**Wandsworth BME Mental Health Forum**

**Thursday 1st October 2020 3.00pm-4.30pm – ZOOM**

**Present**

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| Abdirahman Xirsi (AX) | Elays Network |
| Amanda Blok (AB) | Family Action |
| Amina Smith Gul (ASG)  | WCEN |
| Anna D’Agostino (AD) | WCEN |
| Antonia Buamah (AB)  | Hope for Wellbeing Project |
| Becca Walker (BW)  | Richmond and Wandsworth Council  |
| Carlis Douglas (CD) | Hope Atrium  |
| Charmaine Anderson (CA) | Yahweh Christian Fellowship |
| Chris Kiffin (CK) | Independent |
| Christine O’Connor (CO) | NHS SWL CCG |
| Corey Hemmings (CH)  | NHS SLAM |
| Darren Fernandes (DF) | SWLSTG |
| Dorrett Boswell (DB) | Independent  |
| Geetha Maheshwaran (GM) | Shree Ghanapathy Temple |
| Glenroy Browne (GB) | Ransom Zion AME Church |
| Hannah Davies (HD) | Wandsworth Carers |
| Jacob Adams (JA) | WCEN |
| Jayne Thorpe (JT) | NHS SWL CCG |
| Joan Robinson (JR)  | Seventh Day Adventist Church  |
| John Morrill (JM)  | Voicing Views  |
| June Pilgrim-Ndure (JPN)  | WCEN |
| Karen Persaud (KP) | Independent |
| Kebbah Jalloh (KJ) | Caius House |
| Ken Phillips (KP) | Richmond and Wandsworth Council |
| Kirt Hunte (KH)  | Primary Care Plus  |
| Lenitta Bailey (LB) |  |
| Lystra Charles (LC)  | The Hope Atrium  |
| Malik Gul (MG)  | WCEN  |
| Mark Robertson (MR) | NHS Wandsworth CCG  |
| Martel Johnson (MJ) | NHS SLAM |
| Martin Haddon (MH)  | Health Watch Wandsworth |
| Mia Morris (MM) | Soundminds |
| Michael Areola (MA) | Deeper Life Christian Church |
| Miranda Taggart (MT) | Mindworks |
| Nathalie Gibson-Wilson (NGW)  | Lynwood Christian Fellowship |
| Nathaniel Pamah (NP)  | Unity Centre |
| Noel Brown (NB) | SWL IAPT |
| Owen Mukotekwa (OM)  | WCEN |
| Ranjeet Kailee (RK) | SWLSTG  |
| Razia Karim (RK)  | WCEN |
| Ruth McKinney (RMc) | WCEN |
| Sahar Beg (SB) | Mindworks |
| Sarah Phillips (SP) | AMHPS |
| Prof Sashi Sashidharan (SS)  | EMHIP  |
| Seth Bhunnoo (SeB) | NHS SLAM  |
| Sonia Henry (SH) | Home Group  |
| Thomas Herweijer (TH) | NHS SWL CCG |
| Ukaku Kalu (UK)  | Former Service User  |
| Cllr Paula Walker (PW) | Richmond and Wandsworth Council |

