachael.Truswell@nhs.net.

ⁱ King's College Hospital NHS Foundation Trust, Quality Account 2020-2021. Published July 2021. Accessible here: [corp - 678.1 - kch quality report 20-21.pdf](https://www.kch.nhs.uk/corp-678.1-kch-quality-report-20-21.pdf)

ⁱⁱ King's College Hospital NHS Foundation Trust, *Strong Roots, Global Reach; five year strategy for King's 2021-26*. Published July 2021. Accessible here: <https://www.kch.nhs.uk/about/our-strategy>

Health and Social Care Scrutiny Commission

Mental Health Inequalities of Black, Asian and Minority Ethnic Children and Young People

July 2021

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Summary of Recommendations

Recommendation One

The provision of physical and online Youth and Play spaces for young people ought to be prioritised, in recognition of the importance of the social support from adult and peers that young people are able to access in social spaces. Keeping these places open as safely as possible during any future lockdowns ought to be a key objective. The Youth New Deal ought to keep these outcomes in mind when commissioning.

Recommendation Two

The council should implement a Southwark Race Equality Strategy, as part of Southwark Stands Together, developed with Black, Asian and Minority Ethnic communities and with the confidence of all those it affects.

(Southwark Stands Together, with the annual reporting, agreed at Cabinet 13 July 2021, is very similar.)

Recommendation Three

Equality impact assessments should be used to tackle structural racism with their decisions. Southwark should also include socio-economic disadvantage (which would be a local government enactment of section 1 of the Equality Act, which covers socio-economic disadvantage).

(Southwark Council Equality Framework, agreed at Cabinet 13 July 2021, includes this.)

Recommendation Four

The police and criminal justice system must develop a clear plan to combat stigmatisation of communities during the Covid-19 crisis.

Recommendation five

The council and NHS ought to develop a joint plan to reverse the trend of over representation of black and minority ethnic people in crisis, forensic care and the criminal justice system through preventative work, a focus on race equality and by facilitating better access to mental health care in the community.

Recommendation six

The Children & Young People's Emotional Wellbeing and Mental Health Joint Working Group:

- Expand stakeholders and the collection of data on different black and minority ethnic groups' usage of mental health services to the work that Southwark and the NHS funds in schools, as well as young offending, forensic and crisis

care, in order to enable specific research and actions to address overrepresentation in forensic and crisis care and underrepresentation in community based and CAMHS mental health service provision.

- Encourage service providers to conduct engagement with black and minority ethnic communities to ensure therapies are culturally appropriate and geographically accessible, and provide better and more equitable access to talking therapies according to local need and local demographics.

Recommendation seven

The commission is keen to see the work by SLaM develop and to deliver on the outcome of increasing uptake of CAMHS services and improvement in meeting the unmet mental health needs of Black and Minority Ethnic young people . The commission would like to see a particular focus on the last approach; CAMHS working with partners, including Black, Asian and Minority Ethnic community groups (including Latin American and European immigrant communities) to develop new ways of working in prevention and early help approaches across our communities. A report back on progress is requested in 6 months time, at the November meeting.

Recommendation eight

The commission would urge the CCG to ensure that Mental Health nurses are diverse, that there is monitoring of the demographics of the young people they work with to ensure equal access, and that Mental Health nurses have an understanding of racism, and the role includes addressing the wider social issues that many young people are facing.

Recommendation nine

The Health and Wellbeing Board monitor the diversity of its members and take action to address any lack of diversity

Recommendation ten

A network of Black and Minority Ethnic young people and community groups are developed to inform the work of the Children & Young People's Emotional Wellbeing and Mental Health Joint Working Group / Health and Wellbeing Board. This ought to be diverse and include Latin American , Eastern European, mixed heritage and other minority groups, paying particular attention to communities with poorer mental health outcomes and experiencing socio- economic disadvantage.

Recommendation eleven

Adopt a Race Equality Framework in the delivery of Southwark 100 % universal reach target. This calls for a broader piece of work, with Black and a broad range of Minority Ethnic communities, to address the causes of mental ill health, which explicitly seeks to address racism and structural inequalities.

Introduction

This review spans the work of two administrative years. The previous year addressed the Mental Health of children and young people 0 – 25 years, with a particular focus on Black, Asian and Minority Ethnic and male people, given the poorer mental health outcomes for Black, Asian and Minority Ethnic people and the higher suicide rate of boys & men. With the onset of the pandemic, the Commission also looked at the impact of COVID 19, and particularly lockdown, on children and young people's health and wellbeing.

This administrative year the Commission widened the review scope to look at the health inequalities of Black, Asian and Minority Ethnic children and young people using a race equality framework¹, in order to better understand the impact of discrimination and deprivation, and how these can be addressed.

Background

Meeting children and adolescents' Mental Health needs

The review took as its starting point the commitment made in November 2018 by the Health and Wellbeing Board to 'set a shared ambition to meet 100% target of children and adolescents with Mental Health needs and that they would aim to achieve this by 2020', followed by a later decision in June 2019 to adopt the Thrive Model ²

To achieve this the Council has:

- Established the 'Southwark Child and Adolescent Mental Health Commission'.
- Commissioned statutory, as well as additional, CAMHS services.
- Developed wellbeing and mental health services, in schools, using an additional £2 million
- Delivered an Open Access Service, The Nest, to support self help, group support and 121 sessions for children, young people and their families. In response to the COVID pandemic, The Nest mobilised and launched a remote service, in May 2020, offering coaching and therapeutic support either through phone or video calls to young people aged 13 - 25 throughout lockdown. As lockdown has eased The Nest has made the transition from remote to socially distanced face to face delivery having moved into new premises on Rye Lane, Peckham.

As a result of the pandemic, the Southwark NHS CCG has

- Refined KOOTH, an online digital offer of counselling and signposting introduced to Southwark in 2019, initially targeting 11 – 19 year olds, and moving to support young people up to age 25.

Southwark Stands Together

During the course of the review, following the horrendous death of George Floyd at the hands of the police in Minneapolis, and rise of Black Lives Matter, tackling racism has taken center stage Under the banner of Southwark Stands Together the council resolved to work as a borough to face head on structural inequalities and to resolved to bring about positive change to address them. This began with an in depth listening exercises with communities, including the workforce. From June- August 2020, over 1,500 people took part, identifying areas for action.

Cabinet agreed Southwark Stands Together (SST) annual report at the 13 July meeting. The annual report sets out the overall context in which the council have been working with staff and those in our community over the last 12 months. It

particularly focuses on engagement, healing and reconciliation, language, communications and the use of data and lived experience to inform the work of SST.

The report sets out progress to date against the key themes identified; employment and business, education, health, culture, communities, relationships with the police, the public realm and our workforce. It sets out what action has been taken from agreeing anti – racist pledges, establishing a new Youth Independent advisory group to improve relationships with the police, as well as reviewing the council grants process and taking action to make our council workforce more representative. This has been underpinned by £300,000 of additional investment.

The work of STT dovetails with Southwark's new equality framework , which was agreed at the same cabinet . Cabinet agreed that there would be regular reporting to the community on the work to tackle inequalities through the equalities framework, including annual reporting to Cabinet on SST programme delivery.

Race Equality Framework

Over the last several years many local authorities have adopted Race Equality Frameworks to tackle racism and structural inequalities. For example in 2013 the Runnymede Trust ran a pilot Race Equality Scorecard project in three London boroughs: Croydon, Kingston and Redbridge. The purpose of the Scorecard was to enable communities to enter into meaningful dialogue with their local authority and its partners, to assess their performance and help identify what the local priorities were for race equality. Other Local Authorities , such as Greenwich , have followed suit³.

