



## Health and Wellbeing Board

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

**Date:** 18<sup>th</sup> July 2023

**Key decision:** Yes

**Class:** Part 1

**Ward(s) affected:** All

**Contributors:** Dr Catherine Mbema, Director of Public Health, London Borough of Lewisham; Tim Hughes, Health Inequalities Programme Manager in Public Health; Lisa Fannon, Training and Development Manager in Public Health

## **Outline and recommendations**

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

- Implementation of the recommendations from the Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR).
- Implementation of the Lewisham Health Inequalities and Health Equity Programme for 2022-24.

Members of the Health and Wellbeing Board are recommended to:

- Note the progress made in the implementation of recommendations from BLACHIR and the Lewisham Health Inequalities and Health Equity Programme.
- Consider the proposal for the Workforce Toolbox workstream of the Lewisham Health Inequalities and Health Equity Programme.

### **Is this report easy to understand?**

Please give us feedback so we can improve.

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

## 1. Recommendations

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

- Note the progress made in the implementation of recommendations from BLACHIR and the Lewisham Health Inequalities and Health Equity Programme.
- Consider the proposal for the Workforce Toolbox workstream of the Lewisham Health Inequalities and Health Equity Programme.

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

- 2.1. An expression of interest was launched for a community partner organisation (or organisations) to undertake BLACHIR engagement opportunities to assist the next steps for our work on Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR).
- 2.2. A community partner was sought to engage with the breadth of individuals from African and Caribbean heritage within Lewisham, to take forward recommendations from the review. This work will include dissemination and promotion of the report to support implementation activities within African and Caribbean populations in Lewisham, as well as actioning other public health work related to African and Caribbean communities.
- 2.3. A community partner has been appointed to work with the public health for the next year (from April 2023) to support better co-production in how we are implementing the opportunities for action from BLACHIR. The appointed organisation is the Social Inclusion Recovery Group (SIRG), who are a local, Black-led organisation - <https://www.sirglondon.org/>.
- 2.4. The Social Inclusion Recovery Group attended the Health Equity Team welcome event for community groups and Health Equity Fellows on the 7th of June (included in section 4 of this report), to present on the work they are undertaking to take forward the BLACHIR opportunities for action developed and recommended within the report. This event also served as an opportunity for all to network and commence with local partnerships.
- 2.5. Planning meetings have commenced on the latest in the series of collaborative events to support Lewisham's Black Led Voluntary and Community Sector to deliver culturally appropriate and accessible support on positive health behaviours.
- 2.6. A second Black Voluntary and Community Sector (VCS) Expo event is due to take place in October 2023 and is being organised by Mabadaliko CIC in partnership with the Social Inclusion Recovery Group Lewisham Public Health, London Borough of Lewisham and Lewisham Local. The theme of this event was to showcase black voluntary community sector stakeholders and their role in delivering health and well-being services within Lewisham
- 2.7. The event will offer the opportunity to engage with Black charity leaders, social entrepreneurs, public health, council officials and organisations involved in delivering health and well-being support to Lewisham's black residents.
- 2.8. Relationships continue to be strengthened with Birmingham Public Health team colleagues including learning from each other on work being undertaken within Lewisham and Birmingham. This continuing partnership provides opportunities to discuss progress of the review and has led to inclusions in national pieces of work where the review has been showcased.

### Is this report easy to understand?

Please give us feedback so we can improve.

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

### 3. Lewisham Health Inequalities and Health Equity Programme 2022-24

- 3.1. 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.
- 3.2. 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 the 39 opportunities for action from Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR)
- 3.3. 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
- 3.4. **Workstream 1: Equitable preventative, community and acute physical and mental health services**
- 3.5. The team are receiving additional capacity from Gemma King (Lewisham Council) to support the work on outreach due to the overlap with cost-of-living work. They will explore the re-purposing of unit 17 in Lewisham Shopping Centre to do so.
- 3.6. The Specialist Smoke Free Pregnancy Midwife project is progressing well. Two midwives are job-sharing one permanent post. There is an action plan and steering group for the project. They have been delivering training and are engaging in targeted work in local areas according to data.
- 3.7. Our approach to cancer screening and immunisations are future areas of focus for the workstream to be explored further.
- 3.8. The addressing inequalities in elective surgery waiting list project is also progressing well. The project is building on learning from waiting lists of residents who are frail. A multi-disciplinary team approach is being adopted. New care plans are being developed in an effort to improve the health of patients while waiting for surgery and optimise their health for surgery when it comes. The desired outcomes are a reduction in cancellations, a reduction in the number of patients not ready for pre-operation, a reduction in inappropriate referrals, improved patient experience and a reduction in length of stay in hospital. The process charts and data analysis are complete and the project will now move to delivery. An evaluation plan has also been developed by the project team.
- 3.9. **Workstream 2: Health Equity Teams**
- 3.10. Community based organisations have bid to form Health equity teams with each PCN Health Equity Fellow (HEF) funded by public health.
- 3.11. 5 out of 6 PCNs are allocated community organisations and the last one is in the final stages of mobilisation.

