

**WORKING
TOGETHER
TO MAKE
A DIFFERENCE**

**JOINT STRATEGIC NEEDS
ASSESSMENT ON GLOBAL
MAJORITY COMMUNITIES
IN WESTMINSTER**



Introduction

Health inequalities are unfair and avoidable.

The differences in people's health and their experience of it are largely influenced by the conditions in which we are born, grow, live, work and age¹. How long someone is likely to live (their life expectancy), and how many of those years are spent in good health (healthy life expectancy) are helpful measures of the health of the population.

Overall, the life expectancy in Westminster is among the highest in the country. However, we also have some of the highest life expectancy gaps. The relationship between deprivation and life expectancy is well acknowledged and understood. However, this is not equally mirrored when we look at health inequalities through an ethnic lens.

Almost half of our residents are from a Global Majority* background.

***We use the term Global Majority to refer to all ethnic groups except white British and other white groups, including white minorities. This includes people from Black, Asian, mixed, and other ethnic groups, who make up approximately 80% of the global population.**

Residents from different ethnic groups and those with additional health needs are more likely to live in poorer health and report poorer experiences of using healthcare and other essential services.

These differences, often referred to as health inequalities, can lead to lower life expectancy, higher disease burden, poorer quality of life, and reduced social and economic opportunities for Global Majority communities in Westminster.

While local data tells us that not all health conditions are more common among Global Majority residents, we see higher prevalence of cardiovascular disease, obesity and diabetes. Premature death from these conditions is usually preventable by increasing physical activity and good nutrition and have access to preventable health interventions.

Health inequalities are unfair and avoidable. We spent a good part of 2023 having conversations with residents from Global Majority backgrounds and community groups in Westminster to understand their experiences and the challenges they face in maintaining healthier lifestyles.

This has provided valuable insight which we are using to shape our services.

We are working with our partners across the council, in the voluntary, community and faith sector, and the wider health and social care system to deliver an ambitious work programme to tackle inequalities and becoming Healthier and Fairer, together through our #2035 aspiration, and improve wider health for people living in Westminster.

"As a Black, migrant woman I feel that I am excluded from many activities and opportunities that I deserve, and these things are withheld without any proper explanation. I am simply told 'that's just how things are.'" - Westminster resident

¹ <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

In addition to our strategic plan for a **Fairer Economy**, and commitments to delivering **Fairer Housing** and **Fairer Communities**, we are also guided by our key strategies on Community Engagement, Adult Social Care and Health's Co-production, Emotional Wellbeing and Mental Health, Cost of Living and Air Quality, to name a few.

We are investing more in the Voluntary, Community and Faith Sector, empowering them to succeed in meeting the local need, and developing services so they are culturally competent. This is set out in our **Voluntary and Community, Sector Investment Strategy**, and will enable us to achieve the wider ambitions of our **Health and Wellbeing Strategy 2023-2033**. (Figure-1)

While extensive work is underway to achieve health equity for all, more needs to be done to increase our understanding of how structural racism leads to different health outcomes for some people and we will use the launch of our anti-racist charter to cement our commitment to become an anti-racist organisation and tackling racial inequality.

As a local authority, we are committed to listening, improving our data collection, being responsive to challenge and change, and accountable to making a difference. Only by working together, along with residents and the skills of our Voluntary, Community and Faith Sector, can we tackle health inequalities experienced by residents.



Figure-1 Health and Wellbeing Strategy 2023-2033.

Background



80% of our health is created in the community. The differences in people's health and their experience of it are largely influenced by the conditions in which we are born, grow, live, work and age.

These conditions, often called the social determinants of health (Figure-2), can shape how we think, feel and act.