In June 2019, the government pledged to introduce a new Patient and Carer Race Equality Framework (PCREF) ⁴. This will support NHS mental healthcare providers to work with their local communities to improve the ways in which patient's access and experience treatment. Monitoring data on equality at board level, and taking appropriate action, and co-designing actions to address inequality with stakeholders and the community will be a fundamental component of this.

More locally Black Thrive, formally Lambeth Black Thrive, has pioneered a race equality approach to mental health. This was set up through community organising in Lambeth to particularly address the systemic causes of mental health of black people, and shift away from a focus solely on treatment of symptoms. Formally hosted by Lambeth Healthwatch, it has now spun out as a separate entity.

³ Greenwich Council's work with Runnymede on a Race Equality Scorecard
https://www.royalgreenwich.gov.uk/downloads/download/1033/greenwich_race_equality_scorecard_report

⁴ See Patient and Carer Race Equality Framework (PCREF).
<https://www.england.nhs.uk/blog/how-can-we-have-the-same-outcomes-when-were-not-having-the-same-experiences/>

Southwark's diversity

Southwark is a diverse borough with people from a wide range of racial and ethnic backgrounds. Over 120 languages are spoken in the borough. 11% of households have no members who speak English as a first language.

Just over half (54%) of Southwark's population is from white ethnic backgrounds, a quarter from (25%) Black African and Caribbean ethnic backgrounds and just over a fifth from Asian (11%) or other (10%) ethnic backgrounds.

The ethnic diversity of the borough varies markedly across age groups and the population under 20 is much more diverse than other age groups, with a similar proportion of young people from white and black ethnic backgrounds.

Figure 1. Data from the 2011 Census show the ethnic breakdown of the population of Southwark's population and compares it to that of London and England.

2011 Census	Southwark	London	England
All usual residents	288,283	8,173,941	53,012,456
White British	114,534	3,669,284	42,279,236
	39.7%	44.9%	79.8%
Irish	6,222	175,974	517,001
	2.2%	2.2%	1.0%
Gypsy or Irish Traveller	263	8,196	54,895
	0.1%	0.1%	0.1%
Other White	35,330	1,033,981	2,430,010
	12.3%	12.6%	4.6%
White and Black Caribbean	5,677	119,425	415,616
	2.0%	1.5%	0.8%
White and Black African	3,687	65,479	161,550
	1.3%	0.8%	0.3%
White and Asian	3,003	101,500	332,708
	1.0%	1.2%	0.6%

2011 Census	Southwark	London	England
Other Mixed	5,411 1.9%	118,875 1.5%	283,005 0.5%
Indian	5,819 2.0%	542,857 6.6%	1,395,702 2.6%
Pakistani	1,623 0.6%	223,797 2.7%	1,112,282 2.1%
Bangladeshi	3,912 1.4%	222,127 2.7%	436,514 0.8%
Chinese	8,074 2.8%	124,250 1.5%	379,503 0.7%
Other Asian	7,764 2.7%	398,515 4.9%	819,402 1.5%
Black African	47,413 16.4%	573,931 7.0%	977,741 1.8%
Black Caribbean	17,974 6.2%	344,597 4.2%	591,016 1.1%
Other Black	12,124 4.2%	170,112 2.1%	277,857 0.5%
Arab	2,440 0.8%	106,020 1.3%	220,985 0.4%
Any other ethnic group	7,013 2.4%	175,021 2.1%	327,433 0.6%

Key findings from the Census include:

- as well as the ethnic groups defined by the Census, we know Southwark has a significant Central and Southern American population through research that we have commissioned and from our community engagement work; although the figures cannot be regarded as definitive, we estimate that there are around 6,600 people who identify as Central or Southern American in the borough
- Southwark has a larger percentage of its population made up of Black African, Black Caribbean and Other Black than England or London, as well as a higher percentage of Other White than England
- the percentage of White British residents has decreased in Southwark since 2001, while there have been big increases in the percentage of Other White and Other Black
- in Southwark, the White British population in Southwark has decreased by 13,218 (-10.3%), while the Black Caribbean (-1,581) and Irish (-1,452) populations have also decreased since 2001
- there's been significant real terms growth in the Other White (16,703), Other Asian (6,228), Black African (8,064), Other Black (7,612) and Other Ethnic Group (5,908) populations

Evidence

The Commission heard evidence from:

- Children's and Adults' Services, Public Health, Community Safety and Education officers
- Southwark NHS Clinical Commissioning Group (CCG) colleagues
- South London and Maudsley NHS Foundation Trust (SLaM) on the Child and adolescent mental health services (CAMHS) they provide.
- Lambeth Healthwatch and Black Thrive, on their race equality work to address the systemic causes of mental health of black people, and shift away from a focus solely on treatment of symptoms.
- PemPeople, a voluntary group working with young people.
- Wigan Deal, following a visit to look at community and prevention work (completed in 2019)
- GLA report 'connecting the care: Supporting London's children exposed to domestic abuse, parental mental ill health and parental substance abuse.'
- Baroness Doreen Lawrence report 'An Avoidable Crisis: The disproportionate impact of Covid-19 on Black, Asian and Minority Ethnic communities'.

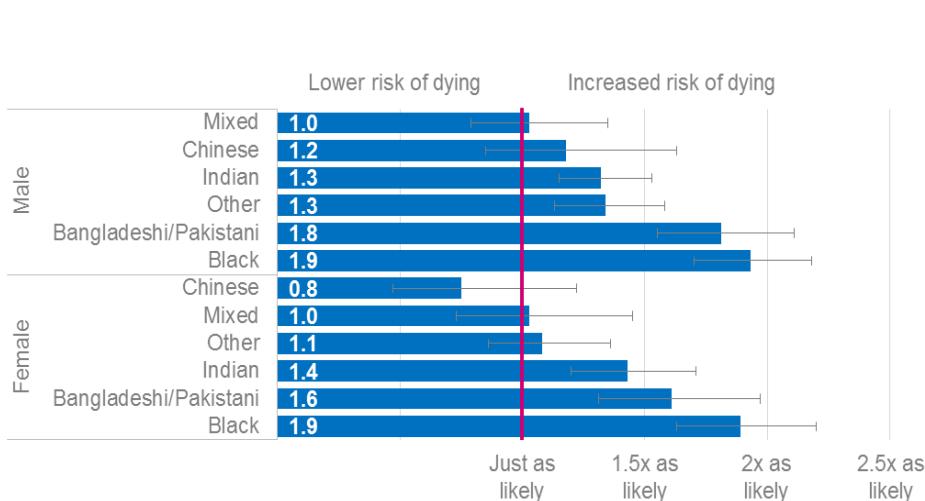
Themes

The disproportionate impact of COVID 19 on Black, Asian and Minority Ethnic children and young people.

COVID 19 Infections

The Commission received two reports from public health on the impact of COVID 19, one of which looked at the impact of lockdown on children and young people. Another report looked at the increased risk of Domestic Abuse and the mental health of children and young people during lockdown. Community Safety also provided a comprehensive report on Domestic Abuse and the impact on young people & children.

Black, Asian and Minority Ethnic adult populations are generally more at risk of becoming seriously unwell or dying of COVID 19, with significantly higher mortality rates among certain ethnic groups, most notably those of black and Asian ethnic backgrounds.



*Figure 2.
Measuring the
risk of dying from
COVID 19 by
ethnicity.*

Children appear less susceptible to infection and the risk of severe illness is lower in children generally, apart from those with pre-existing conditions. Paediatric multi-system inflammatory syndrome is severe but incredibly rare. The most frequent impact on children and young people of COVID -19 infection is therefore likely to be the bereavement of a family member, or a loved one becoming very unwell.

