

	Agenda Item: 12
Report to:	Birmingham Health & Wellbeing Board
Date:	28th March 2024
TITLE:	BLACHIR UPDATE
Organisation	Birmingham City Council
Presenting Officer	Helen Harrison, Assistant Director of Public Health – Healthy Behaviour and Communities

Report Type:	Information and Support
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1 Purpose:
The purpose of this report is to provide an update to the Board since the previous report in March 2023, regarding the Health and Care system implementation of the recommendations.

2 Implications (tick all that apply):																					
<table border="1"> <tr> <td rowspan="9">Creating a Bolder, Healthier, City (2022-2030) – Strategic Priorities</td> <td>Closing the Gap (Inequalities)</td> <td style="text-align: center;">X</td> </tr> <tr> <td>Theme 1: Healthy and Affordable Food</td> <td></td> </tr> <tr> <td>Theme 2: Mental Wellness and Balance</td> <td></td> </tr> <tr> <td>Theme 3: Active at Every Age and Ability</td> <td></td> </tr> <tr> <td>Theme 4: Contributing to a Green and Sustainable Future</td> <td></td> </tr> <tr> <td>Theme 5: Protect and Detect</td> <td></td> </tr> <tr> <td>Getting the Best Start in Life</td> <td></td> </tr> <tr> <td>Living, Working and Learning Well</td> <td></td> </tr> <tr> <td>Ageing and Dying Well</td> <td></td> </tr> <tr> <td>Joint Strategic Needs Assessment</td> <td></td> </tr> </table>	Creating a Bolder, Healthier, City (2022-2030) – Strategic Priorities	Closing the Gap (Inequalities)	X	Theme 1: Healthy and Affordable Food		Theme 2: Mental Wellness and Balance		Theme 3: Active at Every Age and Ability		Theme 4: Contributing to a Green and Sustainable Future		Theme 5: Protect and Detect		Getting the Best Start in Life		Living, Working and Learning Well		Ageing and Dying Well		Joint Strategic Needs Assessment	
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3 Recommendations
The Board are requested to note the progress being made to implement the BLACHIR opportunities for action and the 7 key priority areas highlighted within the Review and for Board members to continue to support in the system delivery of the key actions.

4 Report Body

1 Introduction and Background

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 these areas and co-produce opportunities for action with communities to break structural inequalities and achieve sustainable change. The review used a new approach of mixed methodology working with an external community advisory board and an academic advisory board to examine findings and shape recommendations. It followed a thematic approach to considering health inequalities drawing on the life-course model and wider determinants of health.

The final report was published in March 2022, and the findings identified 39 specific opportunities for action across 8 themes. From this, 7 overarching key priorities areas have been identified:

1. Fairness, Inclusion, and Respect
2. Trust and Transparency
3. Better Data
4. Early Interventions
5. Health Checks and Campaigns
6. Healthier Behaviours
7. Health Literacy

These actions identified in the review continue to be implemented across the system.

2 Governance

A Governance structure 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.

2.1 BLACHIR Team

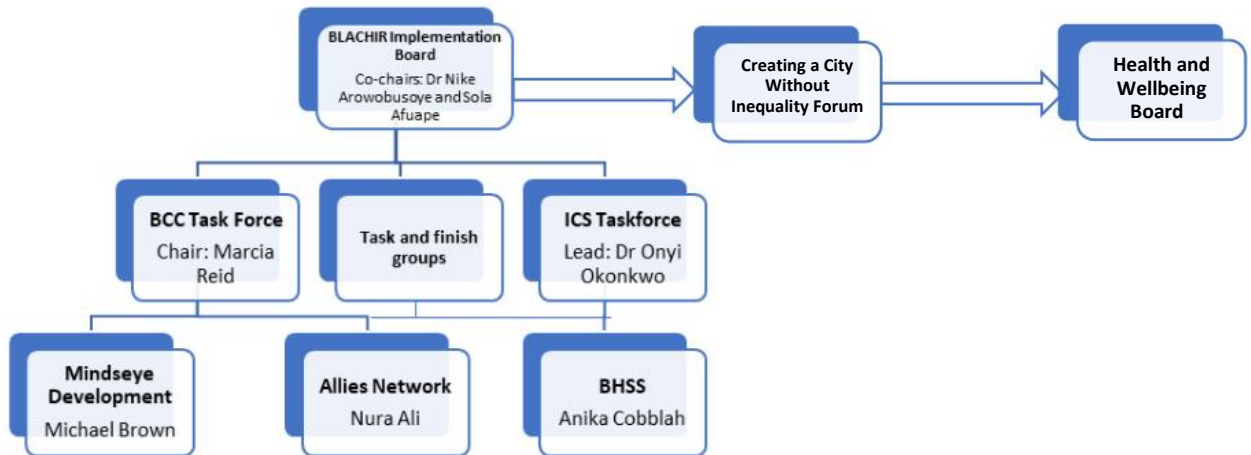
The BCC BLACHIR team is led by the Assistant Director leading Healthy Behaviours and Communities and project support is provided by Public Health Graduate working with a Communities Team Senior Officer and the Communities Team Service Lead. A post is currently being advertised for a Public Health Senior Officer for Ethnic Disparities who will Programme Manager the BLACHIR project and embed learning to address ethnic inequalities. The BLACHIR team provide support to the Implementation Board, manage the Community Engagement Partners, and coordinate co-production and delivery of the key areas for action.