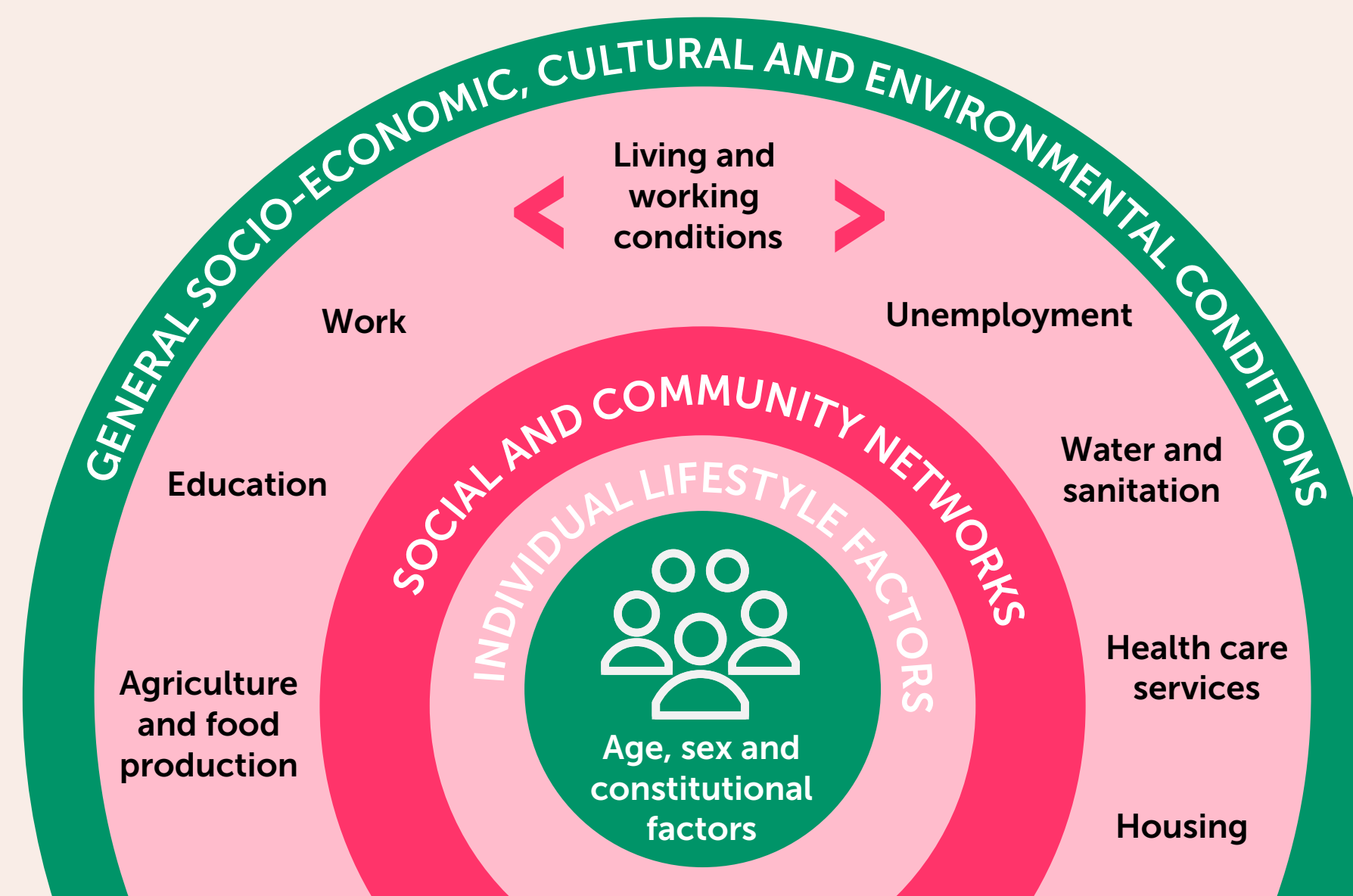


Figure-2: Layers of influences on individual's health².

Source: Dahlgren, G. and Whitehead, M. (1993) Tackling inequalities in health: what can we learn from what has been tried?

The society experiences these differences in a number of ways, including:

Access to care and relevance of services for different groups.

- **Quality and experience of care, such as levels of patient satisfaction.**
- **Behavioural risks to health, for example, smoking rates.**
- **Wider determinants of health, including quality of housing and opportunities for education, skills and training.**

Such experiences impact people's mental health, physical health and wellbeing, as well as their general life expectancy.

How long someone is likely to live (their life expectancy), and how many of those years are spent in good health (healthy life expectancy) are helpful measures of the health of the population.



SCAN ME

Watch this explainer video by the Health Foundation by clicking on this link or scanning the QR code

² Chapter 6: wider determinants of health - GOV.UK (www.gov.uk)



Figure 3: Professor Sir Michael Marmot's policy objectives to tackle health inequalities

Therefore, the key to achieving good health is to improve the conditions in which people live, and Sir Michael Marmot's³ principles (also known as 'Marmot Eight') to tackle health inequalities (Figure-3) sets out how this can be achieved.

Good health and wellbeing should not be determined by who we are, where we live, what school we go to or how much money we have.

³ instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf

Why focus on residents from a Global Majority background?

Overall, the life expectancy in Westminster is among the highest in the country. However, we also have some of the highest life expectancy gaps (Figure-4) when looking at where our residents live⁴.

The gap between people living in the most deprived and the least deprived areas is even wider when it comes to healthy life expectancy, which is a measure of how much time people spend in good health over the course of their lives. Those in the most deprived areas can expect to live fewer healthy years than those in the least deprived areas. For instance, a male living in Knightsbridge and Belgravia is expected to live 18 years longer than a male living in Westbourne, which is the biggest life expectancy gap between residents living in two wards of the same borough⁵.

A similar pattern is seen for healthy life expectancy, with people living in poorly resourced areas spending fewer years in good health and experiencing a shorter life expectancy than those who live in comparatively better resourced areas⁶.

The relationship between deprivation and life expectancy is well acknowledged and understood⁷. However, this is not equally mirrored when we look at health inequalities through an ethnic lens.

