



# Lewisham Annual Public Health Report 2021–22

## Culture and Health



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### Contributors

**Jack Davies** Public Health Specialty Registrar

**Nisha Prasad** GP trainee

**Susan Mubiru** Public Health Strategist

**Andy Thomas** Head of Culture

**Helen Buttivant** Consultant in Public Health

**Patricia Duffy** Public Health Intelligence Lead

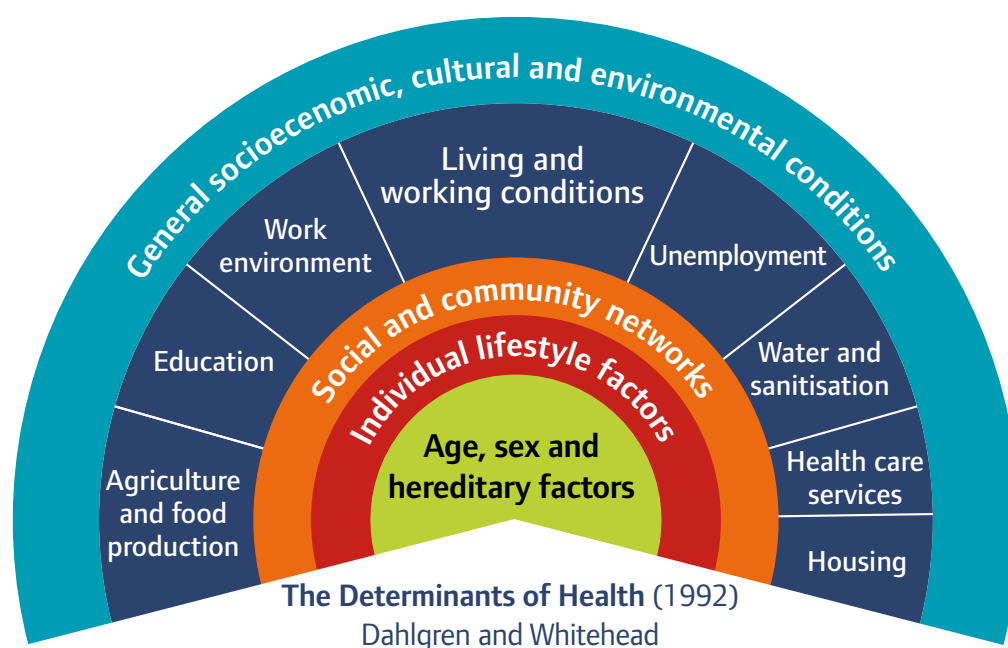
**Catherine Mbema** Director of Public Health

# Foreword

I'm pleased to introduce you to my annual public health report for 2021–22 that focuses on the topic of Culture and Health!

With Lewisham being the London Borough of Culture in 2022, I thought that it would be an opportune time to explore the role that culture, in its broadest sense, plays in influencing health and wellbeing.

This report builds on my last report that looked at the concept of 'Health in all Policies' and highlighted the role that wider factors outside of health and care (i.e. wider or social determinants of health) have on influencing health and wellbeing. Culture (or cultural conditions depicted in the well-recognised determinants of health diagram below) is one such factor that has been in the spotlight for Lewisham in 2022.



This report will provide an overview of the role of culture on health and wellbeing and start to examine examples of good practice that demonstrate the positive impact that intentional initiatives around culture can have on the health and wellbeing of Lewisham residents.

The report closes with some key considerations for stakeholders to hold in mind around culture, health and wellbeing. A snapshot of health and wellbeing indicators for Lewisham has also been included on the final page of the report.

Enjoy reading!



**Dr Catherine Mbema**

Director of Public Health  
September 2023

# Introduction

## What is culture?

UNESCO defines culture as ‘the set of distinctive spiritual, material, intellectual and emotional features of society or a social group, that encompasses, not only art and literature, but lifestyles, ways of living together, value systems, traditions and beliefs’.<sup>1</sup>

This means that culture is a fundamental force that can impact human behaviour from what we eat, to who we interact with and how we spend

our free time. Many aspects of our behaviour have the potential to be influenced by culture and subsequently our behaviours impact our health and wellbeing, so there is clearly an important overlap between culture and health.

Though there are differing definitions of culture, we have chosen to use the holistic UNESCO definition of culture for this report.

## Aspects of culture in Lewisham (data from 2021 census)



### Continent of birth

Europe	Africa	Middle East and Asia	Americas and the Caribbean	Antarctica and Oceania
77.3%	8.4%	6.3%	7.4%	0.7%



### Broad ethnicity

Asian, Asian British or Asian Welsh*	Black, Black British, Black Welsh, Caribbean or African	Mixed or Multiple ethnic groups <sup>^</sup>	White <sup>π</sup>	Other ethnic group <sup>μ</sup>
9%	26.8%	8.1%	51.5%	4.7%



### Religion

Christian	Buddhist	Hindu	Jewish	Muslim
43.8%	1.1%	2.1%	0.3%	7.4%



### Household Size

1-2 people	3-4 people	5+ people
61.6%	30.3%	8.1%



### Age Group

Under 15	15-64	Over 64
18.3%	72.2%	9.5%

\* includes Bangladeshi, Chinese, Indian, Pakistani and Other Asian

<sup>^</sup> includes White and Black Caribbean, White and Black African, White and Asian, and any other Mixed / Multiple ethnic background

<sup>π</sup> includes English, Welsh, Scottish, Northern Irish or British, Irish, Gypsy or Irish Traveller and any other White background

<sup>μ</sup> includes Arab and any other ethnic group

<sup>1</sup> [www.policytoolbox.iiep.unesco.org/glossary/cultures/#:~:text=UNESCO%20defines%20culture%20%27as%20the,UNESCO%2C%202001%3A3\).](http://www.policytoolbox.iiep.unesco.org/glossary/cultures/#:~:text=UNESCO%20defines%20culture%20%27as%20the,UNESCO%2C%202001%3A3).)

## How does culture impact on health and wellbeing?

### Arts, cultural activities and health

A World Health Organisation (WHO) review of the evidence for the arts improving health and wellbeing concluded that the arts can potentially impact both mental and physical health.<sup>2</sup> It categorised the improvements into 2 key themes:

- Prevention and promotion
- Management and treatment

This showed that the arts not only had the ability to help people experiencing illness but can have positive effects on the social determinants of health, help prevent ill health and encourage health promoting behaviours.

