

CREATING A CITY WITHOUT INEQUALITY FORUM ANNUAL REPORT 2021-2022

**to the Birmingham Health
and Wellbeing Board**

March 2023

Inequalities Team – Birmingham Public Health

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1. Introduction

The Birmingham Joint Health and Wellbeing Strategy ‘*Creating a Bolder, Healthier City 2022-2030*’ recognises that many communities across Birmingham are impacted by health inequalities. The negative impacts of these health inequalities are widespread and have the ability to impact lifetime health from birth to death. The factors driving health inequalities are complex and therefore, the challenge of tackling health inequalities across our city requires effective partnership working between system partners, organisations and those with lived experience within our local communities¹.

There are various health inequalities impacting communities across Birmingham, in terms of both physical and mental health. A stark example of the health inequalities within the city is the life expectancy rates in Birmingham compared to regional and national values. Males born in Birmingham can expect to live 59.2 years which is lower than the West Midlands (61.9) and England (63.1)². Females born in Birmingham can expect to live to 60.2 years which is also lower than the West Midlands (62.6) and England (63.9)³. There are also inequalities within Birmingham as a city as there are 10 year differences in life expectancy between some of the 69 wards across the city⁴.

The COVID-19 pandemic impacted the most disadvantaged communities, in terms of life expectancy, employment rates, housing, deprivation and child poverty, and exacerbated the health inequalities already present within communities⁵. Solutions that can urgently address the health inequalities impacting different communities across the city need to be prioritised.

The Creating a City Without Inequality Forum (CCWIF) is a subcommittee of the Health and Wellbeing Board (HWB) that focuses on disparities in health between various population groups and seeks solutions that can help mitigate or tackle those disparities. The CCWIF and its partners work collaboratively to explore and address the health inequalities impacting different communities across Birmingham. This report describes the outputs of the Forum in 2021 and 2022 and any future activity planned for 2023.

1.1. Aligning the CCWIF with the Health and Wellbeing Board

Following a suspension of the CCWIF due to the emergency response to COVID-19, the Forum was restarted with an introductory Forum meeting which took place on 8th June 2021. The refreshed approach incorporated the national Marmot Review ‘*Fair Society, Healthy Lives*’ policy areas for actions⁶. In March 2022, the Forum was restarted once again following another postponement due to COVID-19 and a workshop was held to align the CCWIF with the HWB’s priorities and the

¹ Birmingham City Council (2020). *Birmingham Joint Health and Wellbeing Strategy: Creating a Bolder, Healthier City 2022-2030*.

² Fingertips (2018-2020). Public Health Outcomes Framework. [Public Health Outcomes Framework](#)

³ Fingertips (2018-2020). Public Health Outcomes Framework. [Public Health Outcomes Framework](#)

⁴ Birmingham City Council (2020). *Birmingham Joint Health and Wellbeing Strategy: Creating a Bolder, Healthier City 2022-2030*.

⁵ Tinson, A. (2021). What geographic inequalities in COVID-19 mortality rates and health can tell us about levelling up. Accessed February 2023, 13. [Geographic Inequalities in COVID-19 Mortality Rates](#)

⁶ Marmot, M. (2010). *Fair Society, Healthy Lives*’ [Fair Society, Healthy Lives: The Marmot Review](#)

Birmingham and Solihull Integrated Care System's (ICS) work on clinical health inequalities. The new direction was outlined at the Forum's meeting in May 2022. The new Terms of Reference for the Forum (Appendix I) were approved by the Health and Wellbeing Board in November 2022.

Since September 2022, the CCWIF focuses discussions on the 5 key areas of inequalities highlighted in the HWB's *'Creating a Bolder, Healthier City (2022-2030)'* strategy, using the life course approach when identifying and recommending solutions. The 5 key areas of inequalities are:

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

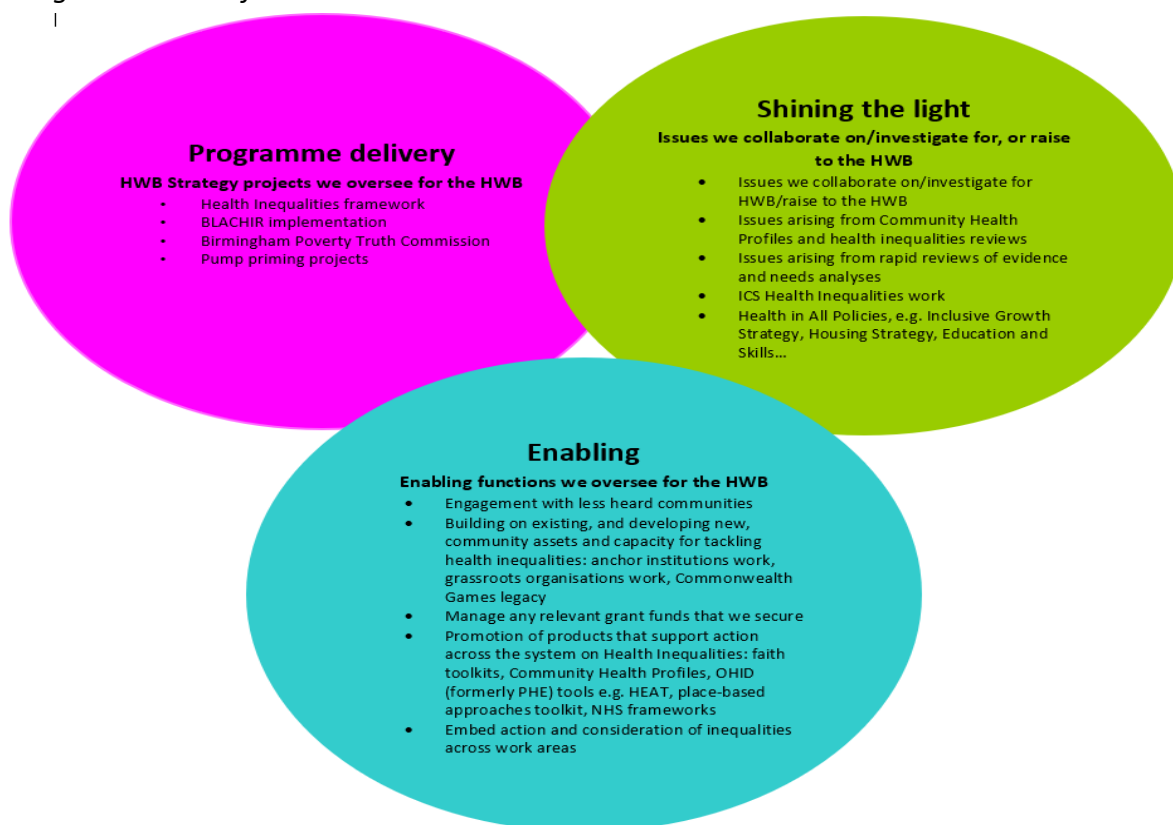
The new Forum's Forward Plan (Appendix II) provides a timetable for the Forum's activity against the above priorities.

