BLACHIR Joint Chairs Report

2023 - 2024

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Foreward

Welcome to the inaugural report of the Birmingham City Council sponsored Co-Chairs of the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) Implementation Board. This report 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.

Taking Forward BLACHIR

Birmingham City Council's progress against the 7 key areas, 2020 to 2024

2020 to 2021:
Conception of BLACHIR Approach

- Highlighted need for identifying inequality and actioning change further than '**BAME**'
- Recruitment of 15 Academics and 9 Advisory board member to support synthesis of the Review

March 2022:
Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) published

- Collaboration between **Birmingham City Council** (BCC) and **Lewisham Council**
- Rapid evidence reviews under 8 thematic areas
- 7 key priority areas and 39 specific opportunities for action were identified

May 2022:
BLACHIR Community Partners Onboarded

- Commissioned 3 local community organisations to support **BLACHIR** implementation
- **Allies Network CIC**, **Black Heritage Support Service BHSS**, **Mindseye Development CIC**

June to September 2022:
BLACHIR Review Official Launch

- Findings from Review shared with local stakeholders
- Pledges created for implementation of the **BLACHIR** recommendations
- **BCC project team** and **ICS BLACHIR Taskforce** established

October 2022:
BLACHIR Implementation Launch Events

- **Event 1**: 60 attendees from healthcare system and communities
- **Event 2**: parliamentary launch led by **Paulette Hamilton**, MP (Birmingham) and **Janet Daby**, MP (Lewisham

November 2022:
BLACHIR Implementation Board Launch

- Governance structure finalised, accountable to the **Health and Wellbeing Board** (HWB)
- Ensuring key actions embedded across wider system
- Member representation of 23 individuals across organisations including **BCC**, **NHS** and the **VCFSE** sector

January 2023:
BCC and ICS Begin Activities Agreed in Implementation Plan

- **BCC** accountable for implementation of 7 key priority areas
- **ICS BLACHIR Task Force** accountable for implementation/monitoring of 39 opportunities for action

July 2023:
2x independent BLACHIR implementation board co-chairs joined BLACHIR implementation

- **Dr Nike Arowobusoye** and **Sola Afuape**
- Ensure robust governance and effective implementation of delivery

October 2023:
Launch of New Demographic Questionnaire

- Piloted the removal of the colour language from ethnic coding
- Questions co-produced with community input

February 2024:
Launch of Cultural Competency Frameworks

- **Birmingham Cultural Intelligence Framework** (BCIF) and **Birmingham Cultural Humility and Safety Framework** (BCHSF) published
- Created via existing evidence base and collaboration/feedback from system partners

March 2024:
Conclusion of Community Engagement Phase 1

- 9 Implementation Board meetings
- Sample of Community Engagement Partner Achievements:
- >5,379 residents directly engaged with programme
- **Allies Network CIC**: influenced local healthcare system to update pregnancy support information to include FGM
- **Mindseye Development**: hosted first 'brothers helping brothers' event in collaboration with the **Aston Villa** foundation; 33 men received health checks
- **BHSS**: Caribbean Health Conference focused on cancer, screening and health checks. Attended by over 250 people; online engagement reached >48,000

September 2024:
The Future of BLACHIR

- Embedding into policy and practice
- Commissioning 17 community partners to support wider communities of identity over 3 year programme
- Pilot **BCIF** and **BCHSF** across 5 organisations
- 11 ethnic communities engaged in academic research to support delivery of **NHS Health Checks**
- Implementation board to be redesigned and sit as a sub-forum of the **HWB**

Birmingham City Council

Chairs' Profiles
Dr Nike Arowobusoye

Dr Nike Arowobusoye is a Consultant in Public Health Medicine, a Fellow of the Faculty of Public Health, City and Guild Train-The-Trainer and an ILM level 7 qualified coach and mentor and member of the Faculty of Medical coaches.

