

HEALTH AND WELLBEING BOARD			
Report Title	BAME Health Inequalities Update		
Contributors	Executive Director for Community Services	Item	4
Class	Part 1	Date	7 March 2019

1. Purpose

- 1.1 To provide the Board with a progress update on the community-led approach to addressing BAME health inequalities.

2. Recommendations

- 2.1 Members of the Health and Wellbeing Board are invited to:
- Note the work carried out by nominated officers and representatives of the Lewisham BME Network since November 2018.

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 Lewisham's Health and Wellbeing Strategy.
- 3.3 The work of the Board directly contributes to the Council's new Corporate Strategy. Specifically *Priority 5 – Delivering and Defending: Health, Social Care and Support – Ensuring everyone receives the health, mental health, social care and support services they need.*

4. Background

- 4.1 In July 2018 the HWB agreed that the main areas of focus for the Board should be tackling Health Inequalities, and as an initial priority Black, Asian and Minority Ethnic (BAME) communities Health Inequalities.
- 4.2 Additional analysis undertaken by a subgroup of the Board identified three areas where it was felt the Board might add value as systems leaders in addressing the widest gaps in health inequality. These are:

- Mental health
- Obesity
- Cancer

4.3 At the November 2018 meeting of the Board it was agreed to frame the ongoing discussion concerning BAME health inequalities around these three themes and to actively engage the Lewisham BME Network in this process.

4.4 The Lewisham BME Network is a community development project, managed by the Stephen Charitable Lawrence Trust and funded by the London Borough of Lewisham. The Network is comprised of over 120 BAME stakeholder groups, all working to support Lewisham's BAME community organisations and the communities they serve. The Network includes a BAME Health subgroup which meets monthly.

5. Informal workshop for members of the Health and Wellbeing Board and the Lewisham BME Network

5.1 A meeting between representatives from Public Health, Adults Joint Commissioning, Corporate Policy and the Network's BAME Health subgroup took place on 19th December 2018.

5.2 The purpose of this meeting was to discuss how best to set up an initial informal workshop session between members of the Health and Wellbeing Board and the Lewisham BME Network.

5.3 The intention is for this workshop to set the tone for co-production going forward and identify a 'programme of work' to deliver shared, agreed priority actions regarding BAME health inequalities.

5.3 At a follow-up planning meeting on 17th January 2019 it was agreed that experienced and independent third-party facilitation was key to the success of the initial workshop session. A tender specification document, to procure this expertise, was drafted in adherence with Council guidelines.

5.4 A budget of £1,500 was allocated by Adults Joint Commissioning in support of this workshop and the tender specification advised that bids with a value higher than this would not be considered.

5.5 The specification was sent out on 30th January 2019 with a submission deadline of the 5th February 2019.

5.6 Only one bid was received but this could not be considered since the cost of their proposal was too high.

5.7 On the 20th February, the Lewisham BME Network, Adults Joint Commissioning and the Executive Director for Community Services met to agree the next steps. It was determined that an extended meeting of the

Health and Social Care Leader's Forum on the 7th March should be used for the joint working session with the Lewisham BME Network.

5.8 A revised tender specification was sent out on 22nd February. This set out the following outcomes for the proposed workshop:

- a. An interactive first conversation between statutory organisations and Lewisham BME Health Network.
- b. Develop a common understanding of systems change (policy, processes and behaviour).
- c. Reminds attendees of what the issues are e.g. Experience of Mental Health services, disparity between crisis and voluntary access to mental health provision, etc.
- d. Develop a common vision (important for steering ongoing dialogue and action).
- e. Agree principles underpinning how we work together.
- f. For Health and Wellbeing members to consider where applicable respective contributions to the health inequalities improvement programme budget.

5.9 A written report is to be produced with observations and outcomes from the workshop session including a set of recommendations. This will come to a future meeting of the Board for review and decision-making.

6 Financial implications

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

7. Legal implications

7.1 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 it 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.

7.2 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.

7.3 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.

7.4 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.

7.5 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/>

7.6 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

- 7.7 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/>

8. Crime and disorder implications

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

9. Environmental implications

- 9.1 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