1.2. Forum's Delivery Approach

The CCWIF sees its functions under three broad themes:

- Programme delivery - to deliver and oversee inequalities projects for the HWB
- Shining the light - to shine a light on inequalities in Birmingham to encourage action across the system
- Enabling – to deliver enabling functions for the HWB to underpin the system's work on health inequalities.

Figure 1: CCWIF functions



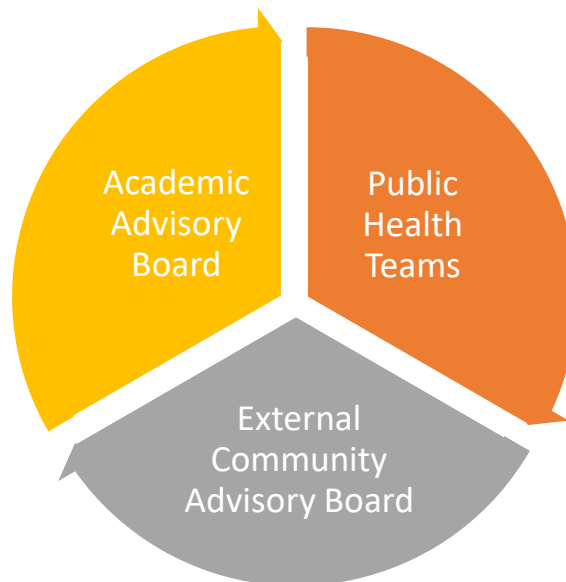
2. CCWIF Programme Delivery

The CCWIF oversees projects that address health inequalities on behalf of the HWB. This next section provides detail on these projects and the progress they have made in 2021 and 2022.

2.1 BLACHIR

In 2020, the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) was launched as a partnership between Birmingham City Council (BCC) and Lewisham Council. The Review aimed to explore the health inequalities affecting Black African and Black Caribbean communities in Birmingham and Lewisham in greater depth and to co-produce with the relevant communities to develop opportunities for actions that address the health inequalities. To achieve this, the Review used the methodology of working with an external community advisory board and an academic advisory board in partnership with the Public Health Teams to achieve systemic change.

Figure 2: BLACHIR review co-production model



Throughout the Review, the life-course model provided the foundations of the thematic approach that was taken in examining the health inequalities. Eight themes were explored in detail and for each theme, there was a rapid review undertaken by the Public Health teams, either directly or commissioned out. These rapid reviews were then presented to the Academic Advisory Board and the External Community Advisory Board for feedback and recommendations. The review was completed in early January 2022 and the report was launched in early June 2022. The Review findings were presented as 39 opportunities for action across the 8 themes.

Figure 3: BLACHIR thematic reviews



The Review also identified 7 cross-cutting themes that remain important when implementing the 39 opportunities for action. The 7 themes are:

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.

The implementation phase of BLACHIR was inaugurated at a wider stakeholder and community event on 19 October 2022. Approximately 60 delegates from the health and wellbeing partnership and community representatives attended. The event introduced the concept of the BLACHIR Implementation Board (BLACHIRIB) and also provided the space to co-produce key elements of the overarching implementation plan.

On 20 October 2022, the BLACHIR report was introduced to MPs, relevant government departments' representatives and thinktanks at its parliamentary launch. This event was led by Paulette Hamilton, MP (Birmingham) and Janet Daby, MP (Lewisham) and highlighted the BLACHIR Report findings at the national level.

To maintain the community voice and the expertise provided by those with lived experience within the implementation phase, 3 local Black African and Black Caribbean community partner organisations have been commissioned. The Community Engagement Partners (CEPs) are:

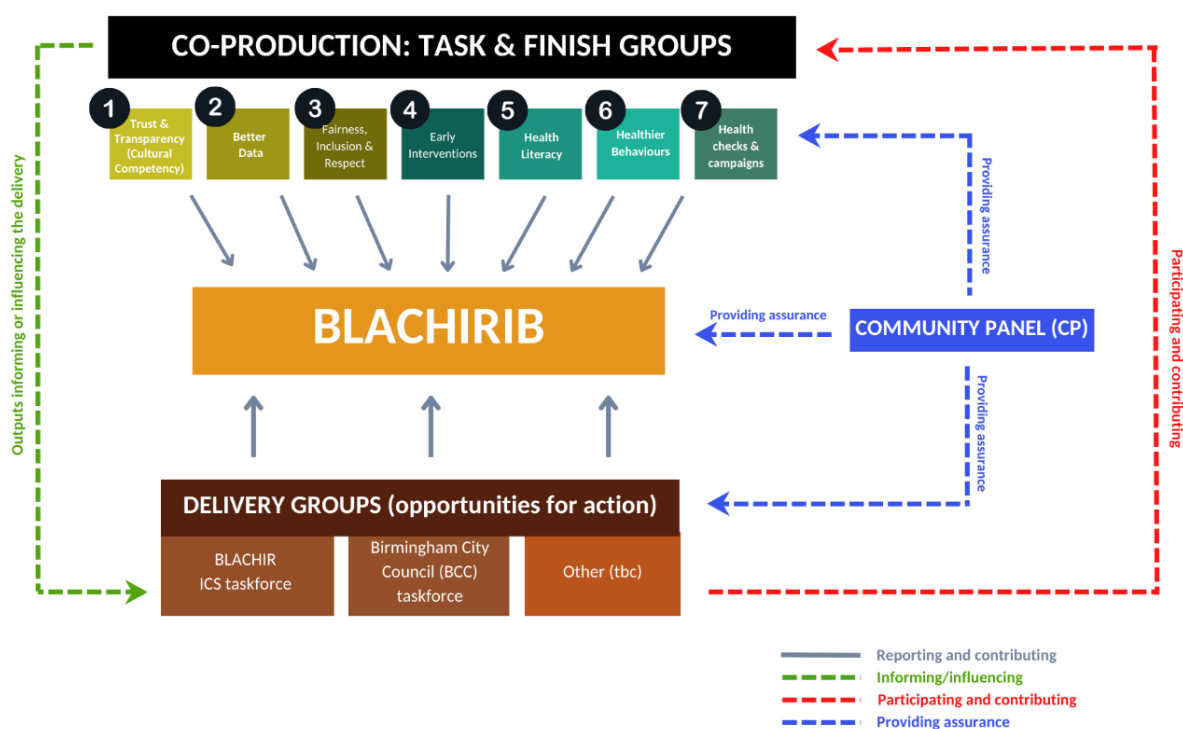
1. Mindseye Development
2. Allies Network
3. Black Heritage Support Service.