Engagement with culture has been shown to positively impact all ages across different populations. Age UK found that cultural engagement had the highest contribution to wellbeing in later life.<sup>3</sup> A study conducted with Londoners living in areas of deprivation found that arts participation was strongly associated with healthy eating, physical activity and positive mental well-being.<sup>4</sup> Children also see improvement in physical, social, emotional and cognitive development with increased engagement with the arts and literature.<sup>5</sup>

Beyond the impact of individual engagement in cultural activities there are also impacts of community culture on health and wellbeing.

Development and perception of community plays a role in in both individual and group wellbeing.<sup>6</sup> It is even able to some degree offset the poorer health suffered by the most economically deprived due to low socioeconomic status.<sup>7</sup>

### Measuring the impact of culture on health and wellbeing

It is important that interventions are monitored and reviewed periodically to ensure that they are effective in achieving their aims. This is often through gathering specific key performance indicators set out to directly measure work towards a goal. This can be more challenging when measuring the impact of interventions around culture.

Though literature suggests that there are links to access and engagement with culture and increased wellbeing and health, the lack of consensus around definitions, measures and concepts of culture has potentially held back research into the topic. Researchers have had to create proxy measures based on their own understanding of culture in order to analyse results e.g., a person's characteristic, like their ethnicity, or a singular belief, like their religion. This has led to a lack of comparability and accuracy across studies.

The existing evidence shows the impact culture, community and belonging can have on individuals

2 Fancourt, Daisy & Finn, Saoirse. (2019). What is the evidence on the role of the arts in improving health and wellbeing? A scoping review. World Health Organization. Regional Office for Europe

3 Green M, Iparraguirre J, Davidson S, Rossall P, Zaidi A. A summary of age UK's index of wellbeing in later life. London: Age UK; 2017- [www.ageuk.org.uk/our-impact/policy-research/wellbeing-research/index-of-wellbeing](http://www.ageuk.org.uk/our-impact/policy-research/wellbeing-research/index-of-wellbeing)

4 A. Renton, G. Phillips, N. Daykin, G. Yu, K. Taylor, M. Petticrew, Think of your art-eries: Arts participation, behavioural cardiovascular risk factors and mental well-being in deprived communities in London, Public Health, Volume 126, Supplement 1, 2012,

5 Pages S57-S64, Thomson, L.J., Gordon-Nesbitt, R., Elsdon, E. et al. The role of cultural, community and natural assets in addressing societal and structural health inequalities in the UK: future research priorities. Int J Equity Health 20, 249 (2021)

6 Mansfield L, Daykin N, Meads C, et al. A qualitative evidence review of place and space, intangible assets and volunteering and participatory arts and sport or physical activity for enhancing wellbeing or alleviating loneliness across the adult lifecourse (16+ years): Synthesis of qualitative studies: place and space. 2020. London: What Works Centre for Wellbeing and Brunel University.

7 Wilkinson RG. The impact of inequality: how to make sick societies healthier. Abingdon: Routledge; 2005.

and groups' ability to live healthy lives. However, the full power and processes of culture to affect wellbeing still need to be examined. Without this detail, interventions are not always able to identify and utilise specific aspects and processes of culture that will lead to the most positive impact. The Up! Up! case study outlined later in this report, shows the power of understanding some details around cultural processes and being able to utilise this to generate a positive effect on outcomes.

### Considerations for culture in health and wellbeing interventions, policy and strategy

There are a number of steps that can be taken to ensure that culture is considered in health and wellbeing interventions, policy or strategy:

- Acknowledge the growing evidence for culture in improving wellbeing and consider interventions that encourage engagement with culture.
- Share best practice where interventions considering culture have been successful in improving health or addressing inequality, measure culture where possible and applicable.
- Encourage cultural organisations to make health and wellbeing an integral part of their work.



## Scope of this report

In 2022, Lewisham was the Mayor of London's Borough of Culture (BoC). This put a unique spotlight on projects with a focus on culture in Lewisham. Given the existing evidence of impact of culture on health and wellbeing, this report will aim to share local case studies that showcase:

- Arts and cultural initiatives that aim to have an impact on health and wellbeing including the use of social prescribing.

- Culturally specific initiatives that aim to take culture into account when designing health interventions.
- How culture can be embedded into strategy and policy.

The report will also make some recommendations about how we can take forward work on culture and health in the coming years in Lewisham.



# Case studies

## Amplifying the conversation with culture – We are Lewisham – Climate Emergency programme

With 139 events throughout the Borough of Culture year, the Climate Emergency programme provided multiple opportunities to highlight the issues around climate and social justice, getting the borough talking and influencing attitudes, perceptions and behaviour. Two of the key projects as part of this programme were Breathe:2022 and Artists of change.

### Breathe:2022

Breathe:2022 was a new artwork by Dryden Goodwin, produced by Invisible Dust, which saw over 1,300 drawings appear on bridges and buildings across the borough, culminating in a projection on the side of Lewisham Old Town Hall.

Six local clean air activists sat for portraits of them ‘fighting for breath’ to highlight the impact of air pollution at heavily polluted sites such as the South Circular Road.

Among the sitters was Rosamond Adoo-Kissi Deborah, mother of 9-year-old Ella, who in 2020 was the first person in the world to have air pollution listed as a cause of death, propelling Lewisham into the centre of a global debate around air quality.

Alongside Breathe:2022, an engagement programme ‘Drawing Breath’ saw over 100 local school children create their own animation. Meanwhile, residents got involved in a Community Day of Action at The Horniman Museum and Gardens in July.



Part of its power was the way Breathe:2022 interlinked with political discourse, including the expansion of London’s Ultra Low Emission Zone (ULEZ) and the proposal of Ella’s Law, which fights to establish clean air as a human right in UK law.

Breathe:2022 became a national project, viewed an estimated 13 million times. Together with the surrounding media, it raised awareness of air pollution as one of the biggest dangers we face today, encouraging action on both an individual and political level.