2.2 BLACHIR Implementation Board

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 1.1 for Terms of Reference). The Board comprises representatives from community organisations, Council, NHS, and Police. The Board formally reports to the Creating a City without Inequality Forum, 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 Birmingham City Council (BCC) and Integrated Care System (ICS) Task Force groups and the key areas for action are delivered via task

and finish groups. Three Community engagement partners are commissioned to support delivery across all areas.

Figure 1: BLACHIR Governance



Birmingham City Council appointed two independent co-chairs of the Implementation Board in July 2023 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.

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.

SMART Goals have and continue to be identified across the system for how the 39 opportunities for action will be delivered by all relevant partners which includes goals for both Birmingham and Solihull councils, as agreed in the inception of the BLACHIR report (see Appendix 1.2 for an overview of the SMART Goals).

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. This is to ensure projected goals and

targets are met in a timely fashion. This includes updates from community engagement partners, the ICS and BCC Task Forces, and task and finish groups. (See Appendix 1.3).

2.3 BCC Task Force

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, Chaired by the Assistant Director of Insight, Policy and Strategy. At this meeting, relevant BCC teams and team leads were identified for each opportunity for action.

Due to the changing governance processes and subsequent new staff members, the Task Force has not met since July, however, work against the opportunities for action is progressing and is being overseen by the BLACHIR team and the Implementation Board. The team and the Co-Chairs are exploring how BLACHIR goals can be embedded within the Council's wider Equalities strategy work going forward.

2.4 Integrated Care System (ICS) Task Force

The Birmingham and Solihull Integrated Care System Task Force is facilitated by the Health Inequalities Team and continues to support the healthcare responses to the opportunities for action.

The Task Force continues to mature, involving ICS partners and community engagement partners. The Task Force reports into the People Power Health Inequalities (PPHI) ICB Board and BLACHIR Implementation Board. SMART goals from each provider have been developed and shared with community engagement partners to ensure outcomes are agreed and effectively co-produced.

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.

3 Progress against Delivery of BLACHIR Actions

The ICS and BCC has made significant progress on the delivery of the key opportunities for action both via cross-cutting whole systems projects and within specific service areas and NHS Provider services, an overview of the SMART goals are in Appendix 1.

3.1 ICS Projects with Community Engagement Partners

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

1. 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. This project has now commenced with a series of screening events occurring in the community- a total of 96 blood pressure checks have been taken at most recent report.

2. 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.
3. Facilitated the development of maternity listening exercises and bidirectional conversation with our communities to improve maternal and infant mortality. This aims to ensure pregnant women feel heard, and the ICS is empowering them to looking after themselves, and their communities. Now working with BUMP, LMNS and infant mortality teams to address a joined-up service at locality level across the ICS.

3.2 Birmingham and Solihull (BSol) Primary Care

- A prototype database has been drafted and is ready to be circulated to a larger test group. The database aims to bring data showing the ethnicity breakdown from primary care networks (PCNs) and GPs together. The aim is to support PCN health inequality projects and project scale-up, further monitor ethnicity recording rates, and better inform contracting.
- EDI policies have been gathered from the system and two practice managers are looking at the policies to identify similarities, differences, and applicability to General Practice. This is due to be completed by December 2023.
- Health Inequalities and BLACHIR specific webpages are being developed on the ICB webpages. Initial write up is complete, and planned ICB comms meetings to complete next steps.

