

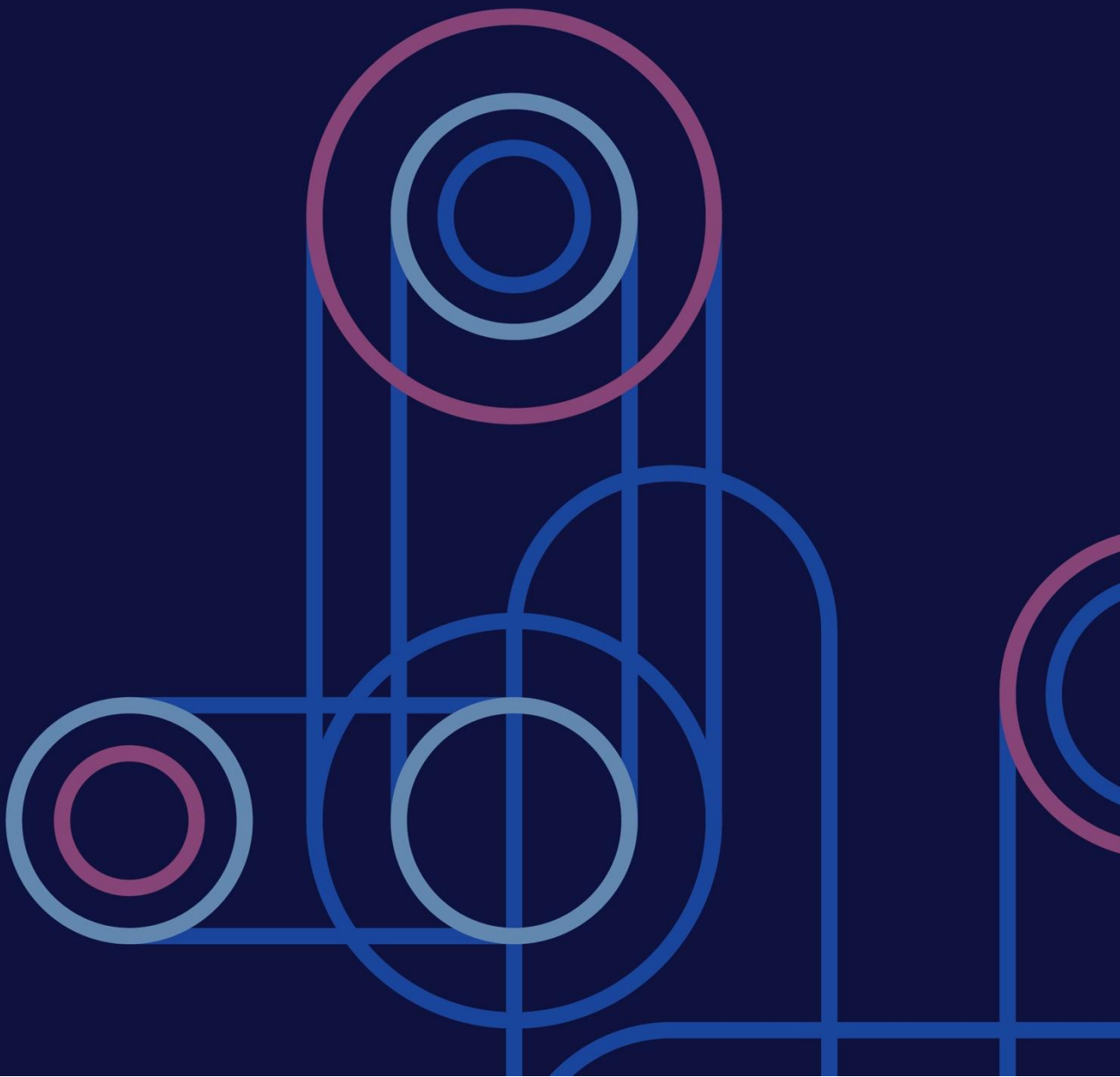


World Health
Organization

CASE STUDY

*The London health equity architecture and the
development of the London Anti-Racism
Collaboration for Health (LARCH)*

2026



Basic information

WHO Region	EURO
City or Country	London, United Kingdom of Great Britain and Northern Ireland
Timeline	2020 – ongoing
Type of intervention	Governance
Primary level of implementation	City
Primary sectors involved	Health; public administration; community engagement
Primary health outcomes or challenges	Health equity; disproportionate COVID-19 impacts

Case description

London is a highly diverse city in which almost half of residents are from Black, Asian or other ethnic minority groups. Marked social and spatial inequalities mean that some communities experience much poorer health than others. During the early stages of the COVID-19 pandemic, data showed significantly higher risks of hospitalisation and mortality among Black and Asian communities. Further analyses from Public Health England highlighted the role of racism in shaping exposure, vulnerability and access to care. These findings brought pre-existing ethnic health inequalities and racism into sharp focus as urgent public concerns.

In response, partners across London established the Health Equity Group (HEG), a non-statutory partnership that reported to the London Health Board, chaired by the Mayor. The HEG convened senior leaders from across London's health and care system alongside representatives from the voluntary, community and faith sectors to align priorities, interpret emerging evidence and strengthen governance for health equity. Through its work, HEG supported integration of a commitment to address structural inequalities into an updated Health Inequalities Strategy (HIS) Implementation Plan, responding to the statutory mandate for the Mayor of London and partners to reduce health inequities – including ethnic health inequalities – through coordinated action.



