London Anti-Racism Collaboration for Health (LARCH)

Launch event November 21st 2023

On Tuesday 21st November, 2023, we gathered together to celebrate, to share and to invest in the London anti-racism collaboration for health.

Over 100 people attended the first event, and we heard from a range of senior leaders in London and their support for, and journey in anti-racism work including the Deputy Mayor Debbie Weekes-Bernard, North East London Integrated Care System Chair Marie Gabriel, Regional Director of Public Health Professor Kevin Fenton, UCL Professor and Director of the Institute of Health Equity Michael Marmot, and London Regional Director of NHS England Caroline Clarke.

This is a summary of the event, focusing on the table discussions on what an anti-racist health and care system looks like and what we can do to get there. These themes will inform the LARCH programme of work over the next 12-18 months.

We have also collated presentations from the ten table presenters who generously shared their expertise, time and work to help us think about and learn from what we are already doing in London to make progress towards tackling ethnic health inequalities through an anti-racism approach.

We hope you enjoy reading this report.

Speakers and Bios:

Debbie Weekes Bernard, Deputy Mayor Communities and Social Justice

Dr Debbie Weekes-Bernard is London's Deputy Mayor for Communities and Social Justice.

Since taking office, Debbie has made it a priority to ensure London's diverse communities have a voice in their city. She works to promote social justice and equality for all communities and is a key player in driving London's social recovery from COVID-19.

Debbie chairs the Mayor's Equality, Diversity and Inclusion Advisory group, as well as London's Strategic Migration Panel and is co-chair of the Diversity in the Public Realm Commission. She is also a member of the TUC Anti-Racism Taskforce and the World Economic Forum Global Future Council on Systemic Inequalities and Social Cohesion.

Marie Gabriel, Chair of NEL ICS, Chair of the Race and Health Observatory, and London Health Board Champion for tackling structural racism

With almost 20 years of NHS Board experience, Marie is currently the Independent Chair Designate of the North East London Integrated Care System, Chair of Norfolk and Suffolk NHS Foundation Trust and of the NHS Race and Health Observatory. Prior to this, Marie chaired East London NHS Foundation Trust and before that commissioning organisations with budgets up to £3bn. Her first NED role was as Vice Chair of Newham University Hospital Trust. Marie's national roles include membership of the National People Board and National Equality and Diversity Group and she is also the Co-Chair of the London People Board and a member of the Greater London Authority's London Health Board.

Prof Kevin Fenton, Director, Office for Health Improvement and Disparities (London), Regional Director of Public Health, NHS London, Statutory Health Advisor to the Mayor of London, GLA and London Assembly

Professor Fenton is a senior public health expert and infectious disease epidemiologist, who has worked in a variety of public health executive leadership roles across government and academia in the UK and internationally, including taking a leading role in London's response to the COVID-19 pandemic. He was awarded a CBE in the 2022 New Year honours list for services to public health.

Professor Fenton became the Regional Director for London in the Office for Health Improvement and Disparities (OHID) within the Department of Health and Social Care (DHSC) in October 2021, having previously held the same position within Public Health England from April 2020 until its functions transferred to OHID. Within this role, he is also the statutory public health advisor to the Mayor of London and the Greater London Authority and the Regional Director of Public Health for NHS London. He provides leadership across London for health and wellbeing, prevention of ill health, health protection and reduction of health inequalities.

Jabeer Butt OBE, Chief Executive Race Equality Foundation

Jabeer has an international reputation for his evidence-based work tackling discrimination and disadvantage. His studies have been used to inform government thinking, including interventions such as Sure Start, as well as the NSPCC's Grove House Family Centre.

Jabeer has a key role in the Health and Wellbeing Alliance, which has helped create better conversations between the Black and minority ethnic-led voluntary sector and the Department of Health and Social Care (DHSC), NHS England and Public Health England. Jabeer was on the Marmot Advisory Group, supporting Sir Michael Marmot to produce his report on the social causes of health inequalities.

Jabeer also sits on a number of other boards and committees. He was awarded an OBE in the 2013 Queen's New Year Honours List for his services to health equality.

Sir Michael Marmot, Professor of Epidemiology and Public Health at University College London, Director of The UCL Institute of Health Equity

Professor Sir Michael Marmot is Professor of Epidemiology at University College London, Director of the UCL Institute of Health Equity, and Past President of the World Medical Association.

He is the author of The Health Gap: the challenge of an unequal world (Bloomsbury: 2015) and Status Syndrome: how your place on the social gradient directly affects your health (Bloomsbury: 2004). In 2021 Professor Marmot received BMJ's Outstanding Contribution to Health award.