3.3 BSol ICB EDI team

- Inclusion & Belonging at BSol - Strategy Development and Accelerator Delivery in place. Work commencing with Leadership, Inclusive Recruitment and Culture workstreams. This work is aligned with the Big Conversation approach, and comms support has been agreed so that the draft strategy can be discussed at the People Committee in October.
- Embed fair and inclusive recruitment processes and talent management including improving diversity of executive and leadership teams, widen recruitment in communities, including career pathways and apprenticeship programmes.

3.4 Royal Orthopaedic Hospital

- Currently undertaking data analysis review of patient ethnicity on the Jointcare Pathway.
- The review of the National 10k Black Intern Programme: Evaluation has been completed and shared at the trust level, with links made to National NHS engagement team to look at opportunities to extend the programme.

3.5 Birmingham Community Healthcare (BCHC)

- BCHC will develop health literacy through letters in order to imbed Public Health messages. They will analyse the style of communication of diabetes service appointment letters to ensure that their written communication to patients and service users is accessible.
- Adult Community Services (ACS) to 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.
- To develop culturally specific and appropriate weaning support initiatives for Black African and Black Caribbean parents.

3.6 Local Maternity Neonatal Service (LMNS)

- Are aiming to achieve 20% attendance from the Global majority of Birmingham for perinatal pre booking classes within 12 months. This will be achieved using Maternity Link Support Workers via single point of access. Classes will support women to use the Badgernotes app to allow access to personalised care plans.
- Will look to increase the uptake of Folic Acid and Vitamins D amongst the Black African and Caribbean women of Birmingham within 12 months. This will be achieved using Maternity Link Support Workers via single point of access.

3.7 Next Steps: Looking forward, the ICS and system partners will be implementing the following:

- Training of CVD ambassadors to support increased hypertension case finding and support.
- Quarterly reports continue to be gathered from providers against their SMART goals to show progress and development.
- Funding has been secured by the ICB Health Inequality Team through the Challenge Fund, to allow continued chairing, a dedicated project manager and support for community engagement initiatives. This will allow the Task Force to continue to drive change forward, providing clear reporting and oversight.
- Developing approach across HI workstreams: data, system collaboration, community co-production, health literacy promotion. Pilot approaches have demonstrated how co-produced initiatives have the potential to become business as usual across communities and the system.
- Further engagement with community partners and local charities to find alignments and opportunities to support delivery of aims
- Deliver BSol EDI Best Practice Policy for Primary care

4 Delivery of the Key Priority Areas

The BCC BLACHIR Team has focused on delivery of the 7 priority areas, co-producing cross cutting strategic responses with relevant partners and community engagement partners. The 7 key priority areas, represent key enablers to support system-wide change and action on inequalities.

Of the 7 key priority areas, the following work has progressed to date.

4.1 Trust and Transparency

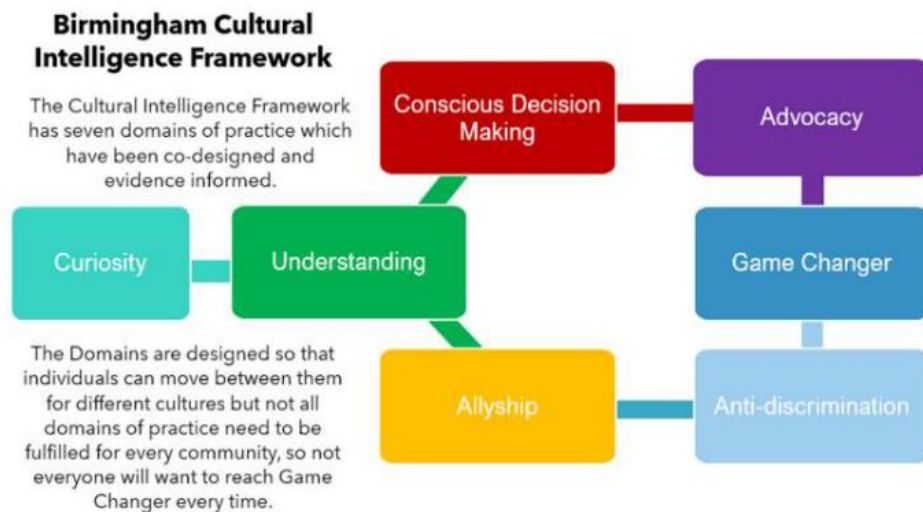
The first of thematic co-production groups for the 'Trust and Transparency' priority in the report focused on cultural competency as an umbrella term for developing culturally intelligent organisations and policies, and culturally humble and safe front-line practices. Two co-production sub-groups were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