*“This event taught me how I can act, change and do more for good”*

*“I wasn’t expecting to learn so much about Lewisham and its passion for Climate Change Awareness”*

Teacher, Twilight Continuing Professional Development event

### Artists of Change

Delivered in partnership with Counterpoints Arts, Artists of Change placed creatives within Lewisham Council’s Climate Emergency and Sanctuary Borough teams for six months. The aim was to see how this could facilitate dialogue between the council and local communities, foster greater understanding and influence policy.

Arts Curator **Dima Karout** created a community-building programme, running print-making workshops



in local libraries around Lewisham’s meaningful places. She also visited a local hostel where people who recently arrived in the borough struggled to integrate. Conversations around home and belonging were transformed into poems through a collaboration with two writers and showcased alongside the prints in an art exhibition at the Horniman and an art book, titled *Internal Landscapes*. The project provided new ways of engaging with residents and deepened the council’s understanding of the situation of many newcomers.

Local theatre company **Teatro Vivo** created characters called the ‘Lewisham Usherettes’ who walked the streets, gathering residents’ views on climate issues. Combined with council research, these conversations were woven into a new participatory theatre show, ‘Lewisham Speaks’, performed in parks and high streets in all 19 wards of the borough. The residency impacted both the public and the council. Over 5,000 people watched or participated in the show, which captured the views of many communities often left out of the climate conversation. It has left as a legacy a documentary film for staff training, an education pack, a co-produced map of local issues, a community-led Climate manifesto and new ways of working in the Climate Resilience team. Teatro Vivo are also engaged in work with adults with learning disabilities, homeless residents and adults with mental health issues as legacy of the project.

*“It has inspired me to become an activist!”*

10-year-old participant in ‘Lewisham Speaks’

### Key Achievements:

- Issues on air quality, climate and migration were meaningfully addressed, with strong engagement with the borough’s diverse communities.
- The programme created numerous platforms for exploration, dialogue and learning, all of which are opportunities for individual and collective change.

### Challenges:

- Evidencing a shift in attitudes as a direct result of We Are Lewisham events and activities is complex and hard to quantify.
- The true implications and impact for the council, organisations and communities are still emerging, as well as how learning will be carried forward.

## Culture as treatment – Social Prescribing

Recognising that people’s health and wellbeing are determined mostly by a range of social, economic and environmental factors, social prescribing seeks to address people’s needs in a holistic way.

Those who could particularly benefit from these schemes are those with mild or long term mental health problems, people with complex needs, people who are socially isolated and those with multiple long term conditions who frequently attend primary and secondary care.

Social prescribing is a means of enabling health professionals to refer people to a range of local, non-clinical services. The referrals generally, but not exclusively, come from professionals working in primary care settings, for example, GPs or practice nurses.<sup>8</sup>

Examples range from basic needs such as access to food and financial advice, to arts activities, group learning, gardening and befriending. It is designed to support people with a wide range of social, emotional or practical needs, and many schemes are focused on improving mental health and physical wellbeing.

<sup>8</sup> The Kings Fund (2017). Accessed at: [www.kingsfund.org.uk/publications/social-prescribing](http://www.kingsfund.org.uk/publications/social-prescribing)

## The beginnings of Social Prescribing

The NHS Five Year Forward View<sup>9</sup> published in 2014, first set out the NHS’ commitment to a collaborative approach between primary care and the voluntary sector to promote healthy communities. The community-based approach is thought to date as far back as the 1980s, but social prescribing has only been practised in pockets until recently.

The NHS Long Term Plan<sup>10</sup> (2019) took things further by committing to funding social prescribing link workers (SPLW) who connect people to the range of support and engagement opportunities – largely run by charity and voluntary organisations – in their local area. There are now over a dozen SPLW embedded within primary care in Lewisham.

## What has it looked like in Lewisham?

Community Connections Lewisham (CCL) is a social prescribing project, delivered by Age UK Lewisham and Southwark. The service supports local residents to access a wide range of non-medical services and sources of support with the goal of improving their

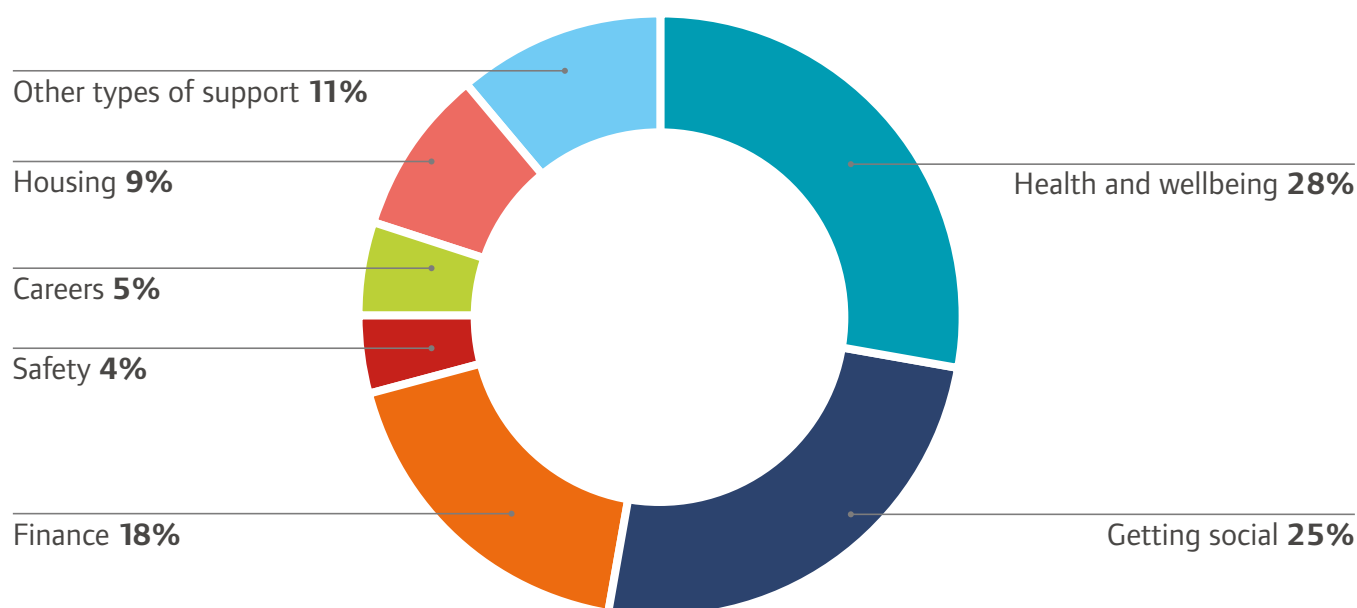
physical and mental health and wellbeing, motivating them to take greater control over their own health and lives. The majority of clients self-refer, but there are also referrals from social care, the health sector and other voluntary community sector organisations. Like all social prescribing projects, it is based on a holistic vision of health, recognising that people’s health is heavily influenced by economic, social and environmental factors.

