



Healthier Communities Select Committee

Report title: Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR) - Update

Date: 7th September 2022

Key decision: No

Class: Part 1

Ward(s) affected: All

Contributors: Dr Catherine Mbema, Director of Public Health, London Borough of Lewisham

Outline and recommendations

This report provides an update to the Healthier Communities Select Committee on the innovative collaboration between Lewisham and Birmingham City Councils to tackle health inequalities for Black African and Black Caribbean residents following the launch of the Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR) report in June 2022.

Members of the Healthier Communities Select Committee are recommended to:

- Note the Birmingham and Lewisham African and Caribbean Health Inequalities Report (BLACHIR) and note the contents of the BLACHIR engagement report.
- Note the approach for a refreshed Lewisham Health Inequalities and Health Equity Plan for 2022-24.

Timeline of engagement and decision-making

2 November 2021 – Update report to the Healthier Communities Select Committee.

9 March 2022 – Final report and opportunities for action presented to the Lewisham Health and Wellbeing Board

7 June 2022 – Lewisham launch of the BLACHIR report

27 July 2022 – Discussion of BLACHIR opportunities for action and their implementation by Lewisham Health and Social Care Leaders

July – October 2022 – Presentations of the BLACHIR report and opportunities for action to Lewisham stakeholder groups

1. Background

- 1.1. The purpose of this report is to provide the Healthier Communities Select Committee with an update on the Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR).
- 1.2. Lewisham Council and Birmingham City Council launched BLACHIR in May 2020 as a ground-breaking approach to addressing the deficit in historic approaches to addressing health inequalities specifically for Black African and Black Caribbean communities.
- 1.3. Numerically and proportionally Lewisham and Birmingham have some of the largest populations of Black African and Black Caribbean residents in the country. The respective Councils are therefore natural national leaders in addressing health inequalities for these communities. The partnership between Councils shares knowledge and resources through a collaborative review process following on from the work of our respective Councils as national Childhood Obesity Trailblazers.
- 1.4. BLACHIR undertook a ‘deep dive’ into available data, academic evidence and the lived of Black African and Black Caribbean residents in Lewisham and Birmingham with respect to health inequalities for Black African and Black Caribbean communities. The review has proposed practical **opportunities for action** to address systemic inequalities with the ambition of breaking decades of inequality in sustainable ways that will lead to a better future for residents.
- 1.5. The importance of this work was highlighted at an unprecedented time following the disproportionate impact of the COVID-19 pandemic on those from Black, Asian and Minority Ethnic communities. Several national studies and reports have demonstrated this disproportionate impact of COVID-19, which reflect many of the pre-existing health inequalities for those of Black and Asian ethnicity.

2. Recommendations

- 2.1. Members of the Healthier Communities Select Committee are recommended to:
 - Note the Birmingham and Lewisham African and Caribbean Health Inequalities Report (BLACHIR) and note the contents of the BLACHIR engagement report.

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- Note the approach for a refreshed Lewisham Health Inequalities and Health Equity Plan for 2022-24.

3. Policy Context

- 3.1. The NHS Race and Health Observatory was established in 2020 by the NHS to examine the health inequalities experienced by Black and minority ethnic communities in England. The Observatory is supported by NHS England, hosted by the NHS Confederation, and aims to 'close the gap on ethnic health inequalities through research, innovation, and evidence-based recommendations for practice'. The NHS Race and Health Observatory is overseen by a Board of members, chaired by Marie Gabriel CBE¹.
- 3.2. The Lewisham Council Corporate Strategy 2018-22 had seven main priorities with Priority 5 being 'Delivering and defending: health, social care and support'. This priority aimed to ensure that everyone receives the health, mental health, social care and support services they need. Within this priority is the commitment for the Council to 'work with our health and wellbeing partners and our communities to ensure that Black, Asian and minority ethnic groups gain appropriate access to mental health services'. This commitment continues to be overseen by the work of the Lewisham Health and Wellbeing Board on health inequalities.

4. Health Inequalities work in Lewisham

- 4.1. In July 2018 the Lewisham Health and Wellbeing Board agreed that the main area of focus for the Board should be tackling health inequalities, with an initial focus on health inequalities for Black, Asian and Minority Ethnic communities in Lewisham. Following analysis undertaken by a sub group of the Board, three priority areas were identified through which the Board could play a significant role in addressing the widest gaps in health inequalities for Black, Asian and Minority Ethnic residents. The areas identified were: mental health; obesity; and cancer. At the November 2018 meeting of the Board it was agreed to frame the ongoing discussion concerning health inequalities around these three themes and to actively engage the Lewisham BME Network in this process.
- 4.2. A draft action plan covering all three priority areas (cancer, obesity and mental health) was developed in July 2019 in response to a referral made by the Healthier Communities Select Committee. At the November 2019 Health and Wellbeing Board meeting, Board members agreed to further refine the draft action plan with the BME Network taking a co-production approach.
- 4.3. A Black, Asian and Minority Ethnic health inequalities working group (a subgroup of the Health and Wellbeing Board) has met since the March 2020 Health and Wellbeing Board meeting to oversee implementation of the action plan. The working group had intended to meet on a monthly basis but in light of the COVID-19 pandemic and disproportionate impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) communities, the group started to meet on a fortnightly basis from April 2020.
- 4.4. At the September 2021 meeting of the Health and Wellbeing Board, a series of Lewisham Health Inequalities summit events were agreed to plan the next steps for the Board's work to address health inequalities in Lewisham.
- 4.5. A developmental approach was agreed to support system leader and organisational change through supporting individual development (e.g. developing capability and motivation for action) and organisational development (e.g. improvement approach)