Nike has over 25 years' experience of working for and leading healthcare systems in the UK and abroad. Nike is a senior health leader who has worked across the rich health and care landscape; Integrated Care Trust, Health Authority, Clinical Commissioning Groups, Primary Care Trust, Local Authorities (County and Unitary) adapting to change, problem solving, and addressing disparities and levelling up.

Currently, Nike works in two London boroughs and leads on promoting health and wellbeing through prevention, addressing health inequalities, and ensuring equitable and responsive healthcare delivery. Nike is joint workstream lead for Association of Directors of Public Health, ADPH diversifying the work force and system leadership programme of the Tackling Racism and was instrumental in creating the Discover, Learn and Create together.

Nike is passionate about creating and inspiring environments for good health and wellbeing, for people to do their best work, and increase their mastery over setbacks. Nike is a strong advocate of enabling people to thrive and flourish at work This comes from her personal experiences including the many one- to- one and corridor conversations Nike has had throughout her career. Dr Nike is a compassionate professional who believes that enjoying life is in the small interactions; this led her to introduce the Vhaalubank; the notion of being able to bounce back and move ahead, through harnessing the value in an individual's interactions, encounters and own value.

Nike has held several roles in and contributed to several local groups including; Commemorating Freedom Group, Catford, Nigerian Secondary Schools Foundation (NSF) UK, Diversity Support Group, Croydon where she initiated the Education seminars and the Excellence in Education programme.

Currently Nike is writing a book on cultural situation judgement scenarios and resilience.

Sola Afuape MBE

Sola has over 20 years' experience advising, designing and implementing regional and national HI and service improvement programmes, most notably in Health and Social Care.

She has been an active leader in her local community in Brent where over 149 languages are spoken. She works with local communities, particularly young people from marginalised groups and women, local neighbourhood police teams, local authorities and voluntary sector groups from a broad range of backgrounds and was awarded an MBE in recognition of her work as Chair of The Afiya Trust, a national charity focused on tackling social exclusion and health inequalities faced by those most vulnerable and marginalised in society.

She has held a number of advisory roles across public sectors and central government having worked for; the Department of Health as their equality advisor to the NHS and Regional Health Improvement lead; for Public Health England; As a Commissioner in the National government Commission on Carers; in the Arts; at HMCT's London West Advisory Committee recruiting for a more diverse magistracy. She facilitated two annual iterations of a series of Dialogues entitled 'Race, Racism and the Built Environment' at the Bartlett, UCL.

She is the National Professional Advisor to the Care Quality Commission, the UK's Health and Social Care Regulator, with a remit for Workforce Equality, Diversity and Inclusion and Well-Led and at a local level is the Independent Chair of Newham's Safeguarding Adults Board.

She is currently the Vice Chair on the Boards of two NHS organisations; South West London and St George's Mental Health Trust and Croydon Health Services Trust, an acute and community health provision.

Glossary

BCC	Birmingham City Council
BLACHIR	Birmingham & Lewisham African and Caribbean Health Inequalities Review
BLACHIRIB	BLACHIR Implementation Board
Communities of interest	BLACHIR focuses on Black African and Black Caribbean communities as the communities of interest
ICB	Integrated Care Board
ICS	Integrated Care System
HWB	Health and Wellbeing Board
ADPH	Association of Directors of Public Health
PH	Public Health
CHP	Community Health Profile
EBEB	Everyone's Battle, Everyone's Business
BSol ICB	Birmingham & Solihull Integrated Care Board
BRIG	Birmingham Race Impact Group
DNA	Did Not Attend
PTSD	Post Traumatic Stress Syndrome

Background

Birmingham was identified as one of the first 'super-diverse' cities in England and Wales and is the only core city; with over half (51.4%) of its total population from the global majority (often referred to as Black, Asian Minority Ethnic) communities, a 7% increase from the last Census.[1]

The latest census data showed that Birmingham's superdiversity is higher in younger people, with 67% of Birmingham's residents aged between 0 and 15 being identified as from global majority backgrounds.[2]

Despite the growing diversity within communities, limited national and local health data is available to comprehensively inform and shape national and local policies and strategies, to identify and tackle ethnic disparities in access, address their experience of health and care and improve health outcomes.

