

Health and Social Care Scrutiny Commission

Thursday 30 September 2021

7.00 pm

Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

Membership

Councillor Victoria Olisa (Chair)
Councillor David Noakes (Vice-Chair)
Councillor Dora Dixon-Fyle MBE
Councillor Maria Linforth-Hall
Councillor Sandra Rhule
Councillor Charlie Smith
Councillor Bill Williams

Reserves

Councillor Nick Dolezal
Councillor Sunil Chopra
Councillor Renata Hamvas
Councillor Eliza Mann
Councillor Jane Salmon
Councillor Martin Seaton
Councillor Kath Whittam

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Contact Julie Timbrell on 020 7525 0514 or email: julie.timbrell@southwark.gov.uk

Members of the committee are summoned to attend this meeting

Eleanor Kelly

Chief Executive

Date: 22 September 2021



Health and Social Care Scrutiny Commission

Thursday 30 September 2021

7.00 pm

Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

Order of Business

Item No.	Title	Page No.
	PART A - OPEN BUSINESS	
1.	APOLOGIES	
	To receive any apologies for absence.	
1.	NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT	
	In special circumstances, an item of business may be added to an agenda within five clear working days of the meeting.	
3.	DISCLOSURE OF INTERESTS AND DISPENSATIONS	
	Members to declare any interests and dispensations in respect of any item of business to be considered at this meeting.	
4.	MINUTES	1 - 3
	To approve as a correct record the Minutes of the meeting held on 27 July 2021.	
5.	REVIEW: BREXIT	4 - 6
	Genette Laws, Director of Commissioning, Children's and Adults' Services Southwark Council, will present the enclosed briefing , to support the scrutiny review into the impact of Brexit on the health and social care work force.	
6.	SAFEGUARDING	7 - 9

A report is enclosed giving an overview of the arrangements for safeguarding children and adults in Southwark.

This will be presented by:

- David Quirke-Thornton - Strategic Director of Children's and Adults Services, Southwark Council
- Clair Kelland - D/Supt, Public Protection, Police.
- Sam Hepplewhite - Place-Based Director (Southwark), NHS South East London Clinical Commissioning Group

7.	SCRUTINY REPORT: MENTAL HEALTH INEQUALITIES OF BLACK, ASIAN AND MINORITY ETHNIC CHILDREN AND YOUNG PEOPLE	10 - 51
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The final scrutiny report on 'Mental Health Inequalities of Black, Asian and Minority Ethnic Children and Young People' is enclosed, to note. A response from Cabinet is due on the 7th December 2021.

8.	WORK PROGRAMME	52 - 61
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The following reports are enclosed:

- Work programme cover report
- Work programme, appendix one
- A document scoping out a scrutiny review on the 'Impact of Brexit on the Health & Social Care Workforce'

DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING.

PART B - CLOSED BUSINESS

DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.

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Date: 22 September 2021

Item No.

Title

Page No.

EXCLUSION OF PRESS AND PUBLIC

The following motion should be moved, seconded and approved if the sub-committee wishes to exclude the press and public to deal with reports revealing exempt information:

“That the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 1-7, Access to Information Procedure rules of the Constitution.”



Health and Social Care Scrutiny Commission

MINUTES of the Health and Social Care Scrutiny Commission held on Tuesday 27 July 2021 at 7.00 pm at 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Victoria Olisa (Chair)
Councillor Maria Linforth-Hall
Councillor Sandra Rhule
Councillor Charlie Smith
Councillor Bill Williams

OFFICER SUPPORT: Everton Roberts, Head of Scrutiny

1. APOLOGIES

Cllr David Noakes provided apologies for absence.

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

There were no late items.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

Councillor Bill Williams declared that his husband was an employee of the NHS.

4. MINUTES

RESOLVED:

That the Minutes of the meeting held on 20 May 2021 be approved as a correct record.

5. GUY'S AND ST THOMAS' NHS FOUNDATION TRUST RECOVERY PLAN

This item was considered in conjunction with Item 6.

The commission received a presentation from Jon Findlay, Chief Operating Officer and Deputy Chief Executive, Guy's and St Thomas NHS Foundation Trust and Julie Lowe, Site Chief Executive for King's College Hospital in relation to their respective Foundation Trust recovery plans.

Following the presentations, questions and discussion were held around the following:

- Cost implications of the private sector contracts on NHS
- Cancer treatment
- NHS preparations for a third wave of Covid infections
- The Covid booster and flu vaccination programme due to commence in September
- Vaccination programme and take up rate

6. KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST RECOVERY PLAN

This item was considered in conjunction with item 5.

7. MENTAL HEALTH INEQUALITIES OF BLACK, ASIAN AND MINORITY ETHNIC CHILDREN AND YOUNG PEOPLE SCRUTINY REVIEW REPORT

The Chair introduced the item and requested that members review the recommendations and submit any comments/suggested changes on the draft report to her and Julie Timbrell, scrutiny project manager.

8. WORK PROGRAMME

Members discussed the importance of everyone having an opportunity to be vaccinated, including undocumented migrants.

Measures taken by other London boroughs to promote uptake were referred to including an event organized by the City of Westminster, which worked with community groups to provide popular pop up vaccine buses, with the Chinese community sites explaining that no details or identity will be passed on to the police or immigration. One event in Chinatown attracted over 500 people. Members discussed encouraging Southwark council and Southwark NHS CCG to undertake similar events.

RESOLVED:

1. That the work plan suggestions from the previous year be agreed.
2. That the item on the impact of Brexit on the NHS workforce be included on the next meeting agenda and a particular aspect to be covered be 'how successful London NHS has been in getting their staff to apply for EU Settlement Scheme status which allows them to continue with their employment'.

The meeting ended at 8.08pm

Item No.	Classification	Date: 30 September 2021	Meeting: Health and Social Care Scrutiny Commission
Report title:	Impact of BrExit on workforce – social care		
From:	Genette Laws, Director of Commissioning, Southwark Council Danny Edwards, Head of Economy, Southwark Council		

1.0. Purpose

- 1.1 To explain the impact of BrExit on the workforce in social care; and the actions taken by officers to recruit, train and retain the workforce.

2.0 BrExit

- 2.1 The United Kingdom voted to leave the European Union (EU) in 2016 and officially left the trading bloc on 31 January 2020. In addition to trade and legislation, the departure meant that the government could develop and apply rules about the employment of foreign nationals.

- 2.2 In preparing for BrExit, the council maintained a BrExit Risk Register. The social care workforce was not identified as a risk. Nonetheless, in the lead up to BrExit in 2018 and 2019, the Children’s and Adults’ Services department required providers to consider the risks related to BrExit and ensure that they had a business continuity plan that included a response to identified risks related to BrExit. Providers did not identify workforce as a risk and instead focused on the supply and cost of goods and equipment.

- 2.3 In addition, a cross-council group of officers promoted to the public, the council’s workforce and care providers the opportunity to apply to the EU settlement scheme before 30 June 2021. Prior to the pandemic, support was available to make the on-line application.