4.1.1 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 2.2: 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.

Next steps: Expression of interests have been advertised for organisations to apply to pilot the BCIF. It is aimed to recruit 3-5 partner organisations to pilot, refine and enhance the framework over a period of 12-18 months, starting May 2024. The pilot will focus on 10 specific communities of identity: 5 ethnic communities, 2 faith, 2 disability and 1 LGBTQ+. Staff members within Public Health will be required to complete 2 domains as part of their annual personal development plan. Public Health will also commission an independent evaluator for the BCIF. The evaluator will assess if, within the pilot, the framework is reaching its intended outcomes and is making a meaningful difference in comparison to already available EDI provisions.

4.1.2 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.

In January 2024, the CHS draft framework was tested with Equality and Diversity leads across the ICS and with current training providers. The main feedback was to reduce the number of definitions; initially there were 10 separate categories, but attendees felt there was a lot of common themes and overlap between. The number of categories has now been reduced to 6. All feedback has been implemented into the CHS Framework and it is now ready for pilot.

Next steps: Expression of interests have been advertised for organisations to apply to pilot the CHS Framework. It is aimed to recruit 3-5 partner organisations to pilot, refine and enhance the framework over a period of 12-18 months, starting in May 2024. The CHS Framework aims to partner with a wide range of organisations including universities, hospital trusts, primary care, BCC departments, voluntary sector organisations, and others.

Alongside the pilot, all Public Health colleagues and at least one other Council Directorate with public-facing staff members will be offered CHS training. This will be delivered by a provider commissioned by Public Health.

An independent evaluator will also be commissioned for the CHS Framework. The aims for the evaluation are to:

- Determine how well the BCHSF is achieving its objectives and identify any areas for improvement.
- Capture the different ways the BCHSF is being implemented in organisations and identify good practice e.g. in terms of training packages used, managerial and organisational support in place.
- Understand the impact on trainees' knowledge, skills and confidence, and the impact of this on behaviour, and wider cultural competency.
- Understand who is engaging and who is not engaging and the reasons for this.
- Understand the value of CHS training in comparison to normal equality, diversity, and inclusion (EDI) provision

4.2 Better Data

A demographic monitoring questionnaire has been co-produced to strengthen granular culturally sensitive data collection (see Appendix 1.4). 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.

The ICS Primary Care team have been working to improve ethnicity recording in primary care data. They have developed a dashboard to allow for greater interrogation of primary care data against ethnicity.

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.

4.3 Health Checks and campaigns

NHS Health checks: The re-commission of NHS 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:

1. Community Outreach, Engagement and Education – Awareness of the programme, particularly its personal relevance has been highlighted as a barrier to NHS Health Checks attendance.
2. Increase accessibility of health checks
3. Administer multimethod invitations
4. Provide culturally and religiously sensitive approaches
5. 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.

Public Health is commissioning a series of focus groups to better understand minority ethnic communities' perceptions of health checks, including the quality and accessibility of NHS Health Checks and how they are promoted. A provider will be commissioned for the 4 most populous Black African communities (Nigerian, Somali, Eritrean and Ghanaian) and the Black Caribbean community. Each focus group will have a minimum of 10 participants, which will also include elderly cohorts (those aged 65+). Each community provider will deliver 2 focus groups, which will present data on a total of 10 focus groups for Black African and Black Caribbean communities. Findings from focus groups will be embedded into new and existing providers of NHSHC.

Health Campaigns toolkit: the BLACHIR Team are developing 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 what works well with Black African and Black Caribbean communities, while also collating examples of good practice of activity occurring around Birmingham.