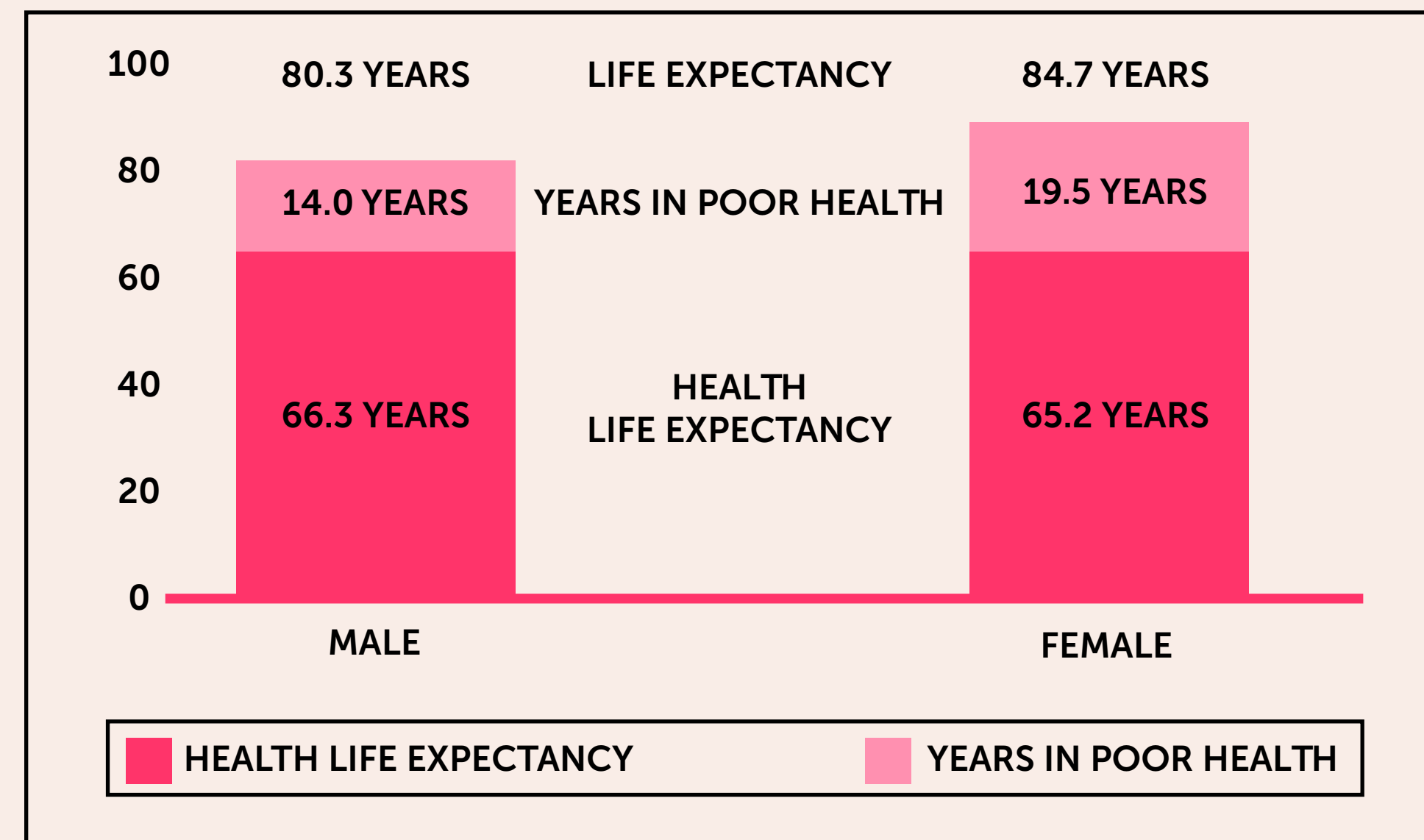


Figure-4: Life expectancy in Westminster

⁴ Office for Health Improvement and Disparities (OHID). Public health profiles. 2024 <https://fingertips.phe.org.uk>

© Crown copyright 2024 (last accessed 09 May 2024)

⁵ Joint Strategic Needs Assessment (2024) <https://www.jsna.info/borough-stories> (last accessed 09 May 2024)

⁶ Joint Strategic Needs Assessment (2024) <https://www.jsna.info/borough-stories> (last accessed 09 May 2024)

⁷ Health state life expectancies by national deprivation deciles, England - Office for National Statistics (ons.gov.uk)

...a male living in Knightsbridge and Belgravia is expected to live 18 years longer than a male living in Westbourne...



What do we know?



Westminster is home to 205,100 people, almost half of whom (48%) are from a Global Majority background⁸.

Residents from different ethnic groups and those with additional needs are more likely to live in poorer health and report poorer experiences of using healthcare and other essential services.

In Westminster, the three most common causes of death, particularly for people living in the areas with fewer resources and opportunities are⁹:



**CARDIOVASCULAR DISEASE:
INCLUDING HEART DISEASE,
DIABETES AND STROKE**



**CHRONIC OBSTRUCTIVE
PULMONARY DISEASE (COPD)**



DEMENTIA



48%

⁸ Joint Strategic Needs Assessment (2024) <https://www.jsna.info/borough-stories> (last accessed 09 May 2024)

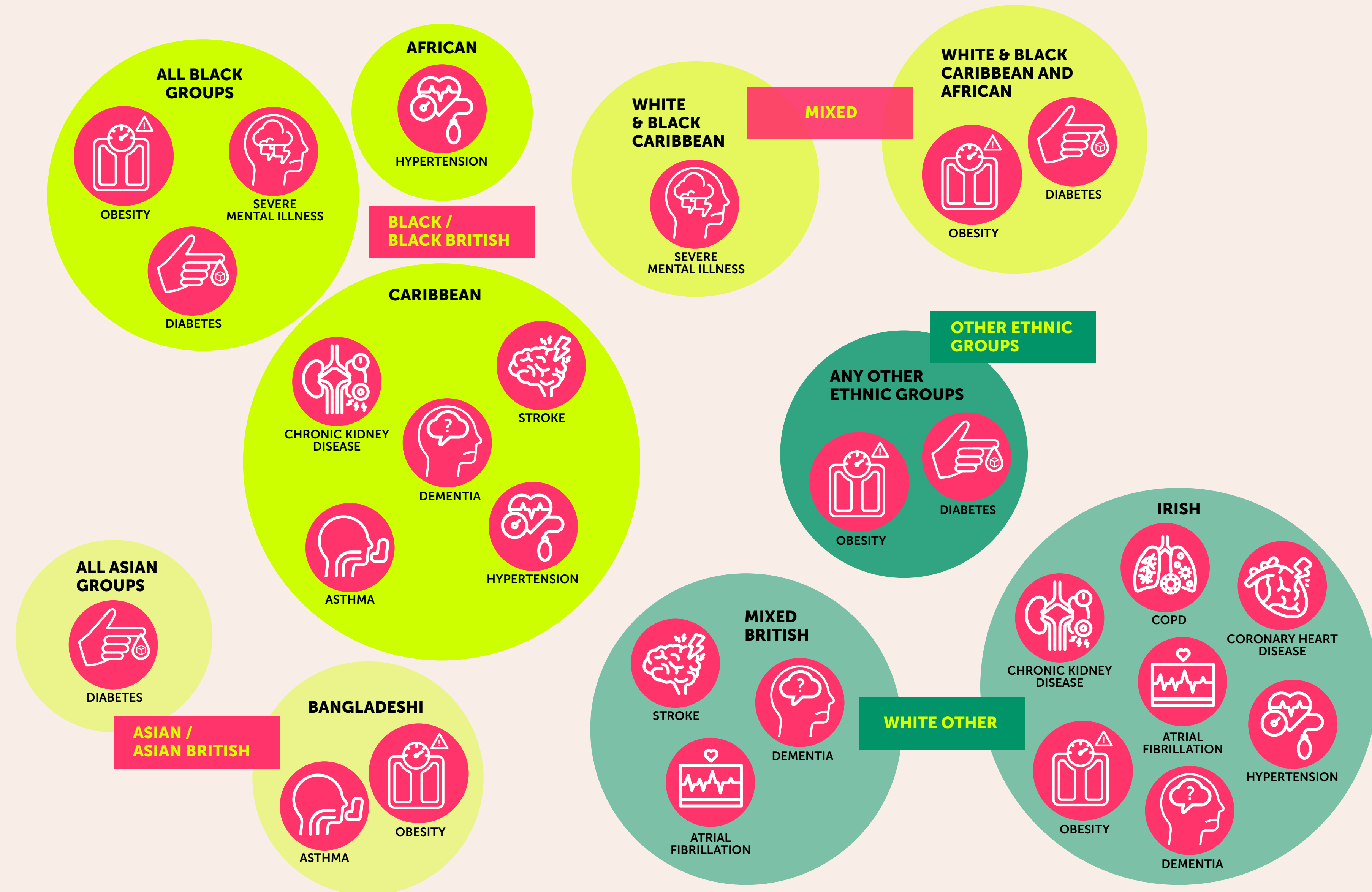
⁹ The Kings Fund (2023) [The Health Of People From Ethnic Minority Groups In England | The King's Fund](https://www.kingsfund.org.uk) (kingsfund.org.uk) (last accessed 09 May 2024)

What this is?