- 2.4 During 2021, a points-based system was introduced for foreign citizens (except Irish nationals) wanting to move to the UK. People wanting to move to the UK to work, live or study have to apply and pay for a visa. Applying for a visa as a skilled worker costs between £600 and £1,500 per person - unless an individual has skills the country is short of. Social Care is deemed to not have a shortage of skills and therefore is not subject to the visa scheme.

3.0 Southwark Skills Strategy

- 3.1 The Southwark Skills Strategy sets a vision to deliver a high quality, local skills offer that is accessible and responsive to learner and employer needs by 2022. The Skills Strategy delivery plan was agreed by the Southwark Skills Partnership in 2018 and has been reviewed and updated annually.

- 3.2 The Skills Partnership met in May 2021 to review delivery plan priorities in the context of the impact of the COVID-19 pandemic, as well as Brexit. The pandemic has had a profound impact on the local, regional and national economy, affecting certain sectors particularly negatively and creating new growth in others. At the same time, it is considered likely that a potential reduction in EU citizens working in the UK will have an adverse impact on existing skills shortages particularly in key local sectors such as construction, hospitality and health & social care.
- 3.3 Health and social care remains a priority sector in the delivery plan with the development of the Southwark Health Skills Centre, a collaboration between Guys and St Thomas' and London South Bank University providing training and integrated pathways into health care jobs. Work is also underway to develop a life sciences innovation district, SC1, around Guys and St Thomas' and Kings College Hospital. The Skills Partnership will work to ensure that routes into new employment opportunities created here are well developed and accessible to Southwark residents.
- 3.4 Southwark Works continues to support residents into jobs in the health and social care sectors and develop partnership with local employers looking to recruit. Southwark Works will continue to promote their services to care home providers and develop further links to the Proud to Care network to ensure local residents are able to secure vacancies in the sector.

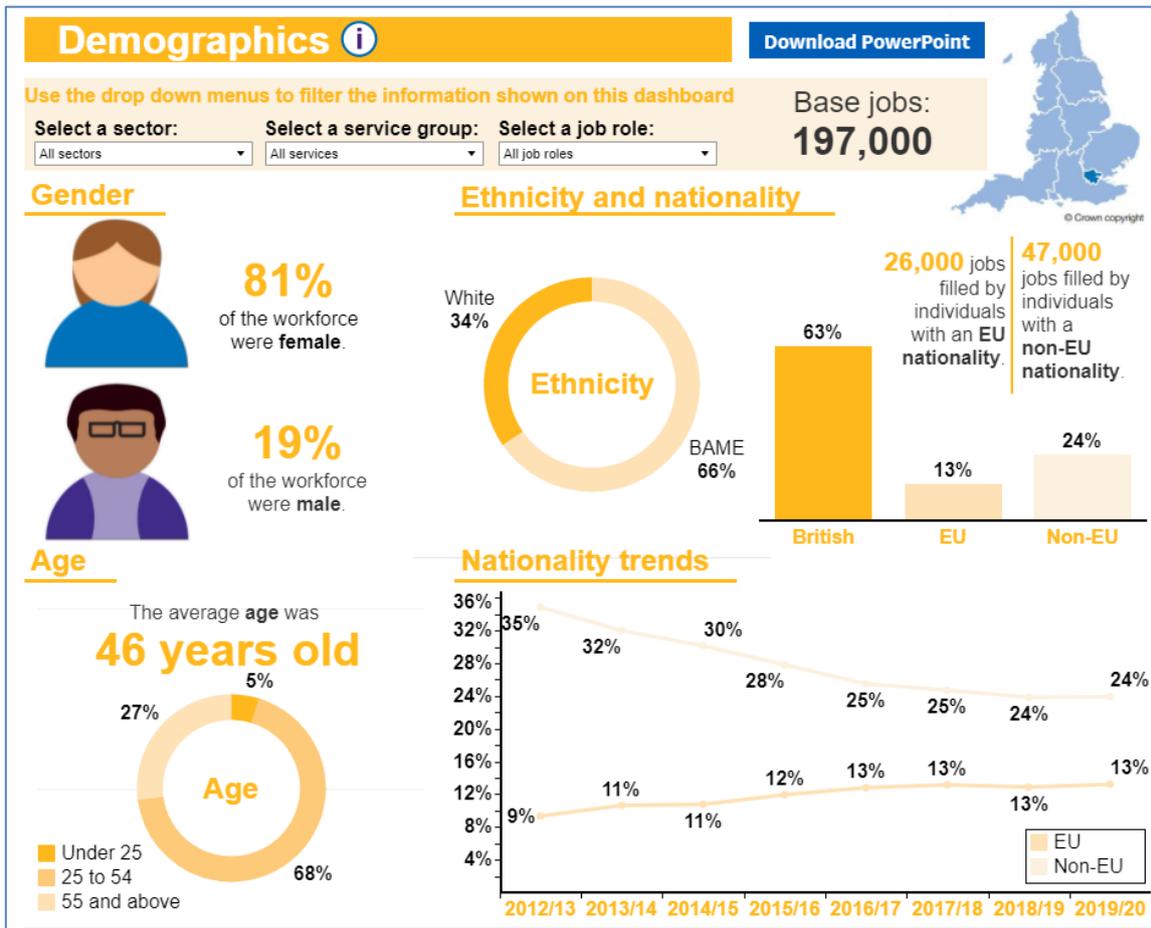
4.0 The Workforce

- 4.1 The adult social care workforce is monitored by Skills for Care and for children's social care it is the Department of Education.
- 4.2 Appendix 1 shows the headline information from Skills for Care about the workforce in London. In Southwark, like the rest of the London region, the adult social care workforce is predominantly British nationals. 77% of the workforce is British with 17% non-EU foreign nationals and 6% of EU (non-British) nationals. Therefore, the impact of BrExit was minimal on the workforce as evidenced by lower than regional average vacancy and turnover rates at 8% vs 9.5% and 26.4% vs 29% respectively.
- 4.3 The Department of Education does not appear to report on the nationality of the workforce but it does report on ethnicity. Ethnicity is not an indication of nationality and therefore there is no available regional information.
- 4.4 In terms of the local authority's data, the council reports its equalities, diversity and inclusion data on an annual basis through the Annual Workforce Report the report presented at the February 2021 Overview and Scrutiny Committee did not include the nationality of staff.

5.0 Impact of BrExit of the workforce

- 5.1 Due to the number of EU (non-British) nationals and the steps taken to ensure that the workforce could apply for settled status there has been no material impact on the social care workforce in relation to BrExit.

