

Birmingham City Council Health, Adult and Social Care Overview and Scrutiny Committee



20.01.2024

Subject: Progress update on the implementation of findings from the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR)

Report of: Cllr Mariam Khan, Cabinet Member for Health and Social Care

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1 Purpose

1.1 The purpose of this report is to provide an update on the progress of the implementation of the BLACHIR opportunities of action and key priority areas across the health and care system in Birmingham.

2 Recommendations

2.1 The Health and Social Care Overview and Scrutiny Committee are requested to note the report and progress made so far.

3 Background

3.1 The Birmingham and Lewisham African & Caribbean Health Inequalities Review (BLACHIR) was launched in 2020 as a partnership between Birmingham and Lewisham to explore and better understand the inequalities affecting African and Caribbean communities in our areas and co-produce opportunities for action with communities to break structural inequalities and achieve sustainable change. The Review included rapid evidence reviews under 8 thematic areas. Findings from

the rapid evidence reviews were examined by a community advisory board and academic advisory board who both also helped to shape recommendations. The final report was published in March 2022, and the findings identified 39 specific opportunities for action across 8 themes. From the Review, 7 key priorities areas have been identified:

- Fairness, Inclusion, and Respect
- Trust and Transparency
- Better Data
- Early Interventions
- Health Checks and Campaigns
- Healthier Behaviours
- Health Literacy

3.2 Boards and Task Forces have been established to respond to recommendations from the Review. These include the BLACHIR Implementation Board, the ICS Task Force and the BCC Task Force. More information on these is provided below.

4 BLACHIR Governance

4.1.1 Governance for the implementation of BLACHIR was established in October 2022 to ensure a clear line of accountability for delivery to the Health and Wellbeing Board.

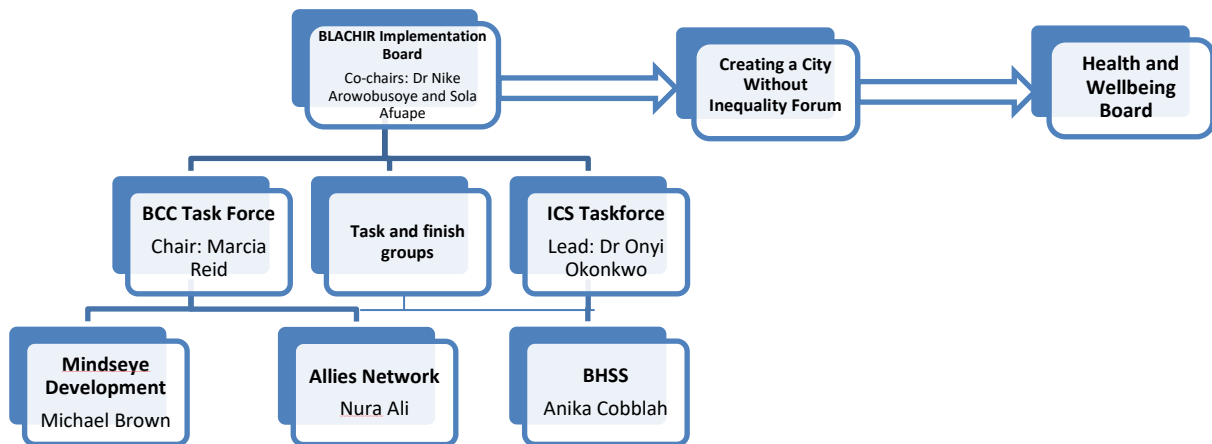
4.2 BLACHIR Team

4.2.1 Since the last Health and Social Care Scrutiny Committee update, the BLACHIR Team has moved from within the Inclusion Team in the Public Health Division to the Communities Team and new staff members have been recruited. This aligns the work of BLACHIR with Public Health action to address health inequalities in communities of identity. The team is led by the Assistant Director leading on the subdivision Healthy Behaviours and Communities and project management is provided by a new BLACHIR Senior Officer working with a Communities Team Senior Officer, the Communities Team Service Lead, a Public Health graduate and two newly appointed BLACHIR co-chairs who have leadership oversight of the BLACHIR project ensuring robust governance and effective delivery.