Officers told the commission that Public Health England conducted extensive community engagement as part of their national review into why COVID-19 is particularly impacting Black, Asian and Minority Ethnic groups. The engagement identified a number of themes, including:

- **Long-standing health inequalities**

COVID-19 has exacerbated long-standing inequalities affecting Black, Asian and Minority Ethnic groups, including poorer socio-economic circumstances. Associated poor health outcomes (e.g. asthma, obesity, diabetes, cardiovascular disease and mental health problems) raise the risk of severe COVID-19 illness.

- **COVID-19 exposure**

Black, Asian and Minority Ethnic people are more likely to work in occupations which increase their chances of COVID-19 exposure, via (i) greater general social contact, and (ii) greater contact with people likely to be COVID-19-positive.

- **Healthcare and disease prevention**

Existing health promotion and clinical healthcare programmes are not accessible and effective enough to reduce chronic disease levels. Chronic physical and mental health problems raise the risk of severe COVID-19 illness and death.

- **Racism, stigma and fear**

Stress due to chronic racism depletes physical and mental health. Previously experienced stigma and discrimination, plus fear and lack of information, reduce health seeking and delay COVID-19 diagnosis and treatment.

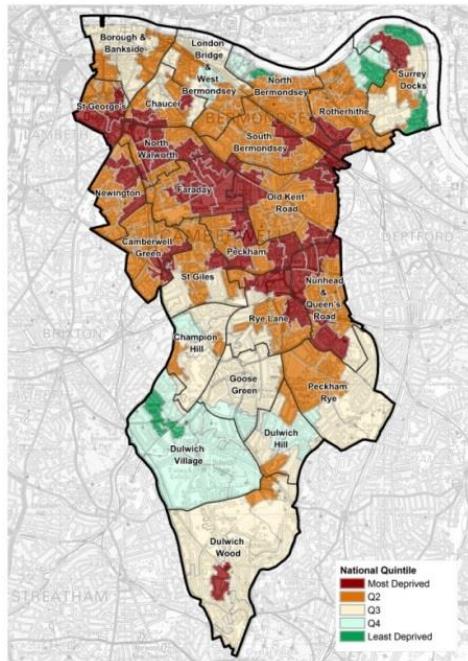
Workplace bullying erodes self-advocacy and compounds occupational risks.

The commission also heard that people in more deprived and urban areas are more likely to be diagnosed with COVID-19 and have poor outcomes. Between 1 March and 17 April 2020, the most deprived areas in England had more than double the mortality rate from COVID-19 than the least deprived areas.

Over a fifth of Southwark residents live in communities ranked in the most deprived 20% of England. More of our adolescents live in our deprived areas than the general population, especially those aged 10-17 years.

Figure 3. Map of Southwark, outlining levels of deprivation compared to national levels.

Deprivation in Southwark, orange-red are among the most deprived nationally



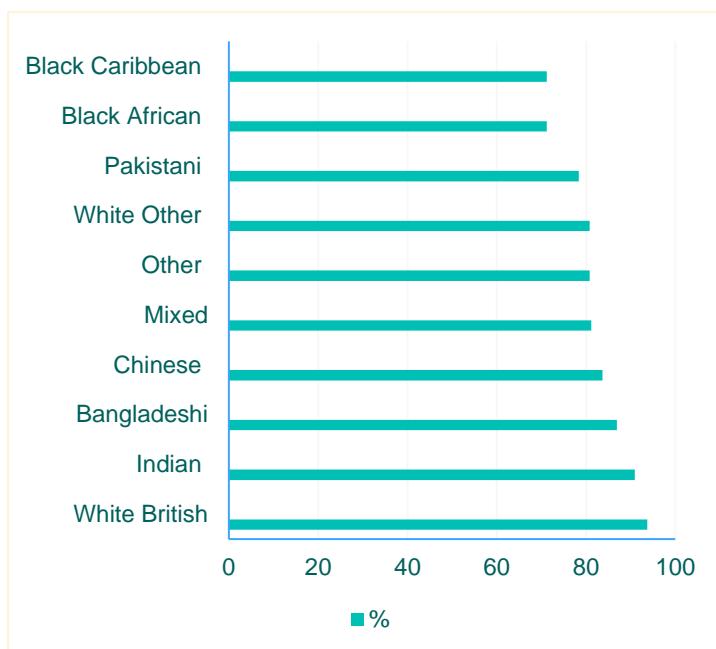
COVID 19 Vaccine take up

Vaccine take up is lower amongst many Black, Asian and Ethnic Minority communities and this intersects with socio-economic status.

A BMJ⁵ editorial reported that as of 14 February 2021 over 90% of adults in Britain have received or would be likely to accept the covid-19 vaccine if offered. However, the article highlights the much greater vaccine hesitancy among people from some ethnic minorities, with a survey from December 2020 showing that vaccine hesitancy was highest among Black, Bangladeshi, and Pakistani populations compared with people from a white ethnic background.

⁵ Covid-19 vaccine hesitancy among ethnic minority groups
<https://www.bmj.com/content/372/bmj.n513>

Figure 4:: COVID-19 vaccination rates were lower for all ethnic groups compared with the White British group.⁶



The commission had a presentation from Southwark CCG on Vaccine Hesitancy and NHS colleges identified the following reasons:

- Lack of trust and confidence
- Concern about unknown side effects
- Distrust of pharmaceutical companies and authority
- Distrust of vaccines in general
- Lack of information from trusted sources
- Perception of not being at risk
- Belief that vaccination is another form of control
- Lack of understanding of who is at risk and why and whether people are guinea pigs
- Concern about ingredients

At the time of the presentation, at the end of January 2021, officers said that the vaccine refusal rate is declining, with some people indicating they may change their mind and decide to be vaccinated later down the line. As of January 2021 71% of over 80s were receiving the vaccine in Southwark, and by 3 June 2021 this had increased to 82% receiving at least one vaccine dose.

⁶ ONS Coronavirus and vaccination rates in people aged 50 years and over by socio-demographic characteristic, England: 8 December 2020 to 12 April 2021 ONS Coronavirus and vaccination rates in people aged 50 years and over by socio-demographic characteristic, England: 8 December 2020 to 12 April 2021

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/coronavirusandvaccinationratesinpeopleaged70yearsandoverbysociodemographiccharacteristicengland/8december2020to12april2021#identity-and-cultural-factors>

In Southwark, as of 3 June, first-dose coverage amongst the high-priority group of people aged 65 and over, and those who are clinically extremely vulnerable (CEV), is again highest for the white population (89%) and Asian (81%), followed by Other (74%), Mixed (73%) and lowest for the Black African (73%) and Black Caribbean (65%) populations.

The BMJ linked the higher levels of vaccine hesitancy to racism noting that levels of distrust are highest amongst black populations and that trust is eroded by systemic racism and discrimination, previous unethical healthcare research in black populations, under-representation of minorities in health research and vaccine trials, and negative experiences within a culturally insensitive healthcare system.

The BMJ went on to note that vaccine hesitancy has serious implications as the pandemic continues to have a disproportionate effect on people from ethnic minorities, with higher covid-19 morbidity and mortality and greater adverse socioeconomic consequences. They advocated building trust through GPs and community organisations, and the importance of addressing legitimate concerns with information from trusted sources, rather than dismissing worries as conspiracy theories or people as 'anti vaxxers'. At the same time, they urged that false information be addressed.

NHS and Southwark officers outlined the community engagement work that they are doing to understand and reach communities, which include outreach, surveys, social media, advertisements and the use of GPs, community and religious leaders.