¹ <https://www.nhsrho.org/about-us/>

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- 4.6. A three staged approach was proposed:
- i) Developing individual and organisational understanding of health inequalities and inequities and their role and responsibility – October 2021
 - ii) Support collaborative evidence-based action planning and investment with a specific workshop/summit to facilitate this – November 2021
 - iii) Identification of actions – January-March 2021:
 - Organisations develop their own (and collaborative) action plans for addressing health inequalities and health equity in Lewisham.
 - Develop a community event to present and discuss plans.
- 4.7. The first two stages of the approach were delivered as part of a first summit event on 11th November 2021 entitled 'Beyond data towards action: Addressing health inequalities and inequity through the Lewisham health and care system. The event report was presented at the Health and Wellbeing Board in December 2021.
- 4.8. The third stage of the approach was proposed to be delivered via two further summit events, which took place on:
- 4.9. 26th January 2022 – Health inequalities action planning session for health and care system leaders building on the findings of the first summit event, learning from the Health and Wellbeing Board work to date and consideration of how the findings of the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) would be built into future action.
- 4.10. 2nd March 2022 – Health inequalities community planning day at the Evelyn Community Centre, where the final Lewisham Health Inequalities Toolkit was launched and the engagement findings for BLACHIR presented.
- 4.11. The results of these further events have led to the development of an outline approach for future work to address health inequalities and achieve health equity in Lewisham. This approach is outlined in section 7 of this report and included in the appended slide pack.

5. Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) – key findings and report launch

- 5.1. The aim of the BLACHIR partnership is to jointly undertake a series of reviews in order to explore in depth, the inequalities experienced by Black African and Black Caribbean communities and the drivers of these inequalities; and to identify opportunities for action to address the inequalities. The main objective of the review has been to produce a joint final evidence-based report that brings together the findings from the advisory boards, stakeholder events, research and data analysis conducted by the BLACHIR review team and engagement of the wider community to check and challenge findings and refine the opportunities for action.
- 5.2. Review themes covered by BLACHIR include:
- Racism and discrimination in health inequalities
 - Maternity, parenthood and early years
 - Children and young people
 - Ageing well
 - Mental health and wellbeing

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- Health behaviours
- Emergency care and preventable mortality and long-term physical health conditions
- Wider determinants of health

5.3. Overseeing this work were:

- Nine external advisory board members and elected members across Lewisham and Birmingham who brought a range of knowledge, skills and lived experience via their community networks;
- An external academic board that consisted of a network of fifteen academics.

5.4. Both the external academic and advisory boards have provided outputs on all topics following meetings of the respective boards for each review theme. These board outputs have been used to develop actionable solutions i.e. opportunities for action that have been collated to be included in the final review report, which has been appended to this paper.

5.5. Seven key themes have been outlined for action alongside 39 opportunities for action.

5.6. The seven key themes include:

Fairness, inclusion and respect with the Review calling for the Health and Wellbeing Board and NHS Integrated Care Systems to explicitly recognise structural racism and discrimination as drivers of ill health, systematically identify and address discrimination within systems and practices, and engage with Black African and Black Caribbean individuals and organisations to ensure community voice and their leadership in driving this work.

Trust and transparency with the Review calling for cultural competence training of health and social care professionals led by the NHS Integrated Care Systems and the Councils.

Better data with the Review calling for the Health and Wellbeing Boards to act across their partnerships to strengthen granular culturally sensitive data collection and analysis.

Early interventions with the Review calling for the Health and Wellbeing Board to work with the Children's Trusts and Children's Strategic Partnerships to develop a clear action plan to provide support at critical life stages to mitigate disadvantage and address the inequalities affecting Black African and Black Caribbean children and young people.

Health checks and campaigns with the Review calling for the Health and Wellbeing Board to act across their partnerships to promote health checks through public campaigns to increase the uptake of community-based health checks in easy to access locations.

Healthier behaviours with the Review calling for the Public Health Teams and their partners to assess current service provision and health improvement campaigns through a cultural competency lens to improve support and access for these communities.

Health literacy with the Review calling for the Health and Wellbeing Boards and NHS Integrated Care Systems to work with local community and voluntary sector partners to develop targeted programmes on health literacy for Black African and Black Caribbean communities.

5.7. Community engagement activities were also commissioned for the wider community to

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check and challenge findings and refine the opportunities for action. This work has been led by KINARAA, A Black and Minority Ethnic Third Sector organisation, who have experience of engaging people from Black African and Black Caribbean communities on issues related to the determinants of health and wellbeing and health inequalities. The involvement of this organisation was pivotal in its importance in gaining local knowledge and understanding of specific communities and the Lewisham context and to ensure community voices are heard and ownership of BLACHIR was felt. The findings from this engagement have been included in the final BLACHIR report and a full engagement report appended to this paper.