The CEPs have been working in collaboration with other stakeholders and consulting with members from Black African and Black Caribbean communities in preparation for the development of proposals and frameworks for organisations to follow and embed within their systems.

Looking forward to 2023, the BLACHIR project team introduced a revised approach to implementing the opportunities for action and presented a new programme organisation.

Figure 4: BLACHIR Implementation Programme Organisation

BLACHIR IMPLEMENTATION - PROGRAMME ORGANISATION



Within this programme organisation, the community panel will consist of members from Black African and Black Caribbean communities in Birmingham who will assist the implementation programme, implementation board and delivery groups. Members of the BLACHIRIB will identify nominees for the 7 co-production task and finish groups which correspond with the 7 cross-cutting themes identified within the Review. The task and finish groups will co-produce together with community representatives costed proposals that will be presented to the BLACHIRIB. The outputs from the task and finish groups will inform the different taskforces and organisations on how they can implement the opportunities for action that are relevant to their sector.

The co-production process has already begun with the initial focus on developing culturally competent organisations and services.

Alongside the implementation board's and co-production activities, there are a number of specific initiatives that have been progressed:

- Establishment of the BLACHIR Implementation Board and ICS BLACHIR Taskforce to progress the calls and opportunities for action in a coordinated manner across the whole system;
- Development of targeted weight management programmes tailored for African & Caribbean Communities (Birmingham) supported through the DHSC Adult Weight Management Funding;
- Development of community health profiles to look deeper into differences between communities of African heritage, starting with profiles for Somalia, Kenya and Nigeria;
- Piloting of removal of 'black' from African and Caribbean ethnicity terms in population surveys and piloting of free-text based ethnic self-identification for greater granularity and understanding of different characteristics and experiences of the diverse communities;
- Implementation of targeted mental health awareness and suicide prevention interventions tailored for Black African and Black Caribbean communities supported through the DHSC Mental Health Prevention Fund;
- Co-production of training and development frameworks/ packages for cultural compassion and intelligence at a leadership/ organisational level and cultural humility and safety at a front-line practice level through partnership with the Council, Birmingham and Solihull Integrated Care System, local higher education and the communities;
- Development of culturally intelligent health eating resources and through the opportunity of the Commonwealth Games - promotion of healthy eating with Caribbean and African communities co-delivered with CET, the Diverse Nutrition Association and WHISK platform.

2.2 Birmingham Poverty Truth Commission

The Public Health Division at BCC commissioned Thrive Together to establish the Birmingham Poverty Truth Commission (BPTC), which is a citizen engagement approach that aims to highlight the local experiences of poverty to the Council and its strategic partners. The BPTC was launched on 19 May 2022 with 10 Community Commissioners (people with lived experience of poverty) and 8 Civic Commissioners (those in positions of power and influence) meeting monthly to discuss how to tackle poverty and destitution.

Commissioners have been involved in a variety of work since the launch of the BPTC. The main themes that have been explored by the BPTC are 'Housing', 'Poverty and Health', 'Children and Families' and 'Poverty and Health – Food'. The assistance provided by Community Commissioners in the development of a new housing strategy for the city has been noted by Councillor Sharon Thompson, Cabinet Member for Housing and Homelessness. Community Commissioners have also contributed to the development of the Birmingham Food System Strategy 2022 to 2030 and were also involved in the recruitment of an Assistant Director of Public Health in 2022.

The impact of the BPTC has extended beyond the Commission. Facilitators have noticed that several Community Commissioners have undertaken the role of 'voluntary community champions' by attending events taking place across the city relating to the cost of living crisis and the impact

of poverty. Their contribution has been particularly valuable in defining the Warm Spaces programme, which is part of the Council led partnership response to the cost of living crisis affecting Birmingham citizens.

Several Community Commissioners are also contributing to national conversations about poverty through the National Poverty Truth Network. One Community Commissioner and one Civic Commissioner have been invited to join the Poverty Truth Network for a Parliamentary session with MPs around tackling poverty to take place in Spring 2023.

The BPTC are currently preparing for three listening events taking place on 20th April 2023, 18th May 2023, 15th June 2023, which will lead up to their final event on the 13th July 2023. Each of the listening events will relate to the main themes aforementioned. The BPTC have also agreed to take part in a national event later this year regarding children and health.

The BPTC project was initially scheduled to be concluded in September 2022, but since the pandemic disrupted the recruitment and induction of the Commission's participants and now, their contribution to the overall city's response to the cost of living crisis has been particularly valued, the contract with the Commission's host and the project itself have been extended until end of March 2024 with the final few months to be dedicated to creating the BPTC legacy and evaluation.

2.3 Gender Health Inequalities Project

The Gender Health Inequalities Project is being delivered by the Inequalities Team in BCC's Public Health Division. This project recognises that women, men, trans and non-binary communities are all impacted by gender related health inequalities in Birmingham. The aim of the Gender Health Inequalities Project is to influence and support the delivery of action that will reduce these health inequalities. There are 5 phases to the Gender Health Inequalities Project:

- Phase 1: Women's health
- Phase 2: Men's health
- Phase 3: Mid-way review
- Phase 4: Trans men, trans women, non-binary, intersex
- Phase 5: Final evaluation.

As part of phase 1 of this project, a mapping activity constructed a bigger picture of the organisations and system partners that are currently involved in different areas of work and the areas where there is a lot of activity (e.g., regarding inequalities in the maternity system) and areas where work could be strengthened (e.g., information, awareness and reduction of stigma regarding women's reproductive/ hormonal health). The project is aiming to raise awareness of the recently published National Women's Health Strategy (2022) across Birmingham and Solihull ICS and across Public Health's partners.

The objectives of the Gender Health Inequalities Project is to utilise the local evidence and data to progress local action and explore the needs and interventions to reduce health inequalities affecting marginalised groups. The Sex Worker Health Needs Analysis which will provide a comprehensive understanding of the health inequalities facing sex workers and the gaps in

services they face has been awarded to a provider and its delivery has just started. The Gender Health Inequalities Project will also oversee the delivery of a period literacy training and toolkit for the homeless sector. This project has already been commissioned and is about to start imminently.

Throughout the different workstreams, the Gender Health Inequalities Project aims to identify gaps and in turn possible solutions to gender related health inequalities that are impacting communities across Birmingham. The exploration of these issues and the development of solutions will be co-produced with stakeholders, including people with lived experience in regards to issues such as cardiovascular disease (CVD), cancer screening and period literacy.