Systemic racism and COVID 19

The commission considered a report from Baroness Doreen Lawrence report 'An Avoidable Crisis: The disproportionate impact of Covid-19 on Black, Asian and Minority Ethnic communities' produced summer 2020. This concluded that:

Covid-19 is having a disproportionate and devastating impact on ethnic minority communities. Not only are Black, Asian and Minority Ethnic people dying at a disproportionate rate, they are also overexposed to the virus and more likely to suffer the economic consequences. Despite repeated warnings, the Government has failed to take sufficient action.

Covid-19 has thrived on inequalities that have long scarred British society. Black, Asian and Minority Ethnic people are more likely to work in frontline or shutdown sectors which have been overexposed to Covid-19, more likely to have comorbidities which increase the risk of serious illness and more likely to face barriers to accessing healthcare. Black, Asian and Minority Ethnic people have also been subject to disgraceful racism as some have sought to blame different communities for the spread of the virus.

This virus has exposed the devastating impact of structural racism. We need immediate action to protect people this winter, but we must also fix the broken system that has left ethnic minority people so exposed.'

The report highlighted a number of inequities in lockdown towards Black, Asian and

Minority Ethnic communities, highlighting that Liberty has found that police forces in England and Wales are up to seven times more likely to fine Black, Asian and Minority Ethnic people for violating lockdown rules.

A number of recommendations were made. Some of these are specific to winter preparation and PPE, which have been covered in previous reviews on care homes, and most are targeted at central government, rather than local government. Nevertheless, some can be modified and adopted by Southwark, in particular:

- The Government should remove linguistic, cultural and digital barriers to accessing public health information. The Government should work with all relevant bodies, including faith and community groups, to identify effective channels to disseminate information and provide support.
- The Government should take immediate action to ensure comprehensive ethnicity data collection across the NHS and social care. The Government should also ensure all appropriate data collected and released by Government and public bodies is disaggregated to include a demographic breakdown.
- Implement a Race Equality Strategy, developed with Black, Asian and Minority Ethnic communities and with the confidence of all those it affects.
- The Government, working with the Devolved Administrations, should launch a review into the diversity of the school curriculum to ensure it includes Black British history, colonialism and Britain's role in the transatlantic slave trade.
- Equality impact assessments should be used much more effectively to shape and inform policy, and policymakers should seek to tackle structural racism with their decisions. The Government should also enact section 1 of the Equality Act, which covers socio-economic disadvantage.
- The Government must develop a clear plan to combat stigmatisation of communities during the Covid-19 crisis.

Economic, educational, interpersonal and emotional impacts of lockdown

The impact of successive lockdowns has had wide-ranging impacts on children and young people. The pandemic is likely to widen existing inequalities and to disproportionately affect our more vulnerable children and young people.

Impacts include:

- Delays in educational achievement and progression
- Increased vulnerabilities to exploitation and offending
- Poorer future outlook & lack of optimism
- Increased exposure to Domestic Abuse and Child Abuse
- Increase in child to parent violence
- Bereavement

- Decreased visibility of vulnerable children not known to services
- Decreased ability of services to identify risks through virtual assessments
- Substance use & reduced access to sexual health services
- Food insecurity
- Poorer mental health & wellbeing, including loneliness
- Impact of increased parental stress, coping, poor mental health
- Negative impact on self-management of Long Term Conditions and access to support
- Uncertainty and difficulty in child contact arrangements (with parents)
- Lack of access to formal support
- Lack of access to social support networks
- Lack of diversionary activities
- No access to safe and nurturing spaces outside of the home, e.g. schools, youth clubs and play centers

The commission took a particular interest in the impact of Domestic Abuse, safeguarding and mental health.

Domestic Abuse

Domestic abuse (DA) is defined as any incident or pattern of incidents of controlling, coercive, threatening behavior, 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. Witnessing Domestic Abuse is an Adverse Childhood Experience that has the potential to negatively impact on children's mental and physical health throughout their life course.

Southwark has one of the highest volumes of DA in London, with very high levels of referrals to our specialist domestic abuse service. There has been generally rising demand over the last several years, although there was a small reduction in demand prior to lockdown. Since the start of the pandemic, there has been a significant increase in demand. For the period April 20 to March 21 the service saw a 21% increase in referrals compared to the same period the previous year (2879 against 2373 previously). We are yet to see any downturn in demand, referrals remain at an extremely high level; the period January to March 2021 saw 748 referrals to the service. This represents a 25% increase on the same period in 2020 (598 referrals). The average monthly number of referrals for FY 20/21 (April 2020 to March 2021) was 240, a 31% increase on the monthly average of 198 during FY 19/20. The number of referrals received from victims aged 16 to 25 also increased significantly, by 46%.

The increase in referrals was largely driven by a dramatic increase in high-risk referrals. 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 4th May 2021, 831cases were heard by Southwark MARAC, this compares to 674 in the same period the previous year, an increase of 23%.

Children's social care recorded a 20% increase in contacts relating to domestic abuse in the period 1st April 2020 – 31st March 2021 (2,350), when compared to the previous year (1,956). Whilst referrals for domestic abuse increased by 31%, from 594 to 779. This in the context of a 13% reduction in the total number of contacts received, and a 2% reduction in referral.

Nationally 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 began.

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 violence.

The commission heard that 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. Additional funding has been put in place for two DA workers, to increase telephone capacity and support for high risk victims. A communications campaign was also delivered across Southwark to raise awareness of domestic abuse and how to seek help.

The new Safe Space project was launched in February 2021. The initiative provides confidential rooms in a range of settings where survivors of domestic abuse can access information and make contact with specialist services. The scheme is currently operating across the network of Children and Family Centres, at more than 15 primary and secondary schools and the Tessa Jowell Health Hub. Further rollout of the scheme will include places of worship, community centres, council buildings and other primary care services.

A new group service has also been delivered to support parents where there is child to parent abuse and extra support has been provided to children in refuges. Longer term there are calls for the government to increase the profile and funding for domestic abuse.

Mental Health impacts of lockdown

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 July. 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.

Officers identified that lack of access to school; formal support; reduced access to wider extended family and social support; a lack of access to youth clubs, play spaces, and peers have all affected children and young people's wellbeing. This is particularly so for young people who may be particularly reliant on support outside of the home, and more exposed to abuse in the home.

Although some formal support has been possible through virtual mean, practitioners and young people have reported this has been less effective.

The Nest, Southwark's new open access mental health service for young people was able to open virtually.

Pem People emphasized the importance of a safe space for young people, generally but during lockdown in particular , and that young people raise the need for this continuously, for example an adventure playground. They acknowledged that this is not something that is easy to deliver, however they reported that young people are saying they are being taken to places they do not want to go, or are more vulnerable to street violence or stop and search, when they do not have access to a safe space. They reported that young people are using BMX and garages. As well as more promotion of The Nest a virtual peer support network was also proposed by Pem People.

The commission was particularly concerned by those families experiencing particular hardship, in particular children with SEN and young carers.

At the July Council Assembly a Youth New Deal was announced which will include recommissioning the youth service programmes, ('Positive futures for young people fund') to reflect young people's voices, by directly involving young people in the selection of providers with new programmes, to commence in April 2022. There are also plans to provide a new youth digital information hub and establish a new youth services portal/website as the cornerstone of the Youth New Deal, in order to provide comprehensive, up to date and accessible information about activities and services for young people and their families. This is welcome.

Conclusion

COVID-19 infection and lockdown is exacerbating existing race inequalities and these intersect with economic inequalities. Although children are at low risk of mortality, their wider families and social networks are at a disproportionate risk, which will impact on Southwark's children and young people. Black and Asian families, in particular, are suffering higher levels of infection and mortality, because

of a combination of overexposure through work on the front line, higher levels of existing health conditions, racism and barriers to accessing health care.

