

London Borough of Hammersmith & Fulham

Report to: Health and Wellbeing Board

Date: 14 March 2022

Subject: **TACKLING HEALTH INEQUALITIES**

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Responsible director: Linda Jackson, Director of Covid 19

Wards Affected: All

H&F Priorities	How this report aligns to H&F Priorities
Creating a compassionate council	Working with communities to address needs and concerns
Doing things with local residents, not to them	Engaging and co-producing with local residents and community groups
Being ruthlessly financially efficient	Using existing council services and resources to assist with delivery plan
Taking pride in H&F	Ensuring that all H&F residents get equal access, treatment and outcomes from local health services, regardless of their background.
Rising to the challenge of the climate and ecological emergency	All events and activities will aim to maximise energy efficiency.

1. Summary

The Covid-19 pandemic has both increased health inequality and shone a spotlight on it. The proportion of our Black and minority ethnic residents who are reluctant to take the Covid vaccine has exposed a long-standing lack of trust and confidence in the healthcare system as a result of lived experience.

If we want to tackle differential health outcomes, we need to build confidence and trust with our communities. To do that, we need to work with and truly understand our communities, their different views and cultures and their experience of our services. We need to work together to come up with co-produced solutions that influence long-term change and start to tackle our differential outcomes.

This report sets out the national, regional and borough context and proposes a way forward.

2. Covid spotlight on ethnic health inequalities

The Covid-19 pandemic has both increased ethnic health inequality and shone a spotlight on it.

At the height of the Covid-19 pandemic, H&F Council and Imperial College Healthcare NHS Trust (Imperial) ran a 90-day series of rapid improvement events with community health providers and residents to understand why Black and minority ethnic residents were disproportionately (in terms of their share of the population) reluctant to have a Covid vaccine. These events were well attended and provided a safe space for sharing experiences.

From these conversations and others during the pandemic, it is apparent that an important element of vaccine reluctance stems from the long-standing lack of trust which many Black and minority ethnic residents feel in the NHS and local and central government as a result of what they and their family and friends experience on a daily basis.

Numerous studies support this view. It is now generally recognised that if you come from a Black, Asian or other ethnic minority background, you can find it harder to access healthcare, receive a high quality service and get a good health outcome.

Vaccine reluctance cannot be addressed without addressing this root cause.

3. National imperative

A report from the **NHS Race and Health Observatory (RHO)** published on 14 February 2022 found *“widespread ethnic inequalities... as well as ethnic inequalities present for the NHS workforce.”*¹

In his introduction to the report, RHO Director Dr Habib Naqvi stated:

“By drawing together the evidence, and plugging the gaps where we find them, we intend to make clear the overwhelming case for radical action on race inequity in our health service. Put another way, we exist to remove excuses. This report represents a foundational step in our development.”

“This report is the first of its kind to analyse the overwhelming evidence of ethnic health inequality through the lens of racism. A process that, until recently, our leaders have shied away from.... There is no excuse for inaction.”

¹ The RHO is supported by NHS England and hosted by the NHS Confederation. Its report *Ethnic Inequalities in Healthcare: A Rapid Evidence Review* presents the findings and recommendations of a rapid review of ethnic inequalities in healthcare and within the NHS workforce, conducted for the RHO by academics at The University of Manchester, The University of Sheffield and The University of Sussex. The review looked at mental healthcare, maternal and neonatal healthcare, digital access to healthcare, genetic testing and genomic medicine and the NHS workforce. See https://www.nhsrho.org/wp-content/uploads/2022/02/RHO-Rapid-Review-Final-Report_v.7.pdf.

On 1 October 2021, a new **Office for Health Improvement and Disparities (OHID)** was launched within the Department of Health and Social Care (DHSC). This has the aim of *“levelling up health disparities to break the link between background and prospects for a healthy life.”*

The OHID intends to focus *“on those groups and areas where health inequalities have greatest effect”* and to work across the DHSC, the rest of government, the healthcare system, local government, communities and industry.

As they develop across the country, Integrated Care Systems are being encouraged by NHS England and NHS Improvement (NHSEI) to reduce health inequalities by taking a **Core20PLUS5** approach.² NHSEI describe this as *“the NHS contribution to a wider system effort by Local Authorities, communities and the Voluntary, Community and Social Enterprise sector to tackling healthcare inequalities – [it] aims to complement and enhance existing work in this area”*.

4. North-West London commitment

H&F Council is supporting the North-West London Integrated Care System (NWL ICS) as it plans to transform care over the next five years to ensure greater equality of access, experience and outcomes.

The work will include acknowledgment of structural racism as one of the key causes of current health inequalities. There will be a commitment to listen to and work with Black and minority ethnic communities to develop solutions that influence long term change and tackle differential outcomes and experience.

5. Hammersmith & Fulham action

Achieving genuine change on the ground will require a new approach towards how services are shaped and provided. This will depend on residents, community groups, the NHS and the council being able to work together in a new way in authentic co-production.

H&F Council aims to play a full, constructive role here with residents and health partners. In January 2022, the council was successful in bidding for new funding from the Department of Levelling Up, Housing and Communities (DLUHC) and NHS England for projects to tackle vaccine reluctance and address the inequality barriers facing target communities around NHS access, treatment and outcomes.

Under the working title of *“Building Trust Within Sceptical Communities”*, a steering group made up of local community organisations and the council has been exploring how best to end health inequalities and address vaccine reluctance.

² See <https://www.england.nhs.uk/about/equality/equality-hub/core20plus5/>

Its view is that at the heart of our activity should be bringing together (in workshops, focus groups, etc.) Black and minority ethnic residents who use health services with those who provide the services. These events will explore people's lived experience of unequal treatment and outcomes and enable service providers to hear at first hand where the system is failing.

The ultimate outcome will be a co-produced improvement plan which identifies what needs to change and recommends how best to effect change so as to ensure a truly equal health care system.

It will be essential that conversations are meaningful in that they are perceived as leading to positive change, which will in turn build trust and confidence. If they prove to be only another talking shop, participants are likely to have their trust further undermined and their scepticism deepened.

It will also be important to structure this work in the right way from the beginning, with the NHS, council and community partners all making a commitment to work in a co-produced way.

A wide range of residents will need to be involved, including those who may have been poorly reached in the past.³ Priority target groups will include Black Caribbean, Somali and other Black African communities. We will also wish to work in close collaboration with NHS-led initiatives, such as that being planned by Imperial.

Initial engagement will involve existing third sector organisations, five new Community Health Champions (to be recruited) and existing council outreach work, supplemented by new communication activity. Opportunities provided by existing programmes, such as scheduled sessions run by the council's sports development team, will be explored.

6. Next steps

We look forward to the Health and Wellbeing Board's views on the approach set out here and how we can most effectively work together to achieve the shared aim of ending local ethnic health inequalities.

³ Note: the term "*hard to reach*" is often wrongly used to describe people who do not engage with services. We dislike this term as it places the blame on them. We prefer the term "*poorly reached*" as this recognises the responsibility of those providing services to engage proactively with the people who most need them.