While local data tells us that not all health conditions are more common among Global Majority residents, **residents from a Black or Black British Background are more likely to have a long-term health condition**, especially residents from a Caribbean background who have double the rate of hypertension, and three times the rate of obesity and diabetes. In addition, Bangladeshi communities have almost four times the rate of diabetes and almost 1.5 times the rate of obesity, compared to White British residents. (Figure-5)¹⁰.

Moreover, local data on the uptake of preventative health services shows variation between White and Global Majority residents around vaccination rates, cancer screening and healthy lifestyle interventions, with the uptake being generally lower amongst Global Majority communities.

For instance, the uptake of flu vaccinations for residents over 65 years of age from Black (African) and Mixed backgrounds is around 45%, as compared to White British residents, where the uptake is nearly 70%.



¹⁰ WSIC DID July 2022, data from March 2022

Figure-5: Prevalence of long-term conditions for Westminster residents by ethnicity, where prevalence is higher compared to residents from a White background.



The combination of challenges that Arabic speaking residents in Westminster experience as a result of language barriers, living in council properties, with limited income, and with prevailing health conditions, can have compounding effects on their health and wellbeing outcomes.

Westminster has the highest proportion of Arabic speaking residents in England.

34%
of Arabic speaking residents in Westminster, mostly from Middle Eastern countries, have a **long-term health condition** that limits their day-to-day activities, compared to the borough average of 14%



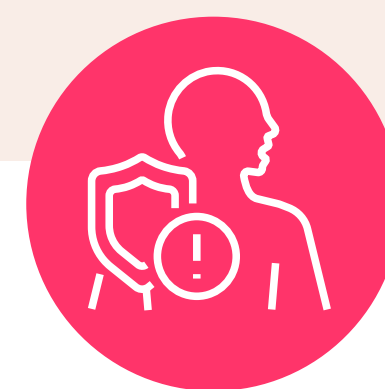
The findings from Census 2021¹¹ show that nearly **7,500** Westminster residents have Arabic as their main language



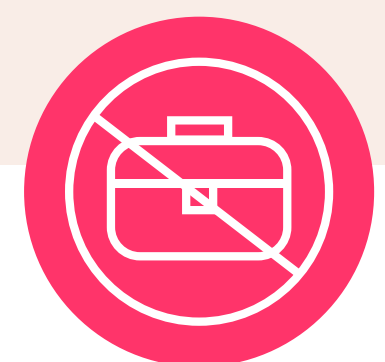
Many of these residents live in **social rented housing**
50%
compared to the borough average of 28%



20%
of those say their **health is bad or very bad.**
This is 4 times higher than the borough average 5%



and are **economically inactive**
55%
compared to the borough average of 23%



¹¹ Westminster City Council. Census 2021: the Westminster Census Story Census 2021 (arctgis.com) (last accessed 09 May 2024)



People from a Global Majority background face a range of systemic challenges and barriers to equitable opportunities, access to services, cultural understanding racial discrimination, or a lack of cultural inclusivity.

“People from ethnic groups with intersectional needs are often labelled as ‘difficult’ and deemed not eligible for preventative support. That’s why you see more of them at A&E.” - Community Champion (Westbourne)

Residents are never too far away from good shops, leisure services or clinics; however, they may not have the knowledge or connections to the available offers. They may be reluctant to access them based on previous experience, do not identify themselves as having those additional needs due to cultural expectations, are unable to afford or access them, have other essential priorities like housing or employment, or experience other practical issues around childcare or language needs.

“A lot is going on now, energy crisis, housing crisis, this crisis, that crisis. How are we meant to focus on our health, when there’s all these other things going on? Poverty’s coming to hit a lot of us hard and its scary, more needs to be done to help us through this.” - Somali Female resident (Queen's Park)

We also understand that people from a Global Majority background face a range of systemic challenges and barriers to equitable opportunities, access to services, cultural understanding racial discrimination, or a lack of cultural inclusivity.

Mistrust, exclusionary policies and experiences of discrimination in employment, housing, healthcare or criminal justice systems can also have a negative impact on the physical and mental health of people from Global Majority communities.



As discussed before, the risk factors to ill-health are strongly influenced by a person’s wider social, economic and environmental conditions.

Findings from the Census 2021¹² shows that Westminster residents from Global Majority backgrounds are also more likely to be concentrated in social rented housing, provide unpaid care, belong to an aging population or are not in employment or education. These conditions, amongst other disadvantages, can limit opportunities to live healthier lives.

Premature death from conditions such as cardiovascular diseases and diabetes are usually preventable by increasing physical activity and good nutrition and have access to preventable health interventions.

¹² Westminster City Council. [Census 2021: the Westminster Census Story](https://www.westminster.gov.uk/census-2021) Census 2021 (arccgis.com) (last accessed 09 May 2024)

What are our Global Majority residents and community groups saying

We spent a good part of 2023 having conversations with residents from Global Majority backgrounds and community groups in Westminster to understand their experiences and the challenges they face in maintaining healthier lifestyles. This has included the BME Health Forum, Community Champions, Community Health & Wellbeing Workers, Caribbean Men's group, the Avenues youth club, and Global Majority women groups and coffee mornings.

In addition to the known practical barriers to access the services, including high costs, language, communication, mobility and digital issues, these open discussions have allowed us to capture further insight on residents' understanding around health behaviours, healthy lifestyles, ill-health prevention and their experiences of services. These themes have been summarised below:

Difference in understanding of health and health behaviours:

This refers to the differences in how certain health and related behaviours are understood in a cultural, religious or circumstantial context. For instance, due to cultural considerations and fear of stigmatisation, communities from middle eastern and South-Asian backgrounds may demonstrate denial or delay in seeking support for caring needs, mental ill health and learning difficulties.

"Obesity is not considered as a health concern in my country, but in fact, well-roundedness is seen as sign of good health and prosperity. The professionals need to approach this topic with this in mind." - Churchill Gardens Resident

Access and cultural relevance (acceptability) of services:

Communities often spoke about the complicated referral pathways, delayed clinical appointments, and experiences of not feeling heard by health professionals and service providers. People are more likely to engage and follow through the advice if the services are able to tailor their support, information and advice to meet the cultural needs and attitudes of different groups.