Vaccine rates are lower among Black African, Black Caribbean and Pakistani communities, which has serious potential health consequences for future COVID 19 waves.

Black, Asian and Minority Ethnic people are more likely to experience economic hardship through lockdown and be more harshly treated by the criminal justice system. Lockdowns have disproportionately impacted children and families with living in economic deprivation, experiencing mental ill health, disability, with special needs, and young carers. Providing safe and connected spaces for children and young people, particularly outside space during any future lockdowns must be a priority.

Recommendation One

The provision of physical and online Youth and Play spaces for young people ought to be prioritised, in recognition of the importance of the social support from adult and peers that young people are able to access in social spaces. Keeping these places open as safely as possible during any future lockdowns ought to be a key objective. The Youth New Deal ought to keep these outcomes in mind when commissioning.

Recommendation Two

The council should implement a Southwark Race Equality Strategy, as part of Southwark Stands Together, developed with Black, Asian and Minority Ethnic communities and with the confidence of all those it affects.

(Southwark Stands Together, with the annual reporting, agreed at Cabinet 13 July 2021, is very similar.)

Recommendation Three

Equality impact assessments should be used to tackle structural racism with their decisions. Southwark should also include socio-economic disadvantage (which would be a local government enactment of section 1 of the Equality Act, which covers socio-economic disadvantage).

(Southwark Council Equality Framework, agreed at Cabinet 13 July 2021, includes this.)

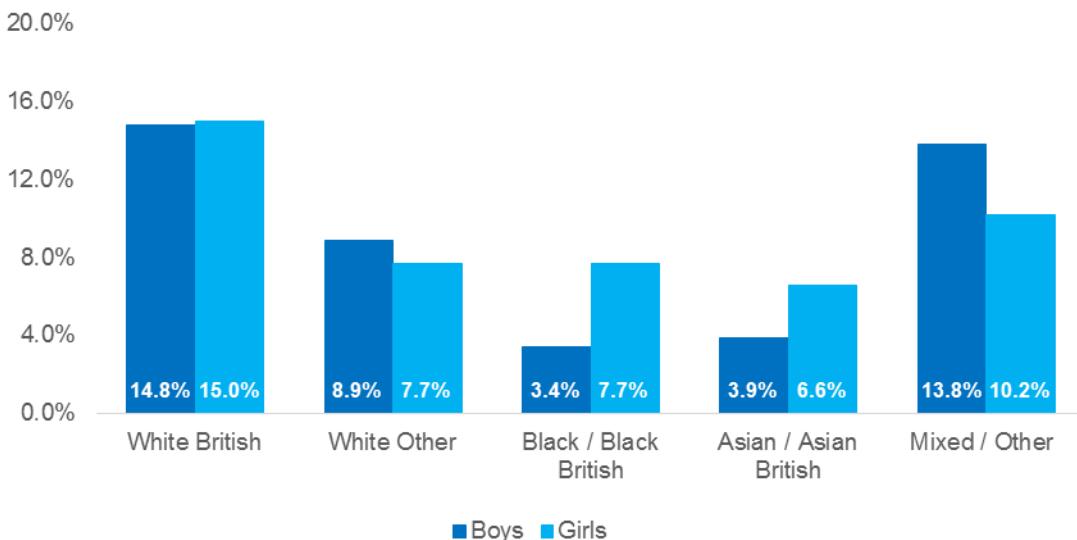
Recommendation Four

The police and criminal justice system must develop a clear plan to combat stigmatisation of communities during the Covid-19 crisis.

Prevalence of Black, Asian and Minority Ethnic children and young people's mental ill health.

The commission heard contradictory evidence on black people's mental health, with underrepresentation of disorders young people from all non white ethnicities recorded in national survey, but elevated risk in older adults from Black communities.

Figure 5. Prevalence of any mental disorder by ethnicity and sex, 2017



The commission heard that Black and minority ethnic communities are at comparatively higher risk of mental ill health because of the wider socio- economic detriments associated with mental ill health, including deprivation and racism, however young black people report less mental ill health but older people from black ethnic groups are more at risk of severe mental illness.

Results from a national survey in 2017 of the mental health of children and young people show that 14.4% of children and young people in England aged 11 to 16 had a mental health disorder, with emotional disorders being the most prevalent. The results from the survey indicate that the prevalence of disorders is higher among those from a White British background, and lower among those from Black / Black British or Asian / Asian British backgrounds. The pattern is evident for "any disorder", as well as for different types of disorder.

Amongst adults 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.⁷ Nationally people from African Caribbean communities are three times more likely to be diagnosed and admitted to hospital for schizophrenia than any other group. Locally black people are disproportionately diagnosed with

⁷ Page 2 Black, Asian and Minority Ethnic access to mental health services indicative review provided to the Commission 10 September 2020

schizophrenia and psychosis, though the picture is complex⁸. Black Thrive, and national research, has raised concerns that racism impacts on the over diagnosis of psychosis and schizophrenia, which can negatively impact on treatment trajectory.⁹

The discrepancy between the low levels of mental health being recorded amongst Black, Asian and Minority Ethnic young people and the relatively high levels of serious mental ill in black older adults will be examined below, with several possible explanations.

⁸ See Briefing to the Commission, 21 January 2020, appendix A, slide 10, Top Diagnosis by Ethnicity.

⁹<https://diversityhealthcare.imedpub.com/schizophrenia-and-psychosis-the-magical-and-troubling-disappearance-of-race-from-the-debate.php?aid=3730>.

Unequal access to Mental Health services

Nationally black and minority ethnic people are less likely to be referred to talking therapies and more likely to be medicated for ill mental health. Locally there is an under representation of the black people in mental health service provision, and particularly SLaM CAMHS provision. This is the most intensive intervention for young people, and Black young people comprise only 25% of patients despite being making up 43 % of Southwark school age children.¹⁰

Graphs comparing the ethnicity reporting across school population, SLaM, The Nest and KOOTH show an under representation of black, asian and minority ethnic young people, to varying degrees, of young people within the black/black British group across all providers. The variance within the mixed group and the Asian/Asian British group is less marked, with The Nest slightly over-performing in these categories

Graphs comparing the ethnicity reporting across school population, SLaM, The Nest & KOOTH (available data 15 April 2021)¹¹

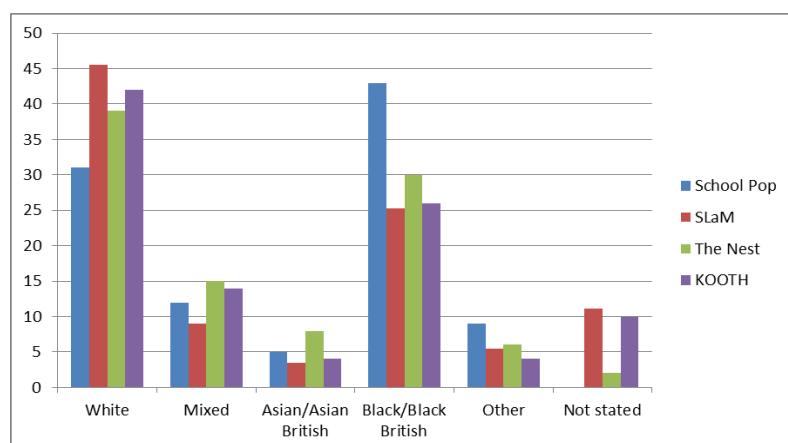


Figure 6. Ethnicity reporting across school populations.