4.3 BLACHIR Implementation Board

4.3.1 The BLACHIR Implementation board (BLACHIRIB) was established to ensure the opportunities for action are embedded across the system and the key areas for action are delivered, see Appendix 9.1. It comprises representatives from community organisations, Council, NHS, and Police. The Board formally reports to the Creating a City without Inequality Forum which is a sub-group of the statutory Health and Wellbeing board as shown in the governance figure 1 below. Delivery of the opportunities for

action is via the BCC and ICS Task Force groups and the key areas for action are delivered via task and finish groups. Community engagement partners support delivery across all areas.



4.3.2 The first Implementation Board meeting was held in November 2022 and the Board continued to meet bimonthly in 2023. The initial phases of the implementation phase sought to build relationships with Black African and Black Caribbean communities. The BLACHIR Team commissioned three BLACHIR community engagement partners to work with African (1), Caribbean (2) and young Black-ethnic people (3). Relationship building was also achieved through regular communication with key stakeholders, such as the ICS BLACHIR Task Force. The initial phase mapped out key actions for implementation delivery, most notably coproduction products against the seven key priority areas.

4.3.3 In July 2023, Birmingham City Council appointed two independent co-chairs of the Implementation Board: Dr Nike Arowobusoye and Sola Afuape. The co-chairs ensure robust governance and effective implementation of delivery. Dr Nike Arowobusoye is a Consultant in Public Health medicine and has over 20 years’ experience of working for and leading healthcare systems. Currently, Nike works in two London boroughs and leads on promoting health and wellbeing through prevention, addressing health inequalities, and ensuring equitable and responsive healthcare delivery. Sola Afuape is an experienced Non-Executive Director currently sitting on the boards of the Innovation Unit, a social enterprise that develops long term innovations that tackle persistent inequalities; SW London Integrated Care System Health Inequality and Equality, Diversity, and Inclusion (EDI) Board and South West London and St George’s Mental Health Trust, where she chairs the People Committee. Sola has over 20 years’ operational experience

advising, designing, and implementing local, regional, and national health inequality and service improvement programmes.

4.3.4 The Implementation Board had its first meeting with the new co-chairs in November 2023. This meeting was used as an opportunity to take stock of delivery to date and to chart the journey for delivery of the remaining actions.

4.3.5 A monthly report has been created specifically designed for the purpose of tracking progress, assessing needs, mitigating risks, improving quality and effective communication across all streams of the BLACHIR project and to provide updates to the Board (please see Appendix 9.2). This is to ensure projected goals and targets are met in a timely fashion. This includes updates from community engagement partners, the Integrated Care System (ICS) and BCC Task Forces, and task and finish groups.

4.4 BCC Task Force

4.4.1 Birmingham City Council created a BCC Task Force which was established to capture Council-wide responses to the opportunities for action that were to be responded to by BCC. The Task Force met on the 27th of July 2023 where relevant teams and team leads were identified for each opportunity for action. As they familiarised themselves with the BLACHIR project, the new team were focused on establishing more effective governance processes and progressing on the key priority areas. This has meant that the BCC Task Force has not met since the initial July meeting, however, correspondence has been sent to the attendees of the meeting. The attendees have been asked to provide SMART Goals against each opportunity for action that has been assigned to them. Where this has not been completed, the BLACHIR Team will be speaking individually to each team member to progress the response to each opportunity for action and ensure a SMART Goal has been identified. A full summary of the opportunities for action have been identified in Appendix 9.3, below.

4.5 ICS Task Force

4.5.1 The Integrated Care Board (ICB) Health Inequalities Team established the BLACHIR ICS Task Force and continues to support the healthcare responses to the opportunities for action. The ICS Task Force reports into both the People, Power, Health Inequalities (PPHI) ICS Board and the BLACHIR Implementation Board.

4.5.2 The Task Force continues to mature, involving ICS partners and community engagement partners to continue the implementation of the BLACHIR recommendations. SMART Goals for all provider trusts have been established and shared with community engagement partners to ensure outcomes are agreed and effectively co-produced. Work is

underway against a great number. A full summary of the opportunities for action have been identified in Appendix 9.3, below.

