



ADPH London

Supporting Black, Asian and Minority Ethnic communities during and beyond COVID-19

Action Plan 2021-2026

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In February 2021, ADPH London released a [position statement](#) in supporting Black, Asian and minority ethnic communities during and beyond the COVID-19 pandemic. This statement highlights racism as a public health issue, given the immediate and structural factors that have impacted them, and highlights the following five themes for action plan development:

- **Trust and cohesion**
- **Improving ethnicity data collection and research**
- **Diversifying the workforce and encouraging systems leadership**
- **Co-production with communities**
- **Embedding public health work in social and economic policy**

A working group was convened to reflect on these themes and consider where action and support is needed, with guest speakers invited to share good practice. We hosted a London DsPH roundtable in June 2021 to mark the one-year anniversary of the PHE Beyond the data report, to reflect on our practice on this matter over the past year and consider collective mitigating actions. Following these discussions, we have agreed to a set of actions we will deliver and/or influence over the next five years.

Our action plan – what we said and what we will do



Following the release of our position statement we considered actions that were in alignment and/or beyond the scope of what was proposed.

Racism is a public health issue and it is vital that we develop approaches to take action to mitigate any further widening of inequalities amongst between Black, Asian and minority ethnic communities and White British people. We will develop an action plan focusing on the following themes:

Trust and cohesion

- Be cognisant of our use of terminology – particularly the term ‘BAME’ - in public health practice to describe ethnic minorities when engaging with communities and local leaders.

Co-production with communities

- Understand what good practice is when it comes to co-production with minority ethnic communities and share best practice and training for DsPH/CsPH and local public health teams.

Improve ethnicity data collection and research

- Consider how we work with NHS and social care partners to improve ethnicity data collection and engage with local communities to consider how we classify ethnic identity in data collection.

Embedding public health work in social and economic policy

- Bring our public health voice to addressing structural inequalities experienced by minority ethnic groups with housing and employment.

Diversifying the workforce and encouraging systems leadership

- Encourage effective equality, diversity and inclusion (EDI) training and practices amongst local public health staff.
- Advocate for ethnicity pay gap reporting and an effective local government Workforce Race Equality Standard (WRES), learning lessons from the NHS.

We support the work that the wider system are doing in recognising ethnic identity, being aware of the term ‘BAME’. We will focus on building trust and cohesion with communities, understanding what it is, and how we build and strengthen this.

Our plan will focus on supporting public health professionals and wider partners in understanding co-production and what good practice looks like.

Our plan will focus on improving ethnicity data collection and research, and exploring ethnic identity with communities and the wider system.

Our plan will focus on bringing our public health voice to raising awareness on the structural racism in wider determinants including housing and employment.

Work is already taking place in the wider system with [London Councils](#) planning ethnicity pay reporting and race equality standards for London local authorities. Our plan will focus on public health recruitment and mentoring support for those from Black, Asian and minority ethnic backgrounds (entry to senior level).

Trust and cohesion



We need to:

- Understand trust and cohesion at local, subregional and regional level
- Increase awareness and use of language in our practice as public health colleagues, and consider our relationship with local communities
- Recognise and support the trusted voices that are integral to our public health practice

What does success look like?

- Improved voice and engagement of communities, particularly those who were not heard pre-pandemic
- Trusted voices to be recognised, strengthened and embedded in public health and policy practice, and with wider health and care partnerships
- More trusted relationships between local communities and London public health (and wider) organisations where it is lacking

