

North West Public Health Anti-Racism Consensus Statement

1. Purpose

The purpose of the North West Public Health Anti-Racism Consensus Statement is to affirm our collective commitment to adopt anti-racism approaches in Public Health practice, commissioning, design and delivery of Public Health programmes and services to reduce health inequalities in our local communities.

2. Introduction and Context

Structural racism is racism which is embedded and normalised in societal norms, cultures, laws, and institutions, affecting the whole population and with origins in longstanding historical processes - [Structural Racism, Ethnicity and Health Inequalities in London - IHE](#). Structural racism leads to and reflects other expressions of racism, including institutional and interpersonal racism. Repeated exposure to racism leads to an accumulation of disadvantage and poorer health over the life course. Racism affects health in three, interrelated ways. Firstly, experiencing racism directly damages physical and mental health. Secondly, racism may be a cause of socioeconomic disadvantage and adverse exposure to the social determinants of health which undermine health. Thirdly, racism damages health through the operation of the health care system and other services.

Certain groups are more likely to face inequality, experience poor outcomes and to live in poverty than others. Often these outcomes are used as an excuse not to acknowledge racial inequality, but groups are not more disadvantaged by chance. Structural disadvantage is rooted in racism and discrimination that is both historical and current. We do have legislation to protect against overt racism, negative attitudes and treatment, but many of the systems that discriminate do so because of more subtle and covert unchecked “prejudice, assumptions, ignorance, thoughtlessness and racist stereotyping.”

3. Local Authorities and Anti Racist Commitments

We encourage all local authorities to proactively demonstrate taking an anti-racist approach because the most damaging aspects of inequality and racism are embedded in society - [LGA statement on local government's commitment to tackling racism | Local Government Association](#). It is not enough to “not be racist” or to focus on tackling conscious bias or hatred, like racial abuse. It is everyone’s responsibility to proactively and continuously:

- Unpack and reset beliefs, assumptions and values;
- Take action when we observe racism come into play, in beliefs, assumptions and values and the decision and actions that follow, however subtle;
- Be humble and educate ourselves in what we don’t know about racial inequalities and racism that exists, rather than putting the onus on others to educate us.

4. Harnessing our Strengths in Anti-Racism Approaches

This commitment to achieve racial equality should be publicly adopted by all local authorities using a consistent approach driving change.

Our core principles are to:

1. Work together as a whole system across the North West Public Health system and influence other public bodies and civil society to adopt a common commitment and approach to tackling racial inequality.
2. Build on strengths in communities and be ready to devise solutions with them.
3. Focus on changing our institutional Public Health leadership and organisational cultures.
4. Understand and acknowledge that racism is a form of trauma, which impacts on individuals and communities, and can also be intergenerational and that the answer is not just about support for individuals but undoing the systems and processes within our organisations which continue to do harm.

5. Use the disaggregated data intelligently to inform policy and planning. We need to look at where there are patterns of discrimination experienced by ethnically diverse groups, but also move beyond the 'broad brush' data about communities from Black, Asian and Multi-Ethnic backgrounds. This means understanding specific needs, impacts and experiences of distinct groups and taking an intersectional approach to identifying and tackling issues by recognising that there is diversity within all groups: socio-economic background; gender; sexuality; faith and other identities that can exacerbate and compound racial inequalities. A central component and initial step is for all local authority to openly publish ethnicity pay data.

5. Anti-Racism in Public Health Practice – Our 10 Point Action Plan

What we will influence and provide leadership:

1. We commit to enhancing our inclusive leadership as a core part of our health equity Public Health practice.
2. We will focus on improving ethnicity data collection and research.
3. We commit to using our existing Health and Wellbeing Boards, Inequalities Board(s), groups and forums with partners to have focus and intentional action taking on the intersectional look at inequalities to create equity within and outside our organisation with our communities.
4. We will aim to diversify our Public Health workforce and encouraging systems leadership.
5. We will utilise our Public Health capacity and skills to enable co-production with communities.
6. We will work to embed anti-racism public health work in social and economic policies and plans e.g. Health & Wellbeing Strategy, Local Plan, Growth Plans, Neighbourhood programmes, NHS 10 Year Plan, Get Britain Working.

Where we will influence across our organisation and system working:

7. Our culture will enable safe learning spaces for all to discuss racism where respectful questions and answers will be the order of the day, we work to ensure that our staff and managers have the required support via training, policies and resources to manage and report racism and racist incidents including provision of support for those who have experienced or observed it.
8. We commit to starting the review of all our policies, procedures and services to ensure they are inclusive, equitable and anti-racist, we acknowledge the breadth of this task hence why we commit to starting rather than concluding this.
9. We will also be clear with our partners about our expectations of them to both understand and align with our ethos.
10. We commit to tackling and addressing misinformation and disinformation that creates greater barriers and poses risk to population health and social cohesion.

Resources

1. Faculty of Public Health: Anti Racism and EDI - [Anti-racism and EDI - Faculty of Public Health](#)
2. ADPH London Anti-Racism Collaboration for Health (LARCH) - [Public Health Tackling Racism and Inequality Programme | ADPH London](#)
3. Local Government Association Equalities Hub - [Equalities hub | Local Government Association](#)

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