4.5.3 The new ICS EDI Strategy, 'Belonging at BSol 2023-2026', has been carefully aligned with the 6 high-impact action of the NHS EDI Improvement Plan. This supports the work of BLACHIR and a number of the 17 Birmingham Race Impact Group (BRIG) pledges.

4.6 Programme Delivery - ICS projects with community engagement partners.

4.6.2 The ICS has been working closely with the 3 BLACHIR community engagement partners: Mindseye Development, Allies Network and Black Heritage Support Service. The 3 community engagement partners for BLACHIR implementation, on a number of projects. Examples of these include:

4.6.3 West Locality cardiovascular disease (CVD) Awareness and Engagement Project – which aims to increase hypertension awareness and engagement within Black African and Black Caribbean Communities. Completed actions include a co-produced hypertension awareness script (available in key languages), development of awareness videos with community representatives, identification of community hypertension ambassadors in partnership with Flourish and co-produced culturally competent training.

4.6.4 Prostate Cancer in Black Men – a project aiming to reduce inequalities in uptake to prostate cancer screening. Completed actions include collaboration with Prostate Cancer UK and Mindseye Development Men's group, community events including 'Movember' and a health focussed football match with onsite prostate cancer screening as well as CVD and diabetes checks, SMS invites with screening tools and booking information, GP and Nurse champions and community engagement events with Prostate Cancer UK.

4.6.5 Facilitated the development of maternity listening exercises and bidirectional conversation with our communities to improve maternal and infant mortality. Now working with BUMP, LMNS and infant mortality teams to address a joined-up service at locality level across the ICS.

4.7 Updates against key priority areas

4.7.1 The 7 key priority areas, represent key enablers to support system-wide change and action on inequalities. Each one signifies a programme of work which is co-produced and facilitated by the BLACHIR team. Of the 7 key priority areas, three have been focused on to date. The following deliverables have been created under each of these key priority area:

- i. Trust and transparency:
 - Cultural intelligence - A coproduced cultural intelligence framework that will be embedded at a strategic level across different organisational within Birmingham.
 - Cultural humility - A coproduced cultural humility framework that will be used to support trainers and commissioners of Cultural Humility and Safety training within Birmingham.
- ii. Better data – A co-produced data monitoring questionnaire that will be used across Birmingham City Council and wider partners to collect better data on diverse communities.
- iii. Health checks and campaigns:
 - Focus groups to better understand the quality and promotion of NHS Health Checks. Findings from the focus groups will be used to influence provision of current NHS Health Check providers and within re-commissioning of future providers.
 - A coproduced health campaigns toolkit that can be used to inform future targeted health campaigns for Black African and Black Caribbean citizens.

More information on each deliverable can be found below.

4.7.2 Trust and Transparency

The first of thematic co-production groups for the 'Trust and Transparency' theme in the report focused on cultural competency as an umbrella term for developing culturally intelligent organisations and policies, and culturally humble and safe front-line practices. Two co-production sub-groups were created to progress this work.

Cultural Intelligence aims to develop cultural competency at a strategic, leadership and population level.

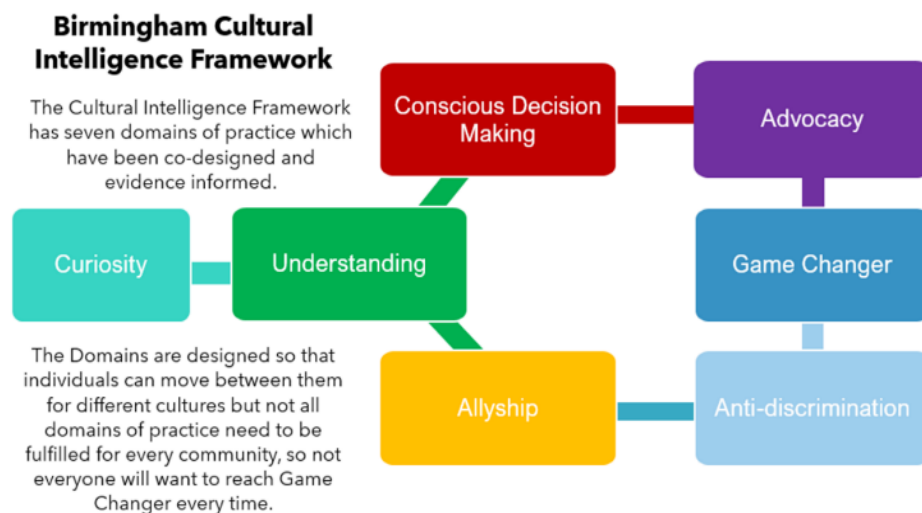
Cultural Humility and Safety aims to develop cultural competency at an interpersonal level.

