A Strategic Framework to Tackling Ethnic Health Inequalities through an Anti-Racist approach.

SUPPORTED BY

MAYOR OF LONDON

Office for Health Improvement & Disparities

NHS

ADPH London

LONDON COUNCILS

UK Health Security Agency

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Executive Summary: An overview

Ethnic inequalities result from different types of racism, and **we must tackle all types of racism at all levels of the health system.** The purpose of the framework is to guide local action at all levels of health and care organisations.

This strategic framework works in alignment with other strategies, including the Health Inequalities Strategy and Building a Fairer City, and asks for commitment at all levels of the health and care system to tackle ethnic health inequalities through an anti-racist approach. This provides a systematic approach to tackle racism and impacts of racism on the health and care system. The starting point is organisational agreement and conversation at Board level on how to take these recommendations forward, and to develop an ICS plan to become an anti-racist organisation, working with constituent partners and communities. Below is an overview of the strategic commitments and recommended actions. The document includes evidence, and case examples for how this work can be done, and some already being done in London.

Leadership commitment: to being anti-racist health and care systems and organisations, with Board representation, strategy development and anti-racist approach to all policies.

Commitment to becoming an anchor institution: to leverage our positions as anchor institutions to tackle the wider determinants of racial health inequalities.

Workforce Commitment: to support our ethnic minority staff and create enabling workplaces.

Commitment to target health equity: to prioritise and deliver evidence informed, culturally competent interventions to narrow the gap, by reducing inequities people from ethnic minority groups face in access, uptake, experiences and outcomes of our health and care services

Commitment to our local communities: to work with our communities to amplify their voices, in the decision, design and delivery of services, to rebuild trust and confidence

Recommended actions as part of the Leadership commitment:

- Public commitment to being anti-racist through a public statement by senior leadership within the organisation
- Provide access to sustained and consistent training for all leaders in the organisation on equality, diversity and inclusion, including training on cultural competence.
- Monitor and support Board representation, so that leaders better reflect the ethnic composition of the communities that they serve.
- Include community members in governance structures and embed their voices in the decisions made at Board level.

- Ensure tackling ethnic health inequalities through an anti-racism approach is embedded in Joint Forward Plan and other strategies and policies reviewed at Board level.

Recommended actions as part of Workforce commitment:

- Give staff a voice - Engage staff through focus groups and surveys to gain insights beyond surveys.
- Monitor and act on ethnic inequities in recruitment, workforce wellbeing and promotion
- Provide training and support to address cultural bias and discrimination, incl safe spaces
- Implement and monitor robust equality, diversity and inclusion policies, including anti-racist promotion and retention policies
- Monitor and act on disparities in pay between different ethnic groups amongst employees of the same grades.

Recommended actions as part of the targeting health equity commitment:

- Embed anti-racist lens on health equity programmes such as Core20P5, Marmot framework
- Data-led insights to prioritise areas of work with community groups to improve health and healthcare access
- Develop and deliver integrated and personalised care that is culturally sensitive using methods such as service co-location, case management, and patient collaboration or personalised care.
- Work with communities to ensure services and messages and designed and delivered in a culturally sensitive way.
- Support community groups from ethnic minority communities to engage effectively in procurement and commissioning processes. (changing structures and processes)

Recommended actions as part of the Anchors commitment:

- Commitment for ICS and constituent organisations to becoming anchor institutions
- Commitment for ICS and constituent organisations to pay at least a London living wage.
- Provide and support education and employment opportunities to reduce structural determinants of ethnic health inequalities for the local ethnic minority populations.
- Work with local communities, community organisations and constituent organisations to tackle wider determinants of health for local ethnic minority groups such as improving access to quality housing and social protection measures.
- Advocate for anti-racism approach in non-health sector partnership work.

Recommended actions as part of the communities commitment:

- Include community voice in decisions, design and delivery of services though participation in governance, funding and integrated delivery structures
- Consider power dynamics when engaging with ethnic minority communities
- Employ co-production principles wherever possible
- Provide community groups with resources – sustained funding and training to allow meaningful participation
- Embed participatory approaches to learning, improvement and evaluation of services.

Introduction

Londoners have experienced the worst outcomes from COVID-19 in the UK, particularly amongst our communities from marginalised backgrounds. Over 4 in 10 people in London are from ethnic minority groups, and we live in one of the most diverse cities in the world. Tackling ethnic health disparities is an important commitment to the health of our population.

Public Health England (PHE) published two reports in the early stages of the pandemic in June 2020. One examined the disproportionate impact of COVID-19 on ethnic minority populations which suffered higher rates of hospitalisations and deaths.[1] A second report looked beyond the data and gained stakeholder and community insights which showed that long standing social and economic inequalities; racism, discrimination and lack of trust played a role in worse outcomes in Black, Asian and minority ethnic groups.[2]

Prior to the pandemic, ethnic health inequalities were already evident but less widely discussed. The George Floyd murder, the Black Lives Matter movement, the establishment of the NHS Race and Health Observatory and their publications, have maintained our focus on the racial health inequities. In maternity, in mental health, in diabetes care, in everyday lives, people from ethnic minority communities face differential treatment that arise because of their race that results in worse health outcomes.[3]

In London, we looked at the impact of COVID-19 one year on from the PHE report.[4] Some quotes in this document stems from our conversations with Londoners in the One Year On report, and we know their concerns remain.

Racism is a driver of health inequalities, with different types of racism operating at different levels of the health system. (Fig. 1) Tackling ethnic health inequalities requires us to tackle racism in all its different forms. This strategic framework provides an evidence base, examples and an approach to take an anti-racist lens to addressing ethnic health inequalities. Inherent in this approach is that we embed and combine community voices with learning and sustainable change.

Our London health and care partnership recognises racism as a serious threat to public health, to the advancement of health equity, and a barrier to appropriate medical care. This report and approach has arisen from the Health Equity Group (HEG), a multi-agency forum which reports into the London Health Board. [5] The HEG's purpose is to address health inequalities, where we collaborate across organisational boundaries and work towards health equity in London.

> *"I don't think much has changed. As long as the institution is racist, the change will not happen. But we need to remove this from the structure of public services"*
>
> *Asian community representative*

This is our approach to change.

