	Agenda Item: 9
Report to:	**Birmingham Health and Wellbeing Board**
Date:	**27th March 2025**
TITLE:	**BSol Inclusion Health Partnership Annual Report 2024-25**
Organisation	**Birmingham City Council**
Presenting Officer	**Monika Rozanski (Service Lead – Inclusion Health)**

Report Type:	Information

1. Purpose:

1.1. This report provides an overview of the Birmingham and Solihull Inclusion Health Partnership's (BSIHP) progress over the past year in its transition and work of addressing health inequalities affecting socially excluded groups.

1.2. It highlights key achievements, governance developments, programme delivery, research insights, and future priorities. The report demonstrates how the BSIHP has contributed to the delivery of the closing the gap priorities of the health and wellbeing board as well as the ICS 10-year plan and outlines the Partnership's commitment and ambitions for inclusion health within Birmingham and Solihull's health and wellbeing system. The report serves to:

1.2.1. Reflect on progress made in delivering the BSIHP's priorities and programmes.
1.2.2. Highlight key evidence and insights from needs assessments and research that inform service improvements and future action.
1.2.3. Showcase system-wide collaboration and co-production efforts with inclusion health groups.

2. Implications (tick all that apply):

Creating a Bolder, Healthier, City (2022-2030) – Strategic Priorities	Closing the Gap (Inequalities)	X
	Theme 1: Healthy and Affordable Food	
	Theme 2: Mental Wellness and Balance	
	Theme 3: Active at Every Age and Ability	
	Theme 4: Contributing to a Green and Sustainable Future	
	Theme 5: Protect and Detect	
	Getting the Best Start in Life	

	Living, Working and Learning Well	
	Ageing and Dying Well	
Joint Strategic Needs Assessment		

3. Commissioner's Review:
Commissioners have no observations on relation to this report.

4. Recommendation
4.1. Acknowledge and endorse the progress made by the Birmingham and Solihull Inclusion Health Partnership in working towards reducing health inequalities among inclusion health groups 4.2. Support the development of the strategic framework and action plan, ensuring that inclusion health remains a priority across system-wide policy and commissioning. 4.3. Recognise the role of lived experience and co-production in shaping future work and interventions, strengthening the commitment to meaningful engagement with affected communities. 4.4. Continue to champion collaborative working across local health, social care, and voluntary sector partners and support with appropriate nominations to strengthen the membership of the BSol Inclusion Health Partnership.

5. Report Body

5.1. The Birmingham & Solihull Inclusion Health Partnership Annual Report 2024-25 marks a significant phase in the Partnership's commitment to addressing health disparities. It provides an overview of activities from April 2024 through March 2025, detailing progress in the forward plan focused on five health inequality priority areas within the joint health and wellbeing strategy 'Creating a Bolder Healthier City 2022-30' with a particular focus on deprivation and inclusion health.

5.2. Managed by the Public Health Division, with funding from the ring-fenced public health grant, the Partnership continues to serve as a platform for collaboration among strategic partners across various sectors and organisations, all working towards reducing health inequalities in these areas.

5.3. Recognising the financial challenges faced by Birmingham City Council, the Partnership has concentrated its efforts on the most disadvantaged populations. It has strengthened collaboration among member organisations and services to avoid duplication and enable effective action, supporting the Council's Improvement and Recovery Plan and the Early Intervention and Prevention agenda.

5.4. Progress updates are structured around the Partnership's three core functions: direct delivery of projects and programmes reporting to the Health and Wellbeing Board; shining the light on key issues through data and evidence to delve deeper into specific health inequalities or communities experiencing significant health disparities; and empowering the voice of the lived experience and enabling better engagement with marginalised communities, developing joint protocols and actions, and building capacity within the system to improve responses to health inequalities in the city.

5.5. Over the 12-month period between April 2024 and March 2025, the Partnership held five task and finish groups focusing on identified priority groups: ex-personnel and current army services (veterans), sex workers, migrant health, justice health, and homelessness. Four of these groups have reported back to the Inclusion Health Partnership with proposed actions, and we are awaiting the ex-personnel and current army services (veterans) report at the March 2025 meeting. This will contribute to the development of the Forum's action plan.