4.7.3 Cultural Intelligence

The Birmingham Cultural Intelligence Framework (BCIF) is a toolkit to help individuals and organisations to develop, strengthen and evidence their deeper understanding and approach to enabling and empowering different communities of identity and experience. The Framework sets out seven domains of competence for cultural intelligence which individuals

can work through using competency criteria and reflective practice templates and organisations can audit and evaluate to monitor and demonstrate progress. The draft framework has been produced and is shown in Figure 2, below. This included definitions, example activities to develop the competency, and a case study for each of the seven domains. The content for the domains was developed using findings from multiple evidence reviews and mapping of existing resources.

Figure 2 1: The Birmingham City Council Cultural Intelligence Framework



The BCIF has been tested out with public sector staff through a programme of workshops throughout October and November 2023.

The workstream is also working with student interns to further build the resource bank of tools to further support learning for different communities of identity and experience.

4.7.4 Next steps:

The BCIF pilot phase will be launched in Spring 2024. Expressions of interest will be sent out in early 2024 to define the organisational commitment outline and capacity requirements. It is planned to recruit 3-5 partner organisations to pilot BCIF over 24/25 for 12-18 months with an external academic evaluation. The pilot phase plans to focus on 6-8 specific communities of identity, including 3 ethnic communities, 2 faith, 1 disability and 1 LGBT+. An BCIF audit framework will also be developed.

4.7.5 Cultural Humility and Safety

The Birmingham Cultural Humility and Safety (CHS) quality improvement framework aims to standardise CHS training across the system, specifically acting to improve the quality and reach of the CHS training offer in Birmingham. The framework is designed for commissioners of CHS Training and providers who deliver the training. It aims to both provide a minimum standard of training, and also provide a framework to enable organisations to evaluate and further develop their training programmes through a process of continuous evaluation.

Initially an evidence review into CHS and CHS training informed the drafted framework. This included mapping out existing training provision and identifying the gaps in current provision. As well as this, the outcomes from the CHS co-production sessions were identified.

The draft framework firstly sets out a minimum standard of training through a skills and knowledge framework. This highlights the evidence-based essential characteristics, skills, knowledge that should be fostered for effective training. This also includes evidence-based tools and approaches that can be used to support and embed learning. Then, a framework is provided to enable organisations to evaluate and further develop their training programmes through a process of continuous evaluation. As the evidence for effective training and skills development in CHS is an emerging area, a continuous improvement approach has been taken to develop the framework.

The CHS draft framework has been developed and is being sense-checked with Equality, Diversity and Inclusion leads, Workforce leads and Training Providers across the ICS. Feedback will be obtained on the commissioning framework by end of Q4 23/24 through a series of webinars and a pilot roll-out and evaluation plan developed. The workstream is currently developing the following quality improvement tools to support the piloting of the framework among a cohort of staff in 2-3 organisations:

- Specification for commissioning
- Pre and post training evaluation questionnaire
- Repository of tools and good practice.

4.7.6 Better Data

A demographic monitoring questionnaire has been co-produced to strengthen granular culturally sensitive data collection (see Appendix 9.4). A set of standard demographic questions will be integrated into BCC data collection across core public health services including consultations, surveys and delivered, commissioned, or funded services. Questions were developed based on national standard questions and modifications have been tested with a citizen involvement panel and agreed by the corporate leadership team (Nov 2023). Use of this monitoring questionnaire is also being promoted through the evolving

Birmingham Data Charter and adopted through the ICS Fairer Futures Fund model.

