HEALTH AND WELLBEING BOARD			
Report Title	The 'Big Question' and BAME Health Inequalities		
Contributors	Service Manager SGM Inter-agency, Service Development and Integration	**Item No.**	4
Class	Part 1	**Date:**	4 July 2018

1. Purpose

1.1 To consider whether the Board should set itself a 'big question' that they should attempt to address over the course of the year.

1.2 To facilitate a discussion amongst members of the Health and Wellbeing Board around Black, Asian and Minority Ethnic (BAME) health inequalities.

2. Recommendations

2.1 Members of the Health and Wellbeing Board are invited to:

- Agree whether to set itself a 'big question' and if so identify what this question should be.
- Discuss health inequalities within the BAME community based upon the data sets provided by the partner organisations
- Agree any specific actions the Board wishes to be taken to further understand/address BAME health inequalities.

3. Strategic Context

3.1 The Health and Social Care Act 2012 required the creation of statutory Health and Wellbeing Boards in every upper tier local authority. By assembling key leaders from the local health and care system, the principle purpose of the Health and Wellbeing Boards is to improve health and wellbeing and reduce health inequalities for local residents.

3.2 The activity of the Health and Wellbeing Board (HWB) is focussed on delivering the strategic vision for Lewisham as established in *Shaping our Future* – Lewisham's Sustainable Community Strategy and in Lewisham's Health and Wellbeing Strategy.

3.3 The work of the Board directly contributes to *Shaping our Future's* priority outcome that communities in Lewisham should be Healthy, active and enjoyable - where people can actively participate in maintaining and improving their health and wellbeing.

4. Background

4.1 At the recent informal workshop between existing members and the new Chair it was discussed whether the Board should set itself a 'big question' that they should attempt to address over the course of the coming year. It was also agreed that the main areas of focus for the Board over the next 12 months should be on health inequalities.

5. The 'Big Question'

5.1 The Board has a unique position in that it is the only forum where political and clinical leaders come together to share the local care and health system on a democratically accountable and statutory basis. This provides the Board with the authority and connection to get things done and remove roadblocks that may be experienced elsewhere.

5.2 The Board has already indicated that it could contribute added value by focusing on fewer things but delivering tangible results. The identification of a 'Big Question' is intended to help them refine this activity.

5.3 The 'Big Question' could provide a narrative thread through all Board meetings over the coming year to ensure that people, priorities and resources are more targeted and co-ordinated to deliver around an agreed theme or issue.

5.4 An example would be the prevention agenda, which sits at the heart of the integration between health and social care. The Board might wish to identify "*what can each organisation represented on the Board do to prevent escalation of need" or "what can each organisation represented on the Board do to encourage and support people to take greater responsibility for improving their own health and wellbeing*?"

5.5 Any question identified by the Board needs to be sufficiently broad to enable an evolving dialogue over the course of its meetings. The question should also be complementary to the focus on health inequalities within Lewisham.

6. Health inequalities

6.1 Members have agreed that the Board's work programme over the next 12 months should focus on the causes of health inequalities, reducing the health inequalities that exist between different groups, and exploring ways to improve the physical and mental health of all Lewisham residents. This should include issues such as BAME health and wellbeing, social isolation and obesity.

6.2 It might be helpful to apply a consistent format to this ongoing agenda item, to provide some structure and ensure that appropriate supporting data is available to inform the Board's discussions.

6.3 When looking at each area of health inequalities, the Board may wish to consider the following questions:

a) What is the **nature** of the inequality?
b) What are the **causes** of this inequality?
c) What **further information do we need** to understand and address this inequality?
d) What is each organisation **currently doing** to address this?
e) What else **could we do** to reduce this inequality (e.g. to improve outcomes for a specific cohort or condition)?
f) Do we **need to change** any of our services **to improve** the experience/ accessibility or outcomes?
g) Do we need to work more closely together or **support each other differently** to address this?
h) What **next steps** do we want to be taken to address this inequality?

7. BAME Health Inequalities

7.1 At the informal workshop, members agreed that the area of health inequalities that the Board should focus on initially is within Black, Asian and Minority Ethnic (BAME) communities.

7.2 Commissioning, Public Health, Lewisham and Greenwich NHS Trust and South London and Maudsley NHS Foundation Trust agreed to work together to start to pull together data sets and intelligence on the key BAME health and wellbeing issues and inequalities in Lewisham to inform the discussions of the Board.

7.3 The initial data identified by the organisations are appended to this report. These data sets should be used to inform the Board's discussion and assist in beginning to respond to the questions posed above, and in identifying where the Board would like to focus in more detail.

7.4 Below is some high level data around BAME Health Inequalities nationally and in Lewisham.

7.5 General

- Lewisham's black and minority ethnic communities are at greater risk from health conditions such as diabetes, hypertension and stroke.
- 54% of people diagnosed with type 2 diabetes in Lewisham are from a BAME background. The prevalence of diabetes is significantly higher in Black Caribbean, Indian, Pakistani, and Bangladeshi men than in the general population.
- The lifetime risk of being diagnosed with prostate cancer varies by ethnicity. The lifetime risk of being diagnosed with prostate cancer is 13.2-15.0% for White males, while in Black males it is significantly higher (23.5-37.2%), and in Asian males it is significantly lower (6.3-10.5%).