[1] Disparities in the risk and outcomes of COVID-19 (publishing.service.gov.uk)
[2] Beyond the Data: Understanding the Impact of COVID-19 on BAME Communities (publishing.service.gov.uk)
[3] Ethnic Inequalities in Healthcare: A Rapid Evidence Review - NHS - Race and Health ObservatoryNHS – Race and Health Observatory (nhsrho.org)
[4] Beyond the data one year on report 2021 (london.gov.uk)
[5] London Health Board | London City Hall

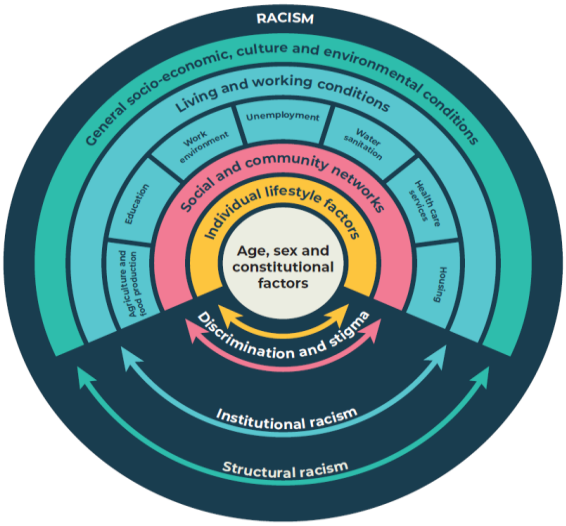

Figure 1 Conceptualising racism integrated with the social determinants of health. Adapted from Dahlgren and Whitehead, 1993

The Case for Change

The NHS Race and Health observatory reviewed ethnic health inequalities in the UK. Black and minority ethnic groups experience poorer outcomes, experience and access to health service compared to White groups.

In particular, Black women are 4 times more likely to die in pregnancy or childbirth compared to White women, with Asian and Mixed-race women twice as likely to die. Black babies are 4 times as likely to be stillborn compared to White babies. (see infographic below) An inquiry into racial injustice and human rights found that racism, and not clinical differences, was the source of these health inequities. Therefore, the call for commitment to anti-racism in the health services is necessary to address ethnic health inequalities.

Racism is a cause and a driver of health inequalities and its effects are mediated through multiple pathways. Structural factors such as laws, policies, institutional practices and social norms embed and entrench inequities that arose historically from the legacies of colonialism. This creates intersecting social and economic disadvantage where people from Black and minority ethnic communities have experience fewer opportunities for good levels of education, employment, housing, healthcare that culminates in poorer health outcomes. For anti-racism, we draw on Ibrahim X. Kendi's definition of anti-racism as "a powerful collection of antiracist policies that lead to racial equity and are substantiated by antiracist ideas", where an antiracist idea is "any idea that suggests the racial groups are equals in all their apparent differences."[22] One focus of anti-racist work in the health and care sector is therefore to reduce racial health inequalities.

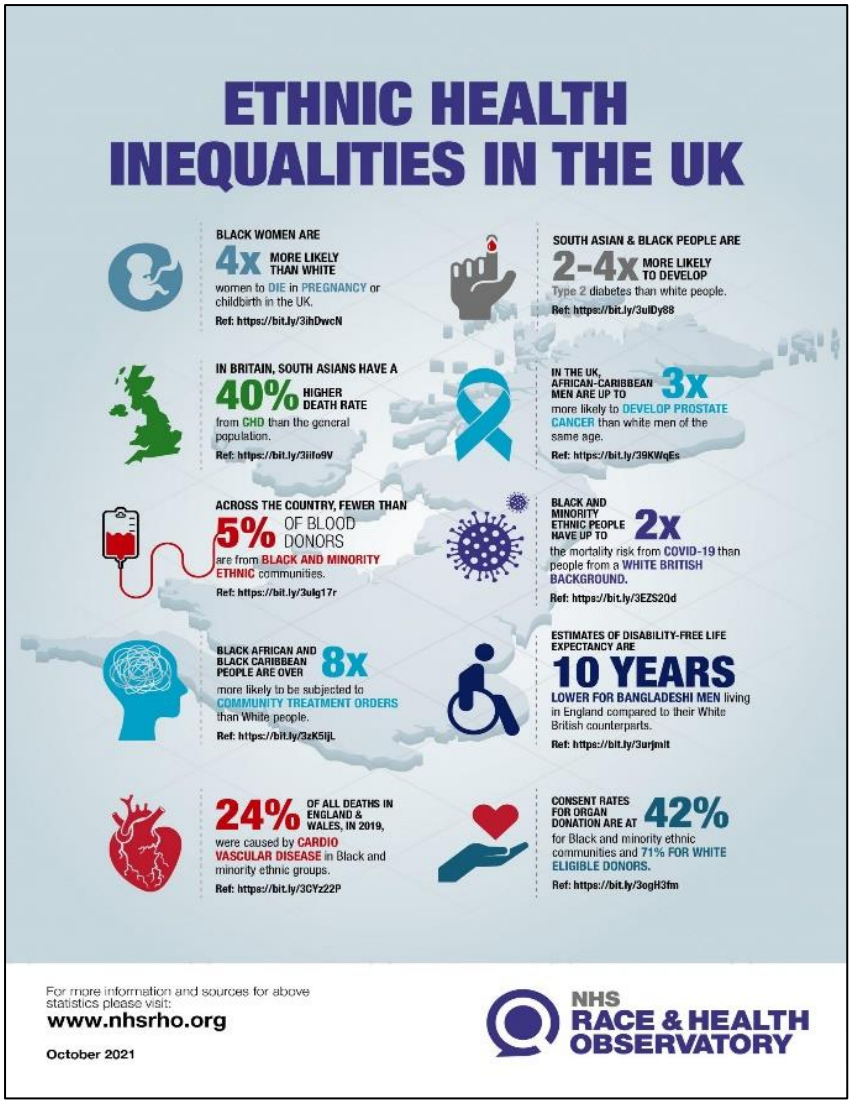

Figure 2. Infographic from the NHS Race and Health Observatory

In a fair society, there is a moral argument for improving these unfair outcomes. There is a human rights obligation that prohibits racial discrimination, enshrined in law. There is also the population health argument, as a health and care system, we are responsible for overall health outcomes and that in specific groups. In order to reduce health inequalities, we have to improve the health of communities who experience worse health outcomes. There is also the financial case for change; the MacGregor Smith review showed that a potential £2.4billion a year is lost from the UK economy due to lost potential and productivity of people from Black and minority ethnic backgrounds, as they are more likely to be underemployed and under promoted.[6] In London, around 40% of the medical workforce are from ethnic minority groups, and they are more likely to be employed in non-consultant grades,[7] with fewer opportunities for progression and parallels the loss of potential and productivity outlined in the review.

[6] Race in the workplace: The McGregor-Smith review (publishing.service.gov.uk)
[7] LWRS.pdf (mcusercontent.com)

Londoners from ethnic minority groups experience discrimination in their everyday lives. In the survey of Londoners 2021-22, ethnicity was the characteristic Londoners were most likely to attribute as the reason for being unfairly treated (19%) with Black Londoners reporting increasing levels of unfair treatment between the previous survey in 2018/19 (26%) and in 2021-22 (43%). There were also higher levels of unfair treatment reported by Asian Londoners (33%) compared to the whole population surveyed.