London for Everyone digital advert at Piccadilly Circus. London, United Kingdom: 2025. © Greater London Authority / Caroline Teo.

HEG developed a strategic framework to tackle ethnic health inequalities through an anti-racist approach, drawing on the London Health Inequalities Strategy (HIS), systematic reviews, stakeholder interviews and surveys. The framework process mapped existing initiatives, assessed current practice and potential interventions, consolidated priorities from earlier strategies and identified gaps. The resulting framework aligns with the HIS and the Building a Fairer City plan, and sets out strategic commitments across leadership, workforce, health-equity-focused programmes and services, communities and anchor institutions. More specifically, it calls for public anti-racism commitments by boards, better representation of ethnic minority communities in governance, systematic support for ethnic minority staff, targeted equity-focused interventions, stronger community voice and the use of anchor institutions to act on wider determinants of health.

To advance these commitments, HEG and its partners brokered a joint commitment with the London Partnership Board's Building a Fairer City strategy, bringing together two mayoral advisory teams and associated resources around a shared agenda for equity. This process, underpinned by devolved funding agreements and formal partnerships, created a mandate and shared framework for tackling ethnic health inequalities across London.

Out of this architecture emerged the London Anti-Racism Collaboration for Health (LARCH), a peer learning initiative designed to support and coordinate action on ethnic health inequalities under the strategic framework. LARCH convenes health and care organisations, local authorities, regional bodies and community partners, providing a space to share evidence, highlight emerging practice, discuss challenges, and adapt the strategic framework to local contexts. LARCH was launched in November 2023 at an event that brought together over 100 participants, including senior city government leaders, NHS England representatives and academic partners. Discussions centred on defining the components of an anti-racist health and care system, strengthening collaboration and identifying priority areas for learning. A delivery partner is supporting implementation and evaluating early activities to inform future development. A refreshed HEG continued to attract sustained engagement from senior leaders, indicating that the group provides tangible value for decision-makers, and pooled funding has been secured to support collaborative work.

Key enablers have included clear governance structures for health equity, visible political and professional champions (including senior figures linked to the NHS Race and Health Observatory and Integrated Care Boards), and the ability to align existing regional strategies and funding behind a shared agenda. The availability of robust evidence and routine data has helped maintain focus and momentum and connect activities across sectors. Embedding community voices in structures and processes has supported accountability, offered insights into local needs, and helped to avoid framing ethnic minority communities themselves as the problem.

Progress has also highlighted significant challenges. Demonstrating impact across multiple programmes in a city of around nine million residents, within which multiple determinants interact, requires time, a clear theory of change and adequate resourcing for evaluation. Continued investment in monitoring, data and community engagement remains essential to sustain action and strengthen impact, and depends on securing sustainable resources in a constrained funding environment. Stakeholders also highlight the risk that anti-racism work may be seen as short-term or tokenistic, and the need to embed it as a long-term integral feature of organisational culture and system governance.

Partners have continued strengthening LARCH as a citywide platform for learning and action alongside focused activity on mental health and maternal health as priority areas to demonstrate change and impact.

Looking ahead, partners' ambition is to share learning from the health and care sector to address wider social and economic determinants, and refine monitoring and evaluation approaches linked to the strategic framework's theory of change. Through these steps, London aims to move towards a health and care system in which racism is no longer a driver of health outcomes and ethnic health inequalities are narrowed over time.

Strategic Highlight

London's experience shows how moments of heightened visibility and public concern can catalyse city-wide structural action. The disproportionate COVID-19 impacts on Black and Asian communities elevated persistent ethnic health inequalities into an urgent societal issue with clear implications for justice, public trust and system performance. The scale of the pandemic and disproportionate outcomes for London's Black and Asian communities galvanised London's leaders to coordinated strategic action in place of the historic approach of isolated programmes.

This recognition led to the mobilisation of new governance structures. The HEG provided a high-level forum that brought together regional health and care organisations, local authorities and community partners around a shared mandate to tackle health inequities, including those driven by racism. It served as a strategic entry point, enabling system leaders to interpret evidence, articulate shared priorities and incorporate anti-racism into the HIS Implementation Plan. In parallel, LARCH supported implementation of the strategic framework, offering a peer learning platform where organisations could share insights and experiences, address practical challenges, and co-develop activities suited to their contexts. The strategic framework itself sets out commitments for leaders, workforce, services, communities and anchor institutions, and is intended to guide coherent action across multiple parts of the system.

Moments of crisis can open windows of opportunity to strengthen collaboration, align strategies across institutions, invest in data, governance and partnerships, and embed values into policy and practice. However, moving from crisis-driven measures toward sustained action requires continuity of leadership, dedicated funding, participatory approaches and structures capable of coordinating partners across complex urban systems.

Further Information

- [London Health and Care Partnership: London Anti-Racism Collaboration for Health \(LARCH\)](#)
- [London Anti-Racism Collaboration for Health \(LARCH\): Launch event](#)
- [Health Inequalities Strategy Implementation Plan 2025–2028](#)
- [Anti-racist interventions to reduce ethnic disparities in healthcare in the UK: an umbrella review and findings from healthcare, education and criminal justice](#)