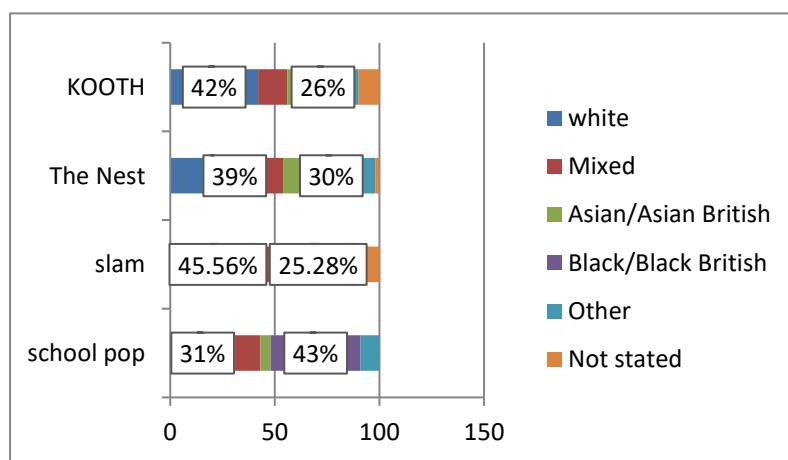


Figure 7. Ethnicity reporting across school populations.

¹⁰ Page 3 UPDATE REPORT FOR HEALTH AND SOCIAL CARE SCRUTINY COMMISSION - APRIL 2021, Children And Young People's Emotional Wellbeing and Mental Health , Equality Monitoring Task and Finish Group

¹¹ Page 4 & 5 UPDATE REPORT FOR HEALTH AND SOCIAL CARE SCRUTINY COMMISSION - APRIL 2021, Children And Young People's Emotional Wellbeing and Mental Health , Equality Monitoring Task and Finish Group

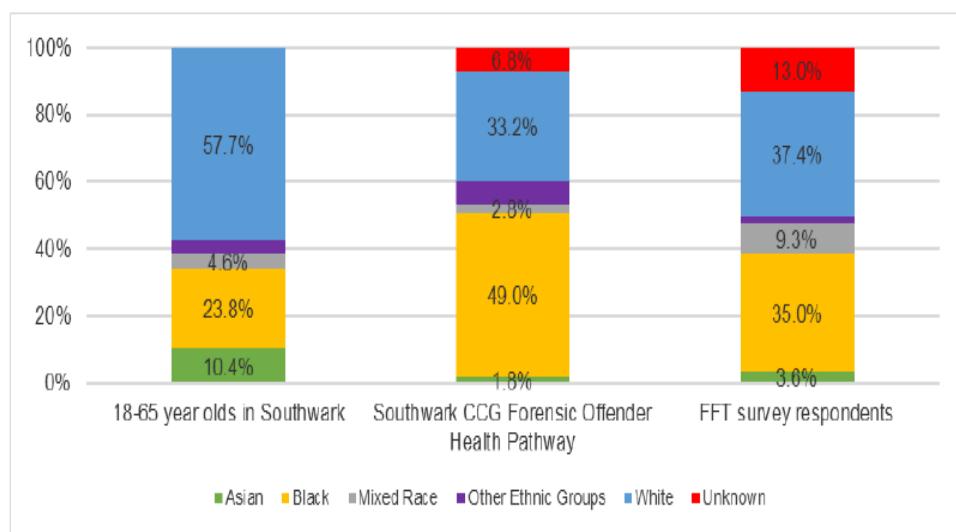
The numbers for ‘not stated’ are high and potentially mask significant numbers which might either improve access data for those who appear to be under represented, or which might increase disparities. Officers highlighted that it is crucial that providers endeavor to fully record ethnicity data, and move towards capturing data for the Latin American community.

Forensic and crisis care

Black and minority ethnic communities are more likely to end up in crisis and forensic care. Nationally black and minority ethnic people are 40 percent more likely to access mental health services via the criminal justice system than white people¹²: The same is true locally.

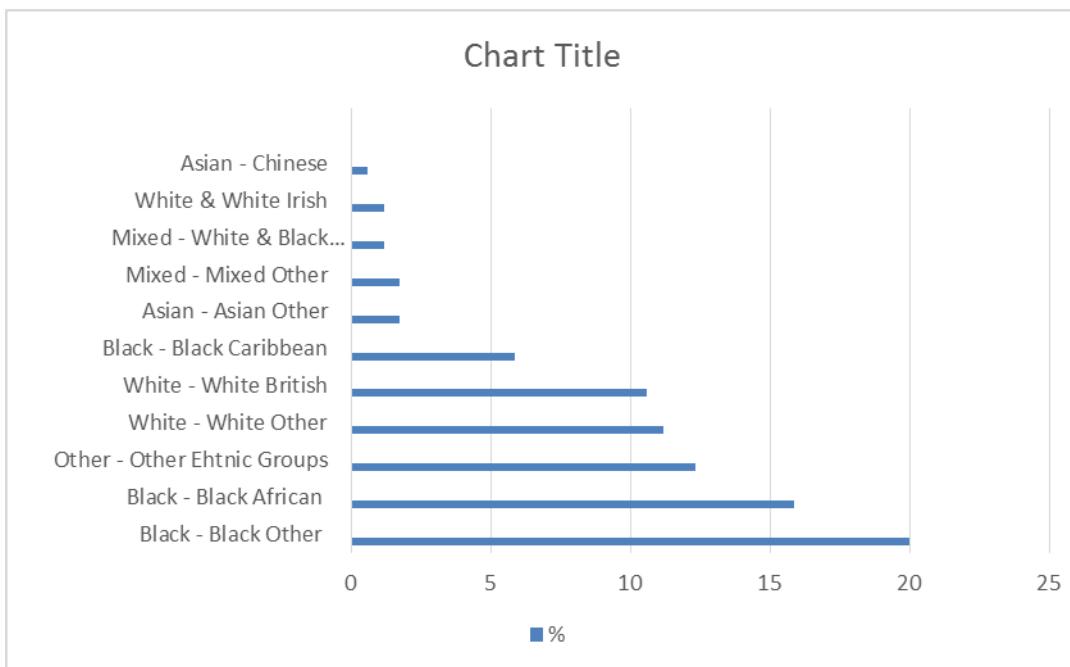
The chart below shows the ethnicity profile of Southwark NHS Clinical Commissioning Group (CCG) service users in forensic offender mental health services (between April 2018 and March 2019) compared to the ethnicity profile of 18-65 year olds in Southwark and the ethnicity of Friend and Family Test respondents to these services. (between April 2016 and March 2019). This shows the disproportionate proportion of black people using these services:

Figure 8. Ethnicity profile of users of mental health services



The data below also shows that locally, ‘Black’ and ‘Black – Black African’ people are disproportionately medically sectioned compared to other demographics in the Borough from a briefing to the Commission, 21 January 2020, appendix A

Figure 9. Breaks down those who are medically sectioned by ethnicity within Southwark.



This information was discussed at the commission where the Strategic Director, David Quirk-Thornton remarked that the pathway to support for white people is often CAMHS, whereas for black young people it is often youth offending, and that this is racism rather than health inequalities. The commission would agree with this assessment and urge a consistent focus on reversing this trend through the work of Southwark’s Stand Together and the Health and Wellbeing Board.

Recommendation five

The council and NHS ought to develop a joint plan to reverse the trend of over representation of black and minority ethnic people in crisis, forensic care and the criminal justice system through preventative work, a focus on race equality and by facilitating better access to mental health care in the community.