Jamaican 60th Anniversary Celebration Events - Cardiovascular Disease and Diabetes

In September 2022, this project delivered workshops and cooking sessions which aimed to educate, celebrate, and inform local residents of Birmingham from the Caribbean, and specifically of Jamaican heritage about type 2 diabetes and cardiovascular diseases.

This project included interactive, informative, and engaging workshops that were tailored around Jamaican heritage and culture, for local residents in a culturally appropriate manner. The workshops were hosted and managed by Black female health professionals who were registered nutritionists and registered associate nutritionists. The project connected with Birmingham residents and helped build long-lasting connections in the area and created artistic outputs such as videos and images.

4.4 Healthy Behaviours and Health Literacy:

A faith toolkit has been developed to support the Faith sector in promoting healthier behaviours.

Culturally Diverse Health Eating Guides: The Public Health team commissioned partners to engage with health professionals and diverse communities across Birmingham including working-age individuals, various ethnicities, those with long-term health conditions, pregnant mothers, and expectant fathers to inform the development of diverse eating guidance. Culturally Diverse Healthy Eating Guides will utilise this intelligence to support healthy behaviours and to develop health literacy by providing tailored and easy to follow healthy eating guidance resources that are culturally diverse, adapted for different health conditions, and representing ingredients and diets from around the world.

Creative English Project - in 2022/23, Birmingham City Council funded FaithAction to deliver the Creative English Project which is a community-based programme delivered through local places of worship, faith-based and community organisations and uses practical themes such as shopping, talking to teachers, and going to the doctors to equip people with the skills they need to feel empowered and confident to speak English in their everyday life.

Creative English for Health Birmingham was tailored to promote learning about child and family health matters, accessing support and services, raising awareness, and building confidence for speakers of English as a second language. Key themes in the teaching include making the best use of your GP appointment, using NHS 111, vaccinations, dealing with minor ailments, types of pain, mental health and healthier living. The interim report outlines that 725 learners were engaged and registered onto the programme in 11 hubs. Learners demonstrated improvement in health literacy and a significant number demonstrated positive health behaviour change. Due to the success, the project has been extended in 2023/24 and is focused on reducing cardiovascular disease.

Next Steps:

The future proposal is to 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).

4.5 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).

4.6 Fairness, Inclusion and Respect:

This key priority area is closely aligned to Trust and Transparency and aims to expose structural racism and discrimination. This recommendation was largely focused on the system formally recognising the role of racism and discrimination as a drivers of ill health and commit to identify and address it. This commitment has been demonstrated, for example, through the following work:

The Councils Everyone Battle, Everyone's Business programme sets out the Councils commitment to:

- Understand our diverse communities and embed that understanding in how we shape policy and practice across the Council
- Demonstrate inclusive leadership, partnership, and a clear organisational commitment to be a leader in equality, diversity, and inclusion in the city
- Involve and enable our diverse communities to play an active role in civic society and put the citizens' voice at the heart of decisionmaking
- Deliver responsive services and customer care that is accessible, inclusive to individual's needs and respects faith, beliefs, and cultural differences
- Encourage and build a skilled and diverse workforce to build a culture of equity and inclusion in everything we do

The action plan was refreshed for 2023.

Birmingham Racial Inequalities Group – The Integrated Care system signed up to 17 anti-racist pledges in response to BRIG's call to a range of sectors to make their contribution to making Birmingham an anti-racist city. Many of these pledges align to the BLACHIR opportunities for action and place additional emphasis on addressing structural racial inequalities.

5 Update from 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 Communities team will be reflecting on the learning from engagement to date and will use this to refine their approach to deep engagement and co-production with communities in 24/25. A market engagement event was held in December 2023 to discuss future engagement plans with voluntary sector organisations to inform the future engagement work. The plan is to commission deep engagement partners after the BLACHIR engagement partners contracts expire (March 2024). More information on this proposal and the partners who will be addressing BLACHIR-related actions is outlined below.

The following outlines each partners delivered activities:

5.1 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 session have been delivered on a variety of topics including:

1. Maternity, Parenthood, and Early Years
2. Mental Health and Wellbeing
3. Healthier Behaviours - Diabetes and CVD
4. 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.

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:

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

5.2 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.

