



## Health and Wellbeing Board

### **Report title: Birmingham and Lewisham African Caribbean Health Inequalities Review/Lewisham Health Inequalities and Health Equity Programme - Update**

**Date:** 14<sup>th</sup> December 2022

**Key decision:** No

**Class:** Part 1

**Ward(s) affected:** All

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## **Outline and recommendations**

This report provides an update to the Board on the Lewisham Health Inequalities. The report includes updates on:

- Launch and implementation of the Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR).
- Implementation of the Lewisham Health Inequalities and Health Equity Plan for 2022-24.

Members of the Health and Wellbeing Board are recommended to:

- Note the contents of the report and progress made with the Health Inequalities and Health Equity Plan.

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## Timeline of engagement and decision-making

BLACHIR Report Launch and Roadshow events

**7<sup>th</sup> June – Lewisham BLACHIR report launch**

12<sup>th</sup> July - Health and Social Care Leaders

16<sup>th</sup> July – Lewisham People’s Day

19<sup>th</sup> July – Working Together Main Grants and NCIL funded VCS event

22<sup>nd</sup> September – Children and Young People’s Directorate

6<sup>th</sup> October – Lewisham Primary Care Black Minority Care Network

12<sup>th</sup> October – Lewisham Council Black, Asian Minority Ethnic Professional Network

**20<sup>th</sup> October - Parliamentary Launch of BLACHIR Report**

24<sup>th</sup> October – An audience with Dr Julius Garvey event

25<sup>th</sup> October - Phoenix Community Housing event including launch of cultural nutrition resources

### 1. Summary

### 2. Recommendations

2.1. Members of the Health and Wellbeing Board are recommended to:

- Note the contents of the report and progress made with the Health Inequalities and Health Equity Plan.

### 3. Background and Overview

- 3.1. The Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) has been a two year partnership between Lewisham Council and Birmingham City Council, to gather insights on health inequalities within Black African and Caribbean communities in Birmingham and Lewisham.
- 3.2. Both Birmingham and Lewisham shared a joint aspiration to undertake this ground breaking approach to improve ethnic inequalities, through an increased understanding, appreciation, and engagement with specific ethnic communities. This resulted in a collaboration between the two local authorities to share knowledge and resources through a review process. The aim has been to enable a more detailed and culturally sensitive approach to understanding inequalities and their drivers with a culturally intelligent approach.
- 3.3. A significant percentage of the Borough of Lewisham’s Black African and Caribbean residents 23% (ONS 2011) represent just under a quarter of all ethnic identities in the population. Therefore, we have been uniquely placed to take on this project to improve the health and wellbeing of our communities.
- 3.4. BLACHIR has undertaken a ‘deep dive’ into available data, academic evidence, professional and lived experience of residents of Black African and Black Caribbean heritage in Lewisham and Birmingham with respect to health inequalities. The review

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has enabled the development of 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.

- 3.5. Seven key themes have been outlined for action alongside 39 opportunities for action. The seven key themes include:
- Fairness, inclusion and respect
  - Trust and transparency
  - Better data
  - Early interventions
  - Health checks and campaigns
  - Healthier behaviours
  - Health literacy
- 3.6. A detailed implementation process has been co-developed and formally initiated at a wider stakeholder engagement event as part of the BLACHIR report launch.
- 3.7. The Health Inequalities and Health Equity Programme 2022 – 24 is the vehicle for delivery of the opportunities for action identified in the BLACHIR report.

#### **4. Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR)**

- 4.1. A series of BLACHIR report launch events have taken place to engage with a range of stakeholders from across the Lewisham health and care partnership.
- 4.2. 7th June 2022 -The BLACHIR final report was launched in Lewisham. 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 42 community and statutory stakeholders were in attendance to receive a copy of the final report and discuss the report's findings.
- 4.3. Community and VCS organisations have been engaged to ensure implementation plans and solutions are co-produced with the communities affected by the review and the local voice of lived experience is driving this work.
- 4.4. There has been strong support from community organisations and key stakeholders both locally and nationally, with a commitment from NHS England to take the report forward through the emerging inequalities regional network boards for action.
- 4.5. 20th October 2022 – The BLACHIR Report received an official Parliamentary Launch with MPs, Peers and policy makers in attendance to support the implementation of recommended actions from the review and help tackle health inequalities at both national and local level.
- 4.6. Locally each Council has now moved into the implementation phase to turn the report's findings into action, some of this work has already commenced and in Lewisham this has included:
- 4.7. A Black led third sector organisation, KINARAA CIC, has brought their own expertise and understanding of the needs of the communities to 'check and challenge' the findings and recommendations to date of the review. This local organisation has engaged people from Black African and Black Caribbean communities on issues related to the determinants of health, wellbeing and health inequalities to ensure the lived experience and co-creation of actionable solutions are realised.
- 4.8. A tier 2 adult weight management services for Black residents has been delivered in Lewisham since spring 2022. Coproduction with community representatives has resulted

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in the development of the Up!Up! weight management service which includes culturally appropriate interventions to support weight management for Black African and Black Caribbean communities.