- 5.8. On Tuesday 7th June 2022, the BLACHIR final report was launched in Lewisham at the Moonshot Community Centre. The launch event was hosted by Cllr Juliet Campbell, the Cabinet member for Communities, Refugees and Wellbeing with an opening address from Lewisham Mayor Damien Egan. Approximately 40 community and statutory stakeholders were in attendance to receive a copy of the final report and discuss the report's findings. A copy of the final report can be accessed online [here](#) and is appended to this report.

6. Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) – next steps

- 6.1. To support local implementation of the BLACHIR report recommendations across the Lewisham system, a schedule of stakeholder group presentations and discussions has been developed.
- 6.2. The following stakeholder group presentations/discussions have already taken place:
- Lewisham Adult Integrated Commissioning team
 - Lewisham Working Together Forum for Main Grants and Neighbourhood Community Infrastructure Levy (NCIL) funded community groups
 - Lewisham Health and Social Care Leaders Forum
- 6.3. The following stakeholder group presentations/discussions are in development:
- Lewisham Faith Leaders (via the Lewisham Interfaith Forum)
 - Lewisham Primary Care BME Network
- 6.4. Following the stakeholder discussions, the opportunities for action being implemented in Lewisham and the relevant stakeholder leads will be overseen and incorporated into the wider Lewisham Health Inequalities and Health Equity Plan for 2022-24.

7. Proposal for future work: Lewisham Health Inequalities and Health Equity Plan 2022-24

- 7.1. A refreshed plan of action to tackle health inequalities in and work towards achieving health equity in Lewisham was approved by the Lewisham Health and Wellbeing Board on 9th March 2022. This plan will cover the next two years taking learning from the challenges identified from the existing work to in addition to building on the achievements and opportunities to take the work forward with stakeholders.
- 7.2. An outline of the health inequalities and health equity programme includes eight intersecting work streams being progressed over 2022/23 – 2023/24 (further detail is included in the appended slide pack):
- Equitable health services

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- Health equity teams (using Primary Care Networks as the key geography around which the local work is based)
 - Community development (building in Community Champion programmes)
 - Community of practice
 - Workforce toolbox
 - Maximising data
 - Evaluation
 - Programme management and oversight
- 7.3. Funding from Health and Wellbeing Board partners has been secured to develop, co-produce and implement this plan. We will be aiming to take a community-centred approach to tackling health inequalities and achieving health equity in Lewisham, building on community-centred approaches taken to date in line with those outlined in the Public Health England (PHE) Community-centred public health: taking a whole system approach². Building trust and collaboration with communities will be a key part of this work.
- 7.4. There will also be a continued focus on tackling ethnic health inequalities particularly for Black and other racially minoritised communities³ in this Lewisham. This will be supported by the prioritisation and implementation of specific opportunities for action from BLACHIR report as part of the proposed programme (as mentioned in section 6 of this report).
- 7.5. The plan will be used to inform the development of a future Lewisham Health and Wellbeing Strategy.

8. Financial implications

- 8.1. There are no significant financial implications of this report.
- 8.2. The resourcing of the proposed health inequalities and health equity plan has been identified from contributions from Health and Wellbeing Board partners, namely South East London CCG and Lewisham Council, over a 2 year period.

9. Legal implications

- 9.1. The substance of the work covered by this report directly feeds into the Council's statutory obligations within the Equality Act 2010 (the Act) introduced a public sector equality duty (the equality duty or the duty). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 9.2. In summary, the Council must, in the exercise of its functions, have due regard to the need to:

² <https://www.gov.uk/government/publications/community-centred-public-health-taking-a-whole-system-approach>

³ See recommendations for use of this terminology from BMJ and Lancet - <https://gh.bmj.com/content/5/12/e004508> and [https://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667\(20\)30162-6.pdf](https://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667(20)30162-6.pdf)

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- 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.

9.3. It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed at 9.2 above.

9.4. The weight to be attached to the duty will be dependent on the nature of the decision and the circumstances in which it is made. This is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. The Mayor must understand the impact or likely impact of the decision on those with protected characteristics who are potentially affected by the decision. The extent of the duty will necessarily vary from case to case and due regard is such regard as is appropriate in all the circumstances.

<https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty-guidance#h1>

10. Equalities implications

10.1. In accordance with the legal obligations referred to within paragraph 9 of this report, this report specifically outlines work that aims to tackle health inequalities in Black African and Black Caribbean communities in Birmingham and Lewisham.

11. Climate change and environmental implications

11.1. There are no climate change or environmental implications of this report.

12. Crime and disorder implications

12.1. There are no crime and disorder implications of this report.

13. Health and wellbeing implications

13.1. This reports specifically relates to improving the health and wellbeing of Black African and Black Caribbean residents.

14. Report author and contact

14.1. Dr Catherine Mbema, Catherine.mbema@lewisham.gov.uk

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