4.7.7 Next steps:

- Continue to develop and evolve these questions as we collaborate with citizens and partners to strengthen our understanding of diversity and inclusion in our city.
- Easy read and translated versions to be developed to increase accessibility and reach.
- Commission focus groups and exploration of tribal identity questions in Q1 24/25.

4.7.8 Health Checks and Campaigns

The re-commissioning of health checks was completed by the Adults Team in August 2023. This was followed by a rapid evidence review in October 2023 to identify best practice in relation to increased uptake from minority ethnic communities, including Black African and Black Caribbean communities. The review offered the following recommendations:

- Community Outreach, Engagement and Education - Awareness of the programme, particularly its personal relevance has been highlighted as a barrier to NHS Health Checks attendance.
- Increase accessibility of health checks
- Administer multimethod invitations
- Provide culturally and religiously sensitive approaches
- Conduct ethnic-specific focus groups to better understand the barriers to NHS Health Checks and consider targeted pilot programmes to address the outcomes from the focus groups.

Between January and March 2024 focus groups will be commissioned to assess minority ethnic communities' perceptions of health checks, including the quality and accessibility of NHS Health Checks and how they are promoted. Some of these focus groups will be for Black African and Black Caribbean citizens, including elderly cohorts (those aged 65+). Findings from focus groups will be embedded into new and existing providers of NLSHC.

Under health campaigns, the BLACHIR Team will develop a health campaigns toolkit which seeks to provide recommendations for targeted health campaigns for Black African and Black Caribbean communities. The toolkit will be informed by an evidence-base of different local and national health campaigns, what works well with Black African and Black Caribbean communities, while also collating examples of good practice of activity occurring around Birmingham.

Other thematic areas are yet to be developed; the plan for these are outlined below.

4.7.9 Early Interventions:

Identify board lead and set up task and finish group to scope opportunities that captures the importance of Early Intervention through lived experiences of the communities and explore the option of commissioning a partner to collate good practice. To continue working with the ICS Infant Mortality Lead to improve maternity outcomes for Black women (Q2 2024-2025).

4.7.10 Healthy Behaviours and Health Literacy:

Identify board lead and develop repository of good practice mapped to Healthier Behaviours and Health Literacy. Under this theme, the BLACHIR Team will also look at the importance of health literacy through lived experiences of the communities (Q3 2024- 2025).

4.7.11 Fairness, Inclusion and Respect:

Through the ongoing work of the Public Health Communities team, continue to work with faith settings, identify community advocates and leads to consider how best to utilise community assets to ensure fairness, inclusion, and respect (Q1 2024-2025).

Embed cultural humility and cultural intelligence frameworks into mandatory staff learning and produce eLearning for people outside of the Council to access.

4.8 Community Engagement Partners

Three local community engagement partners were commissioned to ensure implementation plans and solutions are co-produced with the communities affected by the review, and the local voice of lived experience is the key driving force. The engagement partners have continued to be active with the BLACHIR communities, disseminating the report and recruiting co-production partners. The BLACHIR team will be reflecting on the learning from engagement to date and using this to refine their approach to deep engagement and co-production with communities in 24/25. The following outlines each partners delivered activities:

4.8.1 Allies Network CIC

Allies Network CIC is the community engagement partner for the African Community. They are continuing to work across the system to address the 39 opportunities for action highlighted from the BLACHIR report.

A total of 4 community engagement sessions have been delivered on a variety of topics including:

- Maternity, Parenthood, and Early Years
- Mental Health and Wellbeing
- Healthier Behaviours - Diabetes and CVD
- Health Screenings.