- 4.9. Lewisham Public Health has developed a cultural nutritional resource for Black African and Black Caribbean communities which has been co designed with local residents. This resource was launched at a Phoenix Community Housing Black History Month event in October 2022.
- 4.10. Implementation of targeted and tailored mental health awareness and suicide prevention training for African and Caribbean communities.
- 4.11. Over the next two years, the themes and opportunities for action identified in the BLACHIR report will be addressed and solutions delivered through the Health Inequalities and Health Equity Programme 2022 – 24.

## **5. Lewisham Health Inequalities and Health Equity Plan 2022-24**

- 5.1. The Lewisham Health Inequalities and Health Equity Programme (2022-24) aims to strengthen local health & wellbeing partnerships across the system and communities to enable equitable access, experience and outcomes for Lewisham residents, particularly those from Black and other racially minoritised communities.
- 5.2. The key objectives of the Programme are:
  - System leadership, understanding, action and accountability for health equity
  - Empowered communities at the heart of decision making and delivery
  - Identifying and scaling-up what works
  - Establish foundation for new Lewisham Health and Wellbeing Strategy
  - Prioritisation and implementation of specific opportunities for action from Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR)
- 5.3. Eight workstreams have been established to ensure that we meet the aims and objectives of this crucial programme, which in the first instance will operate for a two-year period with the ambition of embedding itself longer term.
- 5.4. The governance and membership of the Programme is critical, not only to ensure reporting and accountability but to facilitate community and system wider ownership and collaboration. Whilst the eight workstreams will operate through their own membership and Terms of Reference (TOR), there will be overall alignment with the programme and elements within workstreams that will intersect more closely. Furthermore, the overall programme aligns with strategic priorities.
- 5.5. There are eight concurrent and intersecting workstreams:
  - 1) Equitable preventative, community and acute physical and mental health services
  - 2) Health equity teams
  - 3) Community development
  - 4) Communities of practice
  - 5) Workforce toolbox
  - 6) Maximising data
  - 7) Evaluation
  - 8) Programme enablement and oversight
- 5.6. It is important to highlight, that the prioritisation and implementation of specific opportunities for action and recommendations from Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) will have a fundamental thread throughout the Lewisham Health Inequalities and Health Equity Programme 2022 - 24. More specifically, key workstreams will oversee the implementation of the BLACHIR

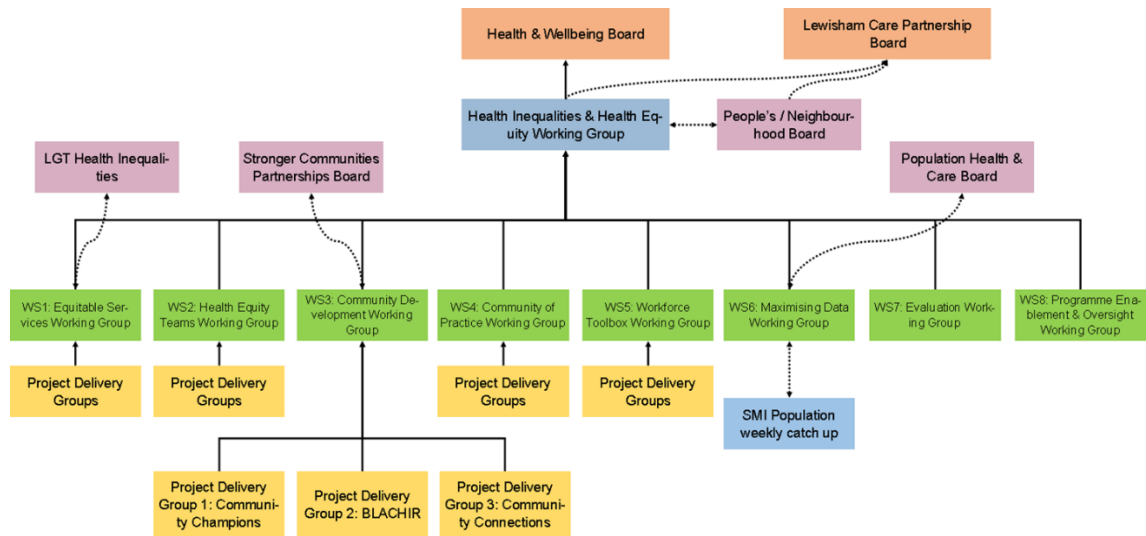
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themes and delivery of specific opportunities for action. Whilst BLACHIR is “everybody’s business”, we will commit to implementing as many recommendations as we can and create further opportunities for communities to become involved.