Disability, gender, religion and sexual orientation are also factors reported in the survey that result in unfair treatment, and intersectionality between these characteristics further increase experience of disadvantage and discrimination. In our work towards anti-racism, we need to consider these additional impacts on our communities.

> *"There is an urgent need to dismantle institutional structural and systematic racism - things must change".*
>
> Black Community representative

Context

Legislation

There are two legislative frameworks which require health and care organisations to dispense duties that relate to and address racial health inequalities.

Equality Act 2010

Public sector equality duty (PSED) with three arms: i) prevent unlawful discrimination, ii) advance equality of opportunity, and iii) foster good relations between people who share a protected characteristic and those who do not. There are specific equality duties on publishing equality information and setting and publishing equality objectives. The PSED applies to all public bodies in relation to both functions and workforce and prescribes characteristics to be considered i.e. protected characteristics, of which race is one.

The Health and Care Act 2022

A health inequalities duty was introduced to the Health and Care act 2012 and updated in the current version of 2022 with new duties relating to health inequalities for integrated care boards (ICB). This includes a requirement to reduce inequalities respect to access to health services, and to reduce inequalities in outcomes achieved by the provision of health services. There is also a requirement to publish data in relation to these duties.

Both frameworks lay the legal foundations to support addressing ethnic health inequalities through an anti-racism approach.

London's strategic context

There are three key strategies operating in London that align to support this work.

Health Inequalities Strategy (HIS)

The London HIS is a shared ambition and approach to make London a healthier, fairer city, with all Londoners having the best opportunities to live a long life in good health.[8] A city where nobody's health suffers because of who they are or where they live. The strategy has been agreed by the Mayor, the London Health Board and the wider health and care strategic partnership. The current healthy communities commitment is tackling ethnic Inequalities and structural racism through developing a "hub" to support anti-racism learning and practice for London.

Building a Fairer City (BFC)

As a response to the pandemic and its significant economic and social impact on London, the London recovery Board worked with communities to create a realistic vision for addressing structural inequalities within London.[9] The four priorities identified in this programme include a) labour market inequality, b) financial hardship and living standards, c) Equity in public service d) Civil society strength. Within the plan is the joint commitment with the HIS to tackling structural racism through developing the anti-racism learning hub.

The strategic framework aligns with the development of the hub, and provides an overarching frame to support identifying priorities, and a space for co-production and support integrated care systems' (ICS') progress in implementing this framework.

NHS Strategic context

NHS England's Long Term Plan

The current NHS strategy that prioritises focus on integration, prevention and tackling health inequalities, as well as workforce development, improved data and digital access and offering value for money. Increasing integration to meet the needs of local communities, is reflected in this framework to embed local community voices in service design and delivery. Tackling inequalities is at the core of our ambition, with some ethnic minority groups experiencing higher levels of target conditions such as diabetes. Supporting workforce also offers coherence between both approaches.

The Equality Delivery System 2022 (EDS)

The EDS was designed to support local health and care systems and organisations to deliver on the PSED. Implementation is mandated in the NHS Standard contract which is used by ICB's to commission health services for the local population. The EDS comprises 11 outcomes across the 3 domains of commissioned or provided services, workforce health and wellbeing and inclusive leadership.[10]

Core 20 Plus 5 (C20P5)

The C20P5 approach is the national NHS strategy to support ICS's to reduce healthcare inequalities. It draws on both socioeconomic deprivation – the most deprived 20% of the constituent population and other marginalised groups who experience poorer outcomes. In all London ICS's ethnic

[8] London Health Inequalities Strategy | London City Hall
[9] Building a Fairer City Plan | London City Hall
[10] NHS Equality Delivery System Technical Guidance (england.nhs.uk)

minorities are one of the “Plus” groups, and therefore tackling ethnic health inequalities, through healthcare is a consistent priority within the NHS.

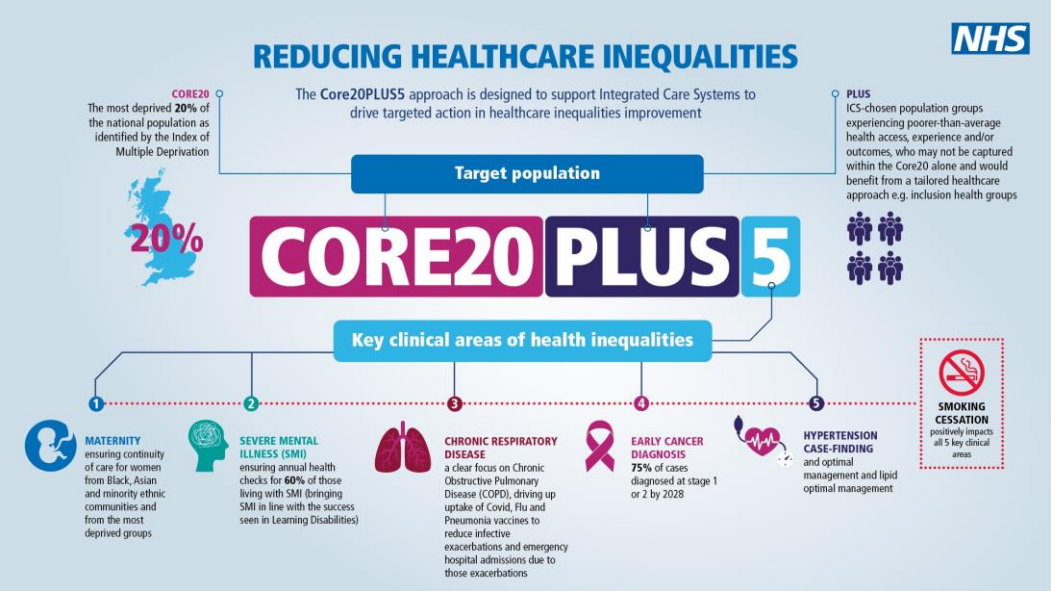

Figure 3. Core20Plus5

Beyond the Data One Year On

In June 2021, we spoke to Londoners about their experiences over the pandemic and what mattered to them.[11] From those conversations, we identified key priority actions which were:

1. Co-production – the need to involve communities in the development of interventions for the communities
2. Participatory research – research by researchers that reflect and are from the communities themselves.
3. Culturally competent care – for health services to reflect the diverse communities they serve so that they understand the people they serve and deliver appropriate care
4. Resourcing community organisations – the need to provide adequate support and resources for community organisations to continue with their work
5. Addressing discrimination and racism – to acknowledge and tackle racism as a public health issue
6. Improving access to healthcare and wellbeing services – provide more appropriate care that addresses patient and community needs.
7. Data and information sharing – better data collected and shared.

These priority actions are embedded in this strategic framework, where community participation is key to the success and delivery of the approach.

