NHS RACE & HEALTH OBSERVATORY

MANIFESTO FOR RACE AND HEALTH

Unification for Better Health

In July 2024, the UK will go to the polls in a general election, meaning leading figures from across the political spectrum are now putting forward their case to the public, arguing that they should be the ones to form the next government. At worst, elections can be times of harsh division and attritional debate. At best, they can be a moment for people to unite around a compelling vision for the future of the nation. For the NHS Race and Health Observatory, it is a chance for us to work with politicians and potential future leaders to ensure that any upcoming programme of government takes seriously the racial and ethnic health inequalities that persist throughout our health and care system.

Despite the publicly stated purpose of the NHS to serve everyone according to their need, it is still the case that many Black, Asian, and ethnic minority communities have a worse time in terms of access, experience, and outcomes in our healthcare service. Eradicating racism is a priority not just for marginalised communities, but for our whole society. A more equitable healthcare system will be more efficient, more productive, and cost the taxpayer less. A healthier society will mean greater prosperity and wealth for all. And an end to racism can finally deliver on the promise of the NHS constitution to meet people where they are and provide the best quality healthcare to all.

There are three strands to the Observatory's operating model, all of which are vital in the pursuit of racial equity in health for patients and the workforce. We draw on the best quality evidence around racial and ethnic inequality in health and care. We use this evidence to influence leaders through practical recommendations for policy. And, in response to the needs of the people and communities we work with, we support the implementation of new practice at the grassroots. As we approach the coming election, we call for any future government to look past divisive rhetoric and join us in working towards a nation unified in its mission to eliminate inequity.

SEVEN PRIORITIES FOR A NEW GOVERNMENT

Regardless of the outcome of this election, we call on any government to take forward the below commitments. These are the outcome of many years of research and practice and have been co-produced with diverse communities across the country. The NHS Race and Health Observatory is committed to supporting any government in realising racial and ethnic equity in health and healthcare.

01 PROTECT THE WELLBEING OF FAMILIES FOR THIS AND FUTURE GENERATIONS.

Prioritise reducing preventable maternal and neonatal deaths.

The UK has one of the lowest maternal mortality ratios in the world. However, there are glaring and persistent inequities within maternal and neonatal health outcomes for Black, Asian, and ethnic minority communities. The MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) collaboration has shown that Black women are 3.8 times more likely to die during or up to six weeks after pregnancy, and Asian women are 1.8 times more likely compared to White women. Many of these deaths could have been prevented. These ethnic health inequalities have been documented for at least 20 years but there have been very few targeted interventions to reduce the number of preventable deaths. Effective interventions exist in silos in our healthcare services, and it should be a priority for any incoming government to scale and spread this practice to avoid more unnecessary deaths.

02 ACCELERATE MENTAL HEALTH EQUITY OF ACCESS, EXPERIENCE, AND OUTCOMES FOR ALL.

Proceed at pace with reform of the Mental Health Act.

It has been more than five years since the Independent Review of the Mental Health Act (1983) made its recommendations to the government, and outlined the ways in which institutional and structural racism are embedded within the Act. The review illustrated in stark terms the ways in which this inequity manifests, not least in the disproportionate detention of Black and minority ethnic people and 'experiences of discrimination, exclusion, and racism'. Too much time has passed since this review, with insufficient progress on reform. While no one piece of legislation can solve a structural problem, a commitment to reforming the Mental Health Act in a way that embeds equity can begin the vital process of reducing structural racism in mental health. This process, if properly executed, can lead the way for a wider programme of reform to tackle race inequity in health and healthcare more generally.

03 MAKE RACE EQUITY A PRIORITY FOR OUR LEADERS.

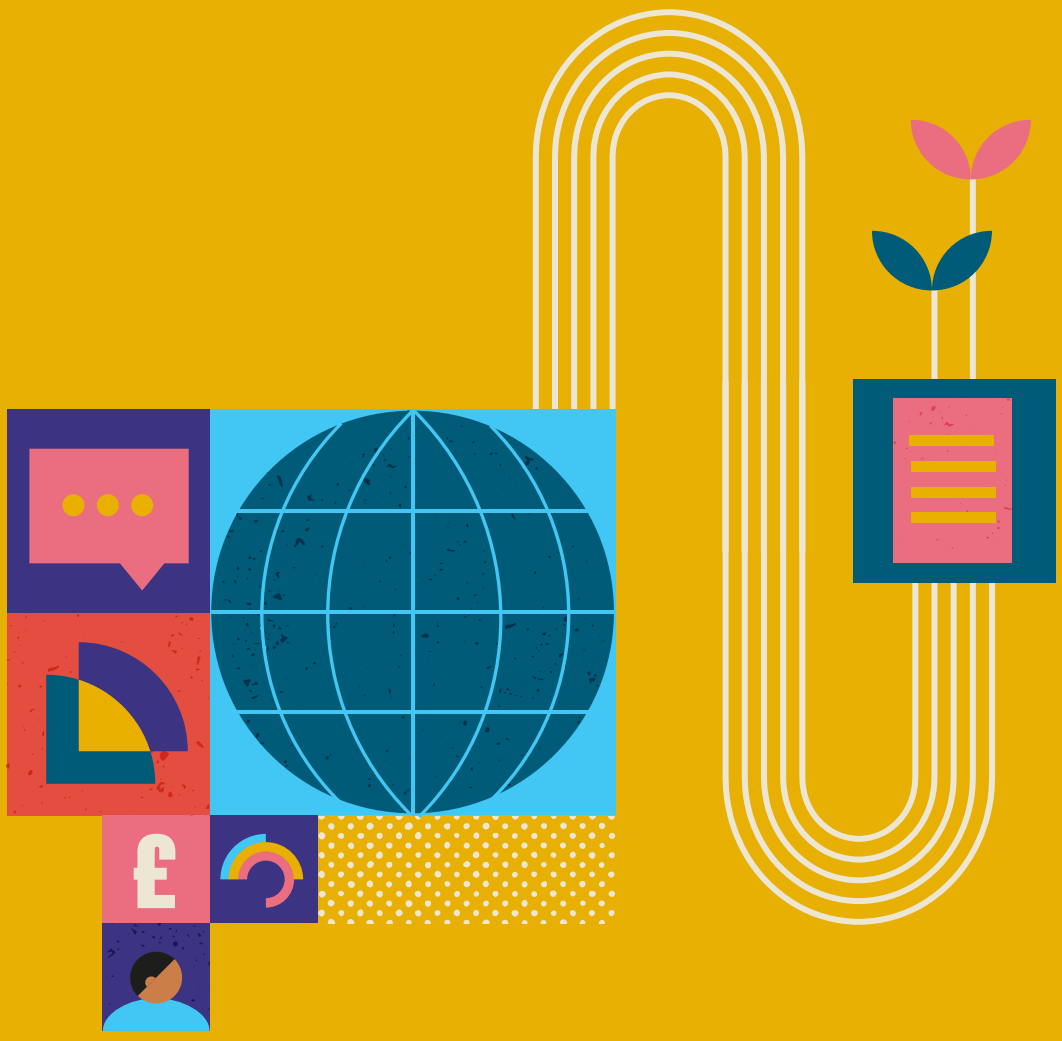
Empower leadership and enhance accountability for equity among patients and the workforce.

