Birmingham and Lewisham African Caribbean Health Inequalities Review

Progress report

A leaflet for stakeholders

January 2026

Lewisham

Birmingham
City Council

Brenda Dacres OBE
Mayor of Lewisham

As Mayor of Lewisham, I am immensely proud of the leadership and commitment shown by both Lewisham and Birmingham councils in tackling health inequalities and advancing the recommendations set out in the BLACHIR report.

In the past year alone, Lewisham Council has worked with Goldsmiths, University of London to develop a new Black British history workforce training programme for staff; we have strengthened our community partnerships to help identify and reduce gaps within our health offering; and we have commissioned four local community groups to engage with residents to increase cancer screenings.

This builds on a huge amount of excellent work that has already been accomplished. Last year, we held a series of community events where we were able to perform 400 health checks, and we launched the 'Should I Really Be Here?' scheme to improve mental health awareness among young Black African and Black Caribbean men.

The progress highlighted in this update reflects our shared dedication to empowering residents to make informed health choices and our ongoing commitment to building a fairer, healthier future for Lewisham.

Dr Catherine Mbema
Director of Public Health

The Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR) continues to be an important piece of work for Lewisham in our ongoing journey to tackle ethnic health inequalities and achieve health equity.

In Lewisham, we have continued to prioritise implementation of the opportunities for action

from the review since the launch of the report in 2022. In this update report you will see the ongoing progress that we have made with some innovative new areas of work.

I look forward to further collaborative work with stakeholders to embed our learning from BLACHIR in our ambition to work towards achieving health equity in Lewisham.

I would also like to pay tribute to Lisa Fannon, our BLACHIR Senior Project Manager, who sadly passed away earlier this year. Lisa's dedication and passion for Lewisham shone through in this work and leaves a strong legacy for our future work to address health inequalities.
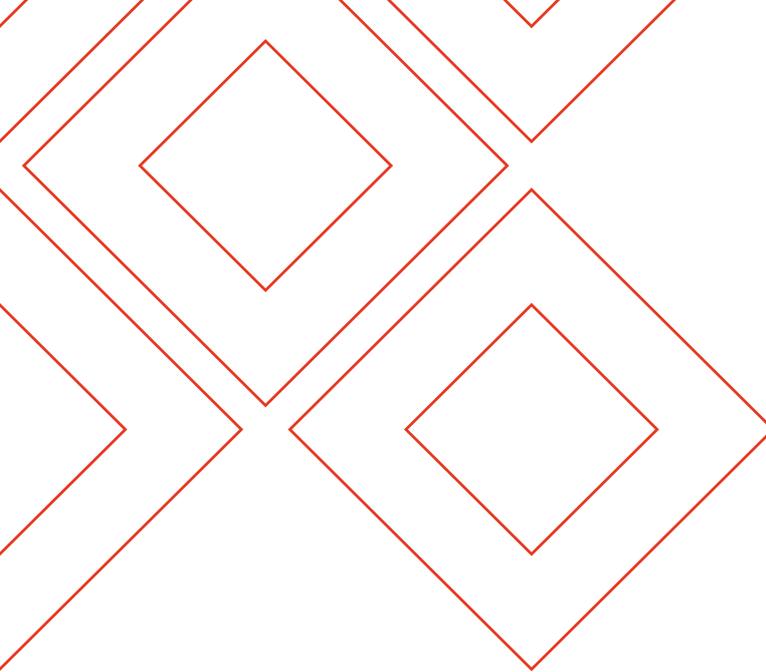
What is BLACHIR?

The Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR) was first published in March 2022 as a joint research project between Lewisham and Birmingham City Councils.

The report was commissioned to bring together data, expert knowledge and lived experiences to produce realistic recommendations that will lead to improved health outcomes for Black African and Black Caribbean communities. It now informs the work of the Health and Wellbeing Board and influences councils, the NHS and other partners.