[11] Beyond the data one year on report 2021 (london.gov.uk)

The London Health and Care System

London is a population of around 9 million people, served by 5 integrated care systems and 33 local authorities. Regional health and care organisations include the Greater London Authority (GLA), NHSE London (NHSEL), the Office of Health Improvement and Disparities London (OHIDL), UK Health Security Agency (UKHSA), Transformation Partners, and membership and professional bodies such as London Councils and Association of Directors of Public Health in London (ADPHL).

The London Health Equity Group (HEG) is a non-statutory group that reports to the London Health Board (LHB), comprising leaders from across the London Health and Care system, as well as the Voluntary, Community and Faith sector. The HEG was originally established in response to the inequalities exacerbated by the pandemic, including ethnic health inequalities relating to COVID-19. The evidence review, stakeholder interviews and subsequently the strategic framework evolved from discussions at the HEG. All regional partners and ICBs are united in their support of tackling ethnic health inequalities through an anti-racism approach. The ICB chief executives and chairs have published a statement in support of this strategic approach to tackling ethnic disparities through an anti-racism approach (Appendix).

As London partners develop their local approaches to implementation of this strategic framework, partners at the HEG will continue to review and support learning and progress towards an anti-racist health and care system in London.

The Strategic Framework for health and care systems

The purpose of this framework is to provide a systematic approach that guides action and plans for health and care organisations to develop in partnership with their local communities.

Our Vision

London's Health and Care partners recognise that racism in its structural, institutional, and interpersonal forms is an urgent threat to public health, the advancement of health equity, and a barrier to excellence in the delivery of medical care.

Our organisations oppose all forms of racism and will actively work to dismantle racist and discriminatory policies and practices across all of health and care.

There are **5 strategic commitments** health and care system leaders and organisations can pledge to tackle all types of racism at all levels. These are:

1. **Leadership commitment**: to being anti-racist health and care systems and organisations, with Board representation, strategy development and anti-racist approach to all policies.

2. **Commitment to the ethnic minority workforce**: to support our staff and create enabling workplaces.

3. **Commitment to target health equity**: to prioritise and deliver evidence informed, culturally competent interventions to narrow the gap, by addressing inequities people from ethnic minority groups face in access, uptake, experiences and outcomes of our health and care services.

4. **Commitment to becoming an anchor institution**: to leverage our positions as anchor institutions to tackle the wider determinants of racial health inequalities.

5. **Commitment to local communities**: to work with our communities to amplify their voices, in the decision, design and delivery of services, to rebuild trust and confidence.

Some communities are silenced, and others are unheard. Therefore, participation can amplify voices, but we also need to create conditions where they are heard. This includes embedding people from ethnic minority groups in leadership and decisions, in a supported workforce and service delivery, and in feedback and learning about what works for them.

Unpinning the five strategic commitments are three essential enablers:

- **Data:** Health and care data are collected routinely on everyone who uses or are registered with services. Using this data to identify, examine and monitor ethnic health inequalities can help us to target communities and services that requires support. Key considerations to support the framework include:
    - Improving ethnicity data collection or completeness
    - Reporting experience, access and outcome measures by ethnic group
    - Presentation and analysis of indicators by detailed ethnic groups where possible
    - Complement metrics with qualitative data from patient and carer feedback, community engagement to explore the why and the how.
    - Develop intelligence and insights that integrates metrics and qualitative data, so we understand what and where to act, and not only describe the issue at hand.

- **Governance**: Ensuring accountability and oversight is essential to successful delivery. Anti-racism strategies should be developed and monitored by senior leadership boards. Key considerations to support the framework include:
    - Embed community voice into the decision-making structures through participatory governance mechanisms
    - Commitment to anti-racism plans at Board level
    - Support commitments with funding allocation
    - Routine reporting on progress on agreed short and long terms metrics based on anti-racism plans
    - Develop transparent accountability mechanisms to support partnerships and governance.

- **Partnerships**: Working collaboratively between organisations and with communities is core to this approach. This requires building effective and sustained relationships with shared values and objectives based on mutual respect.
    - Meaningful engagement with partners with clearly and appropriately articulated structures, processes and articles.
    - Maintain high levels of transparency in decisions, planning and monitoring
    - Strengthen incentives and build capacity for engagement.

Why do we need a strategic framework?

Despite a range of legislation and strategies for health and care organisations in London, each tackles different areas or different levels of service delivery. For example, C20P5 focuses on healthcare whereas the HIS focuses on structural factors. Legislation is not sufficiently enforced. This strategic framework works in alignment with other strategies and asks for commitment at all levels of the health and care system. Ethnic inequalities result from different types of racism that contribute to varying proportions of ethnic inequities for different groups, that is, **we must tackle all types of racism at all levels of the health system.** The purpose of the framework is to guide local action.

Health and care services are under increasing financial pressure from an ageing population, with increased health needs after the pandemic, an overstretched workforce, and a decade of financial constraints. There is a recognition and requests to do more with less. The recommendations in this framework are not about new funding but using existing funds to refocus efforts on communities that already have some of the worst outcomes and experiences in London. It is taking a proportionate approach to health and care for marginalised communities that live in some of the most deprived areas in the city.

This document outlines evidence informed recommendations[12] that health and care organisations can take to make progress on these commitments, together with examples of how to take action on the commitments in London. Community participation builds trust, and helps us to develop appropriate services, and community voice is at the heart of this framework. **Supporting the co-ordination and integration of anti-racist approaches within an organisation or health system through this framework can embed and sustain localised, community driven efforts.**

The starting point is organisational agreement and conversation at Board level on how to take these recommendations forward, working with constituent partners and most importantly, their local communities and develop a strategic plan to become an anti-racist organisation and health system.

> "There is still fear and mistrust within our communities. Tackling that mistrust will take much more work than a few workshops and activities here and there".
>
> Anonymous representative from post-event survey

[12] A scoping umbrella review to identify anti-racist interventions to reduce ethnic disparities in health and care | medRxiv

Leadership

The Leadership commitment: to being anti-racist health and care systems and organisations, with Board representation, strategy development and anti-racist approach to all policies.

Recommended actions health and care systems can take as part of this commitment:

- Public commitment to being anti-racist through a public statement by senior leadership within the organisation
- Provide access to sustained and consistent training for all leaders in the organisation on equality, diversity and inclusion, including training on cultural competence.
- Monitor and support Board representation, so that leaders better reflect the ethnic composition of the communities that they serve.
- Include community members in governance structures, ensure they reflect the ethnic composition of the communities, and amplify their voices in influencing the decisions made at Board level.
- Ensure tackling ethnic health inequalities through an anti-racism approach is embedded in Joint Forward Plan and other strategies and policies reviewed at Board level.

How can this have an impact?