These sessions were attended by 145 participants from the following African communities (Nigeria, South Africa, Ghana, Somalia, The Republic of Somaliland, Djibouti, Ethiopia, Kenya, Zimbabwe, Sierra Leone, Gambia, Guinea-Bissau, South Sudan, Morocco, Sudan, Uganda, Senegal, Tanzania, and Eritrea). Allies Network have also delivered a webinar hosted by BSol ICS, discussing addressing health inequalities through a co-produced solution with African communities. This included innovative approaches that bring together voices of Birmingham's African communities and healthcare experts. Allies Network have also participated in the University Hospitals Birmingham NHS Foundation Trust's (UHB) Maternity and Neonatal Event, discussing BLACHIR African Communities issues with maternity and Neonatal services.

4.8.2 Next steps:

As outlined in their most recent update report, Allies Network planned to deliver another 5 community engagement workshops to cover the following topics:

- Maternity, Parenthood and Early years – Maternity and Neonatal Safety Improvement Programme (MNIP) Cultural and Inclusion workstream
- Aging Well & Emergency care – preventable mortality and long-term physical health conditions
- Mental Health and Wellbeing
- Learning Disabilities and Autism
- Healthier behaviours – CVD awareness in communities.

4.8.3 Mindseye Development

Mindseye Development are the engagement partner for Young Black Males and Young Black Females. They have been a very active engagement partner and have been attending regular meetings of groups that work to address health inequalities for Black African and Black Caribbean citizens. These meetings include Men's Health and Wellbeing Group, Migration Network Health Meetings, The Turner Foundation and Flourish.

- Mindseye development have completed a significant amount of work under each priority area, with examples including:

- **Early Interventions:** Organising and delivering a maternity event with Dr Deepthi Jyothish, Senior Responsible Officer, Infant Mortality Strategy, BSol ICB as main speaker, with delegates drawn from the community, the LMNS (including the Director), Public Health and the wider health care system. Mindseye Development have also co-produced a pre-conception checklist.
- **Health Checks and Campaigns:** Attending the Targeted Lung Health Check Smoking Cessation meeting – the availability of, but inaccessibility to data was one of the themes discussed at this meeting. Mindseye Development also liaised with the Diabetes Ambassador on thematic review of diabetes letters under the Birmingham Community Health Care action plan
- **Healthy Behaviours and Healthy Communities:** Supporting organisation of the West Midlands' Chaplaincy health promotion event, including engaging community/voluntary sector exhibitors – Men's Health and Wellbeing Group, Focus Birmingham, OSCAR Birmingham and Healthwatch Birmingham
- **Fairness, Inclusion and Respect:** Facilitated a break-out discussion on health inequalities at the BRIG Housing Summit.

4.8.4 Next steps: In the most recent update report, the following 3 key themes were identified as the priority areas for November:

- Maternity – ongoing contributions to maternity workstream
- Prostate cancer – Mindseye Development are working with Aston Villa Foundation to organise a men's 5-a-side football event which also promotes awareness of prostate cancer.
- Talent management – explore the value/potential for developing a programme of action to support this agenda.

4.8.3 Black Heritage Support Service (BHSS)

The Black Heritage Support Service is the community engagement partner for the Caribbean Community. They are working across the system to address the 39 opportunities for action highlighted from the BLACHIR report.

Their previous update report has documented the activity they completed in previous months:

- July-Present: BHSS have implemented the trainee counselling service designed to support hidden and burdened individuals who are living in the city without any intervention. The service provides confidence to individuals who are less likely to access talking therapies. Their services cover a range of modalities e.g., relationships, social anxiety, and bereavement. They have identified and acted upon the need to provide trainee counselling opportunities, which provide accessible culturally adapted interventions.

- September: To collaborate with community partners, the team committed to build a relationship with the local group ‘Twinsane Fitness.’ The aim was to raise awareness, build presence and promote the upcoming conference to encourage attendance.
- October: BHSS promoted the Caribbean Health Exhibition at various Black History Month events. This included engaging with system partners via the ICS Task Force, GP Practices, Pharmacies, and other Community Interest Companies (CIC).
- November: Caribbean Health Exhibition: BHSS designed a Caribbean Health Exhibition to educate the Caribbean community with the tools they need to advocate for themselves effectively in healthcare. In addition, the community will receive a culturally adapted approach towards health in the Caribbean community. This will enable medical professionals and charitable organisations to engage with this community effectively. The exhibition is a response to the opportunity for actions under the theme ageing well, which highlights a need for culturally adapted approach to screening opportunities. The conference was designed to raise awareness as well as to challenge and educate the Caribbean community to improve their attendance of screening.