#### Is this report easy to understand?

Please give us feedback so we can improve.

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

- 3.12. A mobilisation event was held on the 7th June to bring HEFs and community organisations together to form Health Equity Teams.
- 3.13. Teams will work together to codesign, implement and evaluate year long projects focused on an area of health equity work. Projects are funded by the health equity program and hope to mobilise PCN level resources as well
- 3.14. Health Equity Teams will be focused on addressing community, PCN, data and BLACHIR priorities in their work.
- 3.15. Community organisations will also recruit health champions from their community creating a network of motivated champions across Lewisham working with health and social care.
- 3.16. Fellows are working closely with the Population health team to utilise the Lewisham population profile dashboard to inform their projects to ensure a data driven approach.
- 3.17. Teams will be asked to circulate confirmed project plans with system leaders and other stakeholders by end of August 2023.
- 3.18. **King's College London Update**
- 3.19. Fellows have completed term 1 of the educational component including access to the 'Delivering Public health in Primary Care' MSc module and a bespoke tutorial focusing on giving fellows skills to develop as local population health leaders.
- 3.20. Health equity teams will continue to be supported in a community of practice facilitated by Kalwant Sidhu reader in Public Health at KCL.
- 3.21. **Workstream 3: Community Development**
- 3.22. The Age UK Community Connections service will gain additional capacity as part of the Health Inequalities Programme. A Project Manager is in post on a short-term basis to assist this capacity building and launch the project.
- 3.23. Collaboration between Health Equity Fellows programme and Community Champions project is ongoing as outlined above.
- 3.24. **Workstream 4: Community of Practice**
- 3.25. A 'Health Inequalities Forum' will be planned in the autumn/winter to bring together all stakeholders across the system working on health inequalities in Lewisham as a way of forming the community of practice and sharing best practice.
- 3.26. **Workstream 5: Workforce Toolbox**
- 3.27. The workstream group have been working on a proposal to come to this Board for approval regarding how to progress the workstream in order to achieve its aims of increasing awareness and capacity for health equity within practice.
- 3.28. The proposal and supporting paper for consideration can be found in the appendix 1.
- 3.29. **Workstream 6: Maximising Data**
- 3.30. As part of our reporting on funded projects for the ICS we require project leads to report on how they are maximising data and adopting population health management approaches. There are a variety of different ways in which the projects are maximising data and utilising the tools and platforms at their disposal.
- 3.31. The Health Equity Fellows have also received training from KCL on maximising data to inform their projects and their approach.
- 3.32. **Workstream 7: Evaluation**
- 3.33. Evaluation has been part of the reporting the Programme has submitted on funded projects to the ICS.

## Is this report easy to understand?

Please give us feedback so we can improve.

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

- 3.34. The evaluation approach and key performance indicators (KPIs) are most developed for the Elective surgery, UP! UP! and Community Connections projects. The Health Equity Fellows have also begun to think about evaluation with respect to their own projects. They have been keeping a record of reflections throughout the Programme to inform evaluation.
- 3.35. A Health Inequalities dashboard is being developed by the Public Health team. KPIs have been discussed but need further development. The dashboard is currently a work in progress.
- 3.36. An external partner will be needed to evaluate the whole Programme and a commissioning process will be followed to determine the most suitable.
- 3.37. **Workstream 8: Programme Enablement and Oversight**
- 3.38. Tim Hughes, Health Inequalities Programme Manager, has left the Public Health Team to take up a role elsewhere.
- 3.39. Naomi Alexander joined the team as a Health Inequalities Project Officer on the 26<sup>th</sup> of June to provide support to the Programme.

## 4. Financial implications

- 4.1. 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 ICS, previous CCG and Lewisham Council, over a 2 year period.

## 5. Legal implications

- 8.2 There are no legal implications of this report.

## 6. Climate change and environmental implications

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

## 7. Crime and disorder implications

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

## 8. Health and wellbeing implications

- 8.1. 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.

## 9. Report author and contact

- 9.1. Tim Hughes [timothy.hughes@lewisham.gov.uk](mailto:timothy.hughes@lewisham.gov.uk) (left the Council so can't be contacted), Lisa Fannon [lisa.fannon@lewisham.gov.uk](mailto:lisa.fannon@lewisham.gov.uk) and Dr Catherine Mbema [Catherine.mbema@lewisham.gov.uk](mailto:Catherine.mbema@lewisham.gov.uk)

### Is this report easy to understand?

Please give us feedback so we can improve.

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>