**Apologies**

Kalu Obuka, Delrita Tester, Jennifer Beckford and Kofi-William Ofaso

**Abbreviations**

SWLSTG - South West London and St Georges Mental Health Trust

NHS SWL CCG - NHS South West London Clinical Reference Group

NHS SWL Wandsworth - NHS South West London Wandsworth

NHS SLAM - NHS South London and Maudsley Foundation Trust

AMHPS – Approved Mental Health Professionals Services

WCEN - Wandsworth Community Empowerment Network

SWL IAPT - Increasing Access to Psychological Therapies

BME - Black Minority Ethnic

NTA – New Testament Assembly Church

**Agenda**

1. Welcome and Introduction
2. Update from the SWLSTG Mental Health Trust
3. Update from NHS Wandsworth
4. Update on the Ethnicity and Mental Health Improvement Project (EMHIP)
5. Feedback and Discussion
6. AOB
7. **Welcome and introduction**
	1. MG, welcomed everyone, reminding all that the meeting was being recorded and it was great to see everyone again. The agenda was shared; there will be updates from Darren Fernandes, SWLSTG and Mark Robertson, NHS SWL Wandsworth. We will then share updates on the EMHIP project and take feedback from the meeting. Apologies were received (See above) but was pleased to see so many people on the call.
	2. Everyone was given the opportunity to introduce themselves.
	3. MG, ‘Unmute yourself” is a phrase that we have all become use too. Black Lives Matter came off mute during this year, and it is important these voices remain off mute. I trust the minutes from the last meeting were correct. We had hoped the next meeting would be in person, but these are very uncertain times, and the Prime Minister believes we will be in this same situation until spring 2021. In our discussions later we can discuss the impact that COVID has had on people’s mental and physical health.
	4. JR, spoke about her experience going into the City of London, seeing everything empty and thinking about the effect COVID has had on people, as well as on herself, including the feelings of loneliness and isolation.
	5. MG, thanked her for sharing and added that it was important as many had missed connections they had with each other.
8. **Update from NHS Wandsworth**

**2.1.** MG, invited Mark Robertson to provide an update for NHS Wandsworth.

**2.2.** MR, outlining the services that have continued throughout COVID. TW and PCP are continuing to do their work remotely throughout this period. IAPT have introduced additional support for frontline workers and are expanding the reach of what they usually do. There is a disproportionate impact on communities. The other key challenge is access and how we can support people face to face. The impact of lack of access to online meetings, digital exclusion, is also something to consider.

**2.3.** MG, confirmed that as of April this year NHS Wandsworth were now to become part of an Integrated Care System, along with our 5 neighboring Boroughs in South West London.

**2.4.** MR, outlines that the NHS is refocusing their funds, with the key rule that no CCG can give additional money or make significant changes to the Trusts and therefore everything has been put on hold.

**2.5** MG, it is important for us to get a real understanding about how the system works, and how our resources contribute towards public works. The Question we must always ask is how much money is spent annually by the NHS in Wandsworth? About £450 million a year! Is there money to deal with inequalities? Everyone in this Forum, our communities, contribute to this fund so it is important that there is also an equitable distribution towards communities in need.

**2.6.** SeB, poses some questions on the integration of the system from SLAM’s point of view, which is not as effective as it could be.

**2.7.** MG, spoke about the importance of integrating communities, churches, and mosques. Essentially when organizations like the NHS talk integration, they are talking about integration with other systems that look like them. Genuine integration is with the many other systems, community, faith, voluntary networks that exists right across our civic societies.

**2.8.** SeB, outlines the work of the new economic foundation that shows one of the biggest determinants of wellbeing is connection. We have become more disconnected. There is a clear need for this.

**2.9.** MG, thanks SeB for his contribution and invites GB to speak.

**2.10.** GB, talks about the organising that is centrally done, excludes communities from the get-go. He is also thankful to have an organisation like WCEN in the middle as a negotiator for communities.

**2.11.** MG, thanks GB for the encouragement and confirmed the need for EMHIP in 2020. MG invites Becca to speak.

**2.12.** BW, talks about her work at the drug and alcohol service and how SLAM is now running the Richmond service too. BW, discusses her project ‘clear the streets’ which is helping homeless people get off the streets, it began before the lockdown and now they have 160 people in accommodation. Out of 175 people, they have around 50 black British people that they have supported. She expresses interest in working in partnership with some community services and in religious settings after COVID. She also mentions the unconscious bias training that her and her colleagues will be attending.

**2.13.** MG, talks about the importance of cultural capability training and how community leaders should be able to provide this training to NHS staff because they know more and can give a different perspective and insight into people’s culture.

**2.14** SeB, agrees with Malik and discusses the way we need to change the institutional mindset through training.

**2.15.** MG, talks about the importance of diversity in leadership in the NHS so that people from the BME community have people who look like them, weighing in on the decision to change and adapt services. Outlines the importance of doing more than just cultural capability training and go for a bigger change. MG, invites GM to share.

**2.16.** GM, open to having training hosted at the temple and keen to offer insight into the cultural capability training. She talks about the importance of working together as partners and telling the NHS what we need, in partnership we would be so much stronger.

1. **Update on the Ethnicity and Mental Health Improvement Project (EMHIP)**

**3.1.** MG, begins to talk about the EMHIP project and provides an update on the business case. MG starts by discussing his experience of asking for funding for this project and the pushback from the system. The business case has been put forward by the BME Expert Panel meeting and there it was agreed that the program will be rolled out in a phased way. The team requested funding to begin to introduce the family placement project and one of the core hubs. MG, invites Professor SS to speak.