4.8.4 Next Steps:

- Continue engagement with churches and community organisations across Birmingham on the topic of dementia and memory loss.
- Develop opportunities to educate the community on the topic of infant mortality.
- Consult with the Caribbean community on how to adapt culturally appropriate hospice care at home.

5 Planned Activity

5.1 The key activity being delivered over the coming months includes:

- i. Organising the BCC Taskforce and collating responses to the opportunities for action required by teams within the Council
- ii. Development of key priority areas:
 - Trust and Transparency – The Birmingham Cultural Intelligence and Cultural Humility and Safety frameworks will be piloted across 2024/25.
 - Better data – Develop easy read and translated versions; commission focus groups and exploration of tribal identity questions in Q1 24/25

- Health checks and campaigns – Focus groups to be commissioned to assess minority ethnic communities' perceptions of health checks; develop a health campaigns toolkit.
- Continued targeted health campaigns by the community engagement partners.

6. Any Finance Implications

6.1 This report is for information only and there are no decisions requested within the report that are likely to have any direct financial implications on the Council.

6.2 The BLACHIR project and the work detailed in this report are funded through the COMF reserve (£200,000 in 23/24 and £100,000 in 24/25) and the Public Health Grant (£100,000 per annum from 23/24).

6.3 The BLACHIR implementation is now supported through three BLACHIR-specific roles:

i. Two independent co-chairs from 17/07/2023 to 09/07/2024 at an approximated cost:

- financial year 23/24 - £46,260.57 per person (£92,521.14 total)
- financial year 24/25 - £18,141.40 per person (£26,282.80 total)

iii. One BLACHIR Senior Programme Officer from 21/08/2023 to 23/02/2024.
Total cost financial year £57,475.00

6.4 The implementation activity is also supported through 3 community engagement partners at a total cost of £160,000 until the 31st of March 2024.

6.5 As part of the aim to explore citizens' perceptions of NHS Health Checks, Public Health will be funding 10 focus groups. Participants for the focus groups will be minority ethnic communities, including Black Africans and Black Caribbeans. The maximum spend for this will be £25,000.

7. Any Legal Implications

There are not currently any legal implications.

8. Any Equalities Implications

8.1 The essence of the BLACHIR project is to reduce health inequalities affecting our Black African and Black Caribbean populations in the city. Many of the

programmes under the key areas for action, such as the Cultural intelligence and humility will also have a wider equalities impact.

8.2 Cultural intelligence and cultural humility frameworks have the opportunity to improve equality, inclusion and diversity training throughout healthcare and the wider system. The frameworks have the potential to reclassify EDI training as a continuous journey to improvement and greater understanding. If the frameworks can demonstrate individual behaviour change and that they improve cultural competence within organisations, this may impact the way that EDI training is taught and administered for all.

8.3 Better data - The data monitoring questionnaire is used to collect data and present it in a way that is more relatable for Black African and Black Caribbean citizens. The coproduced questionnaire allows citizens to provide information in the ways that they identify themselves. In some instances, some people may not contribute to demographics questionnaires as there are questions that are irrelevant to them. This can result in a lack of insight regarding the inequalities that non-contributors face. Administering use of the new data monitoring questionnaire may therefore provide increased or improved data on specific communities, particularly from those who do not usually engage with demographics questionnaires. The new questionnaire can be used to inspire other data collection sources, such as the Office for National Statistics. This may improve information on inequalities of Black African and Black Caribbean citizens, resulting in appropriate work being done to address them.

9 Appendices

9.1 BLACHIRIB terms of reference



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9.2 BLACHIR Report Template



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9.3 BCC and ICS Task Force opportunities for action



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9.4 BCC Standard Demographic Questionnaire



BCC Standard
Demographic Questio

Further supporting documents:

The Birmingham and Lewisham African and Caribbean Health Inequalities review-
[BLACHIR Report](#)