To begin to try and address this, Birmingham City Council developed Community Health Profiles (CHPs) which provide insights on the health needs of their local communities grouped together based on their ethnic group, country of birth or as a regional representation.[3] These are important points of reference for the work undertaken within the key BLACHIR priority areas and opportunities for action.

For the African communities these are:

- **Central African Profile**
- **Kenyan Profile**
- **Nigerian Profile**
- **Somali Profile**
- **South African Profile**

For the Caribbean communities these are:

- **Caribbean Profile**

1 Analysis of Census 2021 Data - Birmingham City Observatory
2 Birmingham Director of Public Health Annual Report 2023-2
3 Community health profiles | Birmingham City Council

1. Introduction

Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR) ('the Review') is a partnership between Lewisham Council and Birmingham City Council. BLACHIR was established out of a pressing need to tackle the health inequalities experienced particularly by African and Caribbean communities in Birmingham and Lewisham.

The Review set out to identify and explore the background to health inequalities experienced by African and Caribbean communities. Birmingham and Lewisham Councils, through their public health teams, recognised synergies in ambition and approach and worked together to curate a body of work that took a deeper look at and committed to taking action to address these health disparities. A broad spectrum of evidence alongside insights from the lived experience of African and Caribbean people within their communities were collated and summarised.

After 18 months of listening, learning and identifying themes, actions and measures of success the eponymous Birmingham and Lewisham African Caribbean Health Inequalities Review report was published in March 2022.[1]

The synthesis of the report was a significant endeavour by the public health team and partners at that time, some of whom were from communities that shared similar lived experiences as those of the communities of interest. In the spirit of true partnership and engagement the team persisted in their efforts to work with community partners to ensure that this under-represented group's voice was central to everything.

Some of the team involved in the work at that time, reflected much later on the impact it had on them, both the enormity of delivering such a comprehensive body of work as well as the personal toll experienced through bearing witness to the stories of inequalities that they resonated with.

1 BLACHIR Report, March 2022

1.1 Summary of 7 Key Areas

The Review concluded with a report that outlined a series of main findings set out as seven key priority areas for change and thirty-nine opportunities for action for partners within both localities of Birmingham and Lewisham.

The Review findings identified these seven key priority areas as the fundamental underpinning work necessary for meaningful and sustained improvements to address systemic, institutional and structural inequalities in health for Black African and Black Caribbean communities.

1. Fairness, Inclusion and Respect

The Review calls for the Health and Wellbeing Board and NHS Integrated Care Systems to explicitly recognise structural racism and discrimination as drivers of ill health, systematically identify and address discrimination within systems and practices, and engage with Black African and Black Caribbean individuals and organisations to ensure community voice and their leadership in driving this work.

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.

Co Chairs' Comments:

This was of fundamental importance to model and although it is a key area, it can also be best described as a fundamental and progressive principle of BLACHIR. Fairness was demonstrated through ensuring that the Better Data took place, inclusion through championing the work of cultural competence frameworks and respect. The Board helped build bridges across the various systems and themes.

It can often be the case in programmes of change, notably those addressing EDI and disparities, that the emphasis for change is focused on the drive externally with little time or attention paid to core programme principles being applied internally. Our discussions as Co-Chairs centred on the importance of being alert to and supporting all aspects of the BLACHIR programme modelling, itself, the core themes within the 7 key areas and much of our internal team discussions, guidance and Board leadership therefore sort to test, challenge and encourage this notion, e.g. advocating for sourcing evaluation partners with Black African and Black Caribbean communities lived experience, with evidence of work undertaken with Black African and Black Caribbean communities and evidence of their practice aligned to the 7 themes.

2. Trust and Transparency

Birmingham City Council's Public Health Division have launched and are currently piloting two innovative and complementary frameworks to improve cultural competence in Birmingham.