Appendix 1 – Infographic of the adult social care workforce in London



Item No.	Classification	Date: 30 th September 2021	Meeting: Health and Social Care Scrutiny Commission
Report title:	An overview of the arrangements for safeguarding children and adults in Southwark.		
From:	David Quirke-Thornton - Strategic Director of Children's and Adults Services, Southwark Council Clair Kelland - D/Supt, Public Protection, MPS Sam Hepplewhite - Place-Based Director (Southwark), NHS SEL CCG		

1. Southwark Safeguarding Children Partnership (SSCP) and Southwark Safeguarding Adults Board (SSAB).

- 1.1. Working Together to Safeguard Children (2018) outlines that the purpose of local safeguarding arrangements is to support and enable local organisations to work together in a safeguarding system. Therefore, Southwark Safeguarding Children Partnership (SSCP) is the key statutory mechanism for agreeing how the organisations in Southwark co-operate to safeguard and promote the well-being of children and young people and for ensuring the effectiveness of what they do.
- 1.2. The Children and Social Work Act 2017 legislated for new arrangements for the safeguarding of children. The Act names the statutory partners as
1. the Local Authority
 2. the Police
 3. Clinical Commissioning Groups (CCG).
- The arrangements replaced the previous Safeguarding Children Boards with a new safeguarding children partnership.
- 1.3. The Safeguarding Adults Board is a multi-agency partnership which has statutory functions under the Care Act 2014. The main role of Southwark Safeguarding Adults Board (SSAB) is to ensure that local safeguarding arrangements work effectively so that adults at risk due to health needs, social care needs or disabilities are able to live their lives free of abuse or neglect.
- 1.4. Whilst there are distinct duties and functions respectively for children and adults, within Southwark we have adopted a joint model. The key three safeguarding partner leads are the same for the Southwark Safeguarding Children Partnership (SSCP) and Southwark Safeguarding Adults Board (SSAB) and are shown in the table below;

Partner Organisation	Lead Representative	Representative with delegated authority
Southwark Council	Chief Executive	Strategic Director of Children's and Adults' Services
Southwark CCG	Accountable Officer	Place-Based Director (Southwark), NHS SEL CCG
Southwark and Lambeth Police	BCU Commander	Detective Superintendent

- 1.5. All three safeguarding partners have equal and joint responsibility for local safeguarding arrangements. In situations that require a clear, single point of leadership, the three safeguarding partners will decide together who will take the lead. In cases of disagreement, the independent chair can be called upon to mediate.

2. Independent Chair, SSCP and SSAB

- 2.1. Anna Berry was appointed in February 2020 as the independent chair for both the SSCP and SSAB to enable us to have independent scrutiny of the arrangements for safeguarding both children and adults. The role of the independent chair includes ensuring the SSCP and SSAB operates effectively, with a clear focus and vision, as well as driving forward continuous improvement and ensuring both the SSCP and SSAB delivers against its agreed priorities.

3. Partner agencies

- 3.1. Partnership work is vital to the successful delivery of safeguarding services and interventions in Southwark. We remain confident that safeguarding is at the heart of the services delivered by statutory and voluntary services in Southwark, and we also remain committed to maintaining an open dialogue with all our partners, and working jointly with partners to ensure the best, person-centred outcomes for all residents in the borough. We have strong partnership commitment within the SSCP and SSAB and a full list of membership can be found within the annual report, which is embedded at the end of this report.

4. Safeguarding Reviews

- 4.1. Responsibility for how lessons are learned from serious child and adult safeguarding incidents lies at a local level with the safeguarding partners, who are responsible for identifying cases which meet the criteria for either a Child Safeguarding Practice Review (CSPR), as set out in Working Together 2018, or a Safeguarding Adult Review (SAR), as set out in the Care Act 2014.
- 4.2. When the SSCP is advised that a child has died or is seriously harmed, together with being aware or suspecting that the child has been abused or

neglected, the safeguarding partnership must consider whether a review should be undertaken.

- 4.3. The SSAB must arrange for there to be a review of a case involving an adult with needs if,
- (a) there is reasonable cause for concern about how the SSAB, members of it or other persons with relevant functions worked together to safeguard the adult, and
 - (b) the adult has died, and the SSAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

OR

- (c) the adult is still alive, and the SSAB knows or suspects that the adult has experienced serious abuse or neglect.
- 4.4. For cases that meet either of the above thresholds, a full and comprehensive review is undertaken, which is contributed to by all partners as well as the family. Once a review has been completed, the SSCP and SSAB monitor the implementation and impact of any multi-agency lessons to be learned, and ensure that the learning from all case reviewing activity is embedded in practice. Where appropriate, final anonymised reports are published on the Safeguarding Partnership website.
- 4.5. In addition, a summary of the reviews undertaken each year, and the key learning, themes or trends are summarised within the annual report, copies of which are below.

5. Annual Reports

- 5.1. The Safeguarding Children Partnership and the Safeguarding Adults Boards have a statutory duty to publish an annual report. Each report comprehensively reviews the safeguarding activity across the reporting period. It sets out the structure and full membership of the respective groups, summarises the work of the subgroups and includes an analysis of progress against agreed priorities, and will set out future priorities. In addition, all of the key learning, themes and trends from any child or adult death where a review has been completed are also summarised with the annual report.
- 5.2. A copy of the latest published SSCP and SSAB annual reports (2019/20) are available on the safeguarding partnership website, and can be accessed via these links;



SSAB-annual-report-2019-20-final.pdf



SSCP-Annual-Report-final.pdf

Health and Social Care Scrutiny Commission

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

August 2021

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Executive Summary

The Commission 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’.

The review spans the work of two administrative years. The year 2019/20 addressed the Mental Health of children and young people 0-25 years, with a particular focus on Black, Asian and Minority Ethnic children and young people. 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.

In the administrative year 2020 /21 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 framework , in order to better understand the impact of discrimination and deprivation, and how these can be addressed.

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

COVID-19 infection and lockdown is exacerbating existing race inequalities and these intersect with economic inequalities. Black, Asian and Minority Ethnic adults are more at risk of COVID-19 infection, and more likely to become seriously unwell or die. Although children are generally at very low risk from COVID 19, losing a parent, close relative or loved one early is a tragedy and will potentially have a life long impact on children and young people’s life chances. 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. The Commission is keen the NHS and council continue to work together to reduce the chances of further loss of life, or long term health problems through Long Covid, by increasing vaccine take-up amongst communities most at risk, which frequently mirror lower vaccine take-up. There is good ongoing work in this area, however the gap between different population cohorts is still too large - in Southwark, as of 3 June, coverage amongst high-priority groups was highest for the white population, at 89%, and lowest for the Black Caribbean population, at 65%. Work addressing the linguistic, cultural and digital barriers to accessing information and collaborating with faith and community groups to identify effective channels to disseminate information and provide support for increased vaccination is crucial.

Vaccines are being made available to everybody, whatever their immigration status, and the Commission is keen that the council follow the practice of other councils in providing successful outreach and pop ups to maximize take up.