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

1. Maternity – ongoing contributions to maternity workstream
2. 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.
3. Talent management – explore the value/potential for developing a programme of action to support this agenda.

5.3 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.

Next Steps:

- Continue engagement with churches and community organisations across the Birmingham and Sandwell area 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.

5.4 Deep engagement partners – 2024/25

The Communities Team is embedding the Council's Powered by People Plan into their future engagement plans. The Plan outlines Birmingham City Council's commitment to support organisations, communities, and citizens to create change for themselves, improve the areas in which they live, shape the world around them, and enable everyone to play their part. The Team has taken the 6 themes of public participation (converse, inform, consult, involve, collaborate and empower) from the Powered by People Plan and has built a specification that ensures that all types of participation will be covered by each deep engagement partner. It is important to note however, that these methods are specific Public Health methods of engagement and therefore cannot be used for wider council engagement.

The Communities Team will be harnessing the knowledge of deep engagement partners to identify local need, map community assets, co-produce solutions, create awareness of the solutions and evaluate the impact of the solutions. The team will be commissioning five ethnic, three faith, two LGBTQ+ and three disability deep engagement partners. Two of the five ethnic communities include Black African and Black Caribbean populations who will be required to participate in BLACHIR-related projects. The overall aims of the engagement partners are to:

- Increase awareness on community experiences of health inequalities.
- Improve community health literacy.
- Enhance community capability for collective control of programme to address health inequalities.
- Bring the community voice, including seldom-heard voices, to strategy and policy development to address health inequalities more effectively.
- To utilise existing community strengths and capabilities to identify and provide solutions for the communities' health and wellbeing.

Specifically, the deep engagement partners will be:

- Delivering 4 focus groups a year to gather insight into the community over a wide range of health topics

- Disseminating key public health information within the community
- Delivering one health inequality project per year
- Upskilling staff members by accessing the Communities Team’s Community Leadership Training and linking them to the Bolder Healthier Champions programme
- Contributing to the BCIF by providing resources which can be added to the intelligence library, and by offering access to the community for organisations who are piloting the BCIF.

Next steps:

The deep engagement partner proposal has been approved through the PPAR process in February 2024. The Communities Team are now working with Corporate Procurement to prepare a final Strategy Report and Invitation to Tender documents for an anticipated tender launch in March 2024. The partners should be secured by June 2024 and will be commissioned for a total of three-years.

6 Summary and next steps

The report has updated the Health and Wellbeing Board of the progress of BLACHIR implementation by the ICS, BCC and BLACHIR community engagement partners. There has been progress made in many areas of the project by the newly developed BLACHIR Team. The team has been well supported by the new independent co-chairs who have tightened processes and ensured better integration of BCC with the ICS and the engagement partners. The BLACHIR team have begun conversations with partners to discuss the future of BLACHIR and how learning and actions can be embedded and expanded across all ethnic groups experiencing inequalities in health outcomes. It is proposed that a workshop is delivered in September 2024 to bring together the BLACHIR taskforce, Board with Health and Wellbeing Board partners to agree the longer term approach to holding the system to account for ongoing efforts to address inequalities in our diverse communities.

Next steps: The key activity being delivered over the coming months includes:

1. Further development of key priority areas:
 - a. **Trust and Transparency** – The Birmingham Cultural Intelligence and Cultural Humility and Safety frameworks will be piloted across 2024/25.
 - b. **Better data** – Develop easy read and translated versions; commission focus groups and exploration of tribal identity questions in Q1 24/25
 - c. **Health checks and campaigns** – Focus groups to be commissioned to assess minority ethnic communities’ perceptions of health checks; develop a health campaigns toolkit.
2. End of project reports by the community engagement partners.
3. Work will commence in quarter 2 to plan the evaluation of the projects delivered within the BLACHIR programme.
4. System-wide workshop to explore how to embed and sustain the work of BLACHIR moving forward – September 24.