Birmingham Cultural Humility and Safety Framework (BCHSF)
The Cultural Humility and Safety (CHS) training framework aims to enable organisations to provide training that will equip staff with the confidence and skills to maintain relationships based on trust. It instils in staff a commitment to self-reflection to better understand personal and systemic biases and to address power imbalances.

Birmingham Cultural Intelligence Framework (BCIF)
The Birmingham Cultural Intelligence Framework (BCIF) aims to develop an individual's ability to understand, adapt to, and effectively interact with people from different cultural backgrounds. It includes a set of capabilities, knowledge and understanding of how people from different cultures live and behave. This will equip leaders and managers with the tools they need to make decisions and develop policies and practice that consider the differences between communities.

BCHSF & BCIF Pilot
The two frameworks are currently being piloted among several organisations, between 2024 and 2025, across Birmingham and Solihull, to assess the effectiveness and impact of both frameworks. The organisations which are taking part in the pilot are summarised below:

BCIF Pilot:

- Birmingham City Council (Public Health Division)
- West Midlands Combined Authority
- Sport Birmingham
- Birmingham and Solihull Mental Health Foundation Trust

BCIF Pilot:

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

Co Chairs' Comments:

BLACHIR evidenced that although trust across services and communities (inter and intra) may not always be easily shared where there is multiplicity. BLACHIR has started to help develop the systems' trust – the ICB and Council using a common cultural framework to address needs and improve services and working with CEPs commissioned by the Council. Early indications

of common language have started to emerge based on work to address health literacy in the community and health professionals, this supports trust and transparency. Encouraging self-directed learning and cultural curiosity.

Trust and transparency remained throughout the year as live topics of discussion. The legacy of exclusion, inequalities and in some cases widening disparities is, for some parts of Black African and Black Caribbean communities, quite entrenched particularly as they continue to still experience these barriers. Work to engage, educate, enable and connect front line staff, whom themselves are working in pressurised environment, to a greater understanding of the communities of interest and what required of them to service these communities equitably and with respect is essential. Trust from Black African and Black Caribbean communities, however, cannot be realised unless there is acknowledgement and action taken to address some of the racism and discrimination these communities of interest experience with the first step being to name it to create a shared understanding of their lived experience.

This is a vital theme on which success in the other six areas will be built. A lack of trust and transparency of service provision and decision-making can be linked to DNA's, poor compliance with public health messaging, poor adherence to medical guidance and instruction and poor take up of health screening. The introduction of metrics to track and evaluate progress in this body of work will need to be triangulated with reflections from the Black African and Black Caribbean communities as to the reality of the impact felt on the ground. Community participation should be built into the programme, as experts by experience, in the co-creation and delivery of the training– where possible embedding an experiential element into the programme by taking course participants into those communities to crystallise what has been learnt.

The BLACHIR ICS Taskforce has made reference to the importance of centring an understanding of this area of work system-wide and highlighting it as a priority area. The Taskforce, along with the deep engagement partners, offers a useful platform to model this by encouraging partners to build it into their ICS BLACHIR SMART goals, outlining the strategies and governance arrangements they will put in place to support and monitor the effectiveness of ongoing partnership engagement with Black African and Black Caribbean communities about local needs and resourcing decisions.

3. Better Data

The Review calls for the Health and Wellbeing Boards to act across their partnerships to strengthen granular culturally sensitive data collection and analysis.

Birmingham City Council developed a demographics questionnaire based on national standard questions and modifications that were tested with a citizen involvement panel.

The modifications included piloting the removal of colour language from ethnic coding, as outlined by opportunity for action #1 in the BLACHIR Review.

The questionnaire also includes an open text box for 'country or countries of heritage' which enables specific responses for a more granular understanding of communities as someone is now able to describe themselves in the following way e.g. ethnic group 'African', countries of heritage 'Somali and England'.

Read more about the demographics questionnaire.