As well as being at increased risk of infection Black, Asian and Minority Ethnic people are more likely to experience economic hardship through lockdown and be treated more harshly by the criminal justice system. Lockdowns have disproportionately affected children and families with living in economic deprivation, experiencing mental ill health, disability, with special needs, and young carers. The increases in Domestic Abuse are of particular concern. Providing safe and connected spaces for children and young people, particularly outside space, now and during any future lockdowns must be a priority.

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

The Commission heard that Black and minority ethnic communities are at comparatively higher risk of mental ill health because of the wider socio-economic determinants, 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.

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 schizophrenia and psychosis, though the picture is complex.

3. Unequal access to mental health service

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. There is a similar situation on Southwark with an under representation of the black people in mental health service provision, and particularly South London and Maudsley NHS Foundation Trust (SLaM) Child and Adolescent Mental Health Service's (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.

However, Black and Minority Ethnic communities are more likely to end up in crisis and forensic care. Nationally black and minority ethnic people are 40 % more likely to access mental health services via the criminal justice system than white people are. The same is true locally with an overrepresentation of black people in forensic care and a disproportionate number of Black people medically sectioned.

The Commission heard that nationally and locally the pathway to support white children and young people experiencing mental distress is often CAMHS or talking therapies, whereas for black young people it is often youth offending or crises care, and this is racism. 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's work on meeting the Mental Health needs of all Southwark's children and young people.

The council and the NHS have been working with providers and stakeholder to address the unequal access to mental health services, with a Children & Young

People's Emotional Wellbeing and Mental Health Joint Working Group taking concrete steps to address the under-representation of Black, Asian and Minority Ethnic children and young people in talking therapies. The Commission would like to see this work continue with an additional focus on the work Southwark funds in schools, as well as young offending, forensic and crisis care to address the racial disparities in treatment and outcomes.

The commission heard directly from SLAM on their CAHMS service, where they outlined the steps being taken to increase uptake of CAMHS services and address the unmet mental health needs of Black, Asian and Minority Ethnic young people. Commission would like to see a particular focus on the last approach, with CAMHS working with partners, including Black, Asian and Minority Ethnic community groups, to develop new ways of working in prevention and early help approaches across our communities.

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

Youth and community workers told the commission 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 there is a need for practitioners and commissioners to come and visit local projects outside of the 9-5 pm, commenting that young people are not hard to reach, but rather hard to hear.

They recommended that network of young people and community groups ought to be developed to inform the work of the Children & Young People's Emotional Wellbeing and Mental Health Joint Working Group and the Health and Wellbeing Board's work. This ought to include Latin American and Eastern European communities.

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.

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, some children 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 as 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 Children and this

trend is even more pronounced when looking at the ethnicity of pupils given fixed period exclusions.

The Commission is keen that the Mental Health First Aiders, that the NHS are providing in schools, are diverse and meet the needs of all young people.

Both Black Thrive and local youth and community workers proposed a more social and structural approach to mental health, which addresses racism, structural inequalities and the wider causes of mental ill health. 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 build on the work of Southwark Stands Together, and 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.

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

Recommendation Three

The council and NHS closely track vaccine take up across cohorts with lowest take up and highest risk, including Black, Asian and Minority Ethnic Communities and people with lower social economic status, and take effective action to increase take-up. This ought to include addressing the linguistic, cultural and digital barriers to accessing information. The council and NHS should work with all relevant bodies, including faith and community groups, to identify effective channels to disseminate information and provide support.

Recommendation Four

The commission recommends that the Council reiterate that the COVID-19 vaccines are offered to everyone in the UK, and reassures that this includes undocumented migrants, free of charge and safe from police or immigration. This includes people who have overstayed their visas, and those on short-term visas who have failed to leave or those who have arrived into the UK without visa.

To ensure everyone can access the COVID-19 vaccination no matter what their immigration status, the Council should work with local charities, local institutions and doctors to set up pop-up clinics in the community to ensure ease of access to the vaccine and offer advice in a number of languages.

The commission recognises that the Cabinet is making efforts to implement the stated above with the example of the walk-in vaccines at Millwall Football Club with no identification needed. To make this effective there must be greater outreach to the undocumented community whilst also sound reassurance that no details or identity will be passed on to either the police or immigration bodies to create a safe space for those who wish to attend.

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, Asian 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, Asian 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, Asian 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.

Recommendation Eight

The commission would urge the NHS CCG to ensure that the Mental Health First Aiders are diverse, that there is monitoring of the demographics of the young people they work with to ensure equal access 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, Asian, 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, Asian 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 mobilized and launched a remote service, in May 2020, offering coaching and therapeutic support through either 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 distance face-to-face delivery having moved into new premises on Rye Lane, Peckham.

Because 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. This has taken place under the banner of Southwark Stands Together the council resolved to work as a borough to face head on structural inequalities and to resolve 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

²<http://moderngov.southwark.gov.uk/documents/s83473/Report%20Children%20and%20Young%20Peoples%20Mental%20Health%20and%20Wellbeing.pdf>.

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

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/>

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.

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%

2011 Census	Southwark	London	England
White and Asian	3,003	101,500	332,708
	1.0%	1.2%	0.6%
Other Mixed	5,411	118,875	283,005
	1.9%	1.5%	0.5%
Indian	5,819	542,857	1,395,702
	2.0%	6.6%	2.6%
Pakistani	1,623	223,797	1,112,282
	0.6%	2.7%	2.1%
Bangladeshi	3,912	222,127	436,514
	1.4%	2.7%	0.8%
Chinese	8,074	124,250	379,503
	2.8%	1.5%	0.7%
Other Asian	7,764	398,515	819,402
	2.7%	4.9%	1.5%
Black African	47,413	573,931	977,741
	16.4%	7.0%	1.8%
Black Caribbean	17,974	344,597	591,016
	6.2%	4.2%	1.1%
Other Black	12,124	170,112	277,857
	4.2%	2.1%	0.5%
Arab	2,440	106,020	220,985
	0.8%	1.3%	0.4%
Any other ethnic group	7,013	175,021	327,433
	2.4%	2.1%	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

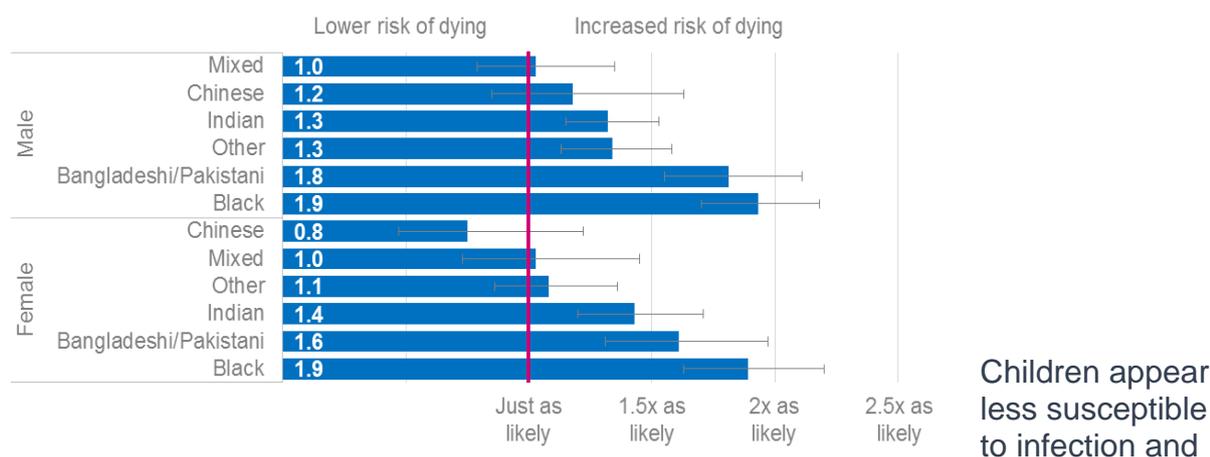
The disproportionate impact of COVID 19 on Black, Asian and Minority Ethnic children and young people.