This may apply to clinical interventions, such as vaccinations, or dietary advice provided aligned with cultural staples and nutritional requirements.

"As an elderly diabetic patient, who has grown up on rice as my staple meal, the advice to switch to quinoa isn't going to make me happy! This western style and advice are not really acceptable to me. If you want me to love a healthier life, invite me to traditional dancing sessions and cultural cooking classes."

- Church Street Resident

Impact of systemic discrimination on health:

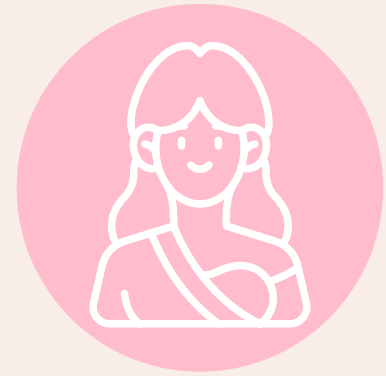
Along with limited understanding of how symptoms present in different ethnic groups, many stereotypes still exist in the health and care system about certain ethnic groups. For example, assuming a higher pain threshold for Black women, or perceiving hidden caring responsibilities of an Asian individual as just duty towards their family members, or lack of awareness on how measles may appear on a darker skin. These can have long-lasting effects on one's experience of engaging with the health system, with people feeling misunderstood, invalidated and discriminated against.

Moreover, the impact of colonial history is often overlooked, and the burden of responsibility is put on to the communities who present with patterns of mistrust and other genetic predispositions.

"Ignorance and prejudice can become big barriers in enabling access to services, and I would like to see better integration. Racism can be very subtle and patronising and can go undetectable." - Harrow Road Resident



What would our communities like to see?



Community-led initiatives in safe, trusted and familiar settings.

"It would be great to have fun stuff for kids, coffee mornings for isolated people, and more activities for those with diabetes or for older people in local community centres and cafes. This will enhance all our health and wellbeing."

Routine opportunities to socialise and connect with neighbours and services.

"I feel very low sometimes, and not motivated. Support network of people nearby and services at the doorstep is important to my good well-being. It can help mitigate the risk of suffering in silence."



Individual support wrapped around the community and their diverse needs.

"For me I think a service would greatly benefit is a group of trans women from ethnic minority background where I could meet people in the same situation I am, a group where we could do different activities but most importantly a group where we could support each other. I feel at disadvantage as I am not only a foreigner, but also a trans woman with not family in this country and from a culture that stigmatizes people like me."

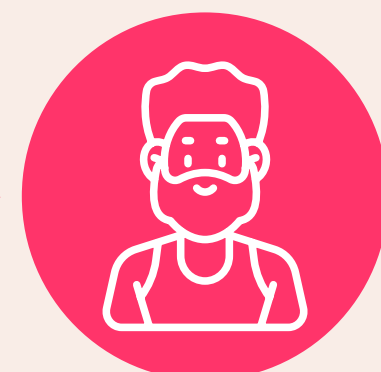
Culturally relevant offer delivered by culturally aware workforce.

"It will be great to have a trusted community professional who not only understands my background but is also able to offer a tailored personalised health and wellbeing plan."



Improved health education, awareness and advocacy.

"We require more public information available across multi channels to reach out into ethnic communities. Some groups use many different regional social media platforms, rather than national channels."



The exceptional and relentless work of the voluntary, community and faith sector delivers measurable benefits to residents. Small to medium sized charitable organisations, places of worship and faith-based groups are often more embedded in communities.

They are led by the communities and have the trust of the community groups.

They understand their needs and know the most effective ways to address the challenges around access, availability and relevance of support, often connecting them with vital services for an improved experience and quality of life.

Here are some examples of how the Voluntary, Community, and Faith Sector (VCFS) is bridging the gap to support and build health for Global Majority residents in the borough:

Westbourne Park Baptist Church

WPBC has an active congregation of many Global Majority residents from North of Westminster and run a local Pantry with donations from Felix Project and City Harvest, providing basic culturally appropriate provisions for 1/4th the actual cost.

The food on offer seeks to provide residents with choice, autonomy, and the ability to get food that they and their families enjoy, along with access to their Warm Welcome Café which offers a free healthy warm food and drink, with a worker to provide a listening ear and activities to promote social interaction.



Marylebone Bangladesh Society (MBS)

MBS is a grassroots community organisation in Westminster, supporting Bangladeshi and other Global Majority residents since 1979, to build a community where people have same life chances as their peers and can play an active, fulfilling and rewarding role in life.

Through the outreach work of their Health Advocate, MBS have been supporting Mrs B, an elderly Bangladeshi lady, who doesn't speak English and has multiple health conditions, including heart problems, arthritis, gout in her feet, high blood pressure and high cholesterol. This makes it difficult for her to walk, pray or socialise. With the support from the Health Advocate and the Welfare Rights Advisor, Mrs B now has access to an interpreter and is able to get help with booking appointments, along with regular Personal Independence Payments. Having heard about other community activities at MBS, Mrs B plucked up courage to join the over-55's exercise classes and the women-only massage sessions at the centre. These interventions have enabled her to walk more, bend her knees to pray and stay more active and connected.



Middle Eastern Women's Society Organisation (MEWSo)

MEWSo is a voluntary sector organisation based in Church Street, providing culturally sensitive advice, holistic support and advocacy to rebuild the lives of vulnerable women in the borough. MEWSo run a range of free classes and activities, reaching grassroot communities to improve their health and wellbeing. Through one of their hot-meals projects, as part of the Westminster's Healthy Winter Grants, the team at MEWSo were able to enable a whole-systems response to support a 39-year immigrant mother (Mrs X) from Kuwait with three children. While attending to Mrs X's psycho-social needs through several wellbeing workshops and community socials, the team at MEWSo were also proactive in arranging relevant support around her housing, energy bills and council tax.



Mosaic Community Trust (MCT)

MCT is a community-led organisation working towards empowering Global Majority communities in the Church Street, Harrow Road, and Maida Vale areas of Westminster to become active, engaged and caring citizens who pride themselves in gaining economic independence.