In Lewisham, we endorsed the findings of the report straight away and we are using them to drive change across the health and care system. Since April 2023, the Social Inclusion Recovery Group (SIRG) – a local Black-led organisation – has been working with our public health team to engage with African and Caribbean communities in Lewisham.

We also recruited a dedicated Senior Project Manager to lead on implementing the recommendations of the review and work closely with community partners and wider stakeholders to help embed BLACHIR into all our ways of working.

Progress so far

The BLACHIR report highlighted 39 Opportunities for Action (OFA) to improve health inequalities, and these have been the focus of the Lewisham Health Inequalities and Health Equity Programme since its publication. This programme covers eight work streams, including primary care network health equity teams and a borough-wide workforce toolbox to equip those working in Lewisham with the skills to address health inequalities locally. The programme acts as the delivery vehicle to implement opportunities for action from the BLACHIR report.

As of November 2025, six OFAs have been completed, 28 are in progress and just four have not yet been actioned. Turn to pages 7–10 to see the status of each OFA.

BLACHIR also identified seven key areas that will help reduce health inequality.

The following sections highlight pieces of work that have either happened or are happening to make sure all these areas are addressed.

Fairness, inclusion and respect

Lewisham Council commissioned Goldsmiths, University of London to create a new workforce development training programme that supports BLACHIR's ongoing efforts to address health inequalities.

This programme targets staff teams in Lewisham, especially those in public health, and helps participants deepen their understanding of the borough's unique connection to Black British history. After completing the course, staff will have the skills and knowledge to design and deliver services that better serve Black communities, who make up about 23% of Lewisham's population.

Trust and transparency

Building on BLACHIR's call for greater trust and openness across systems, leaders created a Community of Practice (CoP) for Health Inequalities. The CoP unites professionals from public health, healthcare, local government, academia, and the voluntary and community sector to share learning, strengthen partnerships and promote transparency in tackling inequality.

The CoP offers a trusted space for collaboration, where members openly share lived experience, data and evidence. Partners work together to co-design practical solutions that reduce health gaps. Through regular meetings and shared learning, members build relationships, exchange insights and develop joint approaches that embed honesty, accountability and collective responsibility across the system.

"We chose to engage residents in kind of pre-existing groups rather than trying to put on events and trying to get people to come. But we didn't want to do something new, we wanted to go to where the people already were."

Health equity fellow from cycle 1

"Everyone was happy because they can't do anything without consulting me and I can't do anything without consulting them. So we build this good (...) partnership."

Voluntary and community sector organisation from cycle 1

Healthier behaviours

BLACHIR's core aim is to help people live healthier lives. The Health Equity Teams (HETs) model connects clinical practice with community voices to drive real, lasting behavior change. In cycle 1, HETs paired GP Health Equity Fellows with Black-led community organisations to co-design programs that encouraged active lifestyles, improved diet and wellbeing, and built trust in prevention. These culturally tailored workshops, health fairs and peer-led sessions reached over 2,500 residents and trained more than 70 community champions, placing culture, trust and lived experience at the heart of change.

Now, in cycle 2, the teams focus on preventing cardiovascular disease. Working within Integrated Neighbourhood Teams, they use local data to design targeted interventions, strengthen early detection and embed prevention into everyday care. This cycle moves beyond awareness, applying learning, testing solutions and scaling up success to reach even more residents.

Health literacy

The Health Equity Teams (HETs) help residents build the skills, knowledge and confidence to understand their health. By strengthening health literacy, HETs give people practical tools to act on information and lay the groundwork for long-term wellbeing and trust.

Through co-produced communication, storytelling, and peer-led engagement, HETs make health advice clear, relatable and relevant. Residents learn to ask questions, access services and make informed decisions about prevention and care.

An independent evaluation by the Health Innovation Network showed that residents who joined HET activities gained a better understanding of their health, felt more confident using local services and trusted health professionals more. This feedback shaped cycle 2, leading to clearer outcomes, stronger co-production and better impact measurement. Joint training for clinical and community partners keeps messages consistent, culturally meaningful, and accessible.