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.



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:

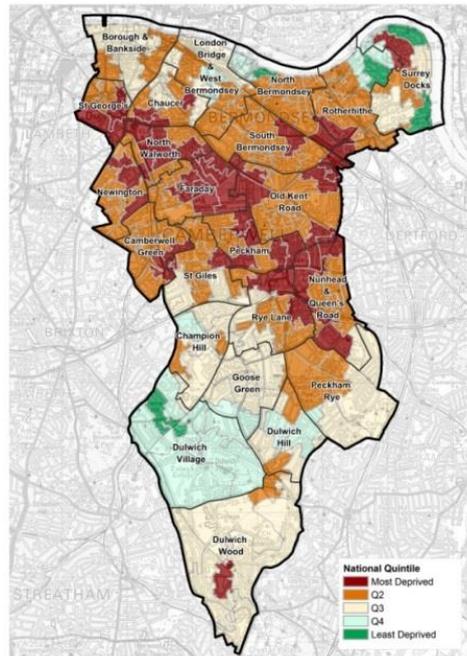
- **Long-standing health inequalities**
COVID-19 has exacerbated long-standing inequalities affecting Black, Asian and Minority Ethnic groups, including poorer socio-economic circumstances. Associated poor health outcomes (e.g. asthma, obesity, diabetes, cardiovascular disease and mental health problems)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



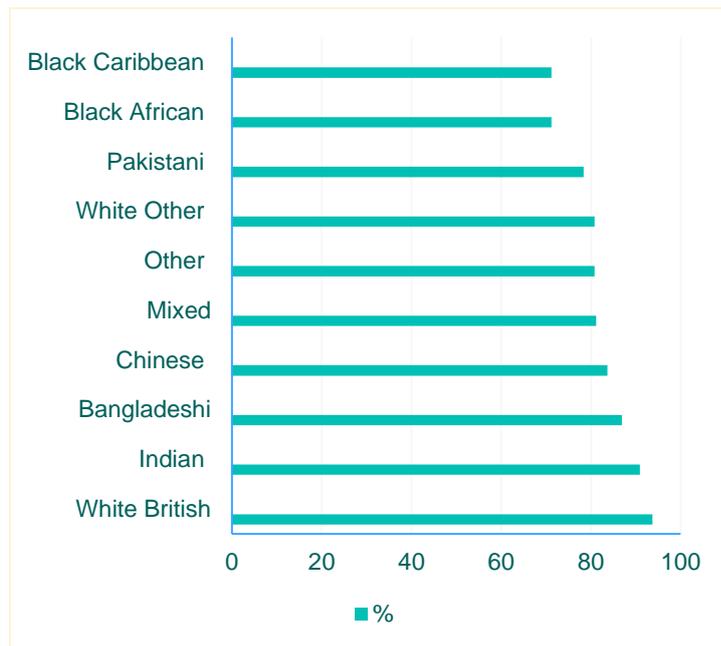
COVID 19 Vaccine take up

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

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>.

over 80s were receiving the vaccine in Southwark, and by 3 June 2021 this had increased to 82% receiving at least one vaccine dose.

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. The commission would like to see this work closely tracked to ensure that communities with the lowest take-up, who frequently mirror those populations most at risk, are encouraged to be vaccinated.

The commission is also keen to ensure that everybody has an opportunity to be vaccinated, including undocumented migrants and discussed measures taken by other London boroughs to promote uptake. The City of Westminster has worked with community groups to provide popular pop up vaccine buses, with the Chinese community sites explaining that ‘no details or identity will be passed on to the police or immigration’.⁷ An event in Chinatown attracted over 500 people.

Hackney Council is also proactively working with local charities and doctors to set up pop-up clinics in the community to ensure ease of access to the vaccine and offer advice in a number of languages. The pop-ups will also be available for people who are homeless, as well as undocumented migrants, free of charge. This includes

⁷ <https://ciac.co.uk/2021/06/30/newpop-up-vaccination-clinic-london-chinatown-china-exchange-5th-july-2021/> the advert for the vaccination centre in Chinatown, on the flyer it states – ‘no details or identity will be passed on to the police or immigration’. <https://news.sky.com/story/covid-19-hundreds-head-to-londons-chinatown-as-vaccine-bus-offers-appointment-free-jabs-12318757>

people who have overstayed their visas, those on short-term visas who have failed to leave or those who have arrived into the UK without any visa.⁸

Southwark ought to undertake similar events. This is in line with Southwark's work to be part of the national City of Sanctuary movement, which aims to create a network of towns and cities throughout the UK which are proud to be places of safety and inclusion for people seeking sanctuary, welcoming refugees, asylum seekers and migrants.

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 co-morbidities 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

⁸ <https://news.hackney.gov.uk/vaccinations-for-migrants/>.

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 stigmatization 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 28 April 2020 to 4 May 2021, Southwark MARAC heard 831 cases, 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 1 April 2020 31 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 Centers, 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 centers, 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 6 June and Monday 5 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 to 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 Pem People also proposed a virtual peer support network.

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.

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

Recommendation Three

The council and NHS closely track vaccine take up across cohorts with lowest take up and highest risk, including Black, Asian and Minority Ethnic Communities and people with lower social economic status, and take effective action to increase take-up. This ought to include addressing the linguistic, cultural and digital barriers to accessing information. The council and NHS

should work with all relevant bodies, including faith and community groups, to identify effective channels to disseminate information and provide support.

Recommendation Four

The commission recommends that the Council reiterate that the COVID-19 vaccines are offered to everyone in the UK, and reassures that this includes undocumented migrants, free of charge and safe from police or immigration. This includes people who have overstayed their visas, and those on short-term visas who have failed to leave or those who have arrived into the UK without visa.

To ensure everyone can access the COVID-19 vaccination no matter what their immigration status, the Council should work with local charities, local institutions and doctors to set up pop-up clinics in the community to ensure ease of access to the vaccine and offer advice in a number of languages.