**3.2.** SS, provides a further update on the EMHIP project. EMHIP is the first tailored program that can be attached to a local mental health system, the project is based on solid evidence, experiences of patients and communities in Wandsworth. The total cost to implement these interventions in one borough is £6.9 million, which is only a fraction of what the NHS spends annually. 35% of people who use mental health services in Wandsworth are from BME communities. 60% of people who are forced to go into hospital are from BME communities. The money that the NHS spends is not distributed in the right place for ethnic minority communities and this needs to change. We have been told the project is a great idea, but they do not know as where the funds will come from.

**3.3.** MG, thanked SS. We have established an EMHIP website to document the work and to ensure we are open and accountable. MG introduces JA to show everyone the EMHIP website.

**3.4.** JA, demonstrates how to get onto the EMHIP website and the tools that are on the website.

**3.5.** MG, encourages Forum members to visit the site. EMHIP is seeking to build an eco-system of early intervention and prevention. All the projects toolkits and processes, relationship maps and interventions will be made available for people to access and to be involved.

**3.6.** MG, thanks JA for his work on the website and welcomes him to the team then invites JT to contribute.

**3.7.** JT, introduces herself and explains the process of putting forward a business case. She reiterates professor SS point about the funds being spent on poor care in mental health hospitals. JT, talks about how the funds that are being asked for is transformation funding and will change the current care pathway and is not asking for more fund; it is the case of making this fact more clear to the senior leaders. JT, goes on to talk about the Community-Led Health Clinics Project, how mental and physical health is interlinked and some aspects of this will be included in the updated business case, which will make it stronger. She also goes on to talk about potentially having COVID testing in the community and inequalities data on who has been able to be tested.

**3.7.** MG,Thanked JT. MG encourages forum members to share their own experiences and data, so everyone are able to access the same information to push for change where there are inequalities.

1. **Feedback and Discussion**

**4.1.** MH, asks whether a decision has been taken for EMHIP on the initial implementation of the project. He also feels that the project should only proceed if SS is content with the project. He also expresses his concern about the language being used as ‘health and wellbeing hubs’ as it could water down the proposal.

**4.2.** MG, no decision or commitment has yet been made on funding. We were told by Thursday the 8th of October; they will inform us if funds will be given for 2021 to start the process of the hubs. There needs to be a commitment for the whole program.

**4.3.** SS, feels he should not have the final say on the project because it includes the community. He is also strongly opposed to the project being engulfed into existing workstreams; it must be a stand-alone project that shows the gaps that exist. He also states the mental health and wellbeing hubs are common portals for all health problems. He goes onto say the distinction between mental health and physical health is a European idea and talks about his community where there is no distinction. The hubs will provide a portal where people feel comfortable when they are in distress.

**4.4.** MG invites SeB to contribute further.

**4.5.** SeB, would like to see addiction services embedded in the agenda because there are different ways in which substance misuse affects different communities. He also says if the NHS are serious about doing this, they need to take the whole package, not bits and pieces of it. SeB, has previously been involved in projects that are only funded for a year, allowing someone above to tick a box and say that they have done this.

**4.6.** SS, agrees with MH and SeB; the project is a whole package. It will take time to set things up, but the effectiveness is based on this package standing together, not just one intervention.

**4.7.** CD, on 8th October will we receive an email, if for instance they come back with the offer of just one hub and if they breaking up the system approach, what next?

**4.8.** MG, I believe the next step is to exercise collective people power from the community. I am hopeful that they will come back with good news. If they are not then there will be a need for us to exercise community and civic power in order to address these issues and I hope everyone on this call will then step up to the table to make those demands.

**4.9.** NP, is there a contingency plan? If we are unsuccessful.

**4.10.** MG, we all contribute, we are all taxpayers, I do not believe there is a contingency plan. Our public agencies need to fulfil their statutory duties. They must not be let off the hook. EMHIP is just the starting point, EMHIP will lift people in the community.Our System Leaders must demonstrate that they are serious about addressing inequalities.

**4.11** GM,our communities will be there to support our first hub which is NTA but we will not be pushed aside, this is our right and we have to demand it.

**4.12.** MG, we will stand together as a community, thank you all for participating in this meeting. We will ensure to keep you updated.

**Meeting Closed 5.30pm**

**Next Meeting Thursday 19th November 3.00pm-5.00pm**