By championing clarity, cultural awareness and co-production, HETs build confidence in the health system and turn awareness into sustained action. Health literacy now means connection, understanding and empowerment.

Winning awards for health equity

In November 2025, our Health Equity Teams programme was recognised on the national stage when North Lewisham Primary Care Network and Red Ribbon Living Well won Primary and Community Care Innovation of the Year at the HSJ Awards.

Their year-long, co-designed project looked at health inequalities in north Lewisham through three key workstreams:

1. Health equity and wellbeing champions: recruited and trained to identify health needs in at-risk communities.

2. Community health hubs: nine accessible one-stop-shop outreach events, delivering NHS health checks, additional testing and specialist screenings to 678 attendees through health and voluntary sector collaboration.

3. HIV stigma training: targeted education and a co-produced animated resource to reduce HIV-related stigma in primary care.

Dr Aaminah Verity, Community of Practice Lead for Health Equity in Lewisham, said: "I'm absolutely thrilled to see the Health Equity Teams programme – and the incredible partnership between Red Ribbon and North Lewisham PCN – recognised on such a prestigious stage.

"This award is a testament to what happens when primary care and community organisations work hand in hand with residents: innovation grows, trust deepens and real change becomes possible.

"I'm so proud of their passion, commitment and tenacity and delighted that Red Ribbon will continue their partnership with NLPCN as we build the next chapter of this programme together."

Early interventions

Lewisham Community Cancer Awareness Project

The Lewisham Community Cancer Awareness Project, funded by SEL Cancer Alliance (SELCA), aimed to improve cancer screening uptake and reduce inequalities in uptake across Lewisham via local voluntary and community sector (VCSO) organisations. Four funded VCSO projects lasted for a period of 6-9 months and groups received funding of £10,000 to boost cancer screening and reduce inequalities. The four funded VCSOs were:

Action for Community Development (AfCD) – Cancer Awareness Workshops

Action for Community Development (AfCD) delivered a series of cancer awareness workshops across North Lewisham. The sessions covered cervical, breast and prostate cancer, as well as the role of nutrition and exercise in prevention. These workshops were designed to address persistent health inequalities, particularly among Black communities. A total of six themed workshops were delivered, with attendance drawn from a diverse demographic.

Gone But Not Forgotten – Prostate Cancer Awareness for Black Men

Gone But Not Forgotten (GBNF) focused on raising prostate cancer awareness among Black men aged 40 and over in Lewisham. The project engaged 94 men through three community groups: the GBNFF Men's Group, the Men's Walking Group, and the Stay Active Table Tennis Group. Additional outreach was conducted in local barbershops and restaurants. The project created safe spaces for open dialogue, with 78% of participants expressing interest in further health discussions.

Queens Walking Group – "It's All Gone Tits Up" Campaign

Diversity Health & Wellbeing CIC delivered a breast cancer awareness campaign targeting Black African and Caribbean women in Lewisham. The campaign launched at the

Rivoli Ballroom and included six roadshows across local community groups. The project engaged 321 individuals, of whom 81% (261) were women and 94% identified as Black African, Black Caribbean, or Black Other. Of those who shared demographic data, 58% (187 people) said they would attend a screening appointment in the future, and 100% said they would share the information with family or friends.

Your Room for Thoughts – Cancer Survey and Community Insights

This project conducted a community survey and workshops to explore cancer screening experiences among African, Caribbean, and Black residents in Lewisham. The initiative engaged 54 survey respondents and additional participants through workshops and focus groups. The VCSO also undertook additional activities, including smaller focussed activities delivered online comprising of five participants and two larger focussed activities: one through a men's WhatsApp group and another in person with a community group of around 80 participants. An additional workshop was hosted with an established mixed gender community group of 20 participants, who had been meeting together for several years. Findings revealed moderate awareness of screening programmes, with breast and bowel screening being the most recognised. However, emotional and cultural barriers – such as fear, mistrust and discomfort with procedures – were limits to engagement.