Co Chairs' Comments:

This is a cross-cutting area that will need to have a constant focussed and shared expression. For optimal impact and change BLACHIR needs to influence national and nation-wide data collection.

Birmingham City Council's Public Health team has provided the tools for greater progress using data and insight through the community profiles that describe Black African and Black Caribbean communities as heterogeneous groups. Whilst these communities may collectively face similar disparities in outcomes these communities of interest will have different lived experiences and local need of services. Early anecdotal conversations with the chairs highlighted the growing use of these profiles and disaggregated ethnicity data when reporting bodies of work. The next step is to set this as an expectation of the health and care system and monitor this robustly through system governance arrangements ensuring that it is an approach which is wide spread and consistent, so the body of evidence and insights gained shapes mainstream conversations and decisions made about service provision, outcomes, experience and access. This is essential as *"…Not enough is known about 'which demographics and communities are experiencing the most harm…"* (IPPR 2019).

In addition, this increasingly nuanced data about communities should be routinely shared with community partners who work locally with Black African and Black Caribbean communities to support their ability to also operate strategically and engage with parity with system partners as partners enabled by data they are able to integrate with their own qualitative intelligence.

4. Early Intervention

The Review calls for the Health and Wellbeing Board to work with the Children's Trusts and Children's Strategic Partnerships to develop a clear action plan to provide support at critical life stages to mitigate disadvantage and address the inequalities affecting Black African and Black Caribbean children and young people.

Scoping phase currently underway.

Co Chairs' Comments:

Birmingham is a super diverse city with more than half of children aged under 15 and born in Birmingham having a non-white ethnic background. This key BLACHIR area remains relevant and will need to cover multiple cohorts, so outcomes positively reduce HI and has a generational impact.

Birmingham and Solihull has significant waiting lists for children and young people. With children and young people from Black African and Black Caribbean communities forming a large and growing portion of this population the risk of widening health inequalities and the impact this would have on the quality of their lives as they progress into adulthood is stark. It is important that these young people have a voice that shapes their future world.

Create opportunities for greater representation of children and young people within the community engagement strategies and actively seek out and develop young system leaders and advisors to sit on or advise the ICS Taskforce, learning from existing models like Birmingham Youth City Board.

5. Health Checks and Campaigns

The Review calls for the Health and Wellbeing Board to act across their partnerships to promote health checks through public campaigns to increase the uptake of community-based health checks in easy to access locations.

Health Checks
The first part of progressing this key area from the Review is commissioning focus groups to understand community specific experiences of NHS Health Checks of BLACHIR communities, including Caribbean, Nigerian and Somali. The focus groups are also exploring a wider focus of ethnic groups.

The focus group questions/topics should help develop the Council's understanding in:

- Community knowledge and expectations of NHS Health Checks
- Previous experiences with NHS Health Checks
- The customer journey of attending NHS Health Checks
- How appropriate NHS Health Checks are for the target community
    - Including communication format(s), location, availability of appointment,

language(s), cultural awareness of healthcare staff etc.

The project is being delivered in collaboration with the PH Adults team, who commission NHS Health Checks in the city, to inform redesign of services.

Health Campaigns
Additionally, to support in the communication of services, a health education campaigns toolkit is being created. The toolkit will be used by healthcare providers to develop culturally competent health education campaigns.

The toolkit will support in developing an understanding of communities of identity to develop traditional campaigns to include a cultural competency lens e.g. choosing the right platform, language considerations, cultural stigma etc.

So far, the toolkit has been through two testing sessions, one with healthcare staff and one with community leaders to develop shared and appropriate objectives for the toolkit. A draft toolkit was completed in September 2024, and an additional round of testing sessions have been completed.

The toolkit completion will be supported by the new Deep Engagement Partners who will create community specific guidelines for health education campaigns to supplement the generic sections of the toolkit.