Professor Marmot has led research groups on health inequalities for over 40 years. At the request of the British Government, he conducted the Strategic Review of Health Inequalities in England, which published its report 'Fair Society, Healthy Lives' in February 2010. This was followed by the 'European Review of Social Determinants of Health and the Health Divide', for WHO Euro in 2014.

In February 2020, Professor Marmot launched the 'Marmot Review 10 Years On', which serves as an update to the 'Fair Society, Healthy Lives' review. In December 2020 he published 'Build Back Fairer: The COVID 19 Marmot Review'.

Caroline Clarke, Regional Director for the NHS in London

Caroline Clarke is the Regional Director for the NHS in London, which leads the NHS' work in the capital and has an ambitious transformation agenda.

Caroline was previously Group Chief Executive (2019 – 2023) and Deputy Chief Executive (2012 – 2019) at the Royal Free London NHS Foundation Trust since 2019, leading one of the largest teaching trusts in the country.

Prior to this, Caroline held senior positions including as Finance Director at multiple NHS Trusts and as Associate Partner in KPMG's health strategy team.

Agenda of the day:

11.45- 12.15	**Arrive - sign-in, refreshments and marketplace**
12.15- 12.25	**Welcome** ● Debbie Weekes-Bernard, Deputy Mayor Communities and Social Justice ● Marie Gabriel, Chair NEL ICB, Chair Race and Health Observatory
12.25- 12.35	**Introductory Address** ● Prof Kevin Fenton, Director, Office for Health Improvement and Disparities (London), Regional Director of Public Health, NHS London, Statutory Health Advisor to the Mayor of London, GLA and London Assembly
12.35- 12.45	**Collaborating with communities** ● Jabeer Butt, Race Equality Foundation ● Zeenat Jeewa - Asian People's Disability Alliance. ● Juliyah Brown - Croydon BME Forum
12.45- 13.05	**Our vision for anti-racism in health and care in London -** **Table discussion (1)** ● Marie Gabriel, Chair NEL ICB, Chair Race and Health Observatory
13.05- 13.35	**Anti-racism journeys: Panel Discussion** ● Chaired by Marie Gabriel, Chair NEL ICB, Chair Race and Health Observatory ● Panellists: Prof. Kevin Fenton, Regional Director of Public Health; Sir Michael Marmot, Director of The UCL Institute of Health Equity; Caroline Clarke, Regional Director for the NHS in London
13.35- 14.10	**Lunch and marketplace**
14.10- 14.55	**Supporting change and action -** **Table discussion (2)** ● Case study presentations followed by discussion (see appendix) ● Caroline Clarke, NHSE London - reflecting on progress and further change
14.55- 15.00	**Closing** ● Marie Gabriel, Chair NEL ICB, Chair Race and Health Observatory
15:00- 15:30	**Marketplace and networking**

SUMMARY OF TABLE DISCUSSIONS

What does an anti-racist health and care system look like?

Respectful, open to different views

An anti-racist health and care system would be based on respect, where people who are part of the system are open to different views. Challenge is invited as part of the learning. Respect relates to humility, where we acknowledge that we do not always have the answers and we do not always get things right, but we keep learning and trying to make things right.

Power is shared, and this includes sharing of knowledge, resources and opportunities. These themes link directly to definitions of racism, one of which was quoted during the event from Camara Jones, where racism is "a complex system of structuring opportunity and assigning relative value based on phenotypic[1] characteristics, unfairly disadvantaging ethnic minority groups and unfairly advantaging white people."[2]

Open, transparent, accountable, collective responsibility

One way to make sure we are heading in the right direction is to take collective responsibility. All organisations and groups will be responsible for the outcomes of the system, and not just the few whose job title it is to address health inequalities or equality, diversity and inclusion (EDI). Amongst our leaders, we want to see colleagues taking a proactive approach, being visible and vocal in their support for this work. The bulk of the work should not fall on the shoulders of people from minority groups. Attendees felt that a visible commitment was important, whether through a public statement, or through supportive allyship.

Honesty and transparency in accountability for the work, the progress and outcomes will help build trust and assurance of progress. Developing a theory of change, with a shared understanding of the different steps we take towards achieving the outcomes we are looking for is one of the early deliverables for the LARCH. But this will be an iterative process. As our understanding of what can be achieved grows, the steps we need to take will also change. The strategic framework can also remind us of the different areas of work, so that we can take a holistic view to tackling ethnic health inequalities through an anti-racist approach.[3]

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[1] Phenotypic means physical appearances and/or features

[2] Jones, C.P. (2000) 'Levels of racism: a theoretic framework and a gardener's tale', American Journal of Public Health, 90(8): 1212–15. doi: 10.2105/ajph.90.8.1212.