Their grassroot initiatives such as the Ayurvedic Indian Head Massage training, health literacy workshops, social drop-ins for improved mental and emotional wellbeing of residents, and the advocacy and advice offer, use culturally appropriate approaches to build community integration and cohesion. MCT's health literacy workshops, attended by over 150 women, have focused on topics such as menopause, breast cancer, stroke, high blood pressure, long COVID, and gut health, with an aim to increase awareness among participants about the significance of making lifestyle changes to manage and prevent these health issues.





We are continually reflecting on the ways we work and adapt our approaches to achieve different, more effective results. As mentioned, health is largely influenced by a number of wider social and economic factors, and other considerations including awareness, access, availability and relevance of services and support.

Services have largely been able to address practical issues such as language and cultural barriers through effective use of translators and interpreters, having literature available in different languages and having a diverse workforce representative of the communities we serve. More of our services are becoming disability-confident and committing to inclusivity in their service delivery.

Moreover, residents, particularly those from Global Majority backgrounds have repeatedly expressed the need to see more targeted initiatives embedded in trusted community settings, primarily focussed around preventing ill-health and keeping people healthy in their own communities.

Therefore, led by evidence, experience and example, we are working with our communities and wider system partners to develop, enhance and invest in innovative approaches to address the causes of health inequalities experienced by Global Majority communities. Some of them include:

Investing in the Voluntary, Community and Faith Sector (VCFS)

We continue to strive to create a resilient Voluntary and Community Sector (VCS). Alongside delivering a **three-year VCS core grants programme**, we have expanded our **Community Priorities Programme**. This will allow us to support our more deprived areas, by doubling the pot of funding from £300k to £600k and supporting 52 community projects - more than double the first round. We are also continuing to deliver our community investment strategy.

Additionally, as part of our **North Paddington partnership** we are bringing local stakeholders from a range of sectors together to discuss key challenges and identify needs. This will help us agree where investment will have the biggest impact on the local voluntary and community sector.

Public Health have also recently invested a £5million funding to improve health outcomes for the communities over the next three years.

Through our **Healthy Communities Fund**, we are working with 42 VCS organisations in Westminster to build their capacity and skills in delivering regular health promoting activities and community-based health interventions for the residents with the most to gain and provide high quality commissioned services in the future. Nearly 60% of the total delivery cost is dedicated to supporting residents from Global Majority communities to improve their health.

The rest of the funding supports improved health for other inclusion health groups, such as those with learning difficulties and serious mental health, along with wider development opportunities for the sector.

“Although the awareness of health support, such as at pharmacies and other out-of-clinical settings is improving, but the trust is not there, and it’s a two-way process. Services based within the grassroot communities, with adequate training for community members, in places where people frequent, and through groups which people trust can be a game-changer.” - VCS leader

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What we are doing to tackle health inequalities experienced by Global Majority residents in Westminster



Co-production and working with our residents are integral to our approach.

Strengthening community connections and co-production

Co-production and working with our residents are integral to our approach. Our flagship Community Champions programme flourishes on the dedication and efforts of trained resident volunteers, 90% of which are from Global Majority backgrounds, collectively speaking over 45 different languages.

Through an extensive range of hyperlocal health and wellbeing activities, such as fitness classes, cooking sessions, coffee mornings and community events, the 5 projects in Westminster routinely engage with diverse communities to make health information more accessible, run key health campaigns in partnership with NHS and others, and signpost residents to local NHS, council, housing and other voluntary sector services.

As part of this, a dedicated Maternity Champions programme supports new and expectant parents in each of these 5 neighbourhoods and enable a whole-rounded support by building on the networks and partnerships that have been developed in each place, including Early Help and NHS services, Midwifery and Health Visiting, and the local family hubs.

The Champions now also have the opportunity to sign up to our fully funded 'Community Champions Apprenticeship' to enhance their skills, training pathways and employment opportunities.

"It is such a good thing what you are offering the community with all these health information, free activities and lots of wellbeing support - makes me feel a part of something bigger."

- Harrow Road Resident

Our **Change4Life Neighbourhood Programme** focussed in areas of deprivation, enable opportunities for local residents to jointly design and participate in activities which promote healthy eating and physical activity for children, young people and their families. The aim is to build healthier habits and prevent risk factors for long-term health conditions.

The aim is to build healthier habits and preventing risk factors for developing long-term health conditions.

Personalised support

We have seen that people with diverse needs benefit from more personalised and tailored interventions over a standard universal health offer.

Therefore, Public Health have recently invested in a 2-year asset-based **Local Area Coordination** (LAC) approach. A Local Area Coordinator will be based within the communities and services in identified neighbourhoods to work with residents in helping them find local solutions to priority issues impacting health. The aim is to prevent or reduce demand for mainstream services, build community capacity and resilience, improve health and wellbeing and self-management of health to develop more supportive and better resourced communities. Working alongside pre-existing community and statutory services, the Local Area Coordinators will provide a different level of support and assistance to residents and families with social care needs.

"I would like to see opportunities for meeting up with other people to do meaningful creative activities such as repairing old clothes, art, music, photography trips, cooking and crafts; and having a person of reference to talk to when things get tricky. Is it that difficult?."

- Westminster Resident



#2035 | HEALTHIER | FAIRER | TOGETHER

We are reviewing our policies with a health focus and an anti-racism lens.

Ways of working/systems change

Service implementation is only one part of improving experiences and outcomes for residents. This should also be complemented with adapting the system based on continuous learning and influence the ways of working with partners.

As part of Westminster City Council's commitment to reduce health inequalities, **we are reviewing our policies with a health focus and an anti-racism lens.**

We have launched our **anti-racist charter** reflecting our commitment to becoming an anti-racist organisation and tackling racial inequality. We are also committed to supporting people fleeing crisis and conflict in their homeland and are seeking recognition as a **City of Sanctuary** in support for refugees in Westminster.

We have established an ambitious **#2035 (Healthier. Fairer. Together)** jointly with partners from across the local health and social care system. It is an ambitious way of working to tackle inequalities and improve population health for people living in Westminster.

The Health in All Policy is central to #2035 way of working and is driven by the commitment to listen and respond to residents by addressing their expressed needs about what impacts their health: housing, money, community cohesion, safety, climate change and structural racism.