7.6 Mental Health (National)

- There is an over-representation of young men from BME groups in mental health services.
- African Caribbean men are much more frequently diagnosed with psychosis than White men- and are more likely to be detained under the Mental Health Act.
- People in the Black broad ethnic group were the most likely to have been detained under the Mental Health Act in 2016/17 – with 272.1 detentions per 100,000 Black people. The second highest rates of detention when looking at the broad ethnic groups were for people recorded as being in the Other ethnic group – however, these are considered to be overestimates because 'other' categories were often used by default where the specific ethnicity of a person was unknown. People in the White ethnic group had the lowest rate of detention, at 67.0 per 100,000 White people.

7.7 Childhood Obesity (National)

- In both the 4 to 5 and the 10 to 11 age groups, Black African children were the most likely to be overweight in 2015/16, with almost a third (31.2%) of the younger group and nearly half (45.9%) of the older group overweight.
- In 2015/16, Black African children aged 4 to 5 were more than twice as likely to be overweight compared with Indian children, of whom 14.5% were overweight.
- Among children aged 10 to 11, children from the Mixed White and Asian group were least likely to be overweight (30.1%) in 2015/16, followed by Chinese children (30.2%).

7.8 Drug & Alcohol Misuse

- The prevalence of drug dependence varies with ethnicity. Black men are more likely (12.4%) and South Asian men are least likely (1.5%) than men from other ethnic groups surveyed, to report symptoms of dependence. In women this ranged from 4.8% of Black women to 0.2% of South Asian women.
- Individuals recorded as white British made up the largest ethnic group in treatment (60%, 690) in Lewisham with a further 11% (130) from other white groups. This compares with general population of 42% and 12% respectively.
- In Lewisham Black African (11.6%) residents are now more numerous than Black Caribbean (11.2%) and Black Other have also seen a sizable increase from 2.1% to 4.1%. Yet Black African and Black Caribbean residents appear to be less well represented in treatment at 2.9%, 6.1% respectively.

7.9 Patient Experience

- CCG Systems Intelligence Team provided detailed patient experience data from primary care that showed that BME patients with long term conditions feel less supported by health services than White British Groups.

7.10 Commissioning, Public Health, Lewisham and Greenwich NHS Trust and South London and Maudsley NHS Foundation Trust agreed to work together to produce the following data sets and intelligence on the key BAME health and wellbeing issues in Lewisham:

a. Appendix 1 –CAMHS Equalities Data
b. Appendix 2 – Public Health BME Health Inequalities Report
c. Appendix 3 – Public Health BME Health Inequalities Slide Pack

7.11 These data sets should be used to inform the Board's discussion and assist in responding to the questions posed above.

8. Financial implications

8.1 There are no specific financial implications arising from this report or its recommendations.

9. Legal implications

9.1 Members of the Board are reminded of their responsibilities to carry out statutory functions of the Health and Wellbeing Board under the Health and Social Care Act 2012. Activities of the Board include, but may not be limited to the following:

- To encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.
- To provide such advice, assistance or other support as its thinks appropriate for the purpose of encouraging the making of arrangements under Section 75 NHS Act 2006 in connection with the provision of such services.
- To encourage persons who arrange for the provision of health related services in its area to work closely with the Health and Wellbeing Board.
- To prepare Joint Strategic Needs Assessments (as set out in Section 116 Local Government Public Involvement in Health Act 2007).
- To give opinion to the Council on whether the Council is discharging its duty to have regard to any JSNA and any joint Health and Wellbeing Strategy prepared in the exercise of its functions.
- To exercise any Council function which the Council delegates to the Health and Wellbeing Board, save that it may not exercise the Council's functions under Section 244 NHS Act 2006.

9.2 The Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

9.3 In summary, the Council must, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- advance equality of opportunity between people who share a protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

9.4 The duty continues to be a “have regard duty”, and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. It is not an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.

9.5 The Equality and Human Rights Commission has recently issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled “Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice”. The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at: http://www.equalityhumanrights.com/legal-and-policy/equalityact/equality-act-codes-of-practice-and-technical-guidance/

9.6 The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:

1. The essential guide to the public sector equality duty
2. Meeting the equality duty in policy and decision-making
3. Engagement and the equality duty
4. Equality objectives and the equality duty
5. Equality information and the equality duty

9.7 The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty, including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at: http://www.equalityhumanrights.com/advice-and-guidance/publicsector-equality-duty/guidance-on-the-equality-duty/

10. Equalities implications

10.1 The principle purpose of the Health and Wellbeing Boards is to improve health and wellbeing for local residents.

10.2 This report is proposing that the focus of the Board's activity for 2018-19 is on reducing health inequalities.

11. Crime and disorder implications

11.1 There are no specific crime and disorder implications arising from this report or its recommendations.

12. Environmental implications

12.1 There are no specific environmental implications arising from this report or its recommendations.

If there are any queries on this report please contact Stewart Weaver-Snellgrove, Principal Officer, Policy, Service Design and Analysis, London Borough of Lewisham on: 020 8314 9308 or by e-mail at stewart.weaver-snellgrove@lewisham.gov.uk