[3] London Health and Care Partnership: London Anti-Racism Collaboration for Health (LARCH) – London Health and Care Partnership (transformationpartners.nhs.uk)

No gaps, equitable, fair

Ultimately the outcome we are aiming for in the health and care system is health equity. There will be no unfair or avoidable gaps in access, experience and outcomes for people from different ethnic groups. There will be equitable recruitment, pay and promotions for all staff working in the health and care sector. Racism will no longer be a driver of health outcomes. When health inequalities are widening, as they are today, and people from ethnic minority groups are more likely to live in deprived areas, achieving health equity will remain an ambition for some time yet. However, evidence suggests that there are initiatives that can support progress towards reducing ethnic health inequalities which redresses the imbalance of power, particularly those where community voices have a central role to play.[4]

Integrated, embedded, mainstreamed, holistic, sustained, not tokenistic

It is hard to imagine a future that does not yet exist from a perspective that is limited by our current experiences. The consistent call from many tables to make this "sustainable" and not just a "side project" so that anti-racism is mainstream reflects that many of us feel that this idea we are working on is at risk of being short-term and separate. Looking around the room, many of us saw familiar faces, those who we know are already committed to this work. But how do we get everyone else on board? The LARCH could serve as a conduit for more people to join this work, through events, sharing learning and case studies of good practice.

There was a sense of hesitation amongst some tables in expressing what we want the future to look like, because this conversation is difficult, and to push past the emotions, to a place that does not currently exist takes time. The need **for comfort with discomfort** was raised, as well as curiosity.

We do not know what the future that we are trying to build looks like because it does not exist and it has never existed, and all we can do, is to imagine what it would feel like, and try out different ideas about how we could get there, building on what we know works, and what our communities tell us could work.

How do we get there?

Proactive, fast paced action orientated approach

There was a demand for a proactive, fast-paced, action-orientated approach that takes forward what we already know, and what the data already shows us. One of the functions of the LARCH should be a call to action. At the event, we heard from a range of organisations and examples of their work to tackle ethnic health inequalities. A summary is provided in the

[4] Community coalition-driven interventions to reduce health disparities among racial and ethnic minority populations - Anderson, LM - 2015 | Cochrane Library

next section. We can draw from these examples and learning to show that action can be taken now; from leadership development, workforce training, organisational change to working with local communities, there are many examples of how to deliver on the London strategic framework to ensure progress towards addressing ethnic health inequalities. Build on what works, develop the evidence and scale up.

As well as these programmes of work, there were discussions on how everyone in the room can start their own work, through reflection, role modelling and speaking up. Stay focused on action, not just talking.

Also realistic….

As well as fast paced, there was a call for the LARCH to be realistic in what can be achieved, recognising that the structural nature of ethnic health inequalities are entrenched and embedded in the system and in health outcomes. Racism is not new, and there are no simple solutions. It's important to keep learning, and as mentioned above, to stay curious to what we are trying to achieve. There is a balance between being ambitious with our work, yet staying realistic so that we are not discouraged or demoralised when we realise that progress can be slow. We can keep check with stating our ambitions, through a theory of change, understanding the limits of what is possible, identifying what outcomes we are hoping to achieve over time and what we are doing to get there. Taking an innovation and learning approach can also help us accelerate progress, where we keep trying different ways to change, and checking to see if they work, along with this approach is understanding that some of what we do may fail.[5] Sharing our learning is one way the LARCH can support progress, and as a community, supporting each other will maintain it.

Data (incl ethnicity data), evaluation, metrics, test and learn

Being transparent, action orientated and realistic requires sharing information and understanding progress. Some attendees raised issues around data, evidence and the importance of learning. There is already a wide range of data that can be linked to ethnicity, and in other areas, where ethnicity is not routinely collected. Although a lack of data, or available data should not hamper efforts to deliver programmes of work, we need to also work on collecting new data, as well as analysing, reporting and using data we already have. This will help with evaluation, including rapid evaluation efforts in the form of test and learn approaches. Understanding where we are with progress also requires metrics, and as part of a theory of change, we will aim to identify suitable metrics that will help us assess how well we are doing. Providing guidance on how to assess progress will also help with consistency between different sectors and organisations. At the moment, some areas such as the NHS have offered training and workforce monitoring for years whereas it is still voluntary in social care.