One of the ways we are transforming this is through the **Westminster Community Changemakers programme**.

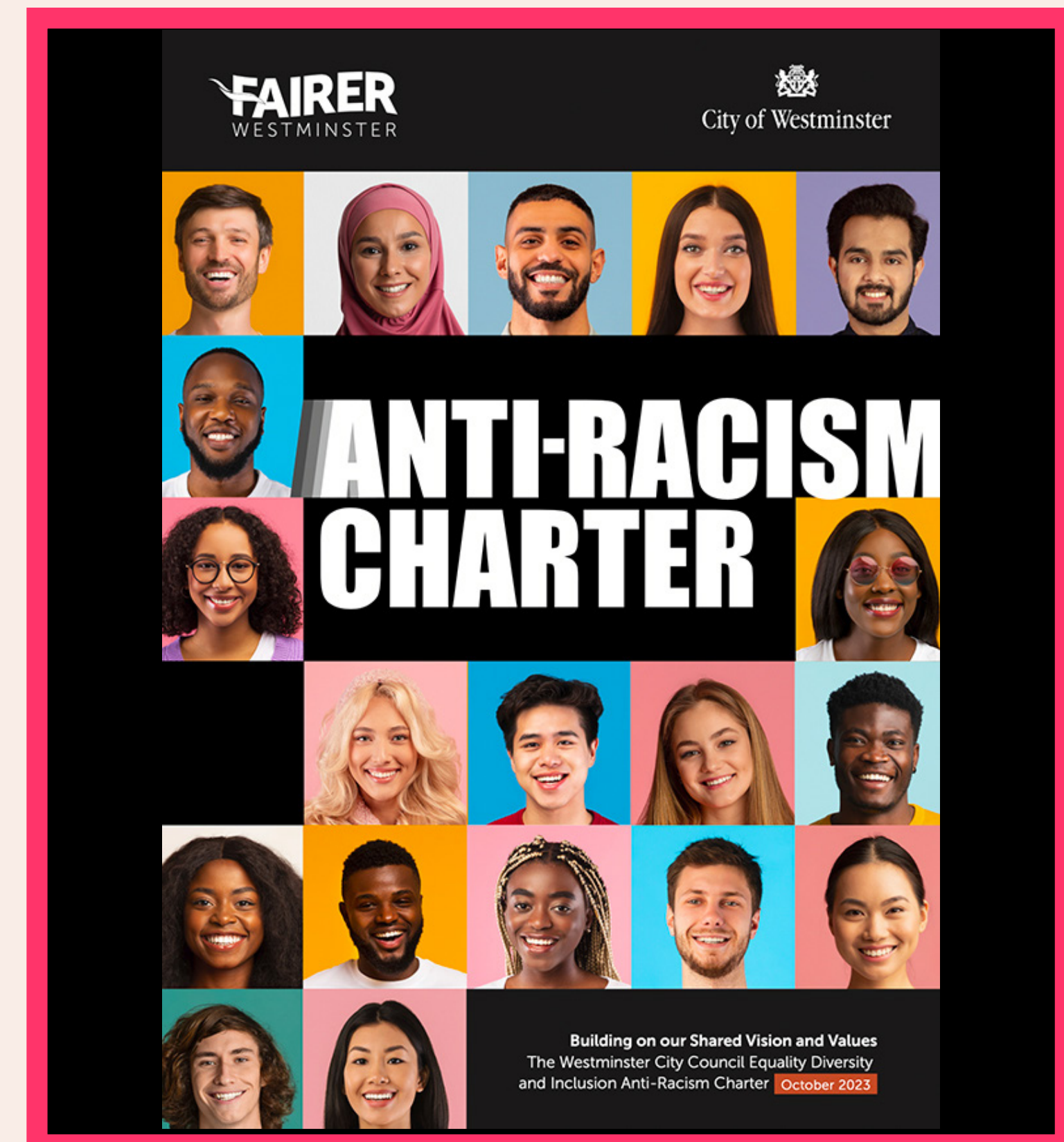
This aims to bring residents, VCS, community leaders, public services, and council employees together to build relationships and create positive change in understanding and addressing inequality in Westminster.

A recent Changemakers programme in March 2024 focussed specifically on the needs of Global Majority communities. It brought partners and communities together to develop a value-based and relational approach to understanding the cultural, historical and systemic challenges for people to achieve and live in good health.

Last but not the least, we are developing a **Community Equality Strategy** to improve outcomes for communities across all **protected characteristics set out in the Equality Act 2010**.

This strategy is being designed and delivered alongside our diverse communities throughout 2024. It aims to provide a framework for services to better connect, understand, and deliver for Global Majority, and all communities with protected characteristics. It will also clarify the council's role in fostering cohesion across all communities. Targeted support, training, and Equality Impact Assessments will help achieve this. This work is in addition to building dedicated needs assessments for residents with other protected characteristics.

Health in All Policies (HiAP) is an approach to policies that systematically and explicitly takes into account the health implications of the decisions we make; targets the key social determinants of health; looks for synergies between health and other core objectives and the work we do with partners; and tries to avoid causing harm with the aim of improving the health of the population and reducing inequity.



Our assurances and next steps...

A fundamental commitment of the council is to improve data collection so we can be responsive to need, and accountable to making a difference. Going forward, we will continue to ensure we build our local knowledge around health inequalities experienced by Global Majority communities through:

-  **More resident engagement**
-  **Genuine co-production**
-  **Transparent communication**

Our emphasis should not just be on getting residents into a service but ensuring that they are getting the most out of it.

We will continue to improve the ways in which the voice of those with lived experiences will influence the design, implementation and evaluation of our services.

We would also be producing further chapters on the needs of residents with additional protected characteristics. This will ensure that alongside race and ethnicity, other attributes by which communities identify themselves, including age, ability, sex and sexuality, gender and gender reassignment, marital or partnership status, pregnancy or maternity, and religion or belief, are also factored in when developing strategies and services.

One primary example of this is our recent re-commissioning of the Integrated Healthy Lifestyle Services offer. We have adapted the service specifications to suit the multiple needs of those residents with physical disabilities, learning difficulties and serious mental illness.

Our emphasis should not just be on getting residents into a service but ensuring that they are getting the most out of it.