There has also been the formation of a working group which aims to provide a narrow focus on the issues and themes impacting women in Birmingham in phase 1, and. Through themed workshops with women, this working group aims to guarantee women's voices and lived experiences remain in gender related workstreams but also impacts the health system in the long-term.

Similar approach will be taken for later phases of the project in relation to other gender groups.

2.4 Community Health Profiles

The Communities Team in BCC's Public Health Division have developed Community Health Profiles, which are short evidence summaries, to gain a deeper insight into the diverse communities across the city. This has increased the awareness of different communities and their needs. The Community Health Profiles for the following communities have been completed:

1. Bangladeshi
2. Caribbean Commonwealth
3. Indian
4. Kenyan
5. Muslim
6. Nigerian
7. Pacific Islands
8. Pakistani
9. Sikh
10. Somali
11. Deaf and Hearing Loss
12. Sight Loss
13. Lesbian
14. Trans communities.

The Communities' team has begun the work for a further four Community Health Profiles that are being developed internally by the Team. These will be completed by May 2023 and the profiles are in relation to the following communities:

1. Irish
2. Gypsy, Roma, and Traveller
3. Central and Eastern European

4. Chinese.

Alongside these Community Health Profiles, Scientific Editors will be involved within the process so that they can finalise and validate the profile content to ensure that the complex information within these profiles remains accessible for the public to read, without any distortion or misinterpretation of the facts.

There are also seven externally commissioned Community Health Profiles underway. These profiles have been awarded to the following organisations:

- Baywater Institute: Gay Men, Bisexual People and Arab communities
- Hawksmoth: South American and South African
- Birmingham City University: Student (16-24) and Central African communities.

These contracts start in November 2022 and will finish in March 2023. The Communities Team will commission a set of three Public Health academics and specialists to review each of these profiles from February 2023 until May 2023 for additional academic validation and recommendations.

2.5 Empowering Young People with Learning Disabilities

The Inequalities Team in BCC's Public Health Division is about to offer up to £60,000 to fund a pump-priming project related to one of the HWB's key five areas of inequalities. Based on the evidence presented to the CCWIF in May 2022, Forum members voted to focus the pump-priming project on addressing the inequalities impacting young people with learning disabilities.

People with learning disabilities have poorer health than the general population and experience significant barriers in accessing healthcare⁷. The failure of health services to meet their needs – and make reasonable adjustments to prevent them from being at a disadvantage – contributes to the health inequalities and inequities they experience⁸. The reasons for this are many and include health as well as social factors⁹ but a major contributing factor is the difficulty they have in accessing timely, appropriate, and effective healthcare. Alongside this, two thirds (66%) of healthcare professionals want more learning disability training as evidenced in MenCap's Treat Me Well Campaign¹⁰.

In Birmingham, 2.94 adults (aged 18+) per 1,000 population with learning disabilities receive long-term support from local authorities which is lower value for England (3.46)¹¹. For those in receipt of long-term support for a learning disability, only 1.4% of the population are in paid employment (aged 16-64) which is worse than the regional value at 3.3% and far less than the England value of

⁷ Bowness, B. (2014). *Improving general hospital care of patients who have a learning disability*.

⁸ Hosking, F.J. et al. (2016). Mortality Among Adults With Intellectual Disability in England: Comparisons With The General Population. *Am J Public Health*, pp. 1483 - 1490

⁹ Rickard, W & Donkin, A (2018). *A Fair, Supportive Society: Summary Report – A Social Determinants Health Approach to Improving the Lives and Health of People with Learning Disabilities in England*.

¹⁰ Mencap (2017) *Treat me well: Simple adjustments make a big difference*.

¹¹ Fingertips (2019/20) – Public Health Outcomes Framework - [Public Health Profiles](#)

4.8%¹². Within the city, there is also a disparity of 22 years life expectancy between people with and without learning disabilities¹³.

The project, 'Empowering Young People with Learning Disabilities', will create, pilot and evaluate:

1. A health literacy information pack for young people living with learning disabilities (suggested age groups: 16-25 years)
2. A support pack for parents, carers and professionals to enable them to use the training pack effectively to improve their understanding of the young people's needs and best ways to support them to improve their health literacy, healthy relationships literacy and how and where to seek further accessible support.

The health literacy information pack will enable young people with learning disabilities to manage their own health, know where to go for help, foster healthy relationships with other people and support them to live independently.

The outputs of this project will be co-produced with young people with learning disabilities. There will also be a close collaboration with education settings and health care providers to ensure this health literacy information pack and the support pack create a lasting, sustainable legacy.

The commissioning process for this project is due to start in March 2023.

3. Shining the Light

In March 2022, Forum members agreed that the CCWIF should be used to influence partnerships to remain committed to addressing health inequalities impacting communities across Birmingham. One way to do this was by 'shining the light' on key issues within the city at Forum meetings identified as a priority within the 'Creating a Bolder Healthier City' strategy.

The Forum explores the inequality priority areas and makes recommendations to system partners as per the order outlined within the Forum's Forward Plan (see Appendix I).

The section below explains some important topics that have been discussed in Forum meetings since the Forward Plan has been introduced.

3.1 Inequalities linked to deprivation

Following the declaration of a 'cost of living emergency' by the Leader of the Council, the CCWIF has received updates from the Cost of Living Programme which aims to address the challenges the cost of living crisis will pose to communities across Birmingham. Health inequalities are impacted by wider determinants including but not limited to, housing, employment and unemployment rates and poverty rates. Forum members have been able to use these presentations to the Forum to collaborate with those leading on the response to the cost of living crisis and ensure that any opportunities to address health inequalities are intertwined within the Cost of Living Programme.

¹² Fingertips (2021/22) – Public Health Outcomes Framework [Public Health Profiles](#)

¹³ Birmingham and Solihull ICB (2022) – *Learning from lives and deaths – People with a learning disability and autistic people (LeDeR) report 2021-2022*

The Forum spent a considerable amount of time exploring and discussing the potential and probable impacts of the current cost of living crisis on the health and wellbeing of the citizens of Birmingham as well as poor health and widening health inequalities contributing to the poverty crisis.

The Public Health's Inequalities Team prepared a briefing paper with a clear framework for the mitigation of the adverse impacts on health that poverty and current crisis can have. The paper also contained a series of recommendations that further informed the Council's and the City's response to the cost of living crisis.

A concept of 'poverty proofing' (mitigating impacts of poverty on life and daily activities; reducing stigma associated with poverty) has also been explored by the Forum and several partners are currently working to implement it within schools and local communities using a place-based approach.

3.2 Inequalities affecting disabled communities

Inequalities affecting disabled communities is the second priority area that has been explored by the Forum at the start of 2023 with a specific focus on learning and sensory disabilities.