Work to address inequalities in mental health services

In the summer of 2020 the commission received a helpful and extensively researched paper from council officers and the Southwark NHS CCG, conducting an indicative review of Black, Asian and Minority Ethnic access to mental health services. This report recommended the mandatory collection of comprehensive ethnicity data and to improve access, experiences and outcomes of NHS, local government and integrated care systems commissioned services by Black, Asian and Minority Ethnic communities.

In 2021 the commission received further follow up on this work, with a report from Children & Young People's Emotional Wellbeing and Mental Health Joint Working Group, who are overseeing a project which enables Southwark to demonstrate and to be assured that any inequalities within children and young people's emotional wellbeing and mental health provision are identified and addressed, and that learning is reflected in planning of future provision.

The project includes analysis of both quantitative data and qualitative data, which helps to identify barriers to access and includes analysis of whether there is either over or under representation of any group or groups in specific services.

The project group includes a range of stakeholders including service leads and practitioners from SLaM (provider of CAMHS), KOOTH and The Nest. The data above was provided through this work:

The following areas of good practice were noted

- Patient and Carer Race Equality Framework is being implemented by CAMHS
- Equality & Diversity training is mandatory for all staff
- Diversity champions are being identified from within the workforce
- Access to interpreters is generally good
- Specific staffing placement programmes to encourage applicants from black, asian and minority ethnic groups are being introduced

Officers indicated that further areas require focus:-

- ethnicity is not always recorded
- The current recording of outcomes does not enable comment on whether there is a black, asian and minority ethnic outcome bias.
- The diversity of the workforce – to varying degrees amongst providers - is not representative of the population they serve
- There is a lack of resources in languages other than English
- There is a lack of training/provision in culturally adapted therapies

- Workshops & participation events for children and young people are generic – consideration of black, asian and minority ethnic groups is not consistent across providers
- Nothing specific in place for asylum seekers/refugees

The commission welcomed the above work and makes the below recommendations to expand data collection and stakeholder engagement to include forensic and crisis care, and conduct additional engagement with black, asian and minority ethnic young people.

SLaM CAMHS

The commission heard directly from SLaM on work they are doing to address inequalities, which they acknowledge as a significant issue. CAMHS have prioritised increasing access for Asian and Black young people by 25% by March 2023.

They told the commission that they have identified a number of reasons for underrepresentation. The first is mental health stigma, family, cultural and community issues and concerns. The second centres on potential barriers in referral routes to CAMHS .The third is more directly about the service provision, for example where clinical staff do not reflect the population served.

SLaM outlined their strategy to increase the equality of provision and work they are doing presently:

- Established Equality leads in every borough and are encouraging champions in every team
- CAMHS anti-racist forums and reflective spaces
- Co-production with young people on cultural competencies Engaging Black and Asian communities
- Quarterly monitoring of ethnicity caseload data on service users accepted and seen by CAMHS
- The diversity in recruitment champion programme and delivering the WRES in CAMHS.

They are also planning:

- Collaboration with community groups, representing black, asian and minority ethnic communities
- Improving the way CAMHS communicates about race equality (e.g. CAMHS Equality Newsletter and communication with schools)
- Trust is implementing Patient and Carer Race Equality Framework (PCREF) to address race inequalities across the Trust in partnership with local communities
- Recruitment uses Black and Asian therapy network

SLaM identified the following opportunities:

- Continuing to learn through Southwark engagement and involvement groups and activities; including other providers
- Working in partnership with our referrers to remove barriers in the system (e.g. GPs, schools)
- Work in partnership with other providers e.g. The Nest Southwark, Kooth
- Continuing to develop a diverse CAMHS workforce who are supported to flourish at SLaM and have pride in the services they deliver
- Continued focus on staff access and analysis of existing data
- Across CAMHS and with partners, develop new ways of working in prevention and early help approaches across our communities

Recommendation six

The Children & Young People's Emotional Wellbeing and Mental Health Joint Working Group:

- **Expand stakeholders and the collection of data on different black and minority ethnic groups' usage of mental health services to the work that Southwark and the NHS funds in schools, as well as young offending, forensic and crisis care, in order to enable specific research and actions to address overrepresentation in forensic and crisis care and underrepresentation in community based and CAMHS mental health service provision.**
- **Encourage service providers to conduct engagement with black and minority ethnic communities to ensure therapies are culturally appropriate and geographically accessible, and provide better and more equitable access to talking therapies according to local need and local demographics.**

Recommendation seven

The commission is keen to see the work by SLaM develop and to deliver on the outcome of increasing uptake of CAMHS services and improvement in meeting the unmet mental health needs of Black and Minority Ethnic young people . The commission would like to see a particular focus on the last approach; CAMHS working with partners, including Black, Asian and Minority Ethnic community groups (including Latin American and European immigrant communities) to develop new ways of working in prevention and early help approaches across our communities. A report back on progress is requested in 6 months time, at the November meeting.

Addressing the causes of mental health, stigma, racism and cultural barriers to accessing mental health institutions.

Schools

Schools have an important role in addressing inequality and improving socio economic outcomes and Southwark schools are doing well in this regard, with exceptionally good performance post 16.

Nevertheless there are some children who remain disadvantaged. Black Thrive told us young black people are more likely to experience institutional racism in school with children less likely to receive a positive response to distress and more likely to experience punitive behaviour managing techniques such a detention and exclusion.

This is born out to an extent by statistics provided by Southwark's education department, particularly for Black Caribbean students, mixed heritage students and Gypsy Roma children. The rate of permanent exclusion for Black Caribbean children is 1.5 times higher than the rate for White British children and the rate for Mixed White and Black Caribbean children slightly (1.1 times) higher. However, Black African children, have lower rates of permanent exclusions than White children.

Figure 10. Rates of permanent exclusions by ethnicity in Southwark.

Ethnicity	Number			Southwark rate			National rate		
	2017/18	2018/19	Do T	2017/18	2018/19	Do T	2017/18	2018/19	Do T
Any other Asian background	0	0	◀	0.00	0.00	◀	0.08	0.08	◀
Any other Black background	2	1	▼	0.27	0.14	▼	0.30	0.29	▼
Any other Ethnic Group	3	1	▼	0.23	0.08	▼	0.15	0.18	▲
Any other Mixed background	5	2	▼	0.53	0.22	▼	0.30	0.24	▼
Any other White background	1	1	◀	0.08	0.08	◀	0.15	0.13	▼
Bangladeshi	0	0	◀	0.00	0.00	◀	0.09	0.09	◀
Black African	12	9	▼	0.25	0.18	▼	0.18	0.15	▼
Black Caribbean	11	8	▼	0.67	0.49	▼	0.50	0.46	▼
Chinese	0	0	◀	0.00	0.00	◀	0.02	0.02	◀
Gypsy Roma	0	0	◀	0.00	0.00	◀	0.96	1.08	▲
Indian	0	0	◀	0.00	0.00	◀	0.04	0.03	▼
Irish	0	0	◀	0.00	0.00	◀	0.28	0.10	▼
Pakistani	0	0	◀	0.00	0.00	◀	0.14	0.13	▼
Traveller of Irish heritage	0	0	◀	0.00	0.00	◀	0.88	0.91	▲
White and Asian	0	0	◀	0.00	0.00	◀	0.21	0.18	▼
White and Black African	1	0	▼	0.37	0.00	▼	0.32	0.24	▼
White and Black Caribbean	4	2	▼	0.75	0.35	▼	0.58	0.47	▼
White British	7	11	▲	0.22	0.33	▲	0.20	0.22	▲

This trend is even more pronounced when looking at the ethnicity of pupils given fixed period exclusions. The highest rates of fixed period exclusions in Southwark in 2018/19 were Gypsy Roma (27.78), though the numbers are small, followed by Black Caribbean (9.31), White and Black Caribbean (9.97) and Irish (6.10).