Actions	ADPH London role	Outcomes
Reciprocal mentoring <i>Public health professionals to be paired with a member(s) of the community with lived experience</i>	<i>Deliver</i>	<ul style="list-style-type: none"> • Balance powers in relationship between mentee and mentor • Reflective approach to help inform public health professionals role in building trust and cohesion amongst individuals and communities • Inform public health approach to building trust and cohesion
Identify research on trust and cohesion <i>Review of trust and cohesion amongst minority ethnic communities, and commission research where there are gaps in London</i>	<i>Deliver and influence</i>	<ul style="list-style-type: none"> • Understanding and awareness of trust and cohesion at local, subregional and regional level • Inform culturally sensitive approaches in public health practice
Support Covid community champions <i>Support the Covid community champions network and how they are embedded in the wider system during and beyond the pandemic</i>	<i>Influence</i>	<ul style="list-style-type: none"> • Retain and support champions as trusted local voices, and help inform public health practice • Share good practice and support fellow champions • Retention of champions as a key asset of public health workforce
Reference group <i>Local communities to hold us to account on this programme, and be a critical friend on engagement and delivery of actions and wider programme of work</i>	<i>Deliver</i>	<ul style="list-style-type: none"> • Renewed relationship with public health on this agenda • Inform culturally sensitive approaches in public health practice
Reset our relationship with communities <i>A commitment through a statement/contract to a renewed relationship with communities, acknowledging the trust needed to be built particularly amongst minority ethnic communities</i>	<i>Deliver and influence</i>	<ul style="list-style-type: none"> • Balance powers in relationships • Clear position of public health (and wider organisations), learning from the impact of the pandemic in building trust and cohesion amongst individuals and communities long term • Inform public health approach to building trust and cohesion

We need to:

- Ensure good principles and practice of co-production are embedded in public health and the wider system
- Address the challenges in embedding evaluation in co-production

What does success look like?

- Establish good practice in public health and with wider partners on co-production with equity in resourcing
- Strengthened and balanced relationships between communities and health and care professionals with power relations for initiatives and research
- More culturally sensitive services that align with community needs

Action	ADPH London role	Outcomes
<p>Definition and practice of co-production <i>A unified definition of what it is and what good practice looks like, recognising local charters and good practice that is already taking happening in the system.</i></p>	<i>Deliver and influence</i>	<ul style="list-style-type: none"> • Better understanding of co-production and good practice in public health and wider partners • Awareness of approaches in the wider system
<p>Toolkit and training for boroughs <i>Informed by co-production practitioners/specialists for public health teams and wider partners.</i></p>	<i>Deliver</i>	<ul style="list-style-type: none"> • Share good practice and evaluative processes to assess impact of co-produced initiatives and/or research • Reduce negative experiences of health and care services for communities by producing research and initiatives that are culturally sensitive
<p>Support in embedding evaluative methods in co-production <i>Work with an academic to support public health and the wider system to measure outcome and impact of initiatives</i></p>	<i>Deliver and influence</i>	<ul style="list-style-type: none"> • Better informed on outcome and impact of co-produced initiatives • Greater awareness and understanding in methodology that is inclusive of all parties involved
<p>Public health's voice on access to resources <i>Challenging the status quo on access to resourcing and funds for public health professionals and support from system partners.</i></p>	<i>Influence</i>	<ul style="list-style-type: none"> • Address challenges to resourcing the co-production activities at local, subregional and regional level • Challenge the status quo of resourcing and access to funding

Improve ethnicity data collection and research



We need to:

- Take stock on completeness and inclusion when it comes to data collection
- Understand how ethnic identity and information sharing is this perceived amongst communities, and build trust around this

What does success look like?

- Completeness and detail on ethnicity data to help inform public health practice to help drive change in addressing health inequalities
- Culture change in data collection and sharing (under data protection laws) in the wider system
- Trusted relationships with communities with regards to data collection

Actions	ADPH London role	Outcomes
<p>Completeness and quality <i>Work with health and care partners to improve completeness and quality (including granularity) of ethnicity data and sharing with wider partners to help inform practice and drive change in addressing inequalities</i></p>	<p><i>Influence</i></p>	<ul style="list-style-type: none"> • Improved data quality and completeness at region, subregional and local level • Greater partnership working on improving data collection and research • Improved intelligence on health inequalities and trends
<p>Identify research in understanding data collection and ethnic identity with local communities <i>Identify what research is available and gaps where further research is needed in defining ethnic identity, best practice in data collection, and trust on data collection.</i></p>	<p><i>Deliver and influence</i></p>	<ul style="list-style-type: none"> • Good data collection and research practices embedded in public health practice • Improved engagement with communities on ethnicity data collection methods • Improved understanding in defining ethnicity for granularity in data collection
<p>Training and toolkit <i>Train and share good practice on data collection (e.g. Health Impact Assessments, Equality Impact Assessments, local insights etc), and application of data intelligence to address inequalities.</i></p>	<p><i>Deliver</i></p>	<ul style="list-style-type: none"> • Understanding on good practice in data collection and research practice • Understanding in use of data to inform culturally sensitive approaches in public health practice • Focus on using data to help inform action and change • Data informed approach in culturally sensitive approaches in public health practice



We need to:

- Speak out on structural racism and challenges faced across the wider determinants of health
- Keep this matter on the agenda in our practice

What does success look like?