None of the vital actions in this manifesto will be possible without leaders – across healthcare and public life more generally - who are empowered to deliver change, and then held accountable for making that change. Too often in the past, misjudged systems of public accountability have caused leaders to prioritise the wrong things, and often forced race equity to the bottom of the list. Tackling inequality must be meaningfully embedded as part of a holistic accountability framework that spans professional regulation, leadership objectives, and a progressive model of financial incentives. It is right that we should expect NHS leaders to design and deliver services in a racially equitable way. This will also mean making race equity a priority for the NHS workforce, eliminating discrimination, and increasing representation of Black, Asian, and minority ethnic staff at all levels of senior leadership.

04 SUPPORT INCLUSIVE AND MEANINGFUL ENGAGEMENT WITH COMMUNITIES.

Prioritise co-production and community participation as a cross government commitment.

Our research and practice have shown time and time again that policymaking and the design of healthcare services are most effective when they are co-designed and co-produced with communities and individuals with relevant lived experience. Wide ranging reform of policymaking should ensure that community participation is a core component of all planning and decision making where public money is at stake and public good is the aim. The government should invest in trialling new approaches to participatory equity, including the adoption of citizen's assemblies, consensus conferences, and people's juries. It is vital that such approaches also focus on the distinct experiences and challenges of children and young people from underserved communities, who face their own unique challenges and should be empowered to shape their futures.



05 PROMOTE AND CELEBRATE THE BENEFITS OF HEALTH EQUITY AND ECONOMIC PRODUCTIVITY.

Adopt a cross-government approach to incorporating wellbeing and health equity as a core components and outcomes for building community resilience, reducing service demands, and strengthening economic productivity.

For a long time, efforts to reduce inequity in health have tended to focus solely on frontline healthcare. But there are many factors determining a person's health long before they come into contact with healthcare services. As we saw all too clearly during the COVID-19 pandemic, a person's housing situation, migration status, employment, education, and access to social resources all have an impact on their health, and their ability to access good quality healthcare. We also know that these factors are, in turn, impacted by a person's racial and ethnic background. Any government attempting to achieve race equity must work across all government departments to embed a structural view of health inequity and must adopt a co-produced and validated approach to anti-racism that is ingrained in the mechanics of policymaking. This ambition would be significantly boosted by the appointment of a minister with an inter-departmental brief to tackle structural racism and health inequality.

06 STRENGTHEN DATA-INFORMED APPROACHES TO IMPROVING HEALTH FOR ALL.

Ensure that the data and evidence we hold is truly representative of our population, and that key datasets are linked together to better serve that population.

The data we collect about our people and communities and their health is fragmented and often incomplete. In the NHS alone, we know that patients' ethnicities are not always recorded correctly, that large data sets are not linked together, and that major longitudinal surveys are not sufficiently representative of ethnic minority populations. Additionally, an over-reliance on quantitative evidence in policymaking ignores the diversity and nuance of human experience. An incoming government must adopt a uniform approach to ethnicity recording consistent with the census categories; must mandate data linkage so that healthcare services can track patient journeys and eradicate inequity; and ensure that policymaking is based on accurate and representative datasets alongside qualitative person-led evidence.

07 POSITION THE UK AS A GLOBAL LEADER ON HEALTH EQUITY RESEARCH, INNOVATION, AND IMPACT.

Mandate representation in health and healthcare research.

Good research is the foundation of good healthcare, and the UK considers itself a world leader in research. However, there is no universal requirement that research cohorts are representative of the populations that the research is ultimately designed to serve. Research insights drawn from unrepresentative studies risk further embedding already deeply entrenched inequity. Any government should commit to reforming the public research sector to ensure that public money is not spent on research that is not fit for purpose. Parallel efforts should be made to increase the diversity of the researchers and institutions who receive public funding to conduct that research, and steps should be taken to ensure that race equity is high on the agenda for publicly funded research.

The NHS Race and Health Observatory exists to mobilise evidence and enable change. We stand ready to support any government in delivering the long-term, coordinated approach needed to turn the tide on racial and ethnic inequalities in health and healthcare.

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