<p>5. Compliance Issues</p>
<p>5.1 HWBB Forum Responsibility and Board Update</p>
<p>As per the agreed governance structure, we will provide an update to the Health and Wellbeing Board every 6 months throughout the duration of the implementation project. The update will include information on progress and will highlight any issues or risks that may hinder required outputs and outcomes that the health and wellbeing board may be able to help to address.</p>
<p>5.2 Management Responsibility</p>
<p>Dr Justin Varney - Director of Public Health, Birmingham City Council Helen Harrison - Assistant Director, Birmingham City Council Ricky Bhandal - Service Lead for Communities Team, Birmingham City Council Dr Nike Arowobusoye - Independent Co-Chair for BLACHIR Implementation Sola Afuape - Independent Co-Chair for BLACHIR Implementation Joe Merriman - Senior Public Health Officer, Communities team Vacant – Ethnic Disparities Public Health Officer, Communities team</p>
<p>5.3 Finance Implications</p>
<p>Funding for the BLACHIR project for financial year 23/24 has been supported by the COM-F fund which reserved £200,000 for BLACHIR spend. The Public Health budget also created a £100,000 budget line for BLACHIR activity.</p> <p>5.31. The BLACHIR implementation is now supported through three BLACHIR-specific roles:</p> <ul style="list-style-type: none"> i. Two independent co-chairs from 17/07/2023 to 09/07/2024 at an approximated cost: <ul style="list-style-type: none"> o financial year 23/24 - £46,260.57 per person (£92,521.14 total) o financial year 24/25 - £18,141.40 per person (£36,282.80 total) ii. One BLACHIR Senior Programme Officer from 21/08/2023 to 23/02/2024. <i>Total cost financial year £57,475.00</i> <p>5.32. The BLACHIR implementation is also supported through 3 community engagement partners at a total cost of £160,000 until the 31st of March 2024.</p> <p>5.33. 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.</p>
<p>5.4 Legal Implications</p>
<p>There are not currently any legal implications.</p>
<p>5.5 Equalities Implications (Public Sector Equality Duty)</p>

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.

6. Risk Analysis			
Identified Risk	Impact (0-5) and *score after mitigation*	Probability (0-5) and *score of mitigation*	Mitigation
Progress on key priority actions - Some Task and Finish deadlines have not been met due to changes and vacancies in the BLACHIR team which has delayed the delivery of some actions, due to staffing changes (see below), this has the potential to impact reputationally with the local community.	3 *2*	5 *5*	Key actions are being put in place to pick up work on delayed deadlines, PH will continue to fund community engagement to ensure full development of all T&F products and are working with key stakeholders and citizens to keep them informed. Additional capacity has been put into the BLACHIR team and work is being closely aligned to the BCC EBEB and the Birmingham Race Inequalities Group pledges.
BCC Task Force meetings - BCC Task Force has not met due to staffing changes, so there is a risk of delay to the delivery of the opportunities for action related to BCC.	3 *2*	5 *4*	Actions have been mapped to the opportunities for action and work is being done and to consider how to align with other Council forums including the CCWIF and strategies included Everyone's Battle, Everyone's Business.
Community engagement - There is a risk that communities are not given the opportunity to be fully engaged in all co-production stages when delivering priority area products. The contracts with the current community partners ends in March 2024.	5 *3*	4 *2*	Continue to work with community engagement partners and agree forward plan of engagement requirements. Explore options for ongoing commissioning of engagement partners.
Impact of section 114 on delivery - There is a risk that the financial climate within BCC impacts on delivery. There is the risk that it may limit the capacity of some colleagues to engage	5 *4*	4 *3*	Systems and processes are in place to ensure projects can continue, advance planning by the BLACHIR team will ensure continuity, however, we do need to recognise that the timelines may be impacted in order to maintain quality and impact.

with BLACHIR activity due to pressures of delivery on savings targets			
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Appendices

- 1.1 BLACHIRIB terms of reference
- 1.2 39 Opportunities for Action
- 1.3 BLACHIR Report Template
- 1.4 BCC Standard Demographic Questionnaire

Background Papers

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

The following people have been involved in the preparation of this board paper:

- **Flo Hobbs** - Public Health Graduate, Healthy Behaviours and Communities
- **Helen Harrison** - Assistant Director, Healthy Behaviours and Communities
- **Dr Justin Varney**, Director of Public Health
- **Ricky Bhandal** - Service Lead for Communities Team, Birmingham City Council
- **Nonso Nwaiwu** - Senior Public Health Officer, BLACHIR
- **Joe Merriman** - Senior Public Health Officer, Communities team
- **Dr Onyi Okonkwo** – Chair of BSol ICS BLACHIR Taskforce