Community Connections aims to<sup>11</sup> :

- Help individuals to stay happy, healthy, well connected to their local community and to make full use of their potential
- Reduce pressure on health and social care services (in acknowledgement that around 20% of GP visits are for non-medical reasons and 40% involve mental health issues)
- Build stronger and more resilient communities, with strong links between statutory services and the voluntary sector

The chart below summarises the issues with which clients presented to CCL.

## Presenting support needs 2021



9 NHS Five Year Forward View (2014). Accessed at: [www.england.nhs.uk/five-year-forward-view](http://www.england.nhs.uk/five-year-forward-view)

10 NHS Long-Term Plan (2019). Accessed at: [www.longtermplan.nhs.uk](http://www.longtermplan.nhs.uk)

11 Community Connections Lewisham, Annual Report 2021-2022

## A Case Study from CCL (the client's name has been changed to protect anonymity)

Rebecca is a thirty year old White British woman living by herself in New Cross.

In an eight month period, she attended A&E in Lewisham 11 times and was never admitted. She arranged her own transport there and presented with chest pain, palpitations, feeling faint or even blurred vision, all caused by her anxiety. She presented twice as suicidal.

In April 2022, Rebecca overheard people at Deptford Lounge talking about the Community Connections Lewisham weekly Drop In at Place Ladywell and thought it might be for her. She got in touch with us through our online web referral form and described her situation to us:

*“I suffer from Depression and Anxiety and over the course of the pandemic have isolated myself. I have a couple of friends, no close family, and I would like to try to socialise more and get active. I am very short on money so would only be able to do free activities. Due to my anxiety I’m not sure what I would be able to do but I think I would like to speak to someone about what is available. I aimed to attend the drop-in session but could not make it on the day.”*

Rebecca came to our drop in in May and spoke to one of our Social Prescribers there. After a cup of tea and taking part in our arts and craft activity of the day, she opened up and was very friendly, curious and engaged. She was interested in Yoga, Tai Chi, Mindfulness, walking groups, and learning languages. We signposted her to Third Thursday Time, Therapy for Healing, Enable’s walking groups, Adult Learning Lewisham and their bursary and Language for fun. She was happy with the information we gave her and said she had enough to look into for now.

Rebecca hasn’t attended A&E since coming to our drop in and we have since met her, when accompanying another client to a walking group, as she was one of the meet and greeters there.

### Does Social Prescribing work?

There is now a large body of literature that overwhelmingly evidences the positive association between better health and wellbeing and time spent engaging in art, nature, exercise, music, creative, expressive, social or philosophical activities.<sup>12,13</sup>

However, the validity, reliability and quality of evidence is inconsistent, often relying on anecdotal or non-validated pre/post intervention data.

Theoretical mechanisms for how this relationship works is up for debate. Participation in community activities involves aesthetic engagement, evocation

of the imagination and emotion, cognitive stimulation, sensory stimulation, social interaction and physical activity – which in turn endorse positive outcomes<sup>12</sup>:

- psychologically (e.g. coping and emotional strategies)
- physiologically (e.g. lower stress hormone response)
- socially (e.g. reduced loneliness and isolation)
- behaviourally (e.g. adoption of healthier behaviours and skills development)

12 World Health Organization. (2019). What is the evidence on the role of the arts in improving health and wellbeing? A scoping review. World Health Organization. Regional Office for Europe

13 Kelsey, T, Kenny, M (2021) Townscapes: The Value of Social Infrastructure. The Bennett Institute for Public Policy. Retrieved from: [www.bennettinstitute.cam.ac.uk/media/uploads/files/Townscapes\\_The\\_value\\_of\\_infrastructure.pdf](http://www.bennettinstitute.cam.ac.uk/media/uploads/files/Townscapes_The_value_of_infrastructure.pdf)

Such evidence therefore also points towards social prescriptions being positive facilitators for good health and wellbeing for those with long term physiological conditions

### Can Culture help those most at risk of experiencing Health Inequality?<sup>14 15</sup>

- Mental Health service users - alongside talking therapy and a range of holistic interventions, arts can help individuals with mental ill-health connect, be active, notice and be mindful. One study assessed a 10-week museums on prescription scheme,<sup>16</sup> participants reported improved self-esteem, decreased social isolation alongside the formation of communities of practice.
- Migrants (including refugee, asylum seeker and economic migrant) – overall evidence is of low quality but where efficacy was recorded, social prescribing improved self-esteem, confidence, empowerment and social connectivity.<sup>17</sup>
- Underserved Populations – there is inequity in access to social prescribing. There are systemic issues leading to active barriers to participation e.g. lack of public transport, lack of childcare etc. There have been gaps identified including financial and legal aspects of social prescribing (e.g., help with housing, benefits and legal or other welfare issues).<sup>18</sup>
- Lonely Socially Isolated Individuals - Social prescription activities based in arts, heritage and culture can improve community connectedness and belonging, particularly when social prescriptions work alongside community organisations such as local museums, cafes, libraries, community charities, befriending services and heritage sites. Such activities can reduce social isolation, as well as lead to improvements in health-related behaviours.<sup>16,19,20,21,22</sup>
- Older adults with cognitive decline - arts on prescription, culture and art projects, museums on prescription and social prescribing were reported to have a positive impact on subjective wellbeing in older adults. Two longitudinal studies reported that arts on prescription and social prescribing had the potential to slow down cognitive decline.<sup>23,24</sup>

14 Mughal R., Polley M., Sabey A. & Chatterjee H.J. (2022) How Arts, Heritage and Culture can support health and wellbeing through social prescribing. NASP

15 Marmot, M., Allen, J., Boyce, T., Goldblatt, P., Morrison, J., The Health Foundation (2020). Health Equity in England: The Marmot Review 10 Years On. Accessed at: [www.health.org.uk/publications/reports/the-marmot-review-10-years-on](http://www.health.org.uk/publications/reports/the-marmot-review-10-years-on)

16 Thomson, L. J., Morse, N., Elsdon, E., & Chatterjee, H. J. (2020). Art, nature and mental health: assessing the biopsychosocial effects of a 'creative green prescription' museum programme involving horticulture, artmaking and collections. *Perspectives in public health*, 140(5), 277-285.