5.6. Key achievements and progress updates include:

- Commitment to enhance and accelerate coordination and integration of outreach and on-site support for the most vulnerable groups, ensuring the support is evidence driven (including learning from the High Intensity User programme) and is underpinned by the Making Every Adult Matter (MEAM) principles.
- Expansion the Veteran Friendly and Safe Surgeries Programmes led by the ICB, who have renewed their commitment to this work with an ambition to include all PCNs.
- Publication and dissemination of the sex worker health needs analysis and the impact it's making on data collection and front-line practice in mental health and sexual health services to name a few. The implementation of the recommendations from this needs analysis is driven through the Connecting Health Communities lottery funded programme.
- Commissioning of the Justice Health Needs Assessment, and ongoing efforts to improve understanding and response to the health and wellbeing needs of the marginalised groups with the poorest health outcomes, including offenders and those at risk of offending.

- Publication and dissemination of the women's health needs report, which has informed the development of the women's health hub in the city, and progress on the men's health report.
- Commitment of the Partnership to work alongside experts by experience and its support for the development of the first in the city human library project that promotes dialogue and co-production with the most vulnerable citizens.
- Collaboration with the Armed Forces Covenant Board, Birmingham Drug and Alcohol Partnership, the Homelessness Partnership Board and other stakeholders in policy advocacy and system change.

5.7. This report also outlines the Forum's strategic direction for 2025-26 and beyond. Recognizing the pressing need to prioritize the health and wellbeing of inclusion health groups, the Forum plans to redirect its efforts towards addressing their needs in alignment with the Council's and the Birmingham Health and Wellbeing Board's priorities as well as the Birmingham and Solihull Integrated Care System's priorities and the National Framework for Action on Inclusion Health. In the context of the Council's financial recovery, the Forum supports strengthening collaboration between partners and the shared use of available resources.

5.8. Our next steps involve the development of a robust action plan informed by the insights gained from our recent needs assessments and driven by the lived experience and co-production where it is possible. The Partnership convened 5 task and finish groups to support the action planning process and implementation. These are focused specifically on vulnerable migrants, offender health, veteran health, homelessness and health and sex workers with a recognition of intersectional needs of these groups and cross-cutting actions around policy advocacy and systemic change, data capture and use, strengthening integration, workforce development, access to services, experience of services and continuity of care.

5.9. Furthermore, the BSIHP is committed to fostering a culture of continuous learning and improvement. We will explore and invest in capacity-building initiatives for our partners and stakeholders to enhance their ability to address health inequalities affecting marginalised groups. Additionally, we will prioritise the amplification of voices from inclusion health groups, ensuring that their experiences and perspectives are central to the development and implementation of our policies and delivery of our services.

6. Compliance Issues
6.1. HWBB Forum Responsibility and Board Update
The annual report has been approved by the BSIHP Chair, Cllr Nicky Brennan and disseminated to forum and board members on 3rd March 2025.
6.2. Management Responsibility
Helen Harrison – Assistant Director for Healthy Behaviours and Communities, Public Health Division Monika Rozanski – Service Lead – Inclusion Health, Public Health Division
6.3. Finance Implications

Management and administration of the forum is covered by the Public Health Ring-fenced grant. The Council is currently in a S114 notice and facing significant financial challenges. The partnership is funded through the Public Health Ring-fenced grant, which is separate from the Council's General Fund. This means that there are no financial implications on the General Fund.
6.4. Legal Implications
N/a
6.5. Equalities Implications (Public Sector Equality Duty)
The partnership, through its activity, aims to reduce health inequalities in the city.

7. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Limited commitment and ownership from members/ key stakeholders	Medium	High	Establish clear roles and responsibilities & co-chair role.
Resource constraints and financial pressures	Medium	High	Leverage external funding pool resource, and prioritise actions.

Appendices

Appendix 1 – BIRMINGHAM & SOLIHULL INCLUSION HEALTH PARTNERSHIP ANNUAL REPORT 2024 - 2025: Re-setting and driving efforts to reduce health inequalities affecting inclusion health groups (with appendices)

Background Papers

N/a

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

Monika Rozanski (Service Lead – Inclusion Health Team)

Natalie Chew (Senior Officer – Inclusion Health Team)