The four community-led cancer awareness projects in Lewisham demonstrate the critical role of grassroots engagement in addressing health inequalities, particularly among Black African, Caribbean, and other ethnically diverse communities. Collectively, these initiatives reached at least 470 individuals through workshops, roadshows, surveys, and informal community outreach.

An update from Birmingham

Birmingham continues to make strong progress in delivering the BLACHIR recommendations. The Communities Team is leading delivery across seven priority areas, working with system and community partners to embed fairness, transparency and collaboration across the city.

The Birmingham Cultural Intelligence Framework (BCIF) pilot engaged more than 80 staff across four organisations, with independent evaluation confirming its potential for wider rollout supported by e-learning and tailored training tools. The Cultural Humility and Safety pilot has reached nearly 500 staff, building understanding of anti-racist and trauma-informed practice, with evaluation findings due in early 2026.

Work is also advancing on data improvement, health checks and co-produced campaigns, ensuring prevention and early intervention are shaped by lived experience. An independent evaluation is underway to measure the impact of BLACHIR delivery and guide next steps.

Birmingham's work has gained national recognition, reaching the finals of the National BAME Health and Care Awards, a testament to the city's leadership, partnership and commitment to tackling health inequalities.

Together, the collaboration between Birmingham and Lewisham demonstrates how shared learning, community partnership and system leadership can drive lasting, collective impact, turning BLACHIR from a local initiative into a national example of action on health inequalities.

Opportunities for Action

This table lists all 39 opportunities for action (OFA) and categorises them using a traffic light system depending on their status. Green shows the OFAs that have been progressed fully, orange is OFAs that have been started but are still in progress, and red OFAs have yet to be progressed.

Opportunity For Action (OFA)

Progressed fully

4. Work with education partners for all ages and local communities to explore how ethnic diversity can be further integrated into education to reflect the diverse cultures and various perspectives of history and experience.

5. Address any gaps in existing Maternity and Paediatric Health Professionals' training including topics on cultural awareness, learning from lived experience, awareness of inclusion practices and policies, and awareness of trauma caused by racism and discrimination and how to deliver sensitive care.

6. Co-design online tool with communities to collect information on beliefs, cultural practices and traditions from ethnic groups. This resource could then be used for training to inform practice and communication with patients and service users.

7. Improve data collection by specific ethnicity in maternity and early years services considering the differences in ethnic background and nationality. Work with professionals who represent the ethnic minority groups to ensure a sensitive approach when collecting data.

8. Support all women who are migrants, refugees, and asylum seekers, particularly those with no access to public funds, to access appropriate care during and post pregnancy, through appropriate support and protecting them from relocation or eviction.

9. Develop culturally specific and appropriate weaning support initiatives for Black African and Black Caribbean parents.

In progress

2. Pilot the integration of discrimination and racism into the approaches to adverse childhood experiences and recognise this both in the assessment of children's needs and in the design of interventions to mitigate these adverse impacts.

3. Review staff equality and diversity training to ensure that this is a core part of the delivery of training, co-delivered by diverse individuals with lived experience.

10. Provide guidance and support for Black African and Black Caribbean parents and young people on applications and transition to secondary school and further education, including online information, support liaison officers, summer schools on core subjects and finance advice.

Opportunity For Action (OFA)

11. Commission and develop culturally appropriate and accessible services, including schools-based support, for Black African and Black Caribbean young men and women to increase capability, capacity and trust to engage with services. This should be specifically actioned for mental health services and for sexual and reproductive health services and take into account issues around gender exploitation and gender based violence.

12. Review educational approach and opportunity for targeted intervention to increase academic achievement for Black African and Black Caribbean children and young people.

14. Work with trusted community centres and spaces to provide violence-free, accessible and attractive youth provision for access to wider opportunities, including through existing contracts and partnerships with Black-owned businesses and leaders.

15. Collaborate with African and Caribbean communities and their leadership on addressing air quality issues and continue with the in-depth work already in place with explicit consideration of these communities.