- 5.7. Oversight and enablement of the Programme is led by a Consultant in Public Health and Programme Manager, with the support of a Project Officer.
- 5.8. The Lewisham Health Inequality and Health Equity Working Group is the main oversight group for the programme and reports into the Health and Wellbeing Board (H&WB) and Lewisham Care Partnership (LCP) Board. A communications and engagement strategy will be developed to enable effective feedback to residents and stakeholders in the community on progress.
- 5.9. The following organogram gives an overview of the governance for the Programme:



- 5.10. The eight workstreams have been established and are progressing well, and at pace with membership agreed, ToRs drafted, logic models drafted and regular meetings underway. The workstreams are all benefitting from a structured process to prioritise and focus the efforts of members to a “delivery” mindset. Tools, including decision trees, criteria setting and logic models have been introduced and will be utilised heavily to ensure effective and focused activities to deliver the aims and objectives of the Programme.
- 5.11. There is a strong focus on delivery and making demonstrable impact in the two year period. This is why workstreams 6 (Maximising Data), 7 (Evaluation) and 8 (Programme enablement and Oversight) are crucially connected to all the workstreams. The Programme enablement workstream will produce regular highlight reports and reporting to the H&WB / LCP will take place through the Health Inequalities & Health Equity Working Group Chair.
- 5.12. Workstreams 1, 2, 3 and 5 have moved to a project delivery group (PDG) model as they shift their focus to delivering specific projects and initiatives. The PDGs will meet on a more regular basis (fortnightly) and the workstream working groups will meet on a 6-weekly basis. This will create impetus and allow for more action-focused work to take place in between workstream meetings. Each PDG will have distinct membership and the PDGs will report into the workstream meetings.
- 5.13. **Workstream 1: Equitable preventative, community and acute physical and mental health services**

The aim is to design, test and scale up new models of service provision that achieve equitable access, experience and outcomes for all.

The objectives are:

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- Equity and community voice within service review, design and development
- Identifying and scaling-up what works

The projects to be delivered by this workstream are:

- 1) South East London (SEL) Health Inequalities (HI) Funded Projects (x4)
  - Health education for England (HEE) Population Health Fellows - addressing inequalities in clinical outcomes
  - Addressing inequalities in elective surgery waiting list
  - Improving recording of special category data
  - Specialist Smoke Free Pregnancy Midwife
- 2) Piloting / identifying and scaling up solutions 'that work' – e.g.:
  - Up! Up! Tailored weight management service for Black African and Black Caribbean residents
  - Targeted cardiovascular health checks
- 3) Implementation of BLACHIR opportunities for action

The following progress has been made in this workstream to date:

- System wide members have been confirmed and the ToR agreed.
- Governance and assurance arrangements underway.
- Decision criteria and prioritisation for projects have been agreed.
- A logic model has been drafted in collaboration with the working group.
- Strategic alignment to LCP priorities are being mapped.
- The workstream has moved to the project delivery group (PDG) model to deliver the projects listed above. The PDGs will meet on a fortnightly basis and the workstream meeting will occur on a 6 weekly basis.
- Pilot evaluation results of Up! Up! Tailored weight management service for Black African and Black Caribbean residents (Please see Appendix 1 for further details).

The following BLACHIR opportunities for action will be addressed by this workstream: 11, 18, 19, 22 and 35.

#### 5.14. **Workstream 2: Health Equity Teams**

The aim is to create place-based teams to provide leadership for system change and community-led action.

The objectives are:

- Primary Care Network (PCN) leadership and accountability for health equity.
- Understanding and determining neighbourhood and community needs and priorities (informed by data alongside community engagement as per BLACHIR work).
- Empowering communities to participate in service design and delivery.

##### 5.14.1. The projects to be delivered by this workstream are:

South East London (SEL) HI Funded Project - Lewisham Health Equity Fellowship Programme to develop clinical leadership to address health inequalities:

- 1) The two-year Primary Care Network (PCN) Health Equity Fellowship Programme will develop local system leaders to address health inequalities. This development journey will involve in-house training and masters-level modular training by King's College London.
- 2) A local network of six clinicians to lead neighbourhood-level community

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engagement (community development, prevention, and health promotion). Individual projects will be identified, co-designed and implemented from October 2022.

