Birmingham City Council

Report to Health & Adult Social Care Overview & Scrutiny

Wednesday 15th January 2025

Title:	**BLACHIR UPDATE: PROGRESS ON THE IMPLEMENTATION OF FINDINGS FROM THE BLACHIR REVIEW**
Lead Member:	Cllr Mariam Khan, Cabinet Member for Health and Social Care
Relevant Overview and Scrutiny Committee:	Health & Adult Social Care Overview & Scrutiny
Has this report been shared with the relevant Overview and Scrutiny Committee Chair?	Not Applicable
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Authorised by:	Helen Harrison, Assistant Director for Public Health (Healthy Behaviours and Communities) Public Health Division Helen.Harrison@Birmingham.gov.uk
Is this a Key Decision?	No Forward Plan Reference: Not Applicable

Reason(s) why not included on the Forward Plan and confirm who has authorised it to be considered:	Paper is for committee reference only, invited on an annual basis to present BLACHIR updates to HASC. Invite received from Adewale Fashade, Interim Scrutiny Officer.
Is this a Late Report?	No.
Is this decision eligible for 'call in?'	Not Applicable
If 'call-in' has been dis-applied, please provide reason(s) and confirm who has authorised:	Report is for information only, no cabinet or cabinet committee decisions required

Wards: All wards

Does this report contain exempt or confidential information? No

Has this decision been included on the Notification of Intention to consider Matters in Private?	Not Applicable
Reasons why not included on the Notification and confirm who has authorised it to be considered:	Paper is not for decision. HASC Committee authorised paper to be considered following previous update in January 2024

1 EXECUTIVE SUMMARY

1.1 The purpose of this report is to provide an update on the progress of the implementation of the BLACHIR Review, highlighting the key successes to date.

1.2 The report will also update on the new Deep Engagement Programme which is a new initiative to engage communities of identity in the development of public health interventions.

1.3 The BLACHIR team within the Public Health Division last provided an update to the Health and Social Care Overview and Scrutiny Committee in January 2024, with a conclusion that the team would attend a future meeting to update on community engagement work activities and actions/successes/outcomes from these.

2 COMMISSIONERS' REVIEW

2.1 Commissioners support the recommendations.

3 RECOMMENDATIONS

That the Committee:

3.1 Note the report and progress made so far in the implementation of the BLACHIR Review findings and the evolution to the wider communities of identity programme.

3.2 Continue to support embedding the findings from the BLACHIR Review within the Council and across the wider health and care system.

3.3 Consider the role they can play in challenging the wider health and care system to address systemic racial inequalities.

4 KEY INFORMATION

4.1 Background

4.1.1 The Birmingham and Lewisham African and 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 to co-produce opportunities for action with communities to break structural inequalities and achieve sustainable change.

4.1.2 The Review used a mixed methodology approach. 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.

4.1.3 The final report was published in March 2022, and the findings identified 39 specific opportunities for action across 8 thematic areas. From this, 7 overarching key priority areas were identified:

- Fairness, Inclusion and Respect

- Trust and Transparency
- Better Data
- Early Interventions
- Health Checks and Campaigns
- Healthier Behaviours
- Health Literacy

4.1.4 The Communities Team have overseen the implementation of BLACHIR within Birmingham City Council, focussing delivery on the 7 key 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.

4.1.5 For more information on the background on the 7 key priority areas projects, the previous update to the Health and Social Care Overview and Scrutiny Committee can be referenced (Appendix A).

4.2 BLACHIR Governance Update

4.2.1 Key Achievements:

4.2.1.1. Recruitment of Public Health Senior Officer for Ethnic Disparities to continue leading on the implementation of the BLACHIR Review within BCC.

4.2.1.2. Reflections received from BLACHIR Implementation Board members, including stakeholders from ICS, BCC, academic sector, third sector, community representation, on the key successes of BLACHIR to date.

4.2.1.3. Updated governance structure proposed to ensure ongoing commitment to implementation of BLACHIR across BCC and the ICB.

4.2.1.4. Progress made by ICS BLACHIR Taskforce members on implementing 39 opportunities for action from BLACHIR Review to improve health and wellbeing outcomes for African and Caribbean communities.

4.2.2 Team Delivery

4.2.2.1. Since the previous Health and Social Care Scrutiny Committee update, the BLACHIR programme continues to be delivered via the Communities Team within the Public Health Division. The team is led by the Assistant Director leading on the subdivision Healthy Behaviours and Communities and project management is provided by a Public Health Senior Officer for Ethnic Disparities, the Communities Team Service Lead, and a Public Health Officer.

4.2.2.2. Within the ICS, the implementation of the BLACHIR opportunities for action is delivered via the Birmingham Community Healthcare Trust on behalf of the Health Inequalities Team at the ICB. The team is led by the

ICS Taskforce chair, and project management is provided by an ICS Project Manager. The implementation of BLACHIR within each individual NHS Trust is led by representatives from each trust and facilitated by the ICS Project Manager.

4.2.3 Evolution of the BLACHIR Implementation Board

4.2.3.1. The BLACHIR Implementation board (BLACHIRIB) was established to ensure the opportunities for action are embedded across the system and the key areas for action are delivered. The Board comprised representatives from community organisations, Council, NHS, and Police. The Board formally reported to the Creating a City without Inequality Forum, a sub-group of the statutory Health and Wellbeing Board.

4.2.3.2. The final BLACHIRIB was held in September 2024. The meeting was structured around reflective practice, which enables Board members to reflect on the implementation of the BLACHIR Review from 2022 to 2024. Some of the key strengths/achievements to date identified by the BLACHIRIB members included:

- **Publication of the BLACHIR Review:** utilising in-depth involvement of community, provided institutions with foundation to support tackling systematic racism and inequality.
- **Identifying Community Specific Need:** importance of going 'beyond BAME', increased system ability to make actions that are specific to target communities and their needs.
- **Clear Plan and Vision for Implementation:** specific recommendations and areas for action identified within the Review have enabled relevant stakeholders to be accountable for specific actions, and the Review provided the basis for all stakeholders to use the findings to challenge existing systems and processes.
- **Community Representation:** visible at all levels of implementation, including system leadership (ICS Taskforce Chair, BLACHIR independent co-chairs), representative workforces at BCC, and commissioned community organisations.
- **Enabled Community Voice:** community was enabled to voice their opinion through BLACHIR channels and provided opportunities to engage in dialogue with the healthcare system.
- **Collaboration Across the System:** success was supported by commitment across the system, with shared and/or combined priorities to buy into BLACHIR vision.
- **Building Trust:** implementation of BLACHIR highlighted the impact of building and maintaining trust between communities and the healthcare system.

- **Supporting Communities & Service Delivery:** third sector communities were supported with various training opportunities, and ability to influence projects across multiple healthcare stakeholders including maternity, health checks and infant health.
- **Legacy and System Change:** style and approach of BLACHIR enabled system partners to shine a light on their own processes to enact change; opportunity for BLACHIR approach to be integrated into system policy to make BLACHIR BAU.

4.2.3.3. As part of the ongoing commitment to embed the findings of the BLACHIR Review, the team are currently proposing a restructure of the BLACHIRIB to enable BLACHIR goals to be embedded within the Health and Wellbeing Boards wider equalities work. The current proposal is to evolve the BLACHIRIB into a 'Communities of Identity' partnership and a proposal is being considered as to whether this will be a sub-committee of the Health and Wellbeing Board. If approved, the partnership will launch in January 2025. The draft terms of reference for the new forum can be found in Appendix B.

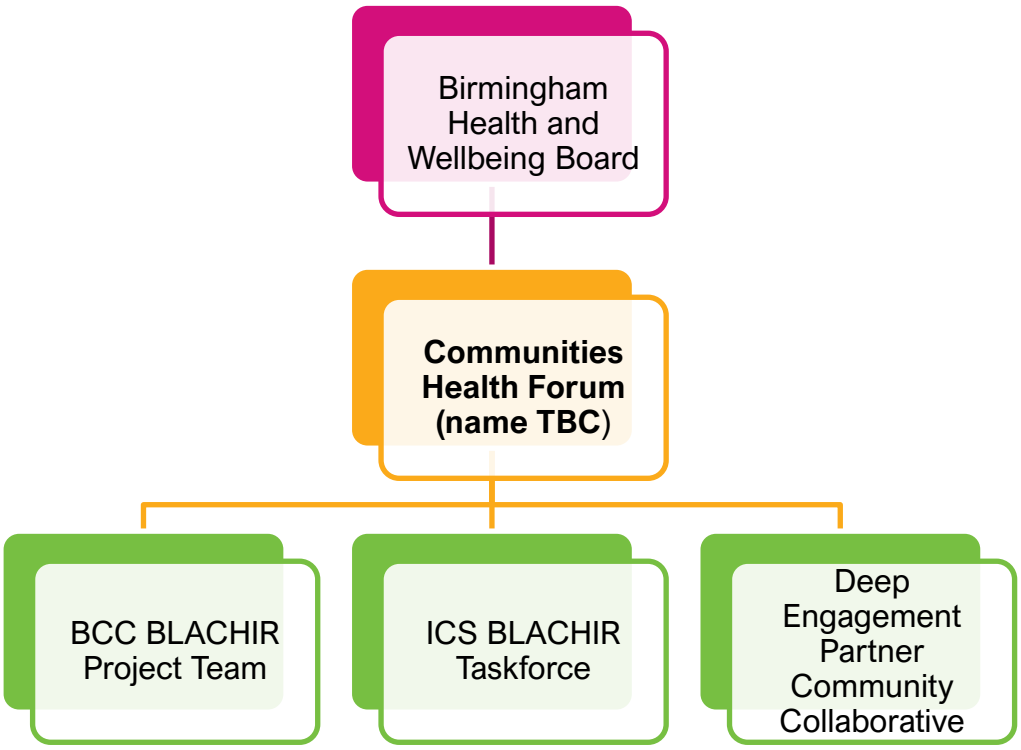
4.2.3.4. The draft approach to the new forum was developed with consideration of the key successes of BLACHIR to date, as discussed in the September BLACHIRIB. This proposal was then further developed via multiple co-production sessions with the BLACHIR implementation board members, and the ICS BLACHIR Taskforce. Opportunities were provided to enable system and community partners to shape the approach and the draft terms of reference to ensure the continued implementation of BLACHIR served the aims and objectives across the healthcare system.

4.2.3.5. The main change from the BLACHIRIB to the Communities of Identity Forum is the expansion of included communities, based on findings from the September 2024 BLACHIRIB where many members noted the generalisability of the BLACHIR approach to many communities facing discrimination. The new approach also seeks to provide greater parity of decision making between the community and the health and care system.

4.2.3.6. To ensure community representation is maintained in the approach going forward, it is proposed that the newly proposed Communities of Identity forum is co-chaired by a representative of a community organisation. This will give parity of power between Cllr's and key stakeholders, and the communities that we intend to serve; this approach will also support to upskill third sector organisations.

4.2.3.7. The proposed governance structure can be seen below. The BCC BLACHIR Project Team and the ICS BLACHIR Taskforce will continue to report into the forum (no change); the new cohort of engagement

partners will also report into the forum, see section 4.9 for more information.



4.2.4 *Next Steps*

- Seek final approval and/or next steps from the Health and Wellbeing Board for the delivery of the Communities of Identity Forum.
- Finalise membership of the Communities of Identity Forum to ensure system and community representation.

4.2.5 Independent BLACHIR Co-chairs

4.2.5.1. As part of the Implementation phase of the BLACHIR Review, two independent co-chairs were recruited to oversee the delivery of various BLACHIR activities, including the BLACHIR Implementation Board, from July 2023 to September 2024. In keeping with the tenets of BLACHIR, both co-chairs were leaders from the communities of interest.

4.2.5.2. As part of the integration of the BLACHIR approach into business as usual at BCC, the co-chairs wrote a report which covers the activities of the BLACHIR Implementation Board and the co-chairs during their tenure, their reflections of the work to date and recommendations for future action.

4.2.5.3. More information on the BLACHIR co-chairs and their reflection report can be found in the latest Cabinet Briefing Update (Appendix C).

4.2.6 *Next Steps*

- Continue to embed the feedback from the co-chairs report into the ongoing implementation of BLACHIR

- Publish an accessible version of the co-chairs report to the BCC website

4.2.7 ICS Taskforce

4.2.7.1. The Birmingham and Solihull Integrated Care System BLACHIR Taskforce is facilitated by Birmingham Community Healthcare Trust on behalf of the Health Inequalities Team at the ICB. Funding for a Chair and Project Manager has been secured until May 2026. The Taskforce continues to coordinate and support the healthcare responses to the opportunities for action.

4.2.7.2. The Taskforce continues to evolve, involving ICS partners and community engagement partners. It reports into the Health Inequalities, Communities and Economies Committee (HICE) of the ICB Board and will continue to report to BCC via the Communities of Identity Forum.

4.2.7.3. SMART goals from each provider are being updated and shared with relevant stakeholders with priority areas for 2025/26 being identified, to enable system-wide collaboration on key areas to achieve impactful change.

4.2.7.4. 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 several of the 17 Birmingham Race Impact Group (BRIG) pledges.

4.2.7.5. The ICS Taskforce members are currently as follows:

- Birmingham and Solihull (BSol) Primary Care
- BSol ICB EDI Team
- Royal Orthopaedic Hospital
- Birmingham Community Healthcare (BCHC)
- Local Maternity Neonatal Services (LMNS)
- BSol Mental Health Foundation Trust

4.2.7.6. An update on the key successes by each of the Taskforce members can be found in Appendix D.

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

4.2.7.8. Funding has been secured by the ICS Health Inequality Team to allow continued chairing, a dedicated project manager and support for community engagement initiatives until early 2026. This will allow the Taskforce to continue to drive change forward, providing clear reporting and oversight.

4.2.8 Next Steps

- Identify potential co-production opportunities between ICS Taskforce members and Deep Engagement Partners

4.3 Implementation of the BLACHIR Key areas for Action

4.3.1 Key achievements

4.3.1.1. Co-production approach taken to create both Birmingham Cultural Intelligence Framework (BCIF) and the Birmingham Cultural Humility and Safety Framework (BCHSF).

4.3.1.2. BCIF and CHS pilots launched internally across three Council divisions and four external organisations within Birmingham, Solihull and the wider West Midlands.

4.3.1.3. Updated demographic questionnaire co-developed with citizen involvement panel.

4.3.1.4. Programme of work to increase access to NHS Health Checks being co-produced and co-delivered by eight different community-based organisations to ensure a culturally relevant approach.

4.3.1.5. Co-produced aims & objectives for health campaigns toolkit with both healthcare professionals and community members.

4.3.1.6. Worked closely with three commissioned community partners (CEPs) to deliver projects aligned with specific BLACHIR opportunities for action over a 22-month period of engagement.

4.3.1.7. Continued to maintain relationships, and opportunities for co-production, with each BLACHIR CEP via the ICS BLACHIR Taskforce.

4.3.1.8. Gained approval to proceed with programme of work which will see targeted support and interventions for 17 different community groups, over a period of three years funded (£1,570,000 total) engagement.

4.3.2 Fairness, Inclusion and Respect

4.3.2.1. This theme is integral to all workstreams under other BLACHIR themes e.g. BRIG pledges, governance of BLACHIR, reporting to HWB board, co-production approach, ways of working, ensuring community representation at all levels of BLACHIR implementation.

4.3.3 Trust and Transparency: Cultural Intelligence

4.3.3.1. The Birmingham Cultural Intelligence Framework (BCIF) introduced to HASC in January 2023, is currently being implemented within the Public Health Division alongside three other Birmingham-based organisations;

- BSol Mental Health Foundation Trust,
- West Midlands Combined Authority, and
- Sport Birmingham

4.3.3.2. The pilot will run until May 2025 with an academic evaluation being released by the end of Summer 2025, including future recommendations for wider roll-out. Organisations are beginning to implement the framework within their teams, and our academic evaluator is starting to develop methods of assessing the effectiveness of the training. The evaluation of the pilot will demonstrate whether changes to the knowledge, attitudes and behaviour of staff have been achieved.

4.3.3.3. Additionally, we are developing e-learning modules for 2 of the 7 domains that make up the BCIF. These are Curiosity and Understanding modules and they utilise the Community Health Profiles previously developed by the Communities Team.

4.3.4 *Next Steps*

- Launch BCIF eLearning modules approx. December 2024/January 2025

4.3.5 Trust and Transparency: Cultural Humility and Safety

4.3.5.1. The Birmingham Cultural Humility and Safety pilot is currently being piloted in the following organisations:

- Birmingham City Council (Public Health, Housing and Adult Social Care divisions),
- Birmingham and Solihull Mental Health Foundation Trust (BMHFT), and
- Local Maternity and Neonatal System (LMNS)

4.3.5.2. As part of this, BCC Public Health have commissioned Strawberry Words to deliver CHS training for 260 staff and 80 spaces on a Train the Trainer programme. Strawberry Words began delivering the CHS training in October and have the TTT material ready to be delivered across November and December.

4.3.5.3. Our evaluation partner, Equalital, are running an independent evaluation alongside the pilot to understand the impact and outcomes of training on behaviours and practice. Equalital have created the baseline survey and levelled framework to assess behaviour change. The pilot will run until September 2025, with the evaluation concluding in January 2026.

4.3.6 *Next Steps*

- Establishment of a Centre for Excellence for Cultural Humility and Safety to provide ongoing support and development to Trainers,

4.3.7 Better Data

4.3.7.1. The team will continue to promote the use of the co-produced demographic monitoring questionnaire throughout the council and is currently planning to evaluate the reach and effectiveness of the data monitoring questionnaire in Public Health and the wider council.

4.3.8 *Next Steps:*

- Evaluate the effectiveness and reach of the data tool and develop a toolkit of resources that can be used by the health and care system to collect granular data.

4.3.9 Early Intervention

4.3.9.1. Two students from Aston University will be undertaking a rapid literature review to determine best practice with regards to racial trauma at critical life stages. This will then be used to develop resources to support staff to understand the impact on children and families and what interventions can support them.

4.3.9.2. The student placement will run from November 2024 to February 2025, with the rapid literature review being completed and in first draft at the placement close.

4.3.10 Health Checks and Campaigns: Health Checks

4.3.10.1. The BLACHIR Review highlighted that "early detection and diagnosis of disease and identification of risk factors is critical for improving outcomes and empowering people to control their own health and wellbeing. Black African and Black Caribbean populations are at greatest risk of many health conditions but have lower uptake of health checks and screening services." This is also applicable to other ethnic communities

4.3.10.2. Therefore, BCC have commissioned 8 community providers to deliver 2 focus groups each across 11 different ethnic communities, and 1 academic partner (BCU) to support with delivery of focus groups to make recommendations to inform commissioning and to improve uptake of NHS Health Checks amongst marginalised ethnic communities. The community providers have been given training on the NHS Health Checks programme and on focus group delivery. Focus groups will be held between October and December 2024 with a final evaluation report from BCU being delivered by March 2025. This project is being delivered in collaboration with the Adults team in the Public Health Division.

4.3.11 *Next Steps:*

- Disseminate focus group findings once received from BCU
- Use the findings to shape the delivery of the NHS Health Checks programme via the Adults team within BCC Public Health Division.

4.3.12 Health checks and Campaigns: Health Campaigns

4.3.12.1. A draft health education campaigns toolkit has been developed to increase the effectiveness of healthcare planning for delivery of community-specific interventions. The toolkit has been through 2 rounds of testing sessions to develop shared and appropriate aims and

objectives, and to discuss case studies and examples of best practice. The toolkit completion will be supported by the new Deep Engagement Partners to create individual community guidelines for health education campaigns.

4.3.12.2. Aims:

- To support health professionals in developing and delivering culturally intelligent health education campaigns
- To disseminate accurate and culturally intelligence learning about communities

4.3.12.3. Objectives:

- To develop culturally competent health campaigns to increase the relevance, accessibility, acceptability and positive impact of campaigns for all communities
- To widen the reach of health campaigns for all communities through varied methods
- To empower and include communities or community partners in the co-production of campaigns
- To increase the effectiveness of partnership working between systems for the delivery of community-specific interventions
- To provide examples of best practice in health education campaigns

4.3.13 Next Steps:

- Add co-produced community communication guides into v1 of toolkit
- Finalise v1 of toolkit and gain feedback from system and community partners

4.3.14 Healthier Behaviours: BLACHIR Community Engagement Partners

4.3.14.1. During the first phase of the implementation of the BLACHIR Review, BCC conducted a period of engagement with local community organisations to assist in the first steps of implementing the Review, which included disseminating and promoting the findings of the report and supporting the implementation of activities within African and Caribbean populations in Birmingham. The organisations were asked to engage with key African and Caribbean partners across Birmingham, taking forward opportunities for action developed and recommended within the Review, as well as actioning other public health work related to African and Caribbean citizens.

4.3.14.2. The BLACHIR community engagement partners (CEPs) which were involved within this project and the associated 'Lot' relating to their contract can be seen below:

- Lot A: African Community (Allies Network CIC)
- Lot B: Caribbean Community (Black Heritage Support Service)
- Lot C: Young African and Caribbean Males (Mindseye Development CIC)
- Lot D: Young African and Caribbean Females (Mindseye Development CIC)

4.3.15 The projects ran for a period of 22-months, from May 2022 to March 2024. A summary of each of the projects, and the successes of each project can be seen in the summary report (Appendix E).

4.3.16 Next Steps:

- Continue delivery on key project areas via the Deep Engagement Partner programme to ensure sustained benefit to target communities

4.3.17 Healthier Behaviours: PhD Research Position

4.3.17.1. A joint funded PhD position between BCC and Newman University has been created to honour the late Dr Nicole Andrews, who played a pivotal role in the development of Health and Social Care within Birmingham and was a pivotal member and contributor to the BLACHIR Review.

4.3.17.2. The Early Career Fellowship has provided the opportunity for an early career academic to continue the legacy set by Dr Nicole Andrews and conduct research into the health inequalities present in Birmingham and champion research aimed at improving understanding of the role that institutional racism plays in health and social care settings.

4.3.17.3. The PhD position began in September 2024; the scholarship will be for a maximum of two years on a full-time basis or three years on a part-time basis, aligned with standard practice for fellowships and academic research posts. The focus of the PhD will be to investigate smoking and exercise among Black men.

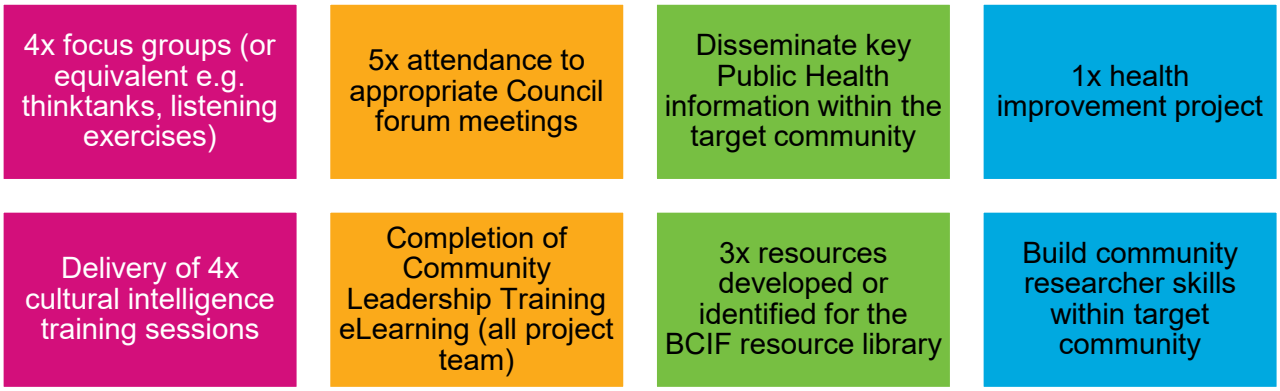
4.3.18 Healthier Behaviours: Deep Engagement Partners

4.3.18.1. Over the past two years, the Communities Team has collaborated with a variety of grassroot organisations who have worked on multiple engagement projects including 'BLACHIR Community Engagement Partners' and 'Community Health Profile Engagement Partners'. These community partners have worked effectively to disseminate these evidence reviews to their respective communities and co-produce interventions to address health inequalities identified within the evidence.

4.3.18.2. The team is committed to engaging with community organisations and is aiming to operate this more strategically and effectively, by linking to corporate aims and objectives such as the 'Powered by People Plan' and utilising findings from the previous rounds of engagements. The approach taken for the Deep Engagement Partner (DEP) programme will focus on community empowerment and a distributed leadership approach to achieve its core objectives:

- Increase awareness of community experiences of health and wellbeing
- Improve community health literacy
- Enhance community capability for collective control of programmes 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 assets, strengths and capabilities to identify and provide solutions for the communities' health and wellbeing needs

4.3.18.3. To achieve these objectives, each Deep Engagement Partner is expected to deliver the following (per year):



4.3.18.4. The Communities Team have worked with corporate procurement (CPS) to commission 17 partners for a total cost of £1,367,309 over 3 years.

4.3.18.5. The first round of tendering has closed, and the team has awarded 8 community partners across 10 communities of identity, and the academic partner. The start date for these partners was August 2024. These partners have now been fully onboarded and completed all preparatory actions to begin delivering their main project deliverables throughout 2025.

4.3.18.6. The second round of tendering for the remaining 6 partners closed in September, and the team assessed bids throughout November 2024. The Communities Team and CPS anticipate the contract start date as January 2025. Each contract has been commissioned for a total of two-years initially, with an option to extend for a third year, based on quality of programme delivery.

4.3.18.7. The full cohort of Deep Engagement Partners will work across a variety of communities of identity, including:

- Ethnicity: Caribbean, African (Nigerian, Ghanaian, Eritrean), Somali, Chinese, Polish, Romanian, Pakistani, Indian, Bangladeshi
- Faith and Religion: Sikh, Christian, Muslim
- LGBTQ+: Sexual Orientation (lesbian, gay, bi+), trans+ (including non-binary persons)
- Communities with a disability: d/Deaf and hard of hearing, blind and sight loss, complex disabilities

4.3.19 *Next Steps:*

- Onboard six remaining Deep Engagement Partners for a start date of January 2025
- Work with currently onboarded Deep Engagement Partners to complete Q2 progress report, due January 2025
- Establish co-production opportunities between Deep Engagement Partners and key system partners across the health and care system

5. PROPOSAL AND REASONS FOR RECOMMENDATIONS

Not Applicable.

Other Options Considered

Not Applicable

6. RISK MANAGEMENT

6.1 There are no immediate risks to the Council if the programme delivery does not continue as none of the projects relate to statutory services.

6.2 Risk Register

Identified Risk	Impact (0-5) and *score after mitigation*	Probability (0-5) and *score of mitigation*	Mitigation
Progress on key priority actions –	3	4	Key actions are being put in place to pick up work on

Some key areas for action have not been moved forward, due to internal capacity of the BLACHIR team, funding availability, and collaboration from relevant stakeholders.	*2*	*4*	delayed deadlines, PH will continue to fund community engagement in to 25/26 to ensure full development of all key areas for action. The internal BLACHIR team now meets on a bi-weekly basis, including the wider Communities Team and representation from the ICS to progress key actions.
Ongoing Support and Commitment of ICS BLACHIR Taskforce – Variable commitment from taskforce members, and funding for taskforce only available until early 2026	4 *4*	3 *2*	BCC is working with ICS to complete an evaluation of the implementation of BLACHIR to evidence the ongoing benefit to the ICS. Project lead at BCHC is working closely with BCC to increase engagement with taskforce members.
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.	5 *3*	4 *2*	Continue to work with community engagement partners via the Deep Engagement Partner programme to ensure ongoing opportunities for community engagement until 27/28.
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	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 to maintain quality and impact.

engage with BLACHIR activity due to pressures of delivery on savings targets			Spend has been supplemented by COM-F reserves in 24/25 to enable project delivery to progress in many of the key areas

7 MEMBER ENGAGEMENT

Ward Councillor(s)

7.1 Not Applicable

Overview and Scrutiny

7.2 Not Applicable

Other

7.3 Not Applicable

8 IMPACT AND IMPLICATIONS

Finance and Best Value

8.1 All related spend is funded from the Public Health ringfenced grant.

8.2 The BLACHIR implementation is now supported through one BLACHIR-specific role: one Senior Programme Officer for Ethnic Disparities.

8.2.1 The BLACHIR implementation has also been supported through two BLACHIR-specific roles; two independent BLACHIR co-chairs from July 2023 to September 2024.

8.3 A summary of the main areas of planned spend for the implementation of BLACHIR are outlined below:

Programme Spend	FY 24/25	FY 25/26
Focus group delivery to support NHS Health Check programme	£35,235	-
Evaluation for the deliverables under the 'better data' key theme	-	£22,000*
Evaluation for the overall implementation of BLACHIR	-	£60,000*
BCIF Content Creator	£101,067	
Cultural Humility and Safety (CHS) Pilot Evaluation	£42,000	£17,000
Cultural Humility and Safety (CHS) Training	£55,000	£29,500
Fellowship programme with Newman University	£25,000	£25,000

Cultural Intelligence Framework (BCIF) Evaluation**	£39,000	£16,830
Total	**£297,302**	**£170,330**

8.3.1 *Projects have not yet gone out to tender; actual cost may be less than cited in table above.

8.3.2 **There is a potential route to monetising this package for other organisations as part of the rollout of the BCIF.

8.3.3 The BLACHIR implementation is also supported through 17 Deep Engagement Partners at a total maximum cost of £1,367,309 from 24/25 to 27/28, including £260,998 for three BLACHIR community related DEPs (African DEP, Caribbean DEP, Somali DEP).

Legal

8.4 The Council has a legal duty, under the Equality Act 2010 to eliminate unlawful discrimination, harassment and victimisation and advance equality of opportunity between people who share protected characteristics and those who do not. The implementation of the BLACHIR Review and actions set out in this report aim to support the Council in complying with its legal duty.

Equalities

8.5 The implementation of the BLACHIR Review has been developed with an intention to reduce health inequalities affecting Black African and Black Caribbean populations in the city.

8.6 The second phase of implementation of BLACHIR Review (from September 2024) has been developed with an intention to reduce health inequalities affecting a diversity of communities of identity.

8.7 The term ‘communities of identity’ typically defines a community by specific characteristics. These could be based on gender, ethnicity, sexual orientation, age, faith/belief, disability etc. Communities of identity are often covered by protected characteristics in the Equality Act 2010.

8.8 Equality Impact Assessments will be carried out where appropriate for the outlined programmes of work above, including the Deep Engagement Partner Programme (see Appendix F.)

Procurement

8.9 There are no procurement implications arising from this report.

8.10 In the case that any of the project areas summarised above require additional commissioning activities, Corporate Procurement Services will be consulted, and all decisions will be made in accordance with the Council’s Constitution Part D, Finance, Procurement and Contract Governance Rules and Public Contract Regulations 2015/2024.

People Services

8.11 There are no staffing implications arising from the recommendations in this report.

Climate Change, Nature and Net Zero

8.12 There are no climate change, nature and net zero carbon implications arising from the recommendations in this report.

Corporate Parenting

8.13 There are no implications or opportunities in relation to the Corporate Parenting responsibility arising from the recommendations in this report.

Other

8.14 There are no other implications arising from the recommendations in this report.

9 APPENDICES

9.1 Appendix 1 – BLACHIR Implementation Progress

9.2 Appendix 2 – TOR Communities of Identity Partnership v0.1

9.3 Appendix 3 – CMB Communities Team Update 07.11.24

9.4 Appendix 4 – High level achievements ICS Taskforce members Sep 24

9.5 Appendix 5 – BLACHIR CEPs Feedback Summary Report v1.1 02.08.24

Appendix 6 – EIA000373 Deep Engagement Partners

10 BACKGROUND PAPERS

10.1 The BLACHIR Review