17 Zhang, C. X., Wurie, F., Browne, A., Haworth, S., Burns, R., Aldridge, R., ... & Campos-Matos, I. (2021). Social prescribing for migrants in the United Kingdom: A systematic review and call for evidence. *Journal of Migration and Health*, 4, 100067

18 Chatterjee, H., Polley, M. J., & Clayton, G. (2017). Social prescribing: community-based referral in public health. *Perspectives in Public Health*, 138(1), 18-19

19 Wildman, J. M., Moffatt, S., Steer, M., Laing, K., Penn, L., & O'Brien, N. (2019). Service-users' perspectives of link worker social prescribing: a qualitative follow-up study. *BMC public health*, 19(1), 1-12. 40.

20 Todd, C., Camic, P. M., Lockyer, B., Thomson, L. J., & Chatterjee, H. J. (2017). Museum-based programs for socially isolated older adults: Understanding what works. *Health & Place*, 48, 47-55

21 Sholihah, A. B., Agustiananda, P. A., Junanah, J., & Setiawan, W. (2019). Traditional Architecture: The Role of Traditional Festival in Islamic Historic District to Achieve Local Community Wellbeing. *Journal of Design and Built Environment*, 19(3), 13-23. 49.

22 Sofaer, J., Davenport, B., Sørensen, M. L. S., Gallou, E., & Uzzell, D. (2021). Heritage sites, value and wellbeing: learning from the COVID-19 pandemic in England. *International Journal of Heritage Studies*, 27(11), 1117-1132. 50.

23 Fancourt, D., Steptoe, A., & Cadar, D. (2020). Community engagement and dementia risk: time-to-event analyses from a national cohort study. *J Epidemiol Community Health*, 74(1), 71-77

24 Arab, A., Christie, G. J., Mansouri, M., Ahmadzadeh, M., Sixsmith, A., Ester, M., & Moreno, S. (2021). Moderate-Intensity Physical Activity, Music and Art Activities Preserved Cognitive Health in Older Adults: An Argument for Social Prescribing Solution. *Frontiers in Aging Neuroscience*, 463

## The Future of Social Prescribing

Social prescription models rely on wider community infrastructure such as arts and heritage buildings and local charities to be effectively utilised and partnered with. ‘Social infrastructure’ such as cafes, libraries, museums, community organisations and public institutions are therefore crucial to the efficacy of social prescribing.

The voluntary and community sector have played a more vital role than ever since the COVID-19 pandemic. Whilst the sector benefited from some emergency funding, additional and ongoing support will be needed to rebuild local communities and to work alongside the NHS.<sup>25</sup>

The evidence suggests that better co-design and co-production in social prescribing is needed for link workers and community services to reach underserved populations. This includes the involvement of stakeholders, community organisations as well as service users in the co-production of social prescribing services<sup>14</sup>.

Facilitators and barriers of social prescribing social services were related to<sup>14</sup>: the implementation approach, legal agreements, leadership, management and organisation, staff turnover, staff engagement and buy-in, relationships and

communication between partners and stakeholders, characteristics of general practices, and the local infrastructure.

Within Lewisham, in response to significant financial pressures resulting from the COVID-19 pandemic and cuts to funding, the priorities have been reset for the next three-year funding cycle of the Main Grants Programme,<sup>26</sup> which has historically had a focus on social prescribing, amongst other areas. The new priorities are around building:

1. An economically sound future
2. A healthy and well future
3. A future we all have a part in

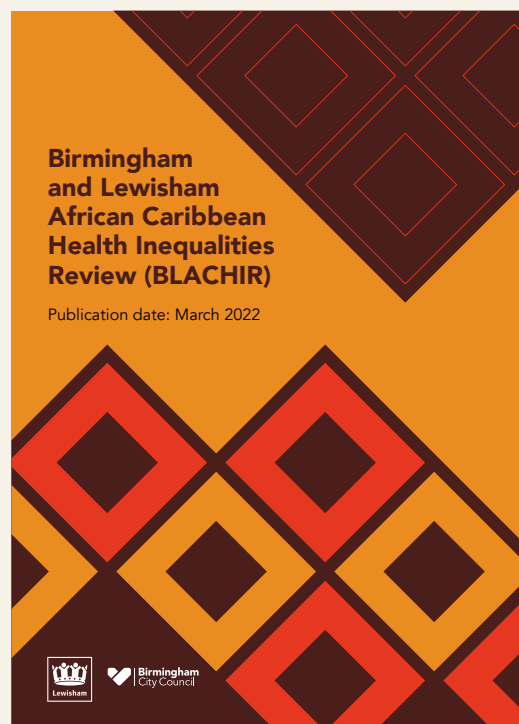
This marks a shift to setting an enabling framework for the Voluntary and Community sector to essentially build its capacity, make it more sustainable and less reliant on council funding. There is additional emphasis on reducing inequality through small Partnership Grants to support organisations willing to work with the Council over the three-year cycle.

A new monitoring & evaluation framework has also been developed to re-enforce this, with an aim to gather evidence on the effective use of funding and evaluate both the short-term outcomes and the longer-term impacts on Health and Wellbeing.