Co Chairs' Comments:

Public health messages must not only, however, articulate the health improvement sought for the individuals that they engage with but also the work must be with communities and their representatives to support them build these practices and knowledge in their customs and cultural practices, so they are sustained in their communities. Representatives should be invited back to share what this looks like with system partners to keep iterating a dynamic understanding of Black African and Black Caribbean communities as assets able to also make their own contribute to health improvements.

6. Healthier Behaviours

'Healthier Behaviours' called for Local Authorities and Integrated Care Systems to provide long-term investment for trusted Black African and Black Caribbean grass root organisations to deliver community led interventions.

To begin action under this area, Birmingham City Council commissioned three engagement partners for a period of 22 months, from May 2022 to March 2024, 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 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)

As a continuation of the BLACHIR model, Birmingham City Council is continuing a similar engagement project, with 17 different communities of identity via the 'Deep Engagement Partner Programme'. This programme will look at a three year community engagement project that spans across:

- 9 communities of ethnicity
- 3 communities with a disability
- 3 faith and religious communities
- 2 LGBTQ+ projects (sexual orientation and gender identity)

This programme will be running from 2024 to 2027.

Co Chairs' Comments:

Lots of innovative practice, creating good evidence, practices widening perspectives and generating shared insights. This theme is interconnected with all the remaining 6 theme areas thus providing capability, opportunity, motivation that will support changes in behaviour. Will need to ensure good and inclusive governance to maintain momentum and motivation.

Assessing the effectiveness of any behaviour change model takes time and consistent long term monitoring, auditing and an iterative refreshing of the training and education with insights gained. As positive progress continues to be made and can be evidenced building a communication structure around this work will help disseminate the lessons learnt and can be used to influence leaders to routinely share the behaviour change messages required to build the momentum of a social movement approach that embeds the behaviour changes long term. There should be alignment with the Trust and transparency work using the communication of the Behaviour change work and progress made to establish confidence and assurance for Black African and Black Caribbean communities that their voices have been heard and action taken.

7. Health Literacy

The Review calls for the Health and Wellbeing Boards and NHS Integrated Care Systems to work with local community and voluntary sector partners to develop targeted programmes on health literacy for Black African and Black Caribbean communities.

This theme is also still TBC. The HWB have suggested the following:

(1) Repository of good practice for health behaviours and health literacy

(2) Importance of health literacy through lived experience

Some work in the wider division is already happening under the health literacy space, including:

- Work with Somali community on mental health using poetry
- Birmingham Culturally Intelligence Approach to Headache Disorder (BCIAHP)
- Diverse, healthy and sustainable eating guidance
- Healthy Faith Setting Toolkits

Co Chairs' Comments:

Develop partnerships with local and national observatories and other evidence-based best practice sharing platforms to share and contribute to their repositories of good practice so the work is available to a wider audience to engage with, learn from, contribute to and build on.

1.2 Embedding the BLACHIR Review

Birmingham City Council and Lewisham Council thereafter undertook different localised approaches, working with their respective partners and communities, to implement these recommendations.

Birmingham set up the BLACHIR Implementation Board (BLACHIRIB) and the Birmingham City Council (BCC) Taskforce which engaged and collaborated with community partners developing approaches to the seven key priority areas.

Birmingham and Solihull Integrated Care Board (ICB) established an Integrated Care System (ICS) Taskforce to bring system partners together to tackle a number of the 39 opportunities for action.

1.3 Birmingham City Council

BLACHIR has been endorsed by Birmingham's Health & Wellbeing Board. Work was done within the context of financial and policy situation of Birmingham City Council. Birmingham City Council and the Public Health team have a strong focus on inclusion and addressing health inequalities.

Two policies emerged to form a backdrop - Creating a City without inequalities and Everyone's Battle Everyone's Business (EBEB).[1] The EBEB objectives closely aligned to those of BLACHIR:

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

To ensure optimal action, BLACHIR Opportunities for Action and Key Priority Areas were successfully mapped across to EBEB objective delivery and reports to Creating a City without Inequality Forum.