5.14.2. The following progress has been made to date:

The Health Equity Fellowship (HEF) programme is progressing well and in line with agreed time scales and expected outcomes.

Four Health Equity Fellows have been recruited and have commenced participating in the Lewisham in-house educational programme (Semester 1 October to December 2022).

Recruited:

- Aplos PCN– Jen McGeown, Advanced Nurse Practitioner
- North Lewisham PCN – Dr Cami Hiron, GP
- The Lewisham Care Partnership – Dr Michelle Williams, GP
- Lewisham Alliance – Dr Ngozi Uduku, GP

King's College London will provide the educational offer during Semester 2 (January to May 2023) and Semester 3 (September to December 2023) and this will include:

- a) Element 1 - Modules from existing campus Master of Public Health
- b) Element 2 - Bespoke Tutorial Offer

In-house evaluation of the HEF programme has commenced. Early reflections include:

- Having an overview of Core20PLUS5, Marmot principles, and BLACHIR has helped Fellows to back up the planned programs of work.
- Fellows are demonstrating increasing their health equity vocabulary and crystallising the concepts to be able to use the right terms when socialising with others.
- Fellows are very positive about their learning experience and have started to formulate their local community-facing projects.

There is felt to be potential in this initiative, beyond that expected at the outset of the programme.

### 5.15. **Workstream 3: Community Development**

The aim is to develop infrastructure to empower communities and delivery community-led service design and delivery.

The objectives are:

- Sustained community voice and lived-experience input to service review and design
- Communities empowered and skilled in service design and delivery
- Building synergy between existing community development efforts across Lewisham system

5.15.1. The projects to be delivered by this workstream are:

1) SEL HI Funded Projects

- Community based preventative health outreach programme. Establish a programme of preventative outreach in Lewisham that will focus on libraries and faith settings in the first year of implementation.
- Implementation of opportunities for action from the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR)

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- Community Connections Lewisham (CCL) Community Facilitators x 2
- 2) Community Champions

5.15.2. The following progress has been made to date:

- System wide members have been identified and the ToR agreed.
- Governance and assurance arrangements underway.
- Mapping of current projects and initiatives is complete.
- Agreed decision criteria and prioritisation for potential projects.
- Mapping of 39 BLACHIR opportunities to identify gaps and synergies is complete.
- Logic model drafted in collaboration with the working group.
- The workstream has moved to the project delivery group model to deliver the projects listed above. The PDGs will meet on a fortnightly basis and the workstream meeting will occur on a 6 weekly basis.
- Role profiles and job descriptions are being developed for a Community Development Lead role and a Community Champions Administrator role.

The following BLACHIR opportunities for action will be addressed by this workstream: 25, 29 and 35.

#### 5.16. **Workstream 4: Community of Practice**

The aim is to share synergies across Health Equity Teams, workforces and communities.

The objectives are:

- Identification and collaboration on common priorities
- Sharing promising practice and resources

5.16.1. The project to be delivered by this workstream is:

- Lewisham Health Inequalities Forum: a forum for all stakeholders of the Health Inequalities and Health Equity Programme to collaborate and share best practice with regards to Health Inequalities.

5.16.2. The following progress has been made to date:

- Governance and assurance arrangements underway.
- Provisional date for inaugural Lewisham Health Inequalities Forum to be scheduled for 2023.
- This workstream will be supported by the Health Equity Fellows who have recently started their roles.

The following BLACHIR opportunity for action will be addressed by this workstream: 35.

#### 5.17. **Workstream 5: Workforce Toolbox**

The aim is to increase awareness and capacity for health equity within practice.

The objectives are:

- Develop resources for staff, volunteers and others to develop knowledge and skills for health equity.
- Support upskilling of workforce on capability, opportunities and motivations.

5.17.1. The projects to be delivered by this workstream are:

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- 1) Racial inequalities training
- 2) Lewisham Ethnicity Allyship Model
- 3) Lewisham Health Inequalities Toolkit
- 4) Trauma-informed care guidance
- 5) Implementation of BLACHIR opportunities for action

5.17.2. The following progress has been made to date:

- System wide members have been identified and the ToR agreed.
- Governance and assurance arrangements underway.
- Mapping of current training offer of partners underway to identify strengths and any gaps in provision.
- The Council Learning and Development team are presenting at the next workstream meeting to give an overview of equalities-related training offer and equalities-related projects being undertaken by the Learning and Development Team.
- Logic model has been drafted in collaboration with the working group.
- The workstream has moved to the project delivery group model to deliver the projects listed above. The PDGs will meet on a fortnightly basis and the workstream meeting will occur on a 6 weekly basis.