The Forum members are helping to shape the city's autism and learning disability and difficulty strategies, the vision statements for which have recently been published for consultation by the ICS partners.

The Forum have considered the approaches for tackling health inequalities being experienced by the disabled communities pulled together by the Inequalities Team based on published evidence and recommendations by WHO, NICE and the King's Fund with an emphasis on the importance of co-production with disabled communities.

A clear lack of easy access to local data and evidence has been highlighted and the Forum will work with the City Observatory to address the issue for system partners to be able to use the specific data to inform their action.

The exploration of this priority area and solutions for addressing the disparities will be explored further at the Forum's meeting in March 2023.

3.3 Birmingham and Solihull Integrated Care System

At every CCWIF meeting, there is an update provided by the Birmingham and Solihull ICS. This informs Forum members on the work that is being undertaken by the ICS to tackle health inequalities within Birmingham and Solihull and enables to strengthen both the ICS' and the place based action.

In July 2022, the ICS launched its Inception Framework outlining its vision for improving the lives of people in Birmingham and Solihull and how it will support providers of health and care to tackle health inequalities. Following on from this, the Integrated Care Board (ICB) approved a 5 year

Health Inequalities Strategy based on the guiding principles within the ICS Inception Plan. The Strategy has 6 main priorities focused on the populations who experience the greatest inequalities in Birmingham and Solihull. These are:

1. Maternity Care & Infant Mortality
2. Better Start for Our Children
3. Better Prevention, Detection & Treatment of Major Diseases
4. Better Outcomes for People with Mental Illness
5. Better Outcomes for People with Disabilities including Learning Disability
6. Improved Outcomes for Inclusion Health Groups.

The Forum seeks to support and strengthen the delivery on the ICS priorities within Birmingham and acts as a catalyst for local more detailed exploration, identification and showcasing of best local practice and piloting of new approaches.

4. Enabling

The Forum continues to explore and promote best toolkits and frameworks to enable whole system and asset-based approaches to tackling health inequalities.

The work to date includes:

- Publication, dissemination and promotion of the community health profiles and health toolkits for diverse faith organisations;
- Promotion of co-production with communities and grass roots organisations;
- Promotion of HEAT (Health Impact Assessment Tool) and other toolkits for ensuring that local policies and services contribute to reducing health inequalities and mitigating adverse health impacts – HEAT has been used to inform and improve the latest housing strategy for the city;
- Promotion of Health in All Policies approach across the whole system with the Forum members championing it within their organisations and services;
- Dissemination and promotion of Marmot, NICE and other key recommendations for relevant priority areas;
- Linking across, influencing and supporting thematic partnerships, specifically those for inclusion health groups such as the HealthNow Alliance, the Birmingham Homelessness Partnership Board, MEAM (Making Every Adult Matter); poverty - the Financial Inclusion Partnership; and other.

5. Conclusion

Since its re-start and re-fresh, the Creating a City Without Inequality Forum has been able to support and oversee the delivery of a number of projects on behalf of the health and wellbeing board, including BLACHIR, the Birmingham Poverty Truth Commission, the Community Health Profiles, the Gender Health Inequalities Project, health literacy work. The CCWIF meetings have provided the space for system partners to bring evidence together, create better understanding of

health inequalities and their drivers and suggest recommendations to those leading on other initiatives across the wider system.

Forum members have also been involved in designing prevention and early intervention or pump-priming initiatives that contribute to the reduction of health inequalities such as the 'Empowering Young People with Learning Disabilities' project or the 'poverty proofing' initiative, all of which support the delivery against at least one of the five key areas of tackling inequalities identified within the Birmingham Health and Wellbeing Board's strategy.

The Forum also aims to shine a light on key issues across the city that are relevant to discussions regarding health inequalities. Coupled with effective partnership working between Birmingham City Council, Birmingham and Solihull ICS and their partners, the CCWIF is improving projects and programmes to ensure that the aim of reducing health inequalities across Birmingham remains a key priority for all.

6. Glossary

Acronym	Definition
BCC	Birmingham City Council
BPTC	Birmingham Poverty Truth Commission
BLACHIR	Birmingham and Lewisham African and Caribbean Health Inequalities Review
BLACHIRIB	Birmingham and Lewisham African and Caribbean Health Inequalities Review Implementation Board
CCWIF	Creating a City Without Inequality Forum
CEP	Community Engagement Partners
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICS	Integrated Care System

7. Authors

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Creating a City without Inequality Forum