- Changing the structures (Board representation, strategies, policies) to better reflect the community served and embed anti-racism focus
- Influence understanding of how racism operates and making anti-racist approaches the social and organisational norm. (public statement, changed structures)
- Increase community participation in decision making, which will increase agency and empower communities, and help the board to tackle racism.
- Increased community participation in decision making will help build trust in services and facilitate engagement.

What are the short-term changes we could see and look for?

- A collective effort and focus on the health and care system to tackle racism as demonstrated by strategies with explicit anti-racism focus
- Board discussions on progress on anti-racism and ethnic health inequalities as demonstrated by meeting notes and board agenda items and papers.
- New policies that support anti-racism efforts
- New Board members or subgroups that represent the community.

Case Example:
Patient and Carer Race Equality Framework (PCREF)
The PCREF was a recommendation following the national Mental Health Act Review in 2018, and is a participation framework that supports improvement in mental health trusts to ensure accountability and commitment to improve the way trusts interact with racialised and minority ethnic communities. There are three core components; leadership and governance, cultural and

practice change, and a patient and carers feedback mechanism. The framework was designed to ensure mental health trusts in England are accountable to improve on trust interaction with minority ethnic groups, raise awareness on their own racial baises, and to hold the Trusts accountable in their improvement activities.
NHS England » Advancing mental health equalities

South London and Maudesley (SLaM) PCREF Pilot
South London and Maudesley mental health trust are working in partnership with Black Thrive Lambeth and Croydon BME forum to eliminate racial disparity in the access, experience and outcomes that Black communities face and to significantly improve their trust and confidence in their services through their PCREF pilot approach. The pilot has developed a strong partnership approach through new governance and decision-making structures reflecting true partnerships and redressing the imbalances of power that has traditionally maintained racialised inequities. The pilot is embedded into the trust's strategy, with leadership commitment, and planning and routine monitoring of metrics reported at the trust's Board. They hold an ambition to be a leader in anti-racism in mental health by 2026.
Patient and Carer Race Equality Framework (PCREF) at South London and Maudsley (slam.nhs.uk)

Case example:

London Councils: Tackling Racial Inequality
London councils developed an anti-racist statement that boroughs can sign up to, and this statement outlines commitment that is supported by the **Tackling Racial Inequality Standard Pilot Scheme.** Both are designed to encourage local authorities to demonstrate visible leadership on the race equality agenda; ensures that standard products are used, relevant and of purpose to colleagues, with shared learning and monitoring. The standard is a self-assessment and benchmarking tool for London local authorities that supports commitment on tackling racial inequality. **Twelve boroughs are piloting the scheme** with 5 additional local authorities adopting the standards independently.
London local government: Tackling Racial Inequality programme | London Councils

Case Example:

Health Innovation Network (HIN)
Evolving from a series of conversations amongst staff members following George Floyd's murder, HIN embarked on organisational change with an ambition to become an actively anti-racist organisation. Building on uncomfortable conversations held in safe spaces, HIN have developed a toolkit, based on their own learning to support other organisations, to provide practical guidance and support for both individuals and organisations to reflect and take action to tackle all forms of racism.
Four Lessons from our Anti-Racism Project - Health Innovation Network

Workforce

Commitment to our ethnic minority workforce: to support our ethnic minority staff and create enabling workplaces.

Recommended actions health and care systems can take as part of this commitment:

1. Give staff a voice - Engage staff through focus groups and surveys to gain insights beyond surveys.
2. Monitor and act on ethnic inequities in recruitment, workforce wellbeing and promotion
3. Address cultural bias and discrimination by providing training and support to staff, and safe spaces for confidential conversations.
4. Implement and monitor robust equality, diversity and inclusion policies, including anti-racist promotion and retention policies
5. Monitor and act on disparities in pay between different ethnic groups amongst employees of the same grades.

How can this have an impact?

- Around 45% of the London NHS workforce are from ethnic minority communities; and as we improve the social, economic, physical and mental wellbeing of the workforce, we will also improve the health of the this population.
- A better supported workforce will improve their wellbeing and job satisfaction which will have an impact on the care they deliver and creates more accessible services.
- Changing the structures (policies, distribution of ethnic minority workforce amongst junior and senior staff) and processes (how recruitment and promotions are conducted with reduced discrimination) will create more an enabling environment for the NHS workforce.

What are the short-term changes we could see and look for?

- Development or refinement of structures and processes for staff participation in decisions and design of workforce policies and programmes that embed an anti-racist approach.
- Improvement in Workforce race equality metrics for NHS organisations
- Improved self-reported satisfaction and wellbeing scores on staff survey responses.
- Increased uptake in training on cultural bias a discrimination
- Increased senior leadership awareness of racial inequities

Case example:

The NHS London Workforce Race Equality Strategy (WRES)

London has an incredibly diverse health and care workforce. The NHS London WRES sets out 15 recommendations on how London's NHS can make a significant and tangible difference to the experiences of its workforce, which will subsequently improve patient care and experience. The recommendations are centred around encouraging transformation, of compassionate and learning cultures; enabling people to include genuine meaningful engagement with individuals; embedding accountability to include robust regulation and scrutiny; and evidencing outcome that includes gathering of data and intelligence.

London has also formed a People Board, which aims to make the NHS in London a better and more equal place to work by: increasing the diversity of the workforce and promoting equality,

diversity and inclusion strategies; redesigning ways of working; improving the leadership culture; and growing and training the workforce.
NHS England — London » London's Workforce Race Strategy

Case example:
Association of Directors of Public Health in London (ADPHL)
ADPHL published a statement that racism was a public health issue in 2021 and galvanised the London public health system to take notice and action. This was followed by an action plan to tackle racial health inequalities. There were 5 themes in the plan, one of which was diversifying the workforce and encouraging systems leadership, which included delivering effective equality, diversity and inclusion training and practices amongst public health staff, public health recruitment and mentoring support for those from Black minority ethnic backgrounds. Advocating for ethnicity pay gap reporting was also a priority in this theme, which also aligned with work from London Councils.
Public Health Tackling Racism and Inequality Programme | ADPH London

Equity focused programmes and service delivery

Commitment to target health equity: to prioritise and deliver evidence informed, culturally competent interventions to narrow the gap, by reducing inequities people from ethnic minority groups face in access, uptake, experiences and outcomes of our health and care services.

Recommended actions health and care systems can take as part of this commitment:

1. Embed anti-racist lens on health equity programmes such as Core20P5, Marmot framework
2. Data-led insights to prioritise areas of work to address these insights with community groups that will improve health, healthcare access and experience.
3. Develop and deliver integrated and personalised care that is culturally sensitive using methods such as service co-location, case management, and patient collaboration or personalised care.
4. Work with communities to ensure services and messages and designed and delivered in a culturally sensitive way.
5. Support community groups from ethnic minority communities to engage effectively in procurement and commissioning processes. (changing structures and processes)

How can this have an impact?