Figure 11. Rates of fixed period exclusions per detailed ethnicity group in Southwark, compared to the national rate.

Ethnicity	Number			Southwark rate			National rate		
	2017/18	2018/19	Do T	2017/18	2018/19	Do T	2017/18	2018/19	Do T
Any other Asian background	9	1	▼	1.27	0.15	▼	1.45	1.50	▲
Any other Black background	135	99	▼	5.56	4.40	▼	5.80	5.91	▲
Any Other Ethnic Group	57	101	▲	1.84	3.26	▲	3.16	3.34	▲
Any other Mixed background	87	77	▼	3.65	3.20	▼	4.52	4.89	▲
Any other white background	67	64	▼	1.87	1.75	▼	2.74	2.89	▲
Bangladeshi	5	9	▲	0.49	0.91	▲	1.93	1.97	▲
Black African	551	502	▼	4.67	4.21	▼	4.08	4.13	▲
Black Caribbean	345	316	▼	10.01	9.31	▼	10.46	10.37	▼
Chinese	0	5	▲	0.00	0.88	▲	0.50	0.56	▲
Gypsy Roma	2	5	▲	11.11	27.78	▲	16.52	21.26	▲
Indian	0	0	◀	0.00	0.00	◀	0.75	0.88	▲
Irish	9	13	▲	4.59	6.10	▲	5.00	4.93	▼
Pakistani	5	3	▼	1.74	1.07	▼	2.52	3.10	▲
Traveller of Irish heritage	2	0	▼	4.88	0.00	▼	17.42	14.63	▼
White and Asian	2	5	▲	0.41	0.91	▲	3.41	3.79	▲
White and Black African	36	29	▼	4.65	3.59	▼	5.78	6.22	▲
White and Black Caribbean	140	137	▼	10.56	9.97	▼	10.13	10.69	▲
White British	360	412	▲	4.18	4.71	▲	5.70	6.01	▲

The commission discussed school exclusions, with a reported recent downward trend following a big focus on working towards Zero Exclusions.

PEM People raised concerns that Managed Moves may be increasing at year eleven, resulting in young people ending up in a PRU or criminal justice system, and advocated for more work addressing the reasons for children not engaging – for example depression and disengagement arising from bereavement, poverty, poor housing etc.

The commission considered some information on Managed Moves; however, the demographic data is not complete because the process is managed by schools independently. This is an area that could be potentially be improved with more engagement with schools.

Southwark is putting 2 million into mental health provision and a proportion of that has resulted provision of Mental Health nurses, which Pem People noted as a worthwhile provision.

Officers report that as part of the Improving Mental Health and Resilience in Schools (IMHARS) project, there are now more than 260 Mental Health First Aiders in schools across Southwark who play an important role in spotting the signs of mental health issues in a young person. Mental Health First Aiders offer first aid and guide a young person towards the support they need, as well as speed up a young person's recovery and aim to stop a mental health issue from getting worse. Officers said that school-based interventions, like Mental Health First Aiders, and others, could help improve the quality of children's home lives and family relationships, ensuring more children live in stronger families.

Recommendation eight

The commission would urge the CCG to ensure that Mental Health nurses are diverse, that there is monitoring of the demographics of the young people they work with to ensure equal access, and that Mental Health nurses have an understanding of racism, and the role includes addressing the wider social issues that many young people are facing.

School Attainment

In other respects Southwark schools are doing exceptionally well to tackle inequalities. It is notable that Southwark's disadvantaged students¹³ have the highest average attainment, compared to non-disadvantaged students nationally, post 16.¹⁴

Youth and community provision and co-design of services

Pem People told the commission that young black men are more likely to encounter mental health difficulties as they face greater challenges but there is reluctance to access services, because of stigma and cultural barriers. They commented that Southwark has a richness of services; however, there is a need to move away from a medical model to a social care model with relationships at the core.

They said that CAMHS is a quite scarce resource that has failed to register with young black people, who are more likely to go to community groups with people who look like them. Likewise, Pem People said The Nest is unlikely to have registered with many young people. Pem People suggested that messaging is developed with the community so there is a meeting of minds with an ongoing conversation and collaboration in order to promote this service effectively.

There was a discussion about if there is a need to decommission services and make them more people centred, or if it would be better to review services, such as

¹³ Disadvantaged students are defined throughout the below report as those who were known to be eligible for and claiming free school meals in any of the six years prior to finishing key stage 4

¹⁴ Page 10 and page 31 Measuring the disadvantage attainment gap. Education Policy Institute & Nuffield Foundation, March 2021 .

CAMHS, to address systemic issues , rather than either adding more money or doing away with a particular service.

National research echoes the points made by Pem People as this suggests that matching the cultural, linguistic religious and/or racial identity between service users and practitioners can improve treatment duration and outcomes¹⁵.

Black Thrive, working with a similar community in Lambeth, identified institutional racism as one of the reasons that black people have poorer outcomes from services. They said that national and local evidence indicates that black and minority ethnic people want the impact of racism and wider inequalities on their mental health to be addressed in the treatment for their mental illness and in preventative work.

The commission discussed broadening Southwark's mental health coalition, by ensuring bodies such as the Health and Wellbeing Board are diverse. A specific proposal was made to formulate a network of black, asian and minority ethnic young people to be on boards and involved in Southwark's commissioning process.

Pem People said there is a need for practitioners and commissioners to come and visit outside local projects outside of the 9-5 pm, commenting that young people are not hard to reach, but rather hard to hear. Commision members echoed this and recommended outreach with Latin American and eastern European communities.

Both Black Thrive and Pem People also proposed a more social and structural approach to mental health, which addresses racism, structural inequalities and the wider causes of mental ill health. Pem People said that young people are lacking hope and feeling, displaced by regeneration, and emphasised the importance of safe social spaces. Black Thrive have a broader remit focused on prevention and tackling racism with priorities such as reducing violence that affects young people, Stop and Search and Decolonising knowledge production.

The last recommendation, to adopt a Race Equality Framework to support the Southwark's work on mental health, is informed by the work of Black Thrive, which works strategically with partners to co-design services with the black, asian and minority ethnic community to tackle the causes of mental distress, including racism and the wider determinants of mental health. This would also build on the government's pledge to introduce a new Patient and Carer Race Equality Framework (PCREF). The Council should work within the boundaries of this framework, whilst also seeking guidance from external bodies such as Runnymede and Black Thrive, in pursuit of creating its own Race Equality Framework in the delivery of Southwark 100 % universal reach target.

Recommendation nine

The Health and Wellbeing Board monitor the diversity of its members and take action to address any lack of diversity

¹⁵ Racial disparities in mental health: Literature and evidence review , Race Equality Foundation 2019.

Recommendation ten

A network of Black and Minority Ethnic young people and community groups are developed to inform the work of the Children & Young People's Emotional Wellbeing and Mental Health Joint Working Group / Health and Wellbeing Board. This ought to be diverse and include Latin American , Eastern European, mixed heritage and other minority groups, paying particular attention to communities with poorer mental health outcomes and experiencing socio- economic disadvantage.

Recommendation eleven

Adopt a Race Equality Framework in the delivery of Southwark 100 % universal reach target. This calls for a broader piece of work, with Black and a broad range of Minority Ethnic communities, to address the causes of mental ill health, which explicitly seeks to address racism and structural inequalities.

Health & Social Care Scrutiny Commission**MUNICIPAL YEAR 2021-22****AGENDA DISTRIBUTION LIST (OPEN)****NOTE:** Original held by Scrutiny Team; all amendments/queries to Fitzroy Williams Tel: 020 7525 7102

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