[5] https://www.hsj.co.uk/health-inequalities/the-nhs-must-become-proactively-anti-racist-/7036171.article

Supportive, enabling training

Training and education is a key element of change. There was a call for meaningful and compulsory training, that was not e-learning or just a tick-box exercise. A wide range of training programmes and courses are already available, but quality and content varies. Training that is enabling and supportive were considered more effective, where all participants can feel empowered, and shame is not a feature. One way to monitor progress would be to review completion of training, and individuals can use certificates of completion as part of their professional development. There was a suggestion of tying promotions and incentives to completing significant anti-racism training.

Younger generations of doctors and NHS workers are potential future leaders. We should also offer training to this cohort to ensure that change is perpetuated. This can also help to embed anti-racism into the system and create a cultural transition over time as older people retire from the service and younger workers with greater awareness of structural racism and different mindset can bring in the change we hope to see.

Community voices: being valued, co-production

Valuing community voices in the decisions, design and delivery of services was a feature of what an anti-racist system could look like, and also how we can get there. Sharing power through authentic co-production, where community partners have an equal say in how we develop services, is an important part of building trust. True partnership, with communities and with patients requires time and resources, and depends on other themes raised in the event, such as respect, honesty and accountability.

Shared language

Another element to building trust and true partnership is shared understanding. This includes having a shared language. A starting point is a common understanding of some of the words we commonly use in this area of work, such as racism, and the structural nature of racism, what it means for some to feel excluded by the term “inclusion”. There are unintentional harms when we frame the problem as situated in the groups we are trying to support, and then ask for their help to fix the problem. That is why partnership is an essential part of the LARCH, with a collective ownership of the health inequalities that we see in London, and working together to reduce the impact of racism as a driver of these inequalities.

Beyond health, beyond EDI, into culture.

Finally, although the LARCH is a collaboration for health, there is a recognition that we have to work beyond the health sector so that we can change health outcomes. The social and

economic factors that contribute to health such as housing, education, employment plays an important role in perpetuating health inequalities, and as the LARCH matures, we need to consider how we extend our work beyond the health and care sector. Work has to reach beyond what has been traditionally contained in the EDI context. Although EDI is concerned with fair opportunities for all, particularly those with protected characteristics, the development of EDI often relates to opportunities in the workplace and the internal environment of an organisation. What we are working towards is health equity, which are "differences in health which are not only unnecessary and avoidable but, in addition, are considered unfair and unjust" and brings in considerations of justice and rights for the whole of society.[6] Therefore, we have to look beyond health, beyond EDI and into culture.

All these themes were drawn from the table discussions at the LARCH launch event. There is a significant task ahead, but the overwhelming support and enthusiasm for this work must be accompanied by action.

We leave you with one last word from the table feedback that sums up what we have and what will sustain us:

Hope.

[6] Whitehead, M (1991) The Concepts and Principles of Equity and Health, WHO, EURO Report.

Table Presentations

You can visit the LARCH webpage on the London Health and Care Partnership website for further information about these brilliant organisations and projects.

Zoë Reed Joint PCREF Strategic Lead with Dr Jacqui Dyer MBE	South London and Maudsley NHS FT Patient and Carer Race Equality Framework [PCREF] NHSE pilot sites.
Dr Natasha Curran Medical Director, HIN	HIN Anti-Racism Project Evaluation, Health Innovation Network South London
Zoe Hooper Senior Consultant Transformation Partners in Health and Care	Fellowship for ethnic minority midwives and an Anti-Racism Framework
Safia Marcano Programme Manager for ADPH London's Public Health Tackling Racism and Inequality Programme Hackney Council	Public Health: Tackling Racism and Inequality Programme. Association of Directors of Public Health London
Dr Habib Naqvi MBE Chief Executive NHS Race and Health Observatory	NHS Race and Health Observatory
Dugald Johnson Policy and project officer WIN Network, GLA	Workforce Integration Network (WIN) - Inclusive employer toolkit for healthcare
Tracey Bignall Senior Policy and Practice Officer Race Equality Foundation	Race Equality Foundation - High blood pressure and African and Caribbean communities
Juliet Amoa Associate Director, EDI Community Health and Engagement, Lambeth Council	London Inspire - Supporting the health of Black Londoners
Dr Adeola Agbebiyi Deputy Director of Public Health, Newham Council	Becoming an anti-racist health & care system - Newham's approach
Natalie Creary Liberating Knowledge	Health and Racial Justice Labs

Next steps

We are keen to keep building momentum around this work over the next few months, while the procurement of a delivery partner continues. To give a sense of what is coming up, our proposed next steps are below:

- This summary of your table discussions at the event will help develop future LARCH activity.
- In early 2024 we will hold online learning events, taking forward topics highlighted through the table discussions.
- We aim to have a support provider in place by April 2024.

Please keep an eye out for emailed updates for further information.