- Embedding anti-racist lens on health equity programmes will support intersectional and life course approach to tackling ethnic disparities so that frameworks can be adapted to prioritise the health and care needs of racialised and ethnic minority communities, who may also live in the most deprived areas and experience worse outcomes.

- Identifying areas and communities of increased need can support proportionate universalism approach to focus efforts in areas of greater need, improving the worst outcomes and reducing inequalities.
- Culturally competent and personalised care will improve patient access, experience and engagement with services through rebuilding trust.
- Supporting community groups in engaging with commissioning process can break down some of the structural barriers to opportunities of employment and capital, and provide more appropriate services for the local population.

What are the short-term changes we could see and look for?

- Development of data insights reported at Board level that examines ethnic health inequalities, and plans to act on these insights
- Evidence of new and/or repurposed programmes and initiatives that use community centred approaches to increase uptake of prevention programmes amongst ethnic minority groups.
- Evidence of new or adapted commissioning processes to facilitate applications from community organisations that support ethnic minority groups.
- Increased proportion of overall funding allocated to health equity programmes that provide targeted support for ethnic minority communities and groups.

Case example:
Anti-racist commissioning principles in Hackney and City.
The Voluntary and Community Sector (VCS) Assembly of Hackney and City have developed principles for commissioning supported by Institute of Voluntary Action Research.
The assembly highlighted that Black led organisations are more likely to be excluded from commissioning processes and have historically been underfunded, despite playing a vital role in supporting local communities. the group reviewed findings from the Assembly and distilled helpful behaviours and practices into four anti-racist commissioning principles, which include: Building trusted relationships, trusting community groups to identify needs, design simple, flexible, and transparent application and decision-making processes, and Support small organisations with core funding and resources.
How a cross-sector partnership group developed anti-racist commissioning principles - IVAR

Case Example:
Newham Council: Tackling Racism and Disproportionality (TRID) programme
The TRID programme puts people at the heart of everything that the council does. There are four main pillars based on Newham as an employer, which aims to improve workforce practices; Newham as a beacon of social change that promotes an anti-racist and inclusive society, Newham as the best place for children and young people that funds and develops opportunities for young people in the borough, and Newham as a deliverer and commissioner of services which leverages their purchasing power to improve equity in commissioning. This programme provides an example of implementation of workforce, health equity programmes, wider determinants and communities commitments in the framework.
TRID - Tackling Racism, Inequality and Disproportionality – Newham Council

Case Example:
The Birmingham and Lewisham African & Caribbean Health Inequalities Review (BLACHIR)
Initially, a joint research project between Lewisham and Birmingham City Councils, the report was published in 2022 and since then, Lewisham has started implementation to address the findings and recommendations from this review. The programme of work focuses on tackling health

inequalities, working with a community partner to support co-production of activities to embed health equity in primary care, supporting workforce development and culturally appropriate interventions.
Lewisham Council - Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR)

Wider determinants and anchors

Commitment to becoming an anchor institution: to leverage our positions as anchor institutions to tackle the wider determinants of racial health inequalities.

Recommended actions health and care systems can take as part of this commitment:

1. Commitment for ICS, constituent organisations and contracted organisations to becoming anchor institutions
2. Commitment for ICS, constituent organisations and contracted organisations to pay at least a London living wage.
3. Provide and support education and employment opportunities to reduce structural determinants of ethnic health inequalities for the local ethnic minority populations.
4. Work with local communities, community organisations and constituent organisations to tackle wider determinants of health for local ethnic minority groups such as improving access to quality housing and social protection measures.
5. Advocate for anti-racism approach in non-health sector partnership work.

How can this have an impact?

- Addressing the wider determinants will create enabling environments for ethnic minority communities, with increased resources for people to engage with healthier behaviours, reduce stress, and improve mental health and wellbeing
- Tackling wider determinants with a focus on improving conditions for ethnic minority populations will start to reduce inequities in access to opportunities, and alleviate some of the drivers of ethnic health inequalities
- Taking an explicit approach to structural racism in reducing ethnic health inequalities will shift the social norms and expectations in how organisations work.

What are the short-term changes we could see and look for?

- Increased number of Anchor organisations
- Increased number of organisations who deliver on the London living wage
- Development of policies, programmes and plans that focuses on tailored opportunities for ethnic minority communities through a proportionate universalism approach.

Case Example:
The Royal Docks Partnership: one of the first places in London established as a London Living wage place.

The Royal Docks is London's only enterprise zone; a regeneration project initiated by the Mayor of London and the Mayor of Newham. The regeneration team works in partnership with local community groups, local businesses, and developers to revitalise this large area in Newham and transform it into a commercial and cultural hub on London's waterfront. There are eight development sites, with a target of creating over 40,000 jobs and more than 30,000 homes, many of which will be affordable housing. The commitment to a London living wage with all partners involved, provides economic support to local communities of which around 80% of the population are from non-White British backgrounds.
Royal Docks seeks to excel as Living Wage Place | Living Wage Foundation

Case Example:
West London Alliance (WLA) is a partnership that brings together 7 local authorities in an area of London that is extremely diverse. During the pandemic, there was a need to vaccinate over 2million residents and this drove a new focus on health inequalities, employment and skills. WLA developed an inclusive process that identified and connected with local organizations that could provide immediate support. The project focussed on people's skills rather than backgrounds, removing elements of conventional NHS recruitment criteria and focussed on providing opportunities for a wide range of unemployed residents to maximise inclusivity. This resulted in 1,299 local people were employed – over 60% of people referred came from ethnic minority communities.
West London Alliance - Improving outcomes for over 20 years (wla.london)

Communities

Commitment to our local communities: to work with our communities to amplify their voices, in the decision, design and delivery of services, to rebuild trust and confidence.

Recommended actions health and care systems can take as part of this commitment:

1. Include community voice in decisions, design and delivery of services though participation in governance, funding and integrated delivery structures
2. Consider power dynamics when engaging with and developing partnerships with ethnic minority communities, embedding shared decision making wherever possible.
3. Employ co-production principles wherever possible
4. Provide community groups with resources – sustained funding and training to allow meaningful participation
5. Embed participatory approaches to learning, improvement and evaluation of services.

How can this have an impact?

- Providing an enabling environment, through inviting communities into structures that influence the services they receive will help marginalised communities to engage with health services.

- Embedding their voices in every stage of service development can increase agency and empowerment of ethnic minority groups.
- Embedding community voices can lead to better designed services that accommodates the user's needs.
- Providing resources that allows health organisations and community organisations to develop relationships, collaborate and build trust will increase participation, empowerment and access to services.

What are the short term changes we could see?

- Increased visibility and engagement from community organisations
- Increased representation of community views and voices in NHS organisations' structures and processes
- Increase in social capital amongst ethnic minority groups
- Increased access to services from ethnic minority communities.

