

**CREATING A CITY WITHOUT
INEQUALITIES FORUM
ANNUAL REPORT
2023 - 2024:**

**Recognising Achievements,
Charting a New Way Forward**

**Birmingham Health
and Wellbeing Board**

May 2024

Inclusion Health Team – Birmingham Public Health

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1. Introduction

The Birmingham Joint Health and Wellbeing Strategy 'Creating a Bolder, Healthier City 2022-2030' acknowledges the pressing issue of health inequalities that persist within our communities. These inequalities have far-reaching consequences, impacting the health and wellbeing of individuals throughout their lives. Recognising the need for targeted action, the Creating a City Without Inequality Forum (CCWIF) has centred its efforts on addressing key health inequalities outlined in the 2022-2030 Joint Health and Wellbeing Strategy:

- Inequalities linked to deprivation
- Inequalities affecting communities with disabilities
- Inequalities affecting inclusion groups (e.g. people experiencing homelessness)
- Inequalities affecting different ethnic communities
- Inequalities of locality (i.e. variation/inequalities between wards).

This annual report represents a pivotal moment in the CCWIF's journey, highlighting its renewed dedication to tackling health inequalities. It provides an overview of the Forum's activities from September 2022 through to February 2024, outlining the progress made in the delivery of the current forward plan. The forum continues to be managed by the Public Health Division (with its running costs covered through the ring-fenced public health grant funding) and serve as a wider system platform for fostering collaboration among strategic partners across various sectors and organisations, working towards a shared objective of reducing health inequalities in these areas.

The forum recognises the financial challenges faced by the Birmingham City Council, therefore it has made considerable efforts to focus its work on the most disadvantaged populations and it continues to strengthen collaboration between forum member organisations and services to avoid duplication and enable effective and efficient action that supports the delivery of the Council's Improvement and Recovery Plan as well as the Early Intervention and Prevention agenda. As evident in this report, a significant progress has been made to address the key health inequality priorities; however, we recognise that there is still more work to be done, particularly for the communities that experience the deepest inequalities and needs.

This report also provides a roadmap for the future of the forum, highlighting the strategic direction planned for 2024 and beyond. In the report, we acknowledge the pressing need to prioritise the health and wellbeing of inclusion health groups and will redirect our efforts towards addressing their needs through the platform provided by the forum.

1.1 Approach to achieving forum objectives

At present, the CCWIF's approach focuses on delivering effective programmes, creating awareness, and providing essential support to drive positive change in addressing health inequalities in Birmingham through the delivery of the following three key functions:

Programme delivery

Health and Wellbeing Board Strategy projects we oversee for the HWB

- BLACHIR implementation
- Birmingham Poverty Truth Commission
- Pump priming projects

Shining the light

Issues we collaborate on / investigate for / raise to the HWB

- Issues arising from Community Health Profiles and health inequalities reviews
- Issues arising from reviews of evidence and needs analyses
- ICS Health Inequalities programme
- Health in All Policies , e.g. Inclusive Growth Strategy, Housing Strategy, Education and Skills...

Enabling

Enabling functions we oversee for the HWB

- Engagement with less heard communities
- Building on existing, and developing new, community assets and capacity for tackling health inequalities: anchor institutions work, grassroots organisations work, Commonwealth Games legacy
- Manage any relevant grant funds that we secure
- Promotion of products that support action across the system on Health Inequalities:
 - Faith toolkits
 - Community Health Profiles
 - OHID (formerly PHE) tools e.g. HEAT, place based approaches toolkit
 - NHS frameworks
- Embed action and consideration of inequalities across work areas

2. Programme delivery: key achievements

2.1 BLACHIR Implementation Project

With the support of the BLACHIR Implementation Board (BLACHIRIB), the BLACHIR ICS taskforce, community engagement partners, and other external stakeholders, the project team has made a significant progress. The Implementation Board has been actively working on the seven key themes identified in the project review and has been building upon the recommendations to strengthen evidence-based and co-production approaches.

Notable progress has been made in three of these themes:

1. Trust and Transparency: 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 with this work.
 - i. Cultural Intelligence – to develop cultural competency at a strategic, leadership and population level
 - ii. Cultural Humility and Safety – to develop cultural competency at an interpersonal level.