The following BLACHIR opportunities for action will be addressed by this workstream: 4, 12, 23, 24, 25 and 26.

#### 5.18. **Workstream 6: Maximising Data**

The aim is to maximise the use of data, including Population Health platform, to understand and take action on health inequalities.

The objectives are:

- Ensure interventions are informed and supported by robust data interrogation
- Improve data collection in relation to all disproportionately impacted and PHE health inclusion groups
- Ensure lived experience evidence considered

5.18.1. The projects to be delivered by this workstream are:

- 1) Identification of health inequality hotspots
- 2) Matrix Core20PLUS5 for Lewisham
- 3) Implementation of BLACHIR opportunities for action

5.18.2. The following progress has been made to date:

- Members have been identified and the ToR agreed.
- Governance and assurance arrangements underway.
- Meetings have taken place to explore synergies with the Population Health Board and related working groups.
- Logic models and outcome measures that are being defined in workstreams 1, 2, 3 and 5 will determine the data collection requirements.
- Maximising the use of data has been identified as a key requirement in each of the logic models.

The following BLACHIR opportunity for action will be addressed by this workstream: 7.

#### 5.19. **Workstream 7: Evaluation**

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The aim is to evaluate within and across programme to identify what does and doesn't work towards achieving vision.

The objectives are:

- Develop an evaluation approach to understand what works / doesn't towards achieving vision.
- Ensure consideration of behaviour change in professional practice.
- Ensure community voice and relevance.
- Ensure early alignment with logic model and outcomes.

5.19.1. The projects to be delivered by this workstream are:

- 1) Develop/commission evaluation where feasible for workstreams and the overall Programme
- 2) Implementation of BLACHIR opportunities for action

5.19.2. The following progress has been made to date:

- Governance and assurance arrangements underway.
- The logic models and outcome measures that are being developed in workstreams 1, 2, 3 and 5 will form the basis of the evaluation.
- The workstream 2 (Health Equity Fellows) working group in particular has been discussing the approach to evaluation for the workstream as a whole as well as for the individual projects per PCN. Reflective surveys are being used to capture the learning and progress being made as a result of each education day.
- Discussions focussed on evaluation have also taken place in workstreams 1, 3 and 5, with emphasis around the soft intelligence, insights, outcomes and lessons learned.
- Discussions are underway to determine the approach to evaluation of the Programme. It is likely that an external partner will be needed to evaluate the Programme and if so a commissioning process will be followed to determine the most suitable.

The following BLACHIR opportunity for action will be addressed by this workstream: 33.

## 5.20. **Workstream 8: Programme Enablement and Oversight**

The aim is to support and coordinate overall across Lewisham PCNs.

The objectives are:

- Leadership & support for PCN Equity Teams
- Coordination of PCN community engagement activities
- Network governance

5.20.1. The project to be delivered by this workstream is:

- 1) Community-led governance

5.20.2. The following progress has been made to date:

- Members have been identified and the ToR agreed.
- Governance and assurance arrangements underway.
- Fortnightly meetings taking place.
- The programme team are supporting, enabling and overseeing all workstreams across the entirety of the Programme.
- There is a strong focus on delivery and making demonstrable impact in the two year period. This is why workstreams 6, 7 and 8 are crucially connected to all

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the workstreams. The Programme enablement and oversight workstream will produce regular highlight reports and reporting to the H&WB and LCP will take place through the Health Inequalities & Health Equity Working Group Chair.

- A Project Officer role advert went live on 7th November and closed on the 20th of November. Shortlisting is currently taking place with interviews set to take place on the 8<sup>th</sup> of December.

## **6. Financial implications**

- 6.1. The resourcing of the 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.

## **7. Legal implications**

- 7.1. There are no legal implications arising for Lewisham Council from this update report.

## **8. Climate change and environmental implications**

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

## **9. Crime and disorder implications**

- 9.1. There are no crime and disorder implications of this report.

## **10. Health and wellbeing implications**

- 10.1. Improving health outcomes and reducing health inequalities is central to the work of the Health and Wellbeing Board. This report directly aligns with these aims by outlining the progress made with health inequalities work in Lewisham.

## **11. Report author and contact**

- 11.1. Tim Hughes, Health Inequalities Programme Manager in Public Health - [Timothy.Hughes@lewisham.gov.uk](mailto:Timothy.Hughes@lewisham.gov.uk)

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