25 Bibby, J., Everest, G., Abbs, I. The Health Foundation (2020). Will COVID-19 be a watershed moment for health inequalities? Accessed at: [www.health.org.uk/publications/long-reads/will-covid-19-be-a-watershed-moment-for-health-inequalities](http://www.health.org.uk/publications/long-reads/will-covid-19-be-a-watershed-moment-for-health-inequalities)

26 A monitoring and evaluation framework for the Lewisham Main Grants Programme, 2022 – 2025

## Improving cultural understanding through workforce development – The Birmingham Lewisham African Caribbean Health Inequalities Review (BLACHIR) case study



In 2022, Lewisham and Birmingham City Councils published a joint report, the Birmingham and Lewisham African & Caribbean Health Inequalities Review (BLACHIR).<sup>27</sup> This report combined data with expert knowledge and lived experience, to improve health outcomes for Black African and Black Caribbean communities within the 2 areas. This process allowed a unique compilation of rich local data and intelligence to be explored with local communities, garnering unique and impactful insight.

The BLACHIR report found health inequalities faced by Lewisham and Birmingham’s Black African and Black Caribbean populations created barriers to health promoting behaviours. The review highlights the need to tackle the root causes of these inequalities across key life stages by focusing on fair and appropriate actions and services.

By reviewing 8 themes related to health and wellbeing the BLACHIR report identified main findings in 7 key areas. For each of these the review called for action from Health and Wellbeing Boards, both Councils, the NHS and other partners. The 7 actions can be seen below. A running theme through them is the importance of community and cultural competency.

### 1. Fairness, inclusion and respect

The Review calls for the Health and Wellbeing Board and NHS Integrated Care Systems to explicitly recognise structural racism and discrimination as drivers of ill health, systematically identify and address discrimination within systems and practices, and engage with Black African and Black Caribbean individuals and organisations to ensure community voice and their leadership in driving this work.

### 2. Trust and Transparency

The Review calls for **cultural competence** training of health and social care professionals led by the NHS Integrated Care Systems and the Councils.

### 3. Better data

The Review calls for the Health and Wellbeing Boards to act across their partnerships to strengthen granular **culturally sensitive** data collection and analysis.

### 4. Early interventions

The Review calls for the Health and Wellbeing Board to work with the Children’s Trusts and Children’s Strategic Partnerships to develop a clear action plan to provide support at critical life stages to mitigate disadvantage and address the inequalities affecting Black African and Black Caribbean children and young people.

<sup>27</sup> [www.lewisham.gov.uk/myservices/socialcare/health/improving-public-health/birmingham-and-lewisham-african-and-caribbean-health-inequalities-review](http://www.lewisham.gov.uk/myservices/socialcare/health/improving-public-health/birmingham-and-lewisham-african-and-caribbean-health-inequalities-review)

## 5. Health checks and campaigns

The Review calls for the Health and Wellbeing Board to act across their partnerships to promote health checks through public campaigns to increase the uptake of community-based health checks in easy to access locations.

## 6. Healthier behaviours

The Review calls for the Public Health Teams and their partners to assess current service provision and health improvement campaigns through a **cultural competency** lens to improve support and access for these communities

## 7. Health literacy

- The Review calls for the Health and Wellbeing Boards and NHS Integrated Care Systems to work with local community and voluntary sector partners to develop targeted programmes on health literacy for Black African and Black Caribbean communities.

To follow on from this Lewisham Health Inequalities & Health Equity Programme has been launched to respond to the local opportunities for action in the BLACHIR report. A specific workstream in this programme is around developing a Lewisham Workforce Toolbox to increase awareness and capacity for health equity within practice by:

- Developing resources for staff, volunteers, and others to develop knowledge and skills for health equity.
- Supporting the upskilling of the workforce on capability, opportunities, and motivations to address health equity.

The Lewisham Workforce Toolbox will aim to include a range of health inequalities related training and resources to be implemented across the Lewisham Health and Care Partnership workforce, which will include some element of increasing cultural understanding. To develop this work, a training needs assessment questionnaire has been conducted with stakeholders to gain an understanding of existing workforce training in this area e.g., anti-racism training, trauma-informed training and cultural competence training.

London Councils have developed a Tackling Racial Inequality standard that details three levels of practice for work programmes, initiatives and practices on race equality.

This standard will be used in setting ambitions for the Lewisham Workforce Toolkit along with assessing and monitoring the changes as the workstream progresses.

## Culturally tailored health interventions – Up! Up! tailored tier 2 weight management programme

Many adults struggle with maintaining a healthy weight. While programmes for intervention allow opportunities for change, it is often hard to balance this with day-to-day life. A recent review of obesity services in Lewisham as part of a whole systems approach, revealed that there could be improvements in addressing the cultural aspects of weight management for Black African and Black Caribbean (BABC) communities through the tier 2 weight management services commissioned by Lewisham Council.

Up! Up! is a culturally tailored tier 2 weight management programme that has been co-produced as a direct response to this. Working with local communities, it aims to enable long term healthy lifestyle change for adults of African and Caribbean heritage in Lewisham. This is particularly important in the context of other work done by Lewisham Public Health team with the recent BLACHIR report highlighting disproportionate health outcomes amongst the BABC population and the need for community engagement for effective health interventions.

*The Up!Up! approach has provided a way through my issues without demonising the foods that I occasionally want to eat and enjoy.*

The service was co-produced and designed by researchers and health professionals from King's College London, and Guy's & St. Thomas' Trust (GSTT) working with local community groups; Food for Purpose and Queens' Walking Group. Up! Up! seeks to provide BABC communities with the tools to live healthily while celebrating their culture.

Participants are encouraged to take a positive attitude towards their health through a 12-week programme delivering a curriculum of culturally tailored diet and lifestyle education based on UK weight management guidelines. After an initial assessment, they are given a pack including a booklet, exercise band and tape measure to monitor their own progress. They then take part in weekly 1-hour sessions ranging from physical activity classes delivered at their level to a range of disco music and afrobeats to guided walking groups with Queens' Walking group, a Black community initiative set up during COVID-19 lockdown to enable women to find community and engage in exercise.

### Curriculum content:

- 6 physical activity classes
- 6 nutrition sessions:
  1. Energy balance and personal goals
  2. Barriers and motivations to change
  3. Carbs and portions
  4. Fat, salt, fruit & veg
  5. Maintenance of healthy behaviours
  6. Practical 'Cook & Eat' workshop

The programme also incorporates group-based culturally relevant nutrition classes and a cooking workshop, often described by participants as the highlight. The "Cook and Eat" workshop run by local group, Food For Purpose provides a space for sharing a range of cultural foods with participants, learning how to adapt traditional recipes to contain less salt, sugar and fat and more wholegrains and vegetables. All the sessions are delivered face to face in community centres or online by a trained nutritionist and physical activity trainer of African or Caribbean heritage. Participant feedback has highlighted the importance of this with one noting how helpful it was to not have to explain herself and educate the facilitators about her culture.