The commission recognises that the Cabinet is making efforts to implement the stated above with the example of the walk-in vaccines at Millwall Football Club with no identification needed. But to make this effective there must be greater outreach to the undocumented community whilst also sound reassurance that no details or identity will be passed on to either the police or immigration bodies to create a safe space for those who wish to attend.

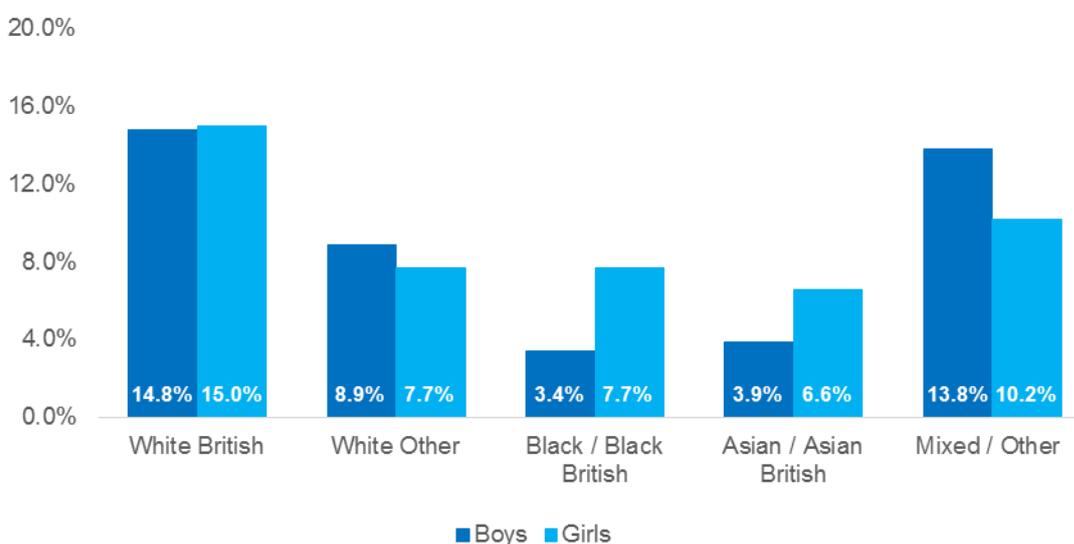
Prevalence of Black, Asian and Minority Ethnic children and young people's mental ill health.

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.

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.

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



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.⁹ Nationally people from African Caribbean communities are three times more likely to be diagnosed and admitted to hospital for schizophrenia than

⁹ Page 2 Black, Asian and Minority Ethnic access to mental health services indicative review provided to the Commission 10 September 2020

any other group. Locally black people are disproportionately diagnosed with schizophrenia and psychosis, though the picture is complex.¹⁰ Black Thrive, and national research, has raised concerns that racism influences the over diagnosis of psychosis and schizophrenia, which can negatively affect treatment trajectory.¹¹

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.

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

¹¹ <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.¹²

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)¹³

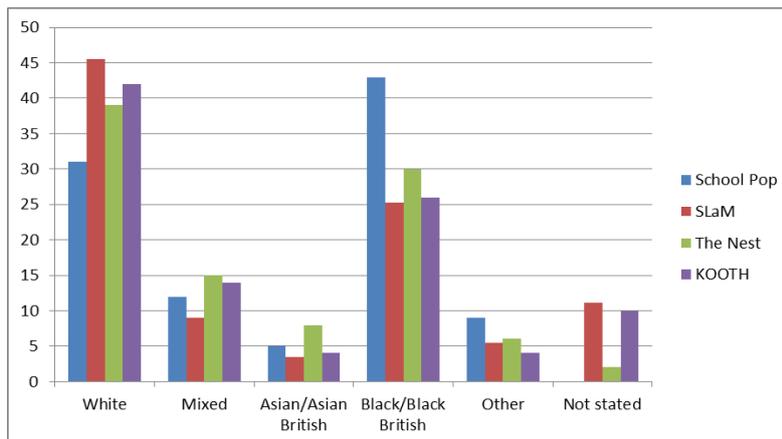


Figure 6. Ethnicity reporting across school populations.

¹² 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

¹³ 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

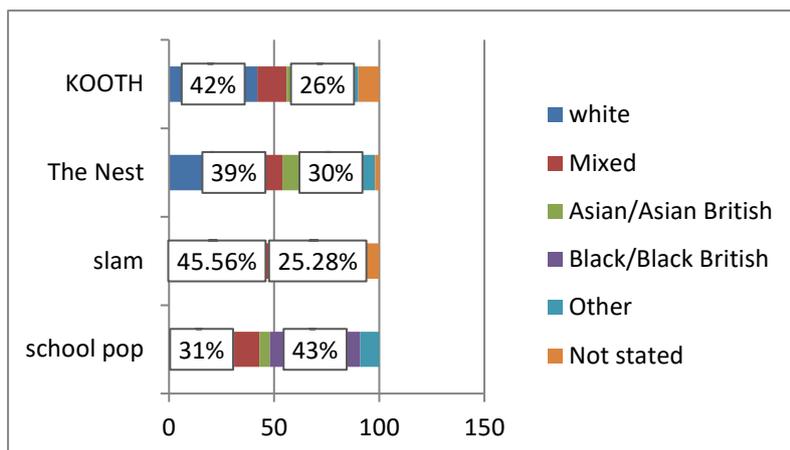


Figure 7. Ethnicity reporting across school populations.

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 record ethnicity data, and move towards capturing data for the Latin American community.

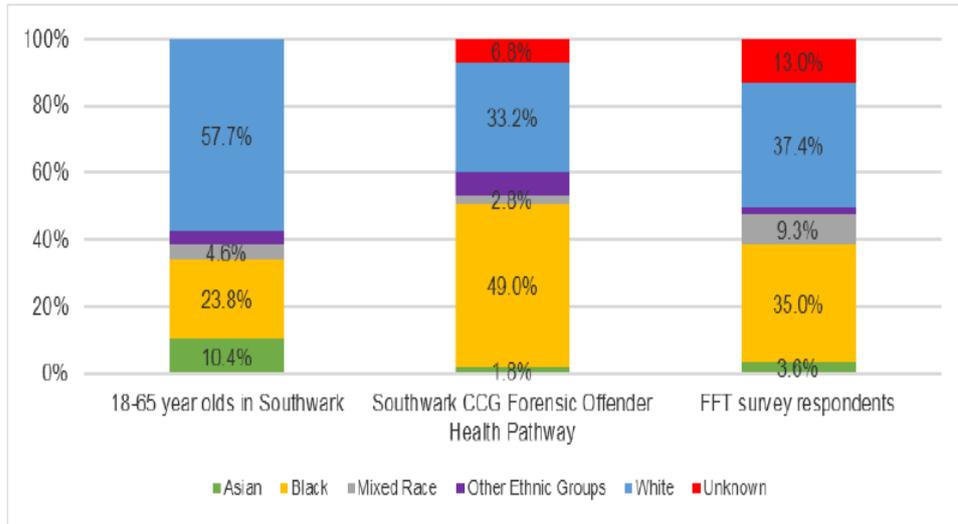
Forensic and crisis care

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 people are;¹⁴ 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:

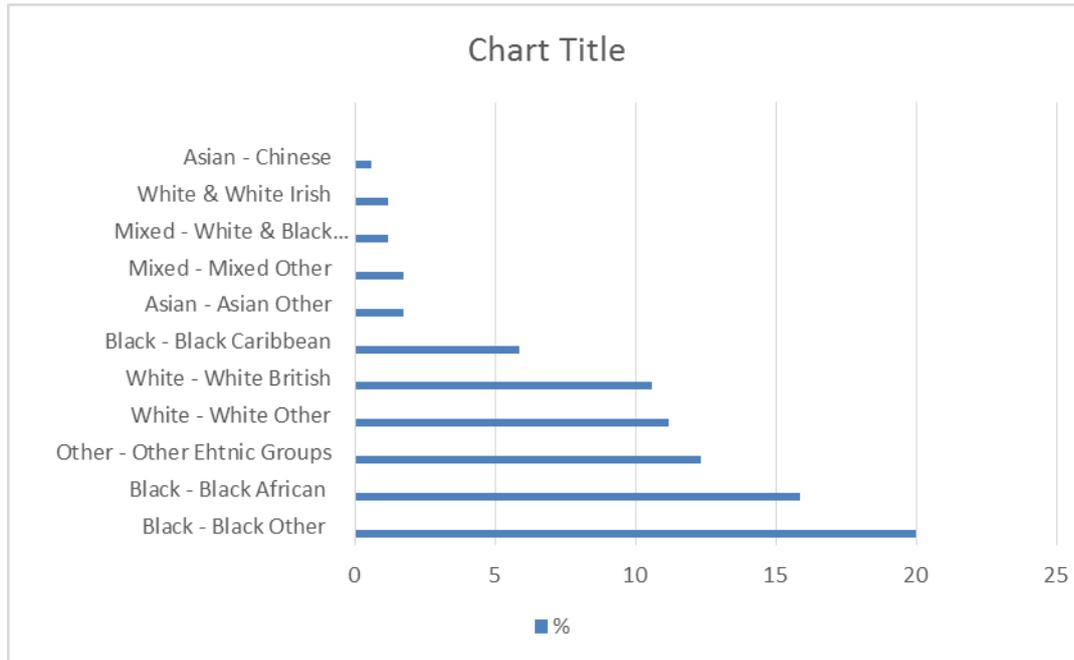
Figure 8. Ethnicity profile of users of mental health services

¹⁴ Racial disparities in mental health: Literature and evidence review , Race Equality Foundation 2019



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 or 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), KOOOTH 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, Asian 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, Asian 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, Asian 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, some children 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 behavior 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 do.

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

Rates of permanent 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	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.

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 area 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 NHS CCG to ensure that the Mental Health First Aiders are diverse, that there is monitoring of the demographics of the young people they work with to ensure equal access 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 students¹⁵ have the highest average attainment, compared to non-disadvantaged students nationally, post 16.¹⁶

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

¹⁵ 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

¹⁶ Page 10 and page 31 measuring the disadvantage attainment gap, Education Policy Institute & Nuffield Foundation, March 2021.

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 outcomes.¹⁷

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. Commission 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

Recommendation Ten

¹⁷ Racial disparities in mental health: Literature and evidence review, Race Equality Foundation 2019.

A network of Black, Asian, 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, Asian 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.

Item No. .	Classification: Open	Date: 30 September 2021	Meeting Name: Health & Social Care Scrutiny Commission
Report title:		Health & Social Care Scrutiny Commission Work Programme 2021-22	
Ward(s) or groups affected:		N/a	
From:		Project Manager, scrutiny.	

RECOMMENDATIONS

1. That the Health & Social Care Scrutiny Commission note the work programme as at 30 September attached as Appendix 1 Work Programme.
2. That the Health & Social Care Scrutiny Commission consider the addition of new items or allocation of previously identified items to specific meeting dates of the commission.

BACKGROUND INFORMATION

3. The general terms of reference of the scrutiny commissions are set out in the council's constitution (overview and scrutiny procedure rules - paragraph 5). The constitution states that:

Within their terms of reference, all scrutiny committees/commissions will:

- a) review and scrutinise decisions made or actions taken in connection with the discharge of any of the council's functions
- b) review and scrutinise the decisions made by and performance of the cabinet and council officers both in relation to individual decisions and over time in areas covered by its terms of reference
- c) review and scrutinise the performance of the council in relation to its policy objectives, performance targets and/or particular service areas
- d) question members of the cabinet and officers about their decisions and performance, whether generally in comparison with service plans and targets over a period of time, or in relation to particular decisions, initiatives or projects and about their views on issues and proposals affecting the area
- e) assist council assembly and the cabinet in the development of its budget and policy framework by in-depth analysis of policy issues

- f) make reports and recommendations to the cabinet and or council assembly arising from the outcome of the scrutiny process
 - g) consider any matter affecting the area or its inhabitants
 - h) liaise with other external organisations operating in the area, whether national, regional or local, to ensure that the interests of local people are enhanced by collaborative working
 - i) review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the scrutiny committee and local people about their activities and performance
 - j) conduct research and consultation on the analysis of policy issues and possible options
 - k) question and gather evidence from any other person (with their consent)
 - l) consider and implement mechanisms to encourage and enhance community participation in the scrutiny process and in the development of policy options
 - m) conclude inquiries promptly and normally within six months
4. The work programme document lists those items which have been or are to be considered in line with the commission's terms of reference.

KEY ISSUES FOR CONSIDERATION

- 5. Set out in Appendix 1 (Work Programme) are the issues the Health & Social Care Scrutiny Commission is due to consider in 2021-22.
- 6. The work programme is a standing item on the Health & Social Care Scrutiny Commission agenda and enables the commission to consider, monitor and plan issues for consideration at each meeting.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Health & Social Care Scrutiny Commission agenda and minutes	Southwark Council Website	Julie Timbrell Project Manager
Link: https://moderngov.southwark.gov.uk/ieListMeetings.aspx?Committeeld=518		

APPENDICES

No.	Title
Appendix 1	Work Programme 2021-22

AUDIT TRAIL

Lead Officer	Everton Roberts, Head of Scrutiny	
Report Author	Julie Timbrell, Project Manager, Scrutiny.	
Version	Final	
Dated	22 September 2021	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Governance	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	No	No
Date final report sent to Scrutiny Team	22 September 2021	

Health and Social Care Scrutiny Commission Work Programme.