We will use the key principles in the framework described in Figure-6 to continue delivering for improved availability, access and acceptability of the services for all residents.

This is underpinned by how communities and those involved in the services can keep the system to account. This can be achieved by taking an active stance towards openness, challenge, adaptation and feedback, and making use of all opportunities to contribute to a lasting change.

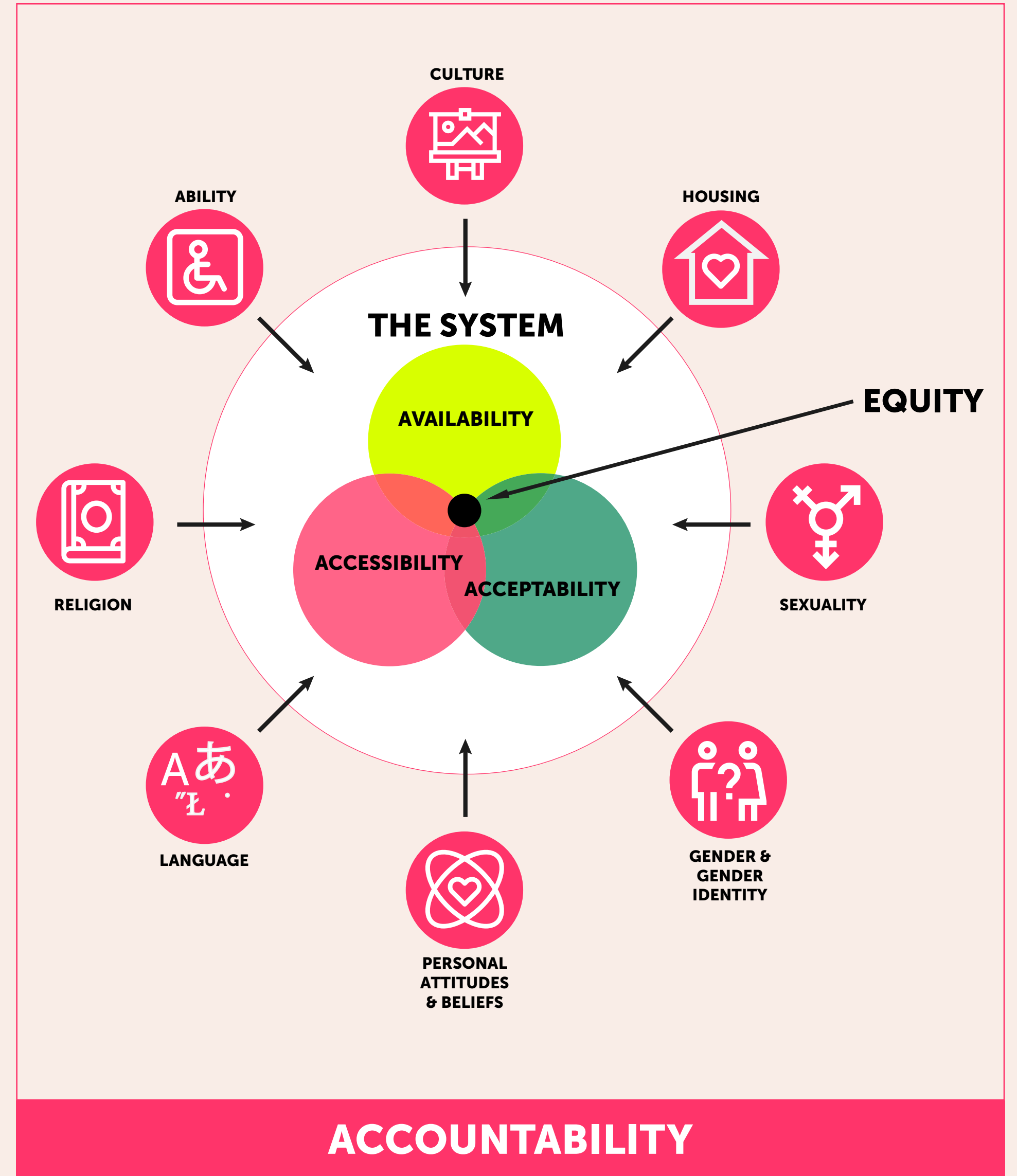


Figure-6: Framework of system equity

The work does not stop here.

We must deepen our understanding of how structural racism and institutional discrimination leads to different health outcomes. We are committed to listening and being responsive to challenge and change; looking at intersectionality when assessing needs of the community and inviting residents, primarily the most vulnerable groups, to participate in the in the planning and evaluation of services.

We are improving our systems and ways of working and are open to any feedback or suggestions on how we can do better. We will be quick to respond to emerging needs or challenges and be proactive and innovative in planning for the future.

If you are keen to get involved in any of the work described in this report, or have any feedback, please do contact the Public Health team at [**publichealthdepartment@westminster.gov.uk**](mailto:publichealthdepartment@westminster.gov.uk).



References

Data:

- [Joint Strategic Needs Assessment | JSNAs for Westminster & Kensington and Chelsea](#)
- [Health state life expectancies by national deprivation deciles, England - Office for National Statistics \(ons.gov.uk\)](#)
- [Westminster City Council. Census 2021: the Westminster Census Story 2021 \(arctis.com\)](#)

Local strategies and ways of working:

- [Joint Health and wellbeing Strategy 2023-33.pdf \(westminster.gov.uk\)](#)
- [Manifesto - Labour's Plan for a Fairer Westminster - Westminster Labour Councillors - Westminster Labour](#)
- [Kensington and Chelsea and Westminster Integrated Neighbourhood Teams.pdf](#)
- [Kensington Chelsea and Westminster VCS strategy - Jan 2023 1.pdf \(bmehf.org.uk\)](#)

National evidence and policy recommendations:

- [Fair Society Healthy Lives \(The Marmot Review\) - IHE \(instituteofhealthequity.org\)](#)
- [The Health Of People From Ethnic Minority Groups In England | The King's Fund \(kingsfund.org.uk\)](#)
- [Chapter 6: wider determinants of health - GOV.UK \(www.gov.uk\)](#)
- [People living in deprived neighbourhoods - GOV.UK Ethnicity facts and figures \(ethnicity-facts-figures.service.gov.uk\)](#)
- [Racism and Health: Evidence and Needed Research - PubMed \(nih.gov\)](#)



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