



## Healthier Communities Select Committee

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

**Date:** 2<sup>nd</sup> November 2021

**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.

Members of the Healthier Communities Select Committee are recommended to:

- Note the contents of this report

## Timeline of engagement and decision-making

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

**15 December 2021** – Report to Lewisham Health and Wellbeing Board of opportunities for action from the review.

**February 2022** – Final report and opportunities for action published.

## 1. Summary

- 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 is undertaking 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 will develop 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.
- 1.6. The Office for National Statistics (ONS) analysis of COVID-19 deaths and ethnicity for England and Wales showed that<sup>1</sup>:

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<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020#main-points>

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When taking into account age in the analysis, Black males are 4.2 times more likely to die from a COVID-19-related death and Black females are 4.3 times more likely than White ethnicity males and females. (After adjusting for age only)

After taking account of age and other socio-demographic characteristics and measures of self-reported health and disability at the 2011 Census, the risk of a COVID-19-related death for males and females of Black ethnicity reduced to 1.9 times more likely than those of White ethnicity.

These results show that the difference between ethnic groups in COVID-19 mortality is partly a result of socio-economic disadvantage and other circumstances, but a remaining part of the difference has not yet been explained.

- 1.7. The Public Health England (PHE) review of disparities in the risk and outcomes of COVID-19<sup>2</sup> showed that there is an association between belonging to some ethnic groups and the likelihood of testing positive and dying with COVID-19. Genetics were not included in the scope of the review.

This review found that the highest age standardised diagnosis rates of COVID-19 per 100,000 population were in people of Black ethnic groups (486 in females and 649 in males) and the lowest were in people of White ethnic groups (220 in females and 224 in males).

Death rates from COVID-19 were higher for Black and Asian ethnic groups when compared to White ethnic groups. This is the opposite of what is seen in previous years, when the all-cause mortality rates are lower in Asian and Black ethnic groups.

## 2. Recommendations

- 2.1. Members of the Healthier Communities Select Committee are recommended to:
  - Note the contents of this report

## 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 CBE<sup>3</sup>.
- 3.2. The Lewisham Council Corporate Strategy has seven main priorities with Priority 5 being 'Delivering and defending: health, social care and support'. This priority aims 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 is overseen by the work of the Lewisham Health and Wellbeing Board on health inequalities.

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<sup>2</sup> <https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>

<sup>3</sup> <https://www.nhsrho.org/about-us/>

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## 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. In addition to the programme of work overseen by the Lewisham Health and Wellbeing Board the following initiatives are underway, which support the work to address health inequalities and health inequity in Lewisham:
  - [Lewisham Schools Pledge](#) - A pledge by Lewisham schools to make structural changes to reduce address poor educational attainment and experience for young people of Black Caribbean and dual heritage.
  - *Improving Citizen and Community engagement in Lewisham health care* – A project is underway to understand current practice and provide recommendations on how to improve community and citizen engagement in Lewisham health care which should report in November 2021.
  - *Health Inequalities Toolkit* – Lewisham Council has developed a health inequalities toolkit to help organisations understand and take evidence based approach to health inequalities and health equity.
  - *South London Listens* – Significant insights have been generated on inequalities in mental health and good mental health through [South London Listens](#) with coproduction of action with community leaders.
- 4.5. To assess what we have achieved in Lewisham on health inequalities to date and to discuss the future direction of this work, a series of Lewisham health inequalities summit events will be held over the coming months. The first event entitled '*Beyond data towards action - Addressing health inequalities and inequity through the Lewisham health and care system Workshop*', is being held on 11<sup>th</sup> November and will bring together health and care leaders to discuss common and individual organisation action on health inequalities.

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

- 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 is to produce a joint final report, that brings together the findings from the advisory boards, stakeholder events, research and data analysis conducted by the BLACHIR review team throughout an 18 month period.
- 5.2. The review themes that have been covered by BLACHIR to date include:
- Racism and Discrimination
  - Pregnancy, Early Years and Parenthood
  - Children and Young People
  - Ageing Well
  - Mental Health and Wellbeing
  - Health Behaviours
- 5.3. Overseeing this work are:
- Nine **external advisory board** members and elected members across Lewisham and Birmingham who bring a range of knowledge, skills and lived experience via their community networks;
  - An **external academic board** that consists of a network of fifteen national academics.
- A Council webpage has been developed to sit alongside information outlining the review to introduce board members to residents and to provide updates: <https://lewisham.gov.uk/myservices/socialcare/health/improving-public-health/birmingham-and-lewisham-african-and-caribbean-health-inequalities-review>
- 5.4. Both the external academic and advisory boards provide outputs on all topics following meetings of the respective boards for each review theme. These board outputs are utilised to develop actionable solutions i.e. **opportunities for action** that will be collated to be included in the final review report.
- 5.5. Progress of this partnership are reported to the Black, Asian and Minority Ethnic health inequalities working subgroup of the Lewisham Health and Wellbeing Board on a monthly basis and the Lewisham Health and Wellbeing Board on a quarterly basis.

## 6. Next steps

- 6.1. The next steps for the BLACHIR project include:
- *Completion of remaining review themes* – Undertaking thematic reviews on the wider determinants of health and acute and chronic disease themes.
  - *Community engagement* – An outward facing engagement exercise to further develop the review **opportunities for action** with individuals, communities and organisations across Lewisham to enable shared ownership and development of actions.
  - *Health inequalities summit* – Findings from the review will be shared and tested at the series of Lewisham health inequalities summit events starting on 11<sup>th</sup> November.

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- *Identifying and enacting quick and longer term wins* – Working across local and national systems to realise opportunities for actions to achieve tangible change.
- 6.2. A final report will be jointly published and delivered to the Lewisham and Birmingham Health and Wellbeing Board in March 2022.

## 7. Financial implications

- 7.1. There are no significant financial implications of this report. The review work is resourced from the Public Health grant and Contain Outbreak Management Fund allocations from the respective Councils.

## 8. Legal implications

- 8.1. 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.
- 8.2. 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.
- 8.3. 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 12.2 above.
- 8.4. 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>

## 9. Equalities implications

- 9.1. In accordance with the legal obligations referred to within paragraph 7 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.

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

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

## **11. Crime and disorder implications**

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

## **12. Health and wellbeing implications**

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

## **13. Report author and contact**

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