Reviews:

- Impact and mitigation of Brexit on workforce health & social care workforce
- Domestic Abuse (mini review)

Meeting dates and items

Date	Item	Comments
Wed 23 July	<ul style="list-style-type: none">• GSTT and KCH Hospital Trusts recovery plans• Complete report - Health Inequalities of Black, Asian and Minority Ethnic Children and Young People• Work programme planning	
Thu 30 September	<ul style="list-style-type: none">• Review: Impact of Brexit on health and social care workforce, introductory paper• Safeguarding arrangements briefing	Brexit Review

Wed 17 November	<ul style="list-style-type: none"> • Cabinet member interview : Cllr Evelyn Akoto, Cabinet Member for Health and Wellbeing, will be interviewed on her portfolio. • NHS to discuss the ICS • Long Covid • Review: Impact of Brexit on workforce health & social care, NHS commentary 	Brexit Review
Wed 2 February	<ul style="list-style-type: none"> • Safeguarding – interview with Independent Safeguarding chair , Annual Report, Serious Case reviews. • Domestic Abuse – invite community organisations for round table discussion, officers and other stakeholders. Produce mini report . 	Domestic Abuse : mini review
Tue 22 March	<ul style="list-style-type: none"> • Cabinet member interview - Cllr Jasmine Ali , Deputy Leader and Cabinet Member for Children, Young People and Education, will be interviewed on the children & young people part of her portfolio. • Impact of Skunk on mental health • SlaM CAMHS report back on race equality work • Agree Brexit review report • Agree Domestic Abuse report 	Update from SLaM with reference to the Mental Health report (work to increase the uptake of CAMHS services and improvement in meeting the unmet mental health needs of Black, Asian and Minority Ethnic young people - with 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.)

Scrutiny review scoping proposal

1 What is the review?

'Impact of Brexit on the Health & Social Care Workforce'.

The review will look at how the downward turn in EU migration along with the high levels of outward migration from EU workers has affected the Health and Social Care industry.

As of 2020, of every 1000 NHS staff in England, 55 were from the EU with the Health and Social Care industry relying on this workforce.

However, since Brexit a different picture has been clear with those from the EU either leaving the NHS and applications falling. In 2015/16, 11% of those joining the NHS were EU nationals. In 2017/18, this had fallen to 8%, and in 2019 to 7%. For nurses the percentage of EU joiners fell from 19% in 2015/16 to 6% in 2019. Meanwhile, the proportion of nurses joining the NHS with non-EU nationality rose from 8% in 2015/16 to 22% in 2019.

In 2017/18, 12.8% of nurses leaving the NHS were EU nationals, up from 9% in 2015/16. This fell to 11% in 2019.

A similar trend is apparent within the Care industry, Skills for Care estimates that there are 1.65 million jobs in adult social care as at 2019/20. 1.54 million Jobs are within local authorities, independent sector providers and those working for direct payment recipients only - the statistics below are based on this segment of the workforce.

Under a new rule recommended by the Government's Migration Advisory Committee, carers would be considered 'low skilled EU workers'. Therefore, would not get preferential access to the UK labour market after we leave the EU. Social care in the UK is already in a fragile state. Recent research shows that 130,000 new care workers are needed each year just for the social care workforce to cope with current levels of demand. The loss of EU nationals due to the status of 'low skilled workers' and outward migration will see this gap only grow wider.

Right now, there are around 110,000 unfilled care jobs in the UK, and more than 3 in 10 care staff leave their jobs each year.

Overall, there were around 250,000 jobs in adult social care held by people with a non-British nationality (113,000 EU; 134,000 non-EU).

With this in mind, the review will look at how this outward migration has impacted the workforce, along with an emphasis on how to encourage retention; increase recruitment and train the local workforce.

The review aims to assist the Council's Economic Review Plan, which aims to, "mitigate the impacts of Brexit as they become evident, with a shared emphasis on protecting our local economy and our diverse Southwark communities".

2 What outcomes could realistically be achieved? Which agency does the review seek to influence?

The review will aim to influence the Council and especially Cabinet Member for Health & Wellbeing to encourage local job retention, employment and advocate training.

It will also aim to provide a forum to investigate the impacts of Brexit on our local workforce by working with external organisations.

3 When should the review be carried out/completed? i.e. does the review need to take place before/after a certain time?

The review will take place this administrative year, 2021/2022.

4 What format would suit this review? (eg full investigation, q&a with executive member/partners, public meeting, one-off session)

The review will take place within the Health and Social Care Commission.

In addition to this, the commissions will seek to hold a Q&A with external actors such as 'Proud to Care', which will help build a larger picture for a full investigation and subsequently a report for the cabinet.

In carrying out this investing, the review will also work with local partners within the NHS and the social care industry.

5 What are some of the key issues that you would like the review to

look at?

- Analysis of the impact of Brexit on health and social care provision
- Actions to encourage retention of the existing workforce
- Actions to recruit to vacancies
- Actions to train the local workforce

6 Who would you like to receive evidence and advice from during the review?

- Cabinet Member for Health and Wellbeing
- Cabinet Member for Jobs, Business and Towns
- Local authority best practice (e.g. Islington, Lambeth, Hackney, Kensington and City of London)
- Mayor of London / GLA findings and work
- South East London NHS CCG
- Hospital Trusts (GSTT, Kings and SlaM)
- Proud to Care local and regional initiatives
- The Nuffield Trust

7 Any suggestions for background information? Are you aware of any best practice on this topic?

- The UK in a Changing Europe (Kings College) report:
<https://ukandeu.ac.uk/wp-content/uploads/2018/03/Brexit-and-the-NHS-.pdf>.
- Skills for Care - <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/Workforce-nationality.aspx>.
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- Nuffield Trust - Impact of Brexit on the UK Health Sector:
<https://www.nuffieldtrust.org.uk/research/understanding-the-impact->

[of-brex-it-on-health-in-the-uk.](#)

- The Kings Fund: Brexit and the End of the Transition Period: <https://www.kingsfund.org.uk/publications/articles/brexit-end-of-transition-period-impact-health-care-system>.
- Age UK - Brexit Could Worsen Broken Care System for Older People: <https://www.ageuk.org.uk/our-impact/campaigning/care-in-crisis/brexit/>.
- Government Website – NHS Staff from Overseas: <https://commonslibrary.parliament.uk/research-briefings/cbp-7783/>.
- Nuffield Trust on Statistics: <https://www.nuffieldtrust.org.uk/resource/the-nhs-workforce-in-numbers#1-what-kinds-of-staff-make-up-the-nhs-workforce>.
- Proud to Care: <https://www.proudtocarenorthlondon.org.uk/>.
- London Assembly report on EU Migration Consequences: <https://www.london.gov.uk/about-us/london-assembly/london-assembly-publications/eu-migration>.

8 What approaches could be useful for gathering evidence? What can be done outside committee meetings?

e.g. verbal or written submissions, site visits, mystery-shopping, service observation, meeting with stakeholders, survey, consultation event

Verbal and/or written submissions from external actors, NHS bodies and organisations, cabinet members and officers.

Stakeholder representation that speaks to the session and assists in framing and scoping the review.

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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