Case example:
Community Champions (CCs)
During the COVID-19 pandemic, thousands of Londoners across all London boroughs signed up to be CCs, COVID-19 Champions and COVID-19 Vaccine Champions. They shared vital information about COVID-19 with people in their communities and they supported people to have their COVID-19 vaccines. London Champions programmes take many forms: commissioned or in-house, COVID-only or broader remit, paid or voluntary, and broadcast or two-way.
The London Covid-19 Champions Coordinators Programme was a joint initiative of NHS England-London, Public Health England (now UK Health Security Agency and Office of Health Improvement and Disparities), the Greater London Assembly and London Councils. Local Community Champions programmes continue to evolve beyond Covid-19, and are now supported in partnership, by the CC Development Programme.
Community Champions Development Programme | ADPH London

Case example:
Community Health and Wellbeing Workers (CHWW) (Westminster)

CHWWs proactively visit about 100 households each on a monthly basis to build relationships with the whole household, promote vaccines and screening, provide chronic disease support, link in relevant professionals and connect services to residents who are patients at the GP practice. CHWWs are members of the Primary Care team. They are paid by the local council and have honorary contracts with the GP practices and are trained up to provide holistic care at the household level.
This programme takes a geographical approach and draw on community members where possible, but all CHWW are responsible for one neighbourhood; all households in the geography will be visited by the CHWWs, irrespective of need or demand, because problems can arise for anyone, at anytime. It starts out in wards in the bottom 20%, so the impact on inequalities will be significant over time. CHWW programmes are currently being rolled out in more areas across England.
Community Health and Wellbeing Workers pilot in Churchill Gardens | Westminster City Council

Theory of change

Based on the evidence review and discussions with partners, we have developed an overarching theory of change to understand and identify potential monitoring for the strategic framework.

There will be variations in the different strategic commitments, identified interventions and their pathways to impact, and more detailed theory of change is being developed to support monitoring and evaluation.

There will also be variations in local plans in what is prioritised in each commitment for delivery. This can also alter the potential processes that could lead to changes in ethnic health inequalities, and local plans would require developing localised versions of theory of change in order to inform monitoring, learning and understanding what works.

Throughout the document, there are suggestions for potential mechanisms on how the recommendations could lead to change in structures, processes and ultimately outcomes.

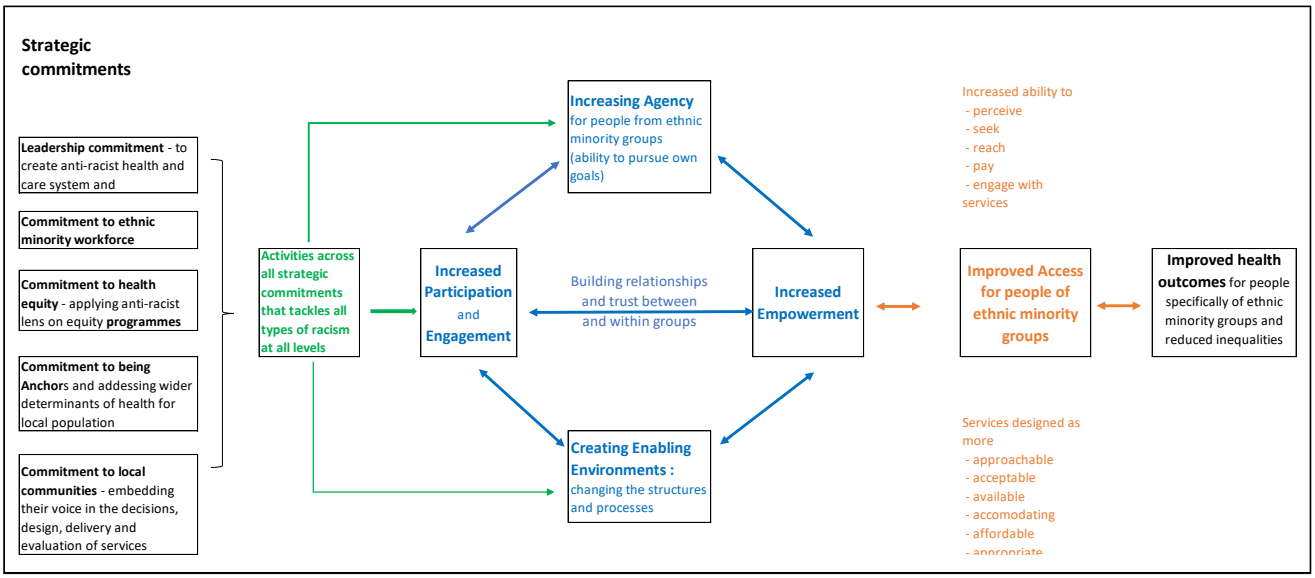

Figure 4. An overarching theory of change for activities across all strategic commitments to deliver improved health outcomes for people of ethnic minority groups and reduce ethnic health inequalities.

Appendices:

Anti-racism statement from the ICB CEOs and Chairs

The Chairs and CEOs of London's five Integrated Care Boards would like to express their commitment and support to a strategic anti-racism approach in London's Health and Care System. We understand our role, not just as leaders of statutory NHS bodies, but as the conveners of Health, Care and Community Partners, in driving forward this agenda, and embedding race equity into being part of how our health and care system operates.

"We are deeply proud to serve in London's diverse systems, where this diversity is central to the prosperity, strength and energy of our collective delivery. As such, our ICBs have developed strategies for tackling structural and systemic racism and are working towards embedding this approach into our emerging integrated care strategies, joint forward plans and workforce planning. We recognise that this challenge is not personal racism, nor just institutional racism, but the myriad of ways that society works through systems, structures, processes and social norms that leads one group to have poorer outcomes. We are on a journey to see differently, respond differently and lead differently in order to achieve our anti-racism ambitions. We are taking actions that fit our specific situations for example anti-racism training and development for our staff and establishing race equality groups to advise our boards in order to help close health and workforce equity gaps. We will continue to evaluate and monitor our efforts to ensure these positive changes become embedded into our organisational and system culture.

We look forward to working with, sharing with and learning from our partners across London in addressing ethnic health inequalities, as part of our approach to addressing wider health inequalities, at every level of our system."