16. Put in place interventions for Black African and Black Caribbean children and young people that address specific inequalities (e.g. sickle cell disease services), ensuring proportionate targeting and equality assessments of whole population interventions for issues they are disproportionately impacted by (e.g. low traffic neighbourhoods and school streets).

17. Provide targeted and culturally appropriate screening services for Black African and Black Caribbean older adults.

18. Campaign to raise awareness and increase uptake of community-based NHS health checks in Black African and Black Caribbean older adults.

20. Support initiatives to improve uptake of vaccinations in older Black African and Black Caribbean people, focusing on areas of higher deprivation.

21. Use life course approach and consider relevant findings from this Review to develop interventions that help to mitigate health inequalities experienced by Black African and Black Caribbean older people.

22. Coproduce awareness campaigns for Black communities to promote a better understanding of different mental illnesses, facilitate early interventions and self referral in collaboration with carers, families, health services, community and faith centres.

23. Ensure practitioners use culturally competent (cultural understanding) trauma informed patient-centred engagement styles and interventions.

24. Ensure mental health workers acknowledge service users' personal histories of racism and recognise them as trauma to enable more effective intervention.

25. Promote cultural competency training within healthcare services, the criminal justice system, and the police force.

26. Apply the use of culturally competent language, including using language that considers stigma within communities, such as 'wellbeing' rather than 'mental health'

Opportunity For Action (OFA)

27. Work with Black African and Black Caribbean communities and organisations to cocreate and deliver culturally appropriate and accessible support on positive health behaviours, including health literacy training, social prescribing initiatives and group interventions.

28. Explicitly recognise racism and discrimination as a driver of ill health and put in place training and systems to enable trauma-informed practice and services

29. Provide long-term investment for trusted Black African and Black Caribbean grass roots organisations such as faith groups, schools, voluntary and community sector organisations to deliver community-led interventions.

30. Work with faith settings to understand and utilise the positive role faith plays in healthier behaviour decision making.

31. Address the evidence deficit in interventions for Black African and Black Caribbean communities through targeted investment in research, including capacity and skills development for community providers in 'action research' to concurrently deliver and evaluate interventions.

32. Undertake insight research with members of smaller Black African and Black Caribbean populations (e.g. Somali, Ethiopian and Eritrean) to understand health literacy needs.

33. Ensure culturally appropriate data collection and analysis for service planning, monitoring and evaluation that distinguishes by ethnicity and gender for Black African and Black Caribbean populations.

34. Ensure that the engagement of Black African and Black Caribbean communities is meaningful and valued. This should include direct engagement and collaboration with representative organisations that is done in a way which is respectful, transparent and accessible, and considers and values participants' time and commitments.

35. Ensure prevention services are fair, appropriate and consider the needs of Black African and Black Caribbean populations, and there is proactive work to address issues with health literacy.

36. Consider cultural and religious influences when developing interventions to address the wider determinants of health inequalities for Black African, Black Caribbean and Black-Mixed ethnic minority groups.

37. Collaborate with government agencies and institutions to remove issues ethnic minorities face when in contact with the justice system and ensure these agencies work to address health inequalities.

38. Conduct more research to understand the impacts of the food environment and food poverty on health and wellbeing of Black African and Black Caribbean communities, and devise strategies to address the structural issues at a community level.

Opportunity For Action (OFA)

Yet to be progressed

1. Pilot the removal of the colour language from ethnic coding and evaluate the impact on participation and experience of data collection.

13. Address low pay and associated poverty for frontline workers who are of Black African and Black Caribbean ethnicity.

19. Assess the availability of culturally aware services for mental health and evaluate current services to determine how they meet the needs of older Black African and Black Caribbean adults.

39. Take action to address employment inequalities and issues around racism and discrimination in the public sector. Offer more protection for key workers from Black African, Black Caribbean and Black-Mixed ethnic backgrounds in health or other high risk occupations.

GET Involved

There are so many ways for residents, businesses and other organisations to help improve health inequalities in the borough. To find out more and to get involved, please scan the QR code or visit: lewisham.gov.uk/BLACHIR