*This is an important local resource targeting the African Caribbean Communities because it's a safe and confidential space with like-minded group members*



### The achievements

- At the time of writing this report, the programme had 252 participants referred for initial assessment and had run 4 times with 18 groups overall. Feedback from the first six groups showed promising impact:
- 96% felt they met their objectives of losing weight or improving their diet
- 93% agreed or strongly agreed that they had learned practical skills that they will apply to their daily life
- 89% agreed or strongly agreed that their physical health had improved since going to Up!Up!
- 96% said they would definitely recommend the programme to family and friends
- Mean weight loss at week 12 of 4.4kg (4.5%) and mean reduction in waist size of 4.7cm (4.4%).
- The team’s success in this area has also been recognised through the ‘Patient Care’ award from the Kofoworola Abeni-Pratt Fellowship, a GSTT initiative striving for equality, diversity and inclusion in the workforce and for patients.
- One graduate of the first cohort has been trained and employed to facilitate future Up!Up! sessions.

### Challenges

- Initial challenges in reaching communities led to an adapted communication strategy; using social media, working with local leaders, the community champions network, and existing community groups to directly meet with people. This involvement, along with the unique culturally tailored aspect, has enabled the programme to engage a group that is often distrusting of council and healthcare services which are perceived as not inclusive of their culture.
- The team have also noted the importance of a flexible delivery style, providing both face to face and online sessions. This has allowed participants facing barriers such as shift working patterns and restricted physical mobility to take part.
- An outstanding challenge remains in engaging men. To date only 10% of participants have been male, contributing to lower engagement rates once enrolled on the programme compared to women.
- The success of the programme and participant feedback has shown the importance of culturally adapted health interventions with one participant saying “I’ve waited my whole life for something like this”. The programme provides a vital example of the importance of co-production in creating initiatives that respond to community cultural needs and feedback to address health inequalities.

### Participant feedback on cultural relevance/sensitivity:

- “Nice seeing cultural foods talked about rather than just European foods”
- “Was really helpful to discuss with facilitators that understand my lifestyle and cultural foods through personal experience”

## Culture in interventions, policy, and strategy – Lewisham Cultural Strategy



Building on the London Borough of Culture, Lewisham Council has published a Cultural Strategy for the borough.<sup>28</sup> The shared vision for this strategy builds on the work delivered as part of the London Borough of Culture and is about continuing to make positive social change happen in Lewisham as well as sharing Lewisham’s rich and valuable story with the rest of London and the world.

It is underpinned by an ambition for a legacy which:

1. Improves the big outcomes for Lewisham’s communities: Being healthy and well; building strong relationships with others; developing skills and being able to access jobs; and living more sustainable lives in a world affected by climate change.
2. Recognises Lewisham’s people as its greatest strength: People make culture happen. There can be no cultural legacy without Lewisham’s communities and creatives at the centre. There

can be no story of Lewisham without the people of Lewisham telling their own stories, in their own words, and in the way they choose – be that through music, dance, painting, clubbing, cooking or anything else.

Extends the Lewisham tradition of making change happen through culture into the future and develops a new generation of young creative activists.

The Lewisham Cultural Strategy highlights 4 areas which are priorities for the next 5 years.

### 1. Communities

- Ensure talent, not background, is the determining factor of creative success in Lewisham. We want to empower our children and young people to shape our cultural landscape, particularly our music scene, by giving them access to opportunities to drive change. This is about inspiring the borough’s next generation of artists and creative entrepreneurs.
- Make sure our cultural offer is fair, accessible and inclusive – as the UK’s first Borough of Sanctuary this is especially important. Our shared values help to define us. It’s the glue that brings and keeps our communities together and makes Lewisham such a unique and culturally rich place. We want to empower communities to tell their stories, as these are also the stories of our borough.
- Explore culture’s potential to promote health and wellbeing. Creativity and culture can improve the quality of life for individuals and communities. We want to do all we can to support activities that make people feel better physically, mentally and emotionally – that could be anything from participating in crafts to enjoying one of our green spaces.

## 2. Places

- Secure, safeguard and deliver a range of cultural spaces, offering a wide range of creative settings for creativity to flourish across the borough. Whether that’s for workshops or studios or classrooms.

## 3. Enterprise

- Support the local economy. We want our cultural sector to attract and retain the very best talent. Providing access to skills and employment opportunities will in turn drive the creative and visitor economy – cultural and creative organisations attract visitors who spend money with local businesses. It can also contribute toward a fairer and more inclusive economy, where talent from all sorts of backgrounds is able to participate.

## 4. Connections

- Work with partners to secure the inward investment needed for our joint vision to be

delivered. Creativity and culture thrive through collaboration and partnership working. We have a huge wealth of knowledge and expertise right here in the borough, through our local arts and culture practitioners and organisations who we will continue to work with to create the best possible outcomes for our borough.

- Drive the dialogue about the key issues facing our borough. For example, during our year as London Borough of Culture, we saw that culture could be an effective tool for engaging people in conversations about climate change – through activities such as Climate Home and Lewisham Speaks.

These priorities show the commitment Lewisham Council has to considering and including culture in future policies. Specifically referencing culture’s impact on health and wellbeing builds awareness around this relationship outside of the Public Health field and ensures this aspect of culture is a key factor in future conversations and strategies.



# Recommendations

The case studies examined in this report show some brilliant examples of how the work on culture and health overlap significantly and that working on both together can have a synergistic effect, creating greater change than focusing on one of these components alone. These examples set a

blueprint for how work can be done going forward. Using these examples, there are 3 questions that can be asked during your work to guarantee you are using the good practice gained through these case studies.

## How can culture amplify the conversation?

- As part of the London Borough of Culture work around air pollution, large proportions of the population were engaged on a topic closely linked to health. The use of arts and culture was able to spread messages and continue

conversations beyond the scope of normal outreach. This involvement of arts and culture can enable messages to be spread wider and previously unattainable insight to be gathered.