1 Everyone's Battle, Everyone's Business

1.4 Birmingham & Solihull and Solihull Integrated Care System

Birmingham and Solihull Integrated Care system, established in July 2022, is a partnership of health organisations in Birmingham and Solihull. Integrated Care Systems are relatively new health and care structures with large complex agendas requiring challenging decision-making to deliver competing priorities. By coming together to plan and co-ordinate better care and services they seek to leverage their economies of scale and partnerships to improve health outcomes and tackle inequalities.

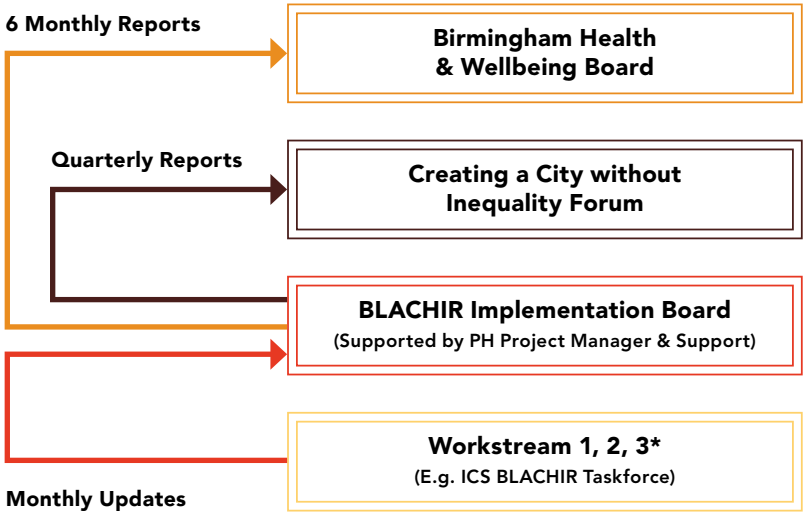
The outcomes from the collaboration between Birmingham and Solihull ICS and Birmingham City Council through BLACHIR is an example of the health improvements that can be gained by scaling up evidence-informed programmes of work that are based on community insights of local people's lived experiences and co-produced with community partners.

1.5 BLACHIR Implementation Board

This section shares the reflections on the BLACHIRIB. It aims to highlight the work undertaken by the BLACHIRIB as set up by Birmingham City Council.

The BLACHIRIB was the governance structure established to oversee local delivery, co-production and implementation of the recommendations within the BLACHIR report. It was a subcommittee of Creating a City Without Inequalities Forum (CCWIF), which is a subcommittee of Birmingham's Health and Well-being Board (HWB).

Figure 1: Governance Structure for BLACHIR Implementation Board.



The first Board meeting took place in November 2022 and was chaired by the lead cabinet member for Health and Social Care at the time. The first BLACHIR team established a framework for the BLACHIRIB which lay the foundation for the new BLACHIR leadership and project team to being new BLACHIRIB chairing arrangements in November 2023. In keeping with the tenets of BLACHIR, two leaders from the communities of interest were recruited through competitive interview. They brought with them relevant lived and professional experience to lead and chair the work undertake the Board.

The Co-Chairs provided independent oversight and support to the Board, each chair taking the lead aligned to their area of expertise. Their input came from across a range of associated subject areas such as public health, health inequalities, systems leadership, community engagement and development, service improvement and equity, diversity and inclusion.

The Co Chairs' leadership oversight was apportioned as follows:

Task	Lead
Chair and assure the work of the BLACHIR implementation Board	Both Co Chairs
Monitor the delivery of the BLACHIR implementation board's forward plan for co-production against the 7 overarching priority areas (progress cultural intelligence workstream).	Both Co Chairs
Support the implementation of through the BLACHIR ICS Taskforce.	Sola Afuape
To understand and support the work of the BLACHIR ICS Taskforce and provide system leadership and Board level support.	Sola Afuape
Support the implementation through the BLACHIR CEP Taskforce	Dr Nike Arowobusoye
To understand the work of the BLACHIR BCC Taskforce and co-develop an action plan to implement the relevant opportunities for action within BCC.	Dr Nike Arowobusoye

The tenure was commissioned for a period of just over a year. During this time there was full commitment to influencing and mobilising partner action through mutual respect, listening to a range of voices and focusing on progress and accountability. External examples of good practice, locally and elsewhere, and work under way (contributions from partner organisations) were also key inputs to the work of the Board, creating a sense of shared ownership and responsibility.