1.1 Cultural Intelligence

The Birmingham Cultural Intelligence Framework (BCIF) is the main output from the Cultural Intelligence workstream that addresses and reaches beyond the BLACHIR communities. 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.

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 have also advertised for an independent evaluation

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.

1.2 Cultural Humility and Safety

The Birmingham Cultural Humility and Safety framework (BCHSF) is the key output from the Cultural Humility and Safety workstream. The BCHSF 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.

Expression of interests have also 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. An independent evaluator will also be commissioned for the CHS Framework, starting May 2024.

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.

2. Better Data: A set of standard demographic questions has been co-created and will be integrated into Birmingham City Council's data collection efforts. These questions, incorporating BLACHIR recommendations and developed based on national standards, have been tested with a citizen involvement panel. The integration of these questions will provide valuable insights into the demographics of consultations, surveys, and services, ensuring a more inclusive and accurate representation of the community.
3. Health Checks and Campaigns: A rapid evidence review was conducted to explore access and quality of health checks for global majority communities, specifically focusing on Black African and Black Caribbean communities. The review led to recommendations such as community outreach, engagement, and education, increasing accessibility of health checks, administering multimethod invitations, providing culturally and religiously sensitive approaches, and conducting ethnic-specific focus groups. These recommendations will inform targeted pilot programs aimed at addressing barriers to health checks and improving outcomes for these communities.

Engagement partners have been actively contributing to the BLACHIR Implementation project's progress. The Allies Network has delivered community engagement sessions and webinars, shining the light on innovative approaches to address health inequalities in African communities. The Black Heritage Support Service has been finalising a Caribbean Health Exhibition to educate and engage the Caribbean community on health-related issues. Mindseye Development has participated in various meetings and events focused on addressing health inequalities for Black African and Black Caribbean citizens, coordinating efforts and raising awareness within these communities.

Looking ahead, The BLACHIR project has outlined planned activities in key thematic areas. These include piloting cultural intelligence and cultural humility frameworks, integrating new Equality, Diversity, and Inclusion (EDI) question sets into core public health services, commissioning focus groups to improve access and quality of health checks, and developing key principles for future targeted health campaigns for Black African and Black Caribbean communities. Additionally, efforts will be made to address early interventions, healthy behaviours and health literacy as well as fairness, inclusion, and respect themes.

2.2 Gender Health Inequalities Project - addressing women's and men's health inequalities

Over the last year, the Public Health led Gender Health Inequalities Project has advanced steadily and made notable strides with the phase 1 focused on women's health nearing completion and the implementation of its findings to be disseminated across the relevant parts of the system, and the phase 2 focused on data and evidence review for Birmingham men's health, using the parliamentary research briefing on men's health as a framework, already in progress. The below summaries provide a snapshot of what has been achieved.

1. Women's Health Report: The findings of the women's health gaps and needs analysis have been signed off, the report with recommendations will be published shortly (currently in design process) and disseminated through a variety of groups and stakeholders, including the women's health working group, CCWIF, ICS Inequalities Board, and other, as appropriate. The working group will determine the next steps for implementation, including links to existing work or ongoing initiatives such as women's health hubs. The core themes in the report were based on the National Women's Health Strategy for England (2022) and build the local picture of women's health needs in the city. The findings and 26 recommendations provide valuable insight into disparities in health outcomes between women compared to men, and women nationally, women's health across the life course and women's experience of the local healthcare system. The working group has started to examine the findings linked specifically to women's health literacy in more detail and develop proposals for implementation and co-production to drive this work forward. Work has already been progressed against at least 8 recommendations through dedicated new (e.g. women's health hub), or existing initiatives (e.g. BLACHIR, sex worker needs analysis etc.).

2. Sex Workers - Analysis of Health Needs (SWAN): The outputs from the SWAN studies, including key findings and recommendations, will be published in April 2024. Plans for their launch and further engagement of stakeholders to raise awareness about the health needs of sex workers in Birmingham are currently being developed. However, the dissemination of findings has started in November 2023 with the summaries being presented to the CCWIF partners, informing commissioning of sexual health services, Domestic Abuse Prevention Strategy development and improving data capture on the inclusion health needs of this group. Key findings relating specifically to LGBTQ+ communities have also been disseminated as part of the LGBTQ+ Health Conference led by Public Health throughout the month of February 2024.