## How can I co-design with those this will impact?

- Co-design with local communities is a major step to ensuring that services, policies and strategies have the desired impact on the ground. As such this should be a key principle of our work and should be done as soon as possible within the

workstream life cycle. The Up! Up! programme shows us the power that working with local communities equally to create a programme can have.

## How can I ensure that the impact of culture is considered in my organisation?

- In addition to consideration of recognised protected characteristics<sup>29</sup> (age, gender reassignment, being married or in a civil partnership, being pregnant or on maternity leave, disability, race including colour, nationality, ethnic or national origin, religion or belief, sex,

sexual orientation) in the design, implementation and evaluation of services, strategies and policies, the interaction of these characteristics with culture and the impact of culture should be a consideration in local organisations, particularly in the area of workforce development and training.



### Lewisham health data\*

● Better 95%   ● Similar   ● Worse 95%   ● Not applicable   **Quintiles:** Best ● ● ● ● ● Worst   ● Not applicable  
**Recent trends:** - Could not be calculated   → No significant change   ↑ Increasing & getting worse   ↑ Increasing & getting better  
↓ Decreasing & getting worse   ↓ Decreasing & getting better   ↑ Increasing   ↓ Decreasing

Indicator	Period	Recent trend	count	Lewisham	Region	England	Worst	Benchmark value			Best
								25th percentile	75th percentile	Range	
Life expectancy at birth (Male, 3 year range)	2018 - 20	-	-	78.8	80.3	79.4	74.1				84.7
Life expectancy at birth (Male, 1 year range)	2021	-	-	77.5	78.8	78.7	72.3				82.9
Life expectancy at birth (Female, 3 year range)	2018 - 20	-	-	83.2	84.3	83.1	79.0				87.9
Life expectancy at birth (Female, 1 year range)	2021	-	-	82.1	83.4	82.8	78.6				86.0
Under 75 mortality rate from all causes	2021	-	791	419.1	358.9	363.4	625.1				205.7
Under 75 mortality rate from all cardiovascular diseases	2021	-	169	96.0	74.3	76.0	133.9				29.6
Under 75 mortality rate from cancer	2021	-	231	121.4	110.2	121.5	189.8				75.8
Suicide rate	2019 - 21	-	62	8.3	7.2	10.4	19.8				4.8
Killed and seriously injured (KSI) casualties on England's roads	2021	→	111	239.5	194.0*	95.6*	469.8				31.2
Emergency Hospital Admissions for Intentional Self-Harm	2021/22	-	300	96.6	80.0	163.9	425.7				47.9
Hip fractures in people aged 65 and over	2021/22	-	130	472	493	551	741				351
Percentage of cancers diagnosed at stages 1 and 2	2020	→	303	51.3%	*	52.3%	43.7%				60.2%
Estimated diabetes diagnosis rate	2018	-	-	64.7%	71.4%	78.0%	54.3%				97.5%
Estimated dementia diagnosis rate (aged 65 and older)	2023	→	1,465	70.6%	65.6%	63.0%	47.7%				83.9%
Admission episodes for alcohol-specific conditions - Under 18s	2018/19 - 20/21	-	40	19.5	14.3	29.3	83.8				7.7
Admission episodes for alcohol-related conditions (Narrow)	2021/22	-	1,007	404	425	494	840				251
Smoking Prevalence in adults (18+) - current smokers (APS)	2022	-	-	15.3%	11.7%	12.7%	21.8%				4.6%
Percentage of physically active adults	2021/22	-	-	74.0%	66.8%	67.3%	51.6%				77.3%
Percentage of adults (aged 18 plus) classified as overweight or obese	2021/22	-	-	57.8%	55.9%	63.8%	76.4%				44.2%
Under 18s conception rate / 1,000	2021	-	55	11.3	9.5	13.1	31.5				2.7
Smoking status at time of delivery	2021/22	→	157	4.3%	4.5%	9.1%	21.1%				3.1%
Baby's first feed breastmilk (previous method)	2018/19	-	-	*	76.3%	67.4%	43.6%				98.7%
Infant mortality rate	2019 - 21	-	58	4.7	3.5	3.9	7.5				1.2
Year 6: Prevalence of obesity (including severe obesity)	2021/22	→	780	25.9%	25.8%	23.4%	34.0%				12.4%
Deprivation score (IMD 2019)	2019	-	-	26.7	21.8	21.7	45.0				5.8
Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	2022	-	-	24.0%	20.2%	22.5%	38.1%				6.5%
Inequality in life expectancy at birth (Male)	2018 - 20	-	-	7.2	7.5	9.7	17.0				2.6
Inequality in life expectancy at birth (Female)	2018 - 20	-	-	6.0	5.4	7.9	13.9				1.2
Children in relative low income families (under 16s)	2021/22	-	9,692	16.8%	16.4%	19.9%	41.7%				5.4%
Children in absolute low income families (under 16s)	2021/22	-	7,636	13.2%	13.1%	15.3%	35.3%				4.2%
Average Attainment 8 score	2021/22	-	151,965	50.9	52.9*	48.7	39.2				61.3
Percentage of people in employment	2021/22	→	170,100	77.5%	75.2%	75.4%	62.9%				85.1%
Homelessness: households owed a duty under the Homelessness Reduction Act	2021/22	-	-	-	-	-	-				-
Violent crime - hospital admissions for violence (including sexual violence)	2018/19 - 20/21	-	400	41.9	44.3	41.9	116.8				12.0
Winter mortality index	Aug 2020 - Jul 2021	-	330	70.3%	61.3%	36.2%	104.8%				6.5%
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2022	↓	4,053	1,352	1,171	496	3,155				161
TB incidence (three year average)	2019 - 21	-	117	12.8	19.8	7.8	41.6				0.0

\* [www.fingertips.phe.org.uk/profile/health-profiles/data#page/1/gid/1938132701/pat/6/par/E12000007/ati/302/are/E09000023/yr/3/cid/4/tbm/1](http://www.fingertips.phe.org.uk/profile/health-profiles/data#page/1/gid/1938132701/pat/6/par/E12000007/ati/302/are/E09000023/yr/3/cid/4/tbm/1)