Chairs Roles and Responsibilities

The Co-Chairs supported place based working, system thinking and provided robust challenge to test effectiveness of processes, critical thinking and delivery approach. The initial focus on strengthening the project management model, performance delivery and reporting and expanded to include developing evaluation models, health campaign and co-production work and oversight of a mapping exercise to ensure each project had SMART goals and metrics.

Board Chairs Aim, Objectives and Delivery

The Co-Chairs achieved their key aims:

- To secure agreement to Board and programme priorities from all stakeholders and Board members.
- To ensure prioritisation and delivery of key programme activities and actions agreed in the "BLACHIR opportunities for action" action plan.
- Create an inclusive environment for shared partnership decision-making.
- To support the capture and development of community and programme insights, delivery approaches and tools and produce quarterly reports for DPH and team and an end of term report.
- Ensure mechanisms were in place to evaluate the impact and outcomes of the work.

Key overarching actions were:

i. Identifying and clarifying roles and key deliverables across BLACHIR and Birmingham City Council, BCC system.

ii. Engaging with leads from EBEB, ICS task force, BCC task force and work with the established task forces.

iii. Building and strengthening what was already in place, connecting with existing partnerships and creating new relationships and embedding new learning for example ensuring and supporting innovative approaches and learning from the work and reflections of the Community Engagement Partners to inform the establishment of and be incorporated into the rationale and objectives of the Deep Engagement Partners.

iv. Support BLACHIR programme evolve to embed the approach across the whole Council, ICS and system partners.

v. Celebrating progress, new ideas and concepts and successes.

Quarterly Highlights

July to September 2023
Carried out a strategic delivery gap analysis that assess the BLACHIR programme performance. Established strong working relationships with the Task and Finish Group leads and Community Engagement partners and agreed principles for Co-production with Board stakeholders. Examined the current system architecture, worked with the team to review the governance arrangements and re-established improved robust governance. Worked with the teams to identify the cross-cutting themes within the key priority areas and opportunities for action and agreed a prioritisation approach. Restructured BLACHIR Board meetings to unpack existing project plans, actions and programme delivery position of the work-streams to establish a baseline position. This approach identified challenges to operational arrangements and effective mitigations.

October to December 2023
Focussed on strengthening BLACHIR governance and delivery through their strategic leadership and guidance. Examples of a number of different tools and best practice approaches were shared which the team readily took on board. Discussions were informed by the monthly collating of activity, risks and progress across BCC and the ICS taskforce programmes of work. Established a refreshed set of governance arrangements, provided a status position on the BLACHIR programme to date, reconnected with key stakeholders and present delivery plans for priority areas and remaining actions and strengthened governance and reporting in response to IB member feedback. Stakeholder relationships begun to be well-established and bits of-additional work outside the BLACHIR programme begun to emerge that informed or impacted the delivery of the work. Communication across the programme overall improved. BLACHIR Chairs focussed efforts on increased engagement and areas of work cutting cross the BCC and ICS taskforces. Supported changes made to the Implementation Board to ensure that stakeholders and CEP felt better informed and able to influence decisions that shaped the programme.

January to April 2024
Continued to monitor the delivery of the BLACHIR implementation Board's forward plan emphasising co-production within the 7 overarching priority areas and giving a particular focus on the progress of the cultural intelligence work-stream. Board membership was reviewed to maintain momentum, to ensure the right balance and type of stakeholders were on-board to support the work and to ensure relevant stakeholders were engaged at each stage. Board agenda