3. Period Literacy Toolkit: The development of the Period Literacy Toolkit for the Housing and Homelessness Sector will be completed and published in April-May 2024 (subject to design timescales). This toolkit will provide valuable resources and support for addressing period poverty and literacy among homeless females.

4. Men's Health: Building on the priorities outlined in the All-Parliamentary Party Group (2022) proposal for a national men's health strategy, an initial rapid desktop evidence review is currently underway. This review will emulate the approach from Phase 1, producing a comprehensive report on men's health in Birmingham to provide an insight into men's health inequalities in Birmingham, with a focus on intersectionality and inclusion health. Simultaneously, mapping of existing services, current activities, and stakeholders related to men's health has begun, allowing for a comprehensive understanding of the existing landscape.

5. Webinars on Gender Health Project: Following the success of the Inclusion Health, Sex Work and the LGBTQ+ community webinar, the Inclusion Health Team will deliver further webinars on the Gender Health

Project. The webinars will highlight intersectionality and focus on specific gender inclusion health groups, emphasising the importance of addressing health inequalities within these communities.

6. Domestic Abuse Prevention Strategy: The forum supported raising awareness and provided a platform to share and gather valuable feedback for the development of the Birmingham Domestic Abuse Prevention Strategy, with the aim to strengthen its ambitions for primary, secondary and tertiary prevention with a specific focus on children and young people, and behaviour change, including through targeted interventions aimed at perpetrators.

2.3 Birmingham Poverty Truth Commission

The Poverty Truth Commission has concluded its activities in October 2023, holding its final meeting and legacy planning session. The commission celebrated its achievements and presented the feedback and outputs from its sub-groups during the last listening event in July 2023.

Since April 2023, the commission concluded its four workstreams on housing, food, health and family poverty, with four listening events that gathered system leaders and influential civic leaders from across the city. During those events, the community (lived experience) and civic (representatives of the civic and professional world immersed in the poverty truth experience) commissioners shared their experiences and learning from being part of the project as well as their ambitions for how this immersive model of engagement and learning from the lived experience can evolve.

During the commission's legacy phase, which has started in July and will conclude with the publication of the evaluation of the project in May 2024, the focus is on incorporating the value of all of the commissioners' journey and utilising their skills and commitment beyond the commission itself.

The highlights of the BPTC legacy work include:

- At a national level, the BPTC community members continue to engage with the national Poverty Truth Network, which aims to influence the way, in which national policies are shaped to ensure they contribute to alleviating, not exacerbating the impacts of poverty. The BPTC had four sessions with the APPG Poverty Strategy Commission, exploring the concept of the "Cost of Living" and its impact on individuals. The discussions revealed the challenges faced by commissioners in balancing rising prices and their incomes, as well as the hidden costs of setting up a home.
- The commission also organised a Listening & Conversation Event with the Department for Work and Pensions (DWP), where commissioners shared their stories and questions related to the treatment of individuals within the welfare system. The conversation aimed to explore how the system could humanise itself better, particularly in relation to sanctions imposed on families.
- The commission also collaborated with the Spring Housing Association to explore a different (immersive) approach to customer service and involvement. Through relational facilitation, the aim has been to create a safe space for commissioners and participants to share stories and co-design a customer involvement strategy. This legacy project is still ongoing.
- Some commissioners remain engaged with the Birmingham City Council's Housing Team to provide insights regarding homelessness prevention, contributing to the Birmingham's new Homelessness Prevention Strategy development. Commissioners also participated in a Community Conversation during Birmingham Housing Week, discussing how developers can effectively work with communities in shaping regeneration projects.
- Members of the commission are also collaborating with the private sector and were involved in the development of the city-wide Economic Justice Action Network (EJAN), exploring and promoting anti-poverty measures and economic growth.

- Some BPTC members continue to be engaged with the Marmot's Health Equity Collaborative within the BSol ICS focused on children and young people.

The BCC contract to deliver the BPTC with Thrive Together Birmingham is coming to an end in March 2024, however, it is evident that the legacy for this and the very first commission, will carry on through the ongoing activity of individual members of the BPTC#1 and BPTC#2 as well as their host organisation and the organisations and services that the commission has worked with. The commission's future plans include sustaining a group under the banner of Birmingham Poverty Truth to continue supporting initiatives in the city and amplifying the voices and insights of people with lived experience of poverty. The commission's legacy phase is focused on utilising the knowledge and skills gained during its activities to drive positive change and address issues related to poverty and inequality in Birmingham.

3. Shining the light: key achievements

3.1 The Cost-of-Living Programme

The Cost-of-Living Programme remains a key area of work with active involvement of the Inclusion Health Team, and through the CCWIF platform, we have ensured that the Cost-of-Living Programme takes into account the unique challenges faced by the inclusion health groups. These groups often experience higher levels of homelessness, poverty, and health disparities, making it critical to address their specific needs within the programme.

Through participation of the forum members and the Poverty Truth Commission members, we have successfully influenced the programme's development to incorporate measures that directly address their concerns. This includes improving access to advice on benefits, development of the warm spaces network, increasing energy efficiency to reduce costs, and ensuring an adequate supply of food through food banks. This support is crucial in ensuring that services are tailored and responsive to the diverse needs of our city's socially excluded residents.

3.2 Integration of the HealthNow Alliance legacy into the ICS programmes

The forum served as a platform for discussing and exploring the integration of the legacy from HealthNow Alliance, working to improve access to healthcare for the homeless population and embedding their voice in service design and improvement, into the relevant ICS plans and programmes. The project's legacy, including the outcomes from the peer advocacy and lived experience projects, has been embraced and incorporated into efforts to enhance pathways and accessibility to healthcare, particularly primary care, for the homeless population. This integration demonstrates a significant step towards addressing the healthcare inequalities faced by this marginalised group and ultimately working towards the goal of creating a city where everyone has equal access to essential services and opportunities.

3.3 ICS armed forces and veteran health provision

The CCWIF partnership played a key role in shining the light on the needs of all inclusion health groups, including the ex-service men and women. Through presentation of findings from the JSNA deep dive, discussions, and engagement, the forum effectively communicated the commitment of the BSol ICS to improving the health and wellbeing of this group.

To respond to the forum's recommendations, the ICS are supporting the armed service covenant and ensuring continuing of health provision for those still in service, improving awareness training and information for staff, improving mental health support and streamlining pathways. ICS legal obligations to the covenant will be followed through commissioning, procurement and contracting services. Work is already underway of GP accreditation for armed services support. The BSol ICS has already taken proactive measures to ensure the

continuity of health provision for those currently serving in the armed forces. This includes enhancing awareness training and information for primary care staff to better understand the unique needs and challenges faced by former service men and women. This project, also known as veteran friendly GP surgeries, is still in development, but demonstrates a commitment to reducing health inequalities affecting this inclusion health group.

3.4 Safe Surgeries initiative

Over the past year, an impressive achievement has been made in the creation and success of the Safe Surgeries initiative. This initiative, promoted by the Birmingham and Solihull Integrated Care System (BSol ICS), aims to address the barriers faced by individuals in vulnerable circumstances who struggle to access healthcare.

The initiative has gained significant traction, with 73 Safe Surgeries established the West Midlands, including Birmingham. This includes three Safe Super Partnerships and the first Safe Primary Care Network (PCN) nationally. The coverage of Safe Surgeries in diverse areas of the city ensures that safe access to healthcare is provided where it is needed the most.

The impact of the initiative has been recognised on a national level, as it is now recommended as one of the "menu of interventions" by NHS England and NHS Improvement to reduce health inequalities. Moreover, it was shortlisted for the General Practice Awards 2019, and the toolkit has received endorsements from the Royal College of Practitioners and the Royal College of Nursing.

The success of the Safe Surgeries initiative can be attributed to the commitment of practices in implementing the NHS registration principles and providing access for all. Some practices only required minor adjustments or a refresh of their existing policies to become more inclusive in their primary care services.

The significance of this achievement lies in the fundamental access it guarantees for patients, particularly migrants, asylum seekers, and other vulnerable populations. These individuals often face barriers to healthcare due to their living conditions, environmental factors, or fear of the hostile environment rules. The Safe Surgeries initiative provides a safe and welcoming environment, ensuring that patients can access the support they need. The initiative goes beyond medical care by offering a supportive network that can signpost patients to legal and social support services. This holistic approach recognises the importance of addressing patients' wider social and psychological needs, ultimately supporting their integration into the community.

The network continues to grow throughout the city, empowering healthcare professionals to fulfil their calling of treating patients without concern for housing or immigration status. This achievement represents a significant step forward in creating a city without inequalities and ensuring equitable access to healthcare for all residents.

4. Enabling: key achievements

4.1 Co-production coalition for involvement of those with multiple complex needs

The CCWIF served as a platform for initiating discussions about the creation of a co-production coalition. This coalition has been established collaboratively across the Making Every Adult Matter (MEAM) Programme, the Council and the CCWIF partnership. The co-production coalition serves as a collaborative platform that aims to actively involve individuals with multiple complex needs (MCN) in decision-making processes. These individuals face a range of challenges, including homelessness, substance abuse, mental health issues, and offending behaviour.

Moving forward, the forum remains committed to providing an avenue for the promotion of inclusivity and empowering individuals with MCN through supporting the growth of the co-production coalition and utilising its assets in making health and wellbeing services more accessible and responsive to the needs of those experiencing multiple disadvantages.

4.2 Community Health Profiles

The Communities Team in Birmingham City Council (BCC) has developed a further 11 Community Health Profiles that complement the originally published 14 profiles¹. All the 14 profiles were peer reviewed by academic editors. The profiles were launched at live webinars, hosted on MS Teams between February and March 2024. Alongside publicising the profiles, the launch events also enabled opportunity for community feedback, including offering comments on the language and sensitivity of the information in the profiles and inclusion of any reports or other published source that could be added into the profiles.

Previous 14 profiles published between 2021 and 2022 are as follows:

- Bangladeshi
- Caribbean Commonwealth
- Indian
- Kenyan
- Muslim
- Nigerian
- Pacific Islands
- Pakistani
- Sikh
- Somali
- Deaf and Hearing Loss
- Sight Loss
- Lesbian
- Trans communities

The 11 profiles published between 2022 and 2023 are as follows:

- Gay Men and Men who have Sex with Men
- Bisexual
- Arab
- Central African
- South African
- Latin American
- Central and Eastern European
- Irish
- Gypsy, Roma and Traveller
- Chinese
- 16-24 Student Population.

Community Health Profile Evaluation

¹ Link to Community Health Profiles: https://www.birmingham.gov.uk/info/50305/community_health_profiles

The Communities Team is also currently working with an academic evaluator to provide process and impact evaluation on the Community Health Profiles programme. Evaluation of the programme will give opportunity for policy decision makers, authors, users of the profiles and engagement partners to provide feedback on the profiles. Data collection will be completed with qualitative and quantitative methodology. A final report will be published which summarises methodology and resources in writing the profiles, the suitability of the profiles, how well they have been used, dissemination and the impact of the completed engagement partner work. It is anticipated that the final evaluation report will be published in Q2 2025/26.

4.2 BSol ICS improved ethnicity coding

The forum has provided a space for discussions on the challenges and gaps in consistent collection of ethnicity coding, particularly in urgent admissions. Members of the forum have shared their experiences and insights, highlighting the need for improved frameworks and pathways for accurate ethnicity coding. These discussions within the forum help to raise awareness of the challenges and advocate for the necessary resources and capacity to address it.

A notable achievement in this area, is the development of the ICS digital strategy to enhance data collection, access, and utilisation as well as improve digital solutions offered for various services in Birmingham and their accessibility.

Local trust providers, like elective care at University Hospital Birmingham (UHB), have made significant progress in gathering ethnicity data at lower category levels. This includes categories such as Pakistani and Gypsy, which allows for a more detailed and accurate representation of the population. Efforts are also underway to establish routine reporting based on this data.

To further improve population trend analysis, a dedicated Population Health Management team has been established. This team is focused on exploring and supporting better analysis of population trends, including the enhancement of ethnicity coding and analysis. By improving the accuracy and depth of ethnicity data, it is expected that a more comprehensive understanding of the population's health needs can be achieved.

5. Looking ahead

The CCWIF is taking significant steps towards prioritising inclusion health groups in its efforts to reduce the deepest health inequalities in Birmingham. In line with the Birmingham Joint Health and Wellbeing Strategy 'Creating a Bolder, Healthier City', the previous Forward Plan of the CCWIF aimed to address a range of inequalities, including those linked to deprivation, disabilities, inclusion health groups, different ethnic communities and localities.

However, recognising the size, diversity and complexity of the inclusion health populations in the city, the forum has shifted the attention to exploring their specific challenges and needs. This shift will enable all system partners to gain a better understanding of the unique issues faced by these communities, both as individual groups and as a collective. By doing so, we can develop targeted efforts that effectively address these challenges.

It is important to note that this shift in focus does not represent a complete departure from our previous efforts. The forum and its members had already recognised the significance of addressing inclusion health needs at the local level and have already been carrying out this work and supporting inclusion health initiatives in the system accordingly. Further, this decision aligns with the publication of the National Health Service England's (NHSE) National Framework for NHS - Action on Inclusion Health, strengthening the CCWIF partnership's commitment to addressing the needs of inclusion health groups.

The forum will seek to address the needs of inclusion health groups experiencing more severe health and wellbeing challenges. We will continue to leverage the expertise and resources within the forum and its members, by facilitating targeted conversations, linking programme areas of work and recognising opportunities for action that address the unique challenges faced by inclusion health groups, building on those already identified and being implemented (see appendix 2).

Through this refreshed direction, the forum seeks to maximise its impact in addressing health inequalities and improving the overall health and wellbeing of the most vulnerable and marginalised populations across Birmingham.

6. Emerging priorities

During a February 2024 CCWIF Workshop, forum members and other key stakeholders convened to determine the primary areas of focus amidst the forum's transition towards inclusion health groups.

The workshop yielded the following key strategic priorities:

1. **Improve Data Collection and Action:** The participants stressed the importance of filling data gaps and collecting and disseminating intelligence to inform decision-making. They recommended collecting relevant data and analysing it effectively to gain insights into the challenges faced by inclusion health groups. It was suggested to take targeted actions based on data-driven approaches.
2. **Strengthen the High Intensity Intervention Programme:** This project is aimed at reducing demand from inclusion health frequent users of accident and emergency services. It involves developing targeted interventions and programmes that address the specific healthcare needs of frequent users, ultimately improving their overall wellbeing and reducing the strain on healthcare resources.
3. **Facilitate Co-Production:** Participants maintained the importance of true co-production, actively involving partners and individuals with lived experience in decision-making processes. It was suggested that clear expectations for communication and support should be set to ensure effective implementation of co-production.
4. **Ensure Cultural Awareness and Sensitivity:** The participants highlighted the need for cultural awareness and sensitivity when discussing future works and addressing the needs of inclusion health groups. Participants recommended considering cultural practices, beliefs and preferences in healthcare delivery to ensure inclusivity.
5. **Address Discrimination and Trauma-Informed Approaches:** The participants emphasised the need to actively champion cultural competence, promote inclusivity and address the impact of trauma on individuals. Some groups recommended providing training and resources to forum members and promoting best practices.
6. **Test and Innovate:** The participants suggested using the forum as a platform to test new ideas and be innovative in addressing the challenges faced by inclusion health groups. Participants also recommended experimenting with different approaches and strategies to identify effective solutions.

It is envisaged that the above priorities will be explored, and action plans will be developed through task and finish sub-groups. The terms of reference for the CCWIF are currently being revised to reflect this and the future direction for the forum. These will be shared alongside a new Forward Plan 2024-25 with the Birmingham Health and Wellbeing Board for ratification.

7. Conclusions and next steps

The CCWIF has made significant progress in addressing four out of the HWB five key inequality areas. Through the implementation of various projects and the development of new strategies, including the Gender Health

Inequalities Project, the Birmingham Poverty Truth Commission, BLACHIR, the Community Health Profiles, the ICS's and partners' commitment and action to improve engagement and services for the inclusion health groups, the forum and its members have taken concrete steps to address the unique needs of the most vulnerable citizens.

Looking ahead, the CCWIF recognises the need to adapt and ensure its organisational structure aligns with its renewed commitment in the context of the challenges across the ICS and the financial recovery of the Council, which it supports through strengthening collaboration between partners and a better, including a shared use of available resources. Therefore, a new set of terms of reference and a forward plan will be developed in the next month. These documents will reflect the refocus on inclusion health and provide a clear roadmap for the forum's future activities. The forum will strive to enable the delivery of programmes that accurately capture the needs of these communities and will continue to highlight initiatives that promote inclusion while supporting organisations within the system in their efforts to meet the growing needs of inclusion health groups.

In doing so, the CCWIF aims to create a city where every resident has equal access to health and care services and experiences improved health outcomes, regardless of their socio-economic status and background.

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Appendix

Appendix A: CCWIF Opportunities for Action Matrix 2023-24

Item	Opportunity for action	HWB inequality priority area	Inclusion health group impacted	Owner	Current activity	Further action needed?	How will it be measured?	When will it be achieved?
A.	Develop a lived experience framework for Birmingham, increasing the involvement of inclusion health groups, and people with disabilities, in the co-production of solutions to tackle health inequalities and barriers in accessing healthcare.	Inequalities affecting inclusion health groups and communities with disabilities	All inclusion health groups plus people with disabilities	BCC public participation team / ICB comms and engagement team	<ul style="list-style-type: none"> - Lived experience co-production framework MEAM/BCC (in development) - ICS Community Engagement Strategy (in development) - Disability is an HR priority for the ICS - 'Disability confident' training for the ICB workforce 			
B.	Co-produce and deliver training in cultural sensitivity and humility practice to front-line staff, including GPs, to meet the needs of disadvantaged groups and eradicate stigma and discrimination.	Inequalities affecting inclusion health groups / ethnic communities / communities with disabilities	All inclusion health groups	DPH BCC / ICS	<ul style="list-style-type: none"> - Cultural intelligence framework project (linked to BLACHIR) led by BCC - Cultural humility work for maternity care led by Flourish and maternity/ infant mortality and diabetes workstreams and other specific pilots (e.g. bowel cancer screening for Asian males) within the ICS - Community Co-production Framework for Personalised Care - ICB - MEAM Programme – focus on cultural humility and trauma informed practice in services for people with multiple disadvantage 			
C.	Address digital exclusion among inclusion health population groups to	Inequalities affecting inclusion	All inclusion health groups	ICS	<ul style="list-style-type: none"> - Digital Inclusion Strategy – BCC - IT & Digital Strategy – ICS 			

Item	Opportunity for action	HWB inequality priority area	Inclusion health group impacted	Owner	Current activity	Further action needed?	How will it be measured?	When will it be achieved?
	improve access to online healthcare information, advice and services that are available in easy read formats.	health groups			<ul style="list-style-type: none"> - ICS pilots around reasonable adjustments and preferences to improve accessibility of information, advice and support (these have already been successful in reducing DNAs and there are plans for scaling up) 			
D.	Improve systematic data collection and quality by increasing its granularity so that ethnic minority and inclusion health groups' intersectionality is understood, and health and wellbeing needs are identified and addressed.	Inequalities affecting inclusion health groups & ethnic communities	All inclusion health groups	BCC/ Birmingham City Observatory / ICS Provider Collaboratives	<ul style="list-style-type: none"> - 'Better Data' work on ethnic coding linked to BLACHIR - Advocacy for better data collection across services, including the NHS, on inclusion health needs by the BCC PH Inclusion Health Team and via relevant needs assessments - Legal duty for ICS/ NHS to collate and publish data on protected characteristics – ICB's work with PCNs on improved data collection and sharing 			
E.	Ensure the needs of inclusion health groups and people with disabilities are defined in Joint Strategic Needs Assessments (JSNA), enabling health services to be developed and effectively targeted.	Inequalities affecting communities with disabilities	All inclusion health groups (focus on people with disabilities)	BCC Public Health	<ul style="list-style-type: none"> - Vulnerable/ inclusion health groups incorporated into the latest JSNA projects/ outputs - Needs assessments for specific inclusion health groups progressed (e.g. sex workers, justice health) - ICB disability humility action plan for their workforce 			
F.	Establish a community champions / advocates initiative across GP practices and the health system, advocating for the needs of the homeless and	Inequalities affecting inclusion health groups	All Inclusion health groups (with an additional focus on those	ICS	<ul style="list-style-type: none"> - PCN Health Inequalities Champions (could be further trained specifically for inclusion health groups) - HealthNow Alliance Programme (fixed term) 			

Item	Opportunity for action	HWB inequality priority area	Inclusion health group impacted	Owner	Current activity	Further action needed?	How will it be measured?	When will it be achieved?
	supporting them and other inclusion health groups to access healthcare services.		experiencing homelessness)		- Making Every Adult Matter (MEAM) Programme (fixed term)			
G.	Embed the Making Every Adult Matter (MEAM) approach across the system, making Birmingham a trauma responsive city. Develop and implement a multiple disadvantage charter.	Inequalities affecting inclusion health groups	Those experiencing multiple disadvantages (two or more of the following – homelessness, substance misuse, mental health needs and offending)	MEAM Programme	- MEAM Programme - WMCA Trauma Informed Framework - Sex worker trauma informed toolkit (BSMHT) - HealthNow Alliance Programme - DPH Annual Report 2019-20 'Complex Lives, Fulfilling Futures'			
H.	Improve identification of individuals at risk of homelessness across the wider system and facilitate access to prevention and early intervention to mitigate the risk.	Inequalities affecting inclusion health groups	Those experiencing homelessness	Homelessness Partnership Board	- Homelessness Prevention Strategy led by BCC (in development)			
I.	Implement the legacy and learning from the HealthNow Alliance programme across the healthcare system, ensuring its sustainability and making sure homelessness is understood across every service.	Inequalities affecting inclusion health groups	Those experiencing homelessness	ICS	- HealthNow Alliance legacy plan and collaboration with ICS			

Item	Opportunity for action	HWB inequality priority area	Inclusion health group impacted	Owner	Current activity	Further action needed?	How will it be measured?	When will it be achieved?
J.	Adopt the <i>Supporting people experiencing homelessness and rough sleeping: Emergency Department pathway, checklist, and toolkit</i> within the healthcare system.	Inequalities affecting inclusion health groups	Those experiencing homelessness	NHS				
K.	Develop a system blockage tracker, outlining and collecting data on the barriers people with dual diagnosis experience when trying to access health services.	Inequalities affecting inclusion health groups, disable communities and ethnic communities	All inclusion health groups (substance misuse and mental health needs)	TBD	<ul style="list-style-type: none"> - Dual diagnosis 'deep dive' - MEAM Programme - Provider collaboratives 			
L.	Develop a GP accreditation scheme to increase the awareness and understanding of learning disabilities, enabling support to be provided more quickly and effectively.	Inequalities affecting disabled communities	People with Learning disabilities (not a clear Inclusion Health Group)	PCNs / LD & A Partnership	<ul style="list-style-type: none"> - LDA register and health check process - LDA passport scheme in development by the ICB - ICS reasonable adjustments and preferences scheme 			
M.	Establish an easy read website which provides a user-friendly directory of local learning disability	Inequalities affecting disabled communities	People with Learning disabilities (not a clear	LD & A Partnership	<ul style="list-style-type: none"> - 'The Waiting Room' - NHS Choices - ICS Communication and Engagement strategy (in development) 			

Item	Opportunity for action	HWB inequality priority area	Inclusion health group impacted	Owner	Current activity	Further action needed?	How will it be measured?	When will it be achieved?
	services and resources in Birmingham.		Inclusion Health Group)		- Disability confident scheme at the ICB			
N.	Provide employers training and targeted information campaigns to challenge the stigma and attitudes towards people with disabilities, whilst also outlining the benefits of hiring staff with disabilities and the support that is available.	Inequalities affecting disabled communities	All inclusion health groups (focus on people with disabilities)	DWP / LD & A Partnership	- Disability confident scheme and humility programme at the ICB - PURE Project - Disability Advisors at DWP			
O.	Define consistent accessibility standards and implement them across the city.	Inequalities of locality	All inclusion health groups	TBD	- Disability confident schemes (BCC/ ICB) & disability humility programme (ICB) - Accessibility standards at BCC - Health literacy programme (PH)			
P.	Provide health screening services in community settings where inclusion health groups can access services without barriers.	Inequalities affecting inclusion health groups	All inclusion health groups	ICB	- Series of targeted cancer and diabetes programmes in community venues across areas of high prevalence, deprivation and concentration of specific ethnic communities - Flourish outreach in schools for childhood asthma - Vaccination and immunisation outreach programmes - ICS Communications and Engagement Strategy (in development)			