Definitions:

Racism is defined as a complex system of structuring opportunity and assigning relative value based on phenotypic characteristics (appearances), unfairly disadvantaging ethnic minority groups and unfairly advantaging white people. [13]

Anti-racism: "a powerful collection of antiracist policies that lead to racial equity and are substantiated by antiracist ideas", where an antiracist idea is "any idea that suggests the racial groups are equals in all their apparent differences"[14]

Systemic racism: racism that emphasises the involvement of systems, and often whole systems such as political, legal, economic, healthcare, education, criminal justice systems, and includes the structures that enforce these systems.[15]

Structural racism: the from of racism that is enforced by structures in society, including the laws, policies, institutional practices and entrenched norms, and form the systems' scaffolding. [16]

Institutional racism; The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through prejudice, ignorance, thoughtlessness, and racist stereotyping which disadvantage minority ethnic people.[17]

Health Inequalities: avoidable, unfair and systematic differences in health between different groups of people. [18]

Health equity: Equity is the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability, or sexual orientation). Health is a fundamental human right. Health equity is achieved when everyone can attain their full potential for health and well-being. [19]

[13] Jones CP. Confronting Institutionalized Racism. Phylon 2003;50(1-2):7-22
[14] Ibrahim X Kendi. How to be an antiracist. 2019;
[15] https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2021.01394
[16] ibid
[17] MacPherson Report (1999)
[18] https://www.kingsfund.org.uk/publications/what-are-health-inequalities
[19] https://www.who.int/health-topics/health-equity#tab=tab_1

Summary of evidence review

A scoping literature review was conducted to examine anti-racist interventions to address ethnic health inequalities. A summary of potentially effective interventions and limitations in the evidence is outlined below, categorised by the social determinants framework shown in Figure 1.

The full literature review is available here | medRxiv

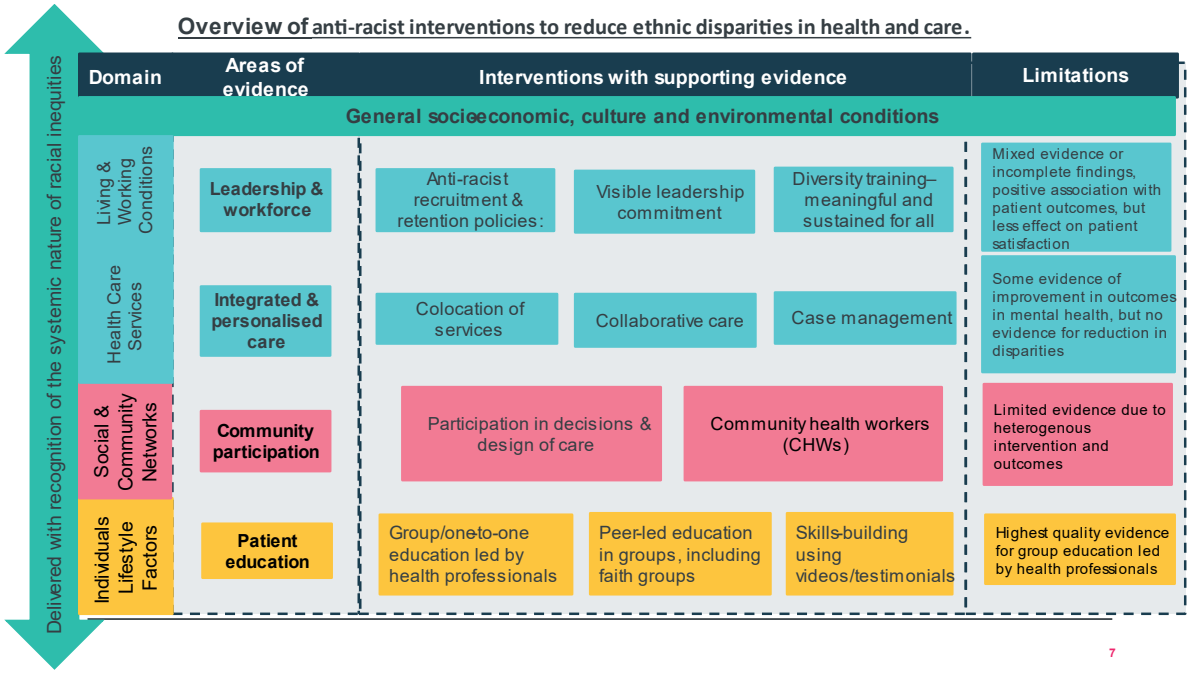

Figure 5. Overview of anti-racist interventions to reduce ethnic disparities to be delivered as part of a systemic and sustained programme of activities to tackle all types of racism.

A draft theory of change that integrates findings from the evidence review with the strategic framework is outlined below.

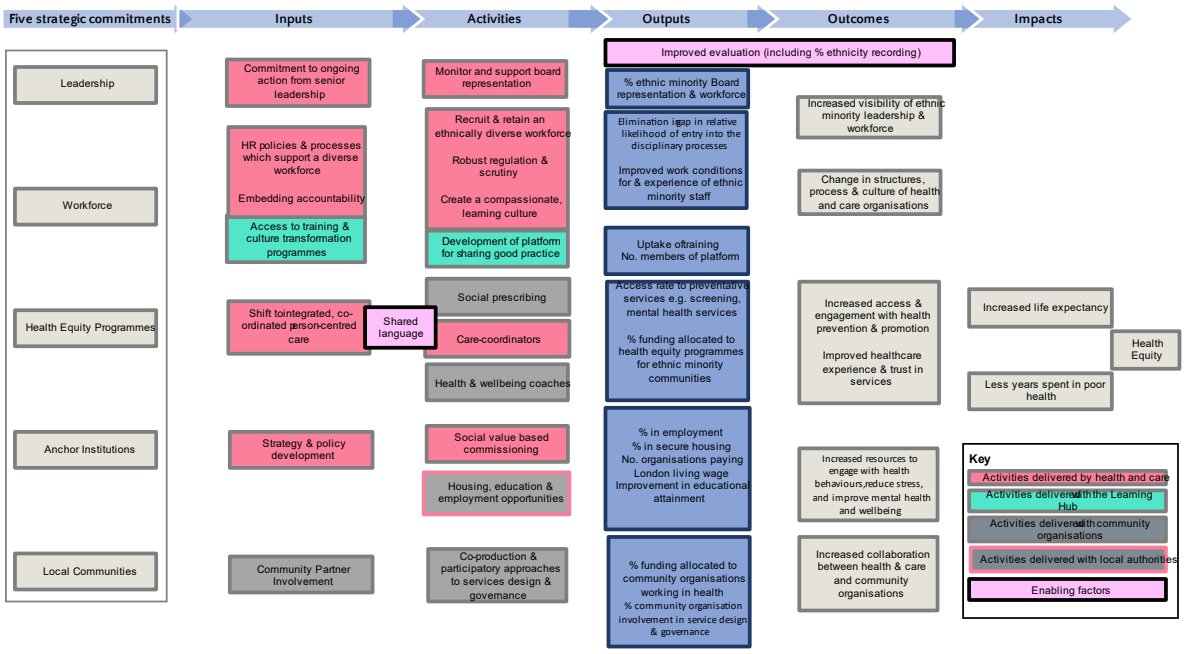

Fig. 6 Theory of change that integrates findings from evidence review with the strategic commitments.