- Transparency and shared accountability and a drive for change with wider system partners
- Safe space to learn how to challenge and confront these issues in influential spaces

Actions	ADPH London's role	Outcomes
<p>London data and research on structural inequalities experienced by minority ethnic communities <i>A London approach to understanding the impact across the wider determinants</i></p>	<p><i>Influence</i></p>	<ul style="list-style-type: none"> • Improved data oversight and monitoring in London on structural inequalities in London • Inform initiatives around tackling structural racism in public health
<p>A voice in the London equity and recovery architecture</p> <ul style="list-style-type: none"> • <i>The London structural inequalities subgroup (and wider architecture)</i> • <i>Social value contracting and influencing anchor institutions</i> • <i>Working with our ICS partners</i> 	<p><i>Influence</i></p>	<ul style="list-style-type: none"> • Bring public health's voice in influential spaces
<p>Thematic network <i>For public health professionals and key partners to:</i></p> <ul style="list-style-type: none"> • <i>Share practice at local, subregional and regional level relating to inequalities amongst Black, Asian and minority ethnic communities</i> • <i>Safe space to talk and equip in handling difficult conversations on structural racism in public health</i> • <i>Making every contact count in all policy</i> • <i>Broad and iterative process to keep this matter on the agenda</i> 	<p><i>Deliver and influence</i></p>	<ul style="list-style-type: none"> • Keep this matter on the agenda during and beyond the pandemic • Supportive space for public health professionals and peers to challenge their practice and wider system • Partnership working, with opportunities to have a pan-London approach and share learning

Diversifying the workforce and encouraging systems leadership



We need to:

- Address the lack of diversity of the public health workforce, particularly at senior level
- Dismantle norms and go beyond unconscious bias training

What does success look like?

- Workforce that is representative of the London's diverse population, with developmental support (entry to senior level)
- Culture shifts on the structural factors associated with inclusive practices – having a psychological safe space
- Systems approach to tackling health inequalities with recognition of workforce – putting our house in order

Action	ADPH London role	Outcomes
<p>Workforce mentoring programme <i>Support public health professionals from Black, Asian and minority ethnic communities entering the profession, from entry level to senior level</i></p>	<i>Influence</i>	<ul style="list-style-type: none"> • A strong support network for psychological safety that is embedded in London public health
<p>Training <i>Training our public health leaders on areas such as cultural humility, inclusive leadership, anti-racism approach and allyship</i></p>	<i>Deliver</i>	<ul style="list-style-type: none"> • Understand 'ethical culture' and the role of leadership with support and training for this.
<p>Entry, middle and senior level recruitment</p> <ul style="list-style-type: none"> • <i>Public health registrars – work with system partners to address the leaky pipeline of trainees from minority ethnic backgrounds</i> • <i>Support through the portfolio route to elevate middle managers into senior roles</i> • <i>Public health apprenticeships – work with system partners to widen entries to careers in public health and progression (link with ADPH London Workforce programme)</i> 	<i>Influence</i>	<ul style="list-style-type: none"> • Encourage diverse workforce and pipeline for future leaders through improved recruitment and retention • Improved entry routes to public health careers, bringing in diverse and trusted voices into the profession • Challenging the system and reduce barriers in the public health specialty training recruitment process (and other entry routes)
<p>Regular publishing of recruitment data <i>Lobby for data on public health specialists by ethnicity (and other protected characteristics) to be regularly published.</i></p>	<i>Influence</i>	<ul style="list-style-type: none"> • Transparency in understanding the workforce demographics • Inform diverse workforce and pipeline for future leaders through improved recruitment and retention • Challenging the system where needed in reducing barriers to public health roles by race and ethnicity and/or other protected characteristics



ADPH London

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