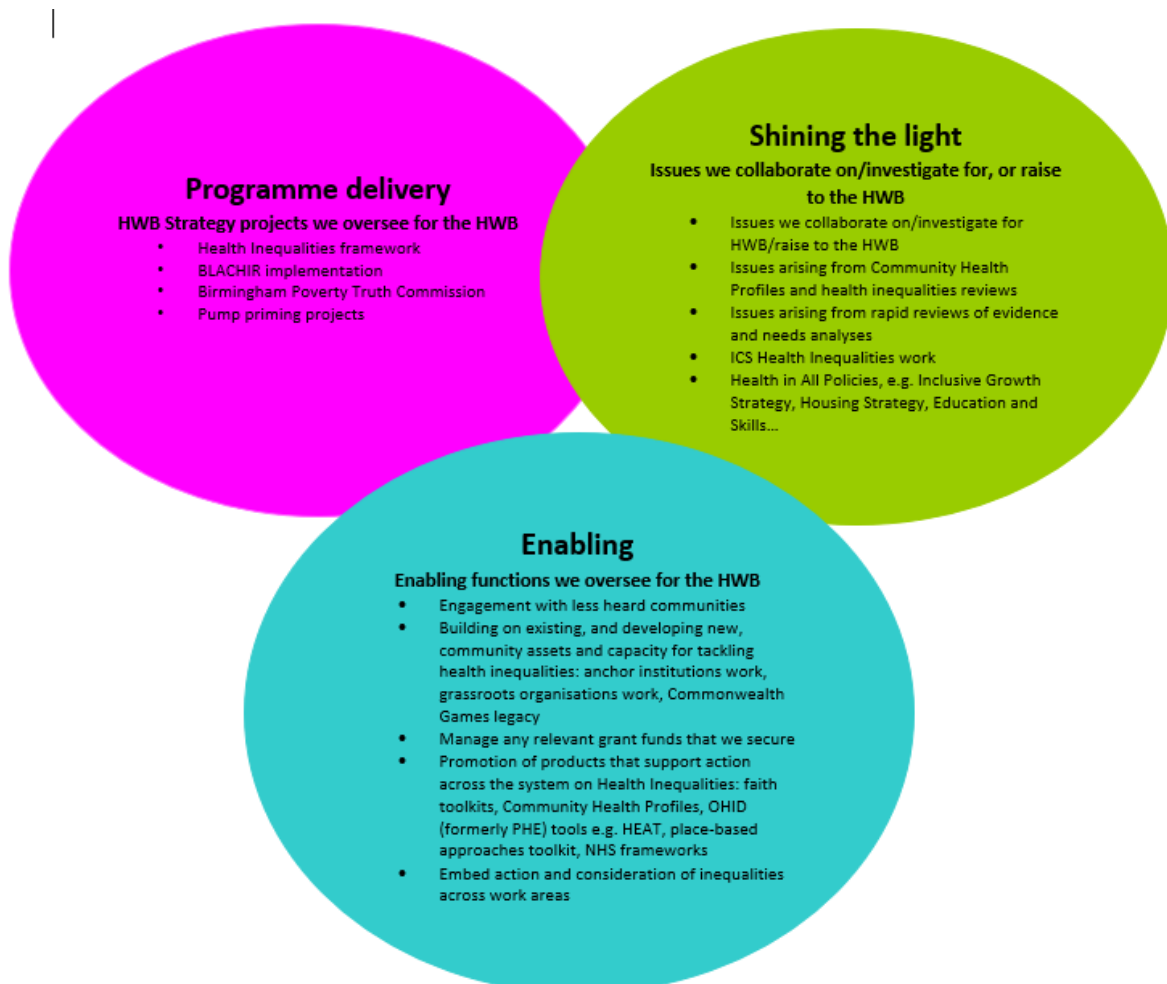
TERMS OF REFERENCE

1. PURPOSE

1.1 CCWIF is a subcommittee of the Health and Wellbeing Board (HWB). It operates within the framework of the HWB, and its priorities should be aligned with the priorities of the HWB and the local Integrated Care System (ICS).

1.2 The purpose of the forum is to refer opportunities for action to the two strategic boards, influence organisations to build tackling health inequalities into their everyday business, unlock barriers to addressing the health inequalities and to enable community engagement and coproduction. It has overall responsibility to reduce and prevent health inequalities across Birmingham.

1.3 CCWIF delivers its purpose through its three core functions.



1.4 The forum's delivery mode is a hybrid between operational and strategic management. It is both an influencer and an enabler. It has an oversight role, on behalf of the HWB.

2. OBJECTIVES

2.1 The Forum has the following overarching objectives:

- (a) To work in collaboration with partners and communities to deliver on the HWB priorities relating to health inequalities, being guided by the Marmot's six areas of policy action as a framework for localised action¹⁴.
- (b) To oversee specific projects for addressing health inequalities in the city on behalf of the HWB and enable their successful delivery.
- (c) To use evidence to raise issues to the HWB and relevant partnerships to inform policy and decision making.
- (d) To review and develop mechanisms for monitoring and reviewing progress against the actions agreed by the Forum.
- (e) To use opportunities to collaborate with and influence partner organisations/partnerships to ensure their commitment, shared responsibility and accountability towards the focus on inequalities through a system that is centred in prevention and early intervention.
- (f) To provide strategic and operational direction for addressing health inequalities, to seek alignment with other relevant work programmes from the HWB and ICS boards, and to inform commissioning intentions (as deemed appropriate).
- (g) To contribute to the implementation and update of organisational policies impacting on addressing or preventing the exacerbation of health inequalities (internally and externally).
- (h) To contribute to the development of Public Health Birmingham's Joint Strategic Needs Assessment (JSNA).
- (i) To promote community engagement, co-production and other tools and approaches that support action on health inequalities across the system.

3. PRINCIPLES

3.1 The Forum expects all partners to:

- (a) Support the aims and objectives of the Forum.
- (b) Consult and/or inform the Forum of organisational changes (including any changes in representation) that may impact on collective working.
- (c) Follow and work within the agreed framework to review and monitor activity led by the Forum.
- (d) Proactively manage risk and acknowledge the principle of shared risk in the context of partnership working.
- (e) Drive the health inequalities agenda through promoting service transformation and improvement within their respective services and organisations.
- (f) Report on progress on mutually agreed actions in a timely manner.
- (g) Share relevant information and promote collaborative and innovative work.

¹⁴ [HEALTH EQUITY IN ENGLAND: THE MARMOT REVIEW 10 YEARS ON](#)

4. MEMBERSHIP

4.1 The Forum has a core group of organisations that play a key role in its activity and are able to make joint decisions on behalf of their organisations. Co-opted membership will also be considered to ensure relevant expertise and influence for specific subject areas.

4.2 The Forum requires its members to:

- have the sufficient authority to make decisions in relation to the inequalities' agenda on behalf of their organisation or be in a position to seek and secure them within timescales agreed by the Forum.
- attend the majority of meetings, or in exceptional circumstances, to arrange for a suitable named delegate to attend in his/her place. In case of delegating, the nominee should be appropriately briefed prior to attending the meeting and have sufficient authority to make decisions on behalf of their organisation.
- represent the views of their nominating organisation, to keep their nominating organisation informed about progress and to communicate the outcomes of the Forum meetings to their organisation.
- ensure that there is prompt progress and delivery by their nominating body on any actions and strategies agreed by the Forum.
- positive and constructive discussions between members in order to achieve workable solutions to common issues

4.3 Other persons may attend Forum meetings and or be invited in as expert advisors with the agreement of the Chair/ Deputy Chair.

4.4 The Chair of the Board will be the Birmingham City Council Cabinet Member with a portfolio for equalities. **(See appendix 1)**

5.0 MEETINGS

5.1 The Forum will meet every two months for 2 hours. Other special meetings may be held as deemed necessary at the discretion of the Chair/ Deputy Chair.

5.2 Partners will be requested to contribute to a forward plan which will be used to develop the agenda for meetings.

5.3 The agenda for meetings, agreed by the Chair, and all accompanying papers will be sent to members at least 5 working days before the meeting. Late agenda items and/or papers may be accepted in exceptional circumstances at the discretion of the Chair.

5.4 Minutes/action notes of all meetings of the Forum will be approved by the Chair/ Deputy Chair and circulated to attendees within 10 working days following the meeting. They will be approved by the forum at the next meeting.

5.5 The Forum's administrative support will be provided by Public Health Inequalities team, and they will be responsible for organising the meetings, taking minutes and or action notes and disseminating supporting information to Forum members. They will monitor accuracy of the membership records.

- 5.6 The Forum will be accountable to Health and Wellbeing Board through the agreed reporting arrangements.

6. DECISIONS AND INFORMATION SHARING

- 6.1 Recommendations and decisions will be arrived at by consensus and recorded in the minutes and a decision log. If a consensus cannot be reached the Chair will call for a vote. The Chair will have a (second) casting vote in the case of equality of votes.
- 6.2 Members will support work on appropriate data sharing and development of protocols where appropriate.

7. CONFLICTS OF INTEREST

- 7.1 Whenever a representative has a conflict of interest in a matter to be decided at a meeting of the Forum, the representative concerned shall declare such interest at or before discussions begin on the matter, the Chair shall record the interest in the minutes of the meeting and unless otherwise agreed by the Forum that representative shall take no part in the decision-making process.

8. REVIEW

- 8.1 These terms of reference will be reviewed annually, taking into account views expressed by relevant partner agencies.

Version 2.0

Date: 15.09.2022

Draft approved by Chair/ Deputy Chair: 15.9.2022

Version approved by CCWIF: 15.9.2022

Ratified by HWB: 17.11.2022

Review due: 30.9.2023

Creating a City without Inequality Forum membership

Designated position/organisation/service	Name
Cabinet Member for Social Justice, Community Safety and Equalities (Chair)	Cllr John Cotton
Assistant Director of Public Health – Healthy Behaviours and Communities (Deputy Chair)	Modupe Omonijo (interim)
Director of Public Health	Dr Justin Varney
Public Health, Inequalities service lead (Lead Officer)	Monika Rozanski
Public Health Officer- Health inequalities (Support Officer)	tbc
Adult Social Care Commissioning leads	Louise Collett Kalvinder Kohli Marsela Hoxha
Equalities & Cohesion lead	Suwinder Hundal
Neighbourhoods/ Housing leads	Guy Chaundy Stephen Philpott
Economic Growth/ Levelling Up lead	Mark Gamble Greg Ward
Financial Inclusion Partnership lead	Helen Shervington
Birmingham Children's Trust	Graham Tilby
Education & Skills	Lisa Fraser
Environment and Transport	TBC
Integrated Care System – Inequalities lead	Salma Yaqoob Nicola Pugh
Local NHS commissioners/ providers	Patrick Nyarumbu Dr Okonkwo Onyinye Carol Herity Terence Read Sylvia Owusu-Nepaul
Office for Health Improvement and Disparities (OHID)	Sean Meehan
Voluntary & community sector leads	Ray Walker Janice Nichols Saidul Haque
Local academic representation	Lawrence Moulin
Department for Work & Pensions	Theresa O'Borne Emma McGuire Joanna Statham
Representation from the Youth City Board	Victor Agbontean

	Deshon Yard Bones Cunningham
Elected member from the opposition	Alex Yip
Criminal Justice System leads	Marj Rogers - HMPPS Paul Wood - HMPPS Jacqueline Ayee - HMPPS
Communications	TBC

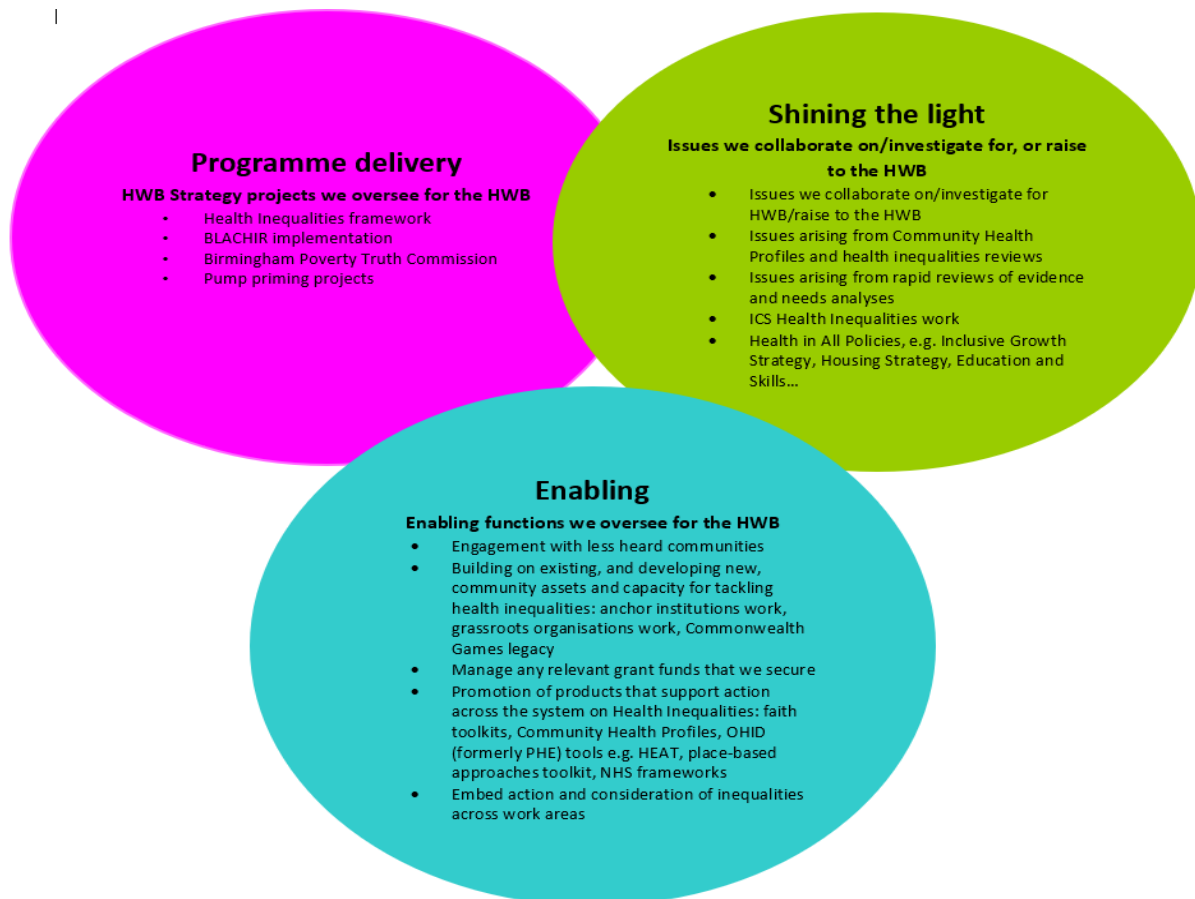
CREATING A CITY WITHOUT INEQUALITY FORUM (CCWIF)

FORWARD PLAN 2022 -2023

CCWIF aligns its work with the five key areas of inequalities identified within the Birmingham Health and Wellbeing Board's (HWB) strategy 'Creating a Bolder, Healthier City 2022-2030':

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

The CCWIF will deliver these HWB key areas of inequality using the following approach:



Forum meeting date	Key area of inequality from the HWB Strategy	Agenda items	HWB indicators	Actions and comments
15/09/2022 15:00-17:00	Inequalities linked to deprivation Governance and forward planning	<p>Programme delivery</p> <ul style="list-style-type: none"> • BLACHIR- Approve implementation board membership and ToR • BLACHIR progress (written update) • Birmingham Poverty Truth Commission (BPTC- written update) • Health literacy project (written update) <p>Shining the light</p> <ul style="list-style-type: none"> • Council's approach to the cost of living crisis • Work in progress in response to the cost of living in crisis, opportunities for collaboration to address health inequalities linked to deprivation • Review and agree CCWIF Forward Plan and Terms of reference (TOR) • Update from the Birmingham and Solihull Integrated Care System (ICS) <p>Enabling</p> <ul style="list-style-type: none"> • Actions arising from discussions • Community health profiles (written update) <p>Governance</p> <ul style="list-style-type: none"> • CCWIF Forward Plan • CCWIF ToR 	<p>Reduction in child poverty</p> <p>Increase in uptake of healthy start vouchers by eligible families</p> <p>Increase in employment rates of those with long term conditions and disabilities</p> <p>Reduction in the number of households in fuel poverty to the national average by 2030</p>	
17/11/2022 10:30-12:30	Inequalities linked to deprivation – part 2	<p>Programme delivery</p> <ul style="list-style-type: none"> • BLACHIR implementation update • BPTC update • Pump-priming project for disabled communities (proposal for approval) <p>Shining the light</p> <ul style="list-style-type: none"> • Health inequalities linked to poor housing and fuel poverty (this has now moved to the CoLC programme led by Richard Brooks) • Poverty proofing – the whole system approach to mitigating health inequalities linked to poverty • Issues arising from rapid review of evidence and previous discussions • ICS update on inequalities linked to deprivation <p>Enabling</p> <ul style="list-style-type: none"> • Addressing health inequalities through the existing community assets (Retrofit Balsall Heath) – moved to CoLC programme & Housing 	<p>Reduction in child poverty</p> <p>Increase in uptake of healthy start vouchers by eligible families</p> <p>Increase in employment rates of those with long term conditions and disabilities</p> <p>Reduction in the number of households in fuel poverty to the national average by 2030</p>	

		<ul style="list-style-type: none"> Local strategies and work in progress (Birmingham Levelling Up Strategy, Housing Strategy) 		
19/01/2023 15:00-17:00	Inequalities affecting disabled communities	<p>Programme delivery</p> <ul style="list-style-type: none"> BLACHIR BPTC Disabled communities project Health literacy project <p>Shining the light</p> <ul style="list-style-type: none"> Health inequalities affecting disabled communities – issues arising from rapid review of evidence and data, community health profiles etc. Impact of the cost of living crisis on disabled communities; disability and employment Partners’ work to address health inequalities affecting disabled communities and opportunities for collaboration (PURE project, DWP targeted support, CCWIF disabled communities pump-priming project) <p>Enabling</p> <ul style="list-style-type: none"> Actions arising from evidence and discussions 	<p>Reduction in the inactivity gap between those living with disabilities and long-term health conditions and those without by 50% by 2030</p> <p>Increase in the number of targeted health checks (e.g., for carers and people with learning disabilities and/or severe mental health issues) by 25% by 2027</p> <p>Achieve 50% of all medium and large businesses in Birmingham becoming part of the Thrive at Work programme in 2030</p>	
16/03/2023 15:00 -17:00	Inequalities affecting disabled communities	<p>Programme delivery</p> <ul style="list-style-type: none"> BLACHIR BPTC Community health profiles Gender HI project Disabled communities project Health literacy project <p>Shining the light</p> <ul style="list-style-type: none"> Health inequalities affecting communities with learning and sensory disabilities– issues arising from rapid review of evidence and data, community health profiles etc. Impact of the cost of living crisis on disabled communities; disability and employment – cont. Partners’ work to address health inequalities affecting disabled communities and opportunities for collaboration (PURE project, DWP targeted support, CCWIF disabled communities pump-priming project) <p>Enabling</p> <ul style="list-style-type: none"> Actions arising from evidence and discussions 		

18/05/2023	Inequalities affecting inclusion groups (e.g., people with multiple complex needs)	Programme delivery <ul style="list-style-type: none"> • BLACHIR • BPTC • Disabled communities project • Health inequalities framework • Sex worker health needs analysis Shining the light <ul style="list-style-type: none"> • Health inequalities affecting inclusion groups – issues arising from evidence, DPH Annual Report 2019-20 and sex worker health needs analysis (focus – multiple complex needs - MCN) • ICS perspective on inequalities affecting inclusion groups in Birmingham Enabling <ul style="list-style-type: none"> • Actions arising from evidence and discussions • Discuss and agree direction of interventions /approaches to be rolled out or reviewed 	<p>Reduction in the rate per 1000 of homeless young people (16-24 years) to the English average by 2030</p> <p>Reduction in the rate of first-time entrants (10-17 years) to the youth justice system by 25% by 2030</p>	
13/07/2023	Inequalities affecting inclusion groups (e.g. sex workers and migrants)			
Sep & Nov 2023	Inequalities affecting different ethnic communities	Programme delivery <ul style="list-style-type: none"> • BLACHIR • BPTC • Disabled communities project Shining the light <ul style="list-style-type: none"> • Health inequalities affecting migrant and BAME populations – issues arising from BLACHIR, community profiles, other evidence and data • Infant mortality in Black ethnic communities • ICS perspective on inequalities affecting different ethnic communities in Birmingham Enabling <ul style="list-style-type: none"> • Actions arising from evidence and discussions • Discuss and agree direction of interventions /projects /approaches to be rolled out or reviewed 	<p>Reduction in infant mortality in Birmingham by 25% by 2027 and by 50% by 2030</p> <p>Reduction in the inactivity gap between different ethnic communities by 50% by 2030</p> <p>Reduction in the percentage (%) of adults from ethnic communities with Type 2 diabetes to match the demographic profile of our city by 2030</p>	
Jan 2024	Inequalities of locality (i.e., variation/ inequalities between wards)	Programme delivery <ul style="list-style-type: none"> • BLACHIR • BPTC • Disabled communities project Shining the light <ul style="list-style-type: none"> • Health inequalities of locality – issues arising from JSNA, other evidence and data (focus on specific localities) • Planning for healthy communities in Birmingham Enabling <ul style="list-style-type: none"> • Actions arising from evidence and discussions 	Ensure that the Healthy City Planning Toolkit is utilised in 90% of developments in the city by 2030	

		<ul style="list-style-type: none"> • Place-based approaches and interventions – OHID toolkits • Discuss and agree direction of interventions /projects /approaches to be rolled out or reviewed 		
Mar 2024	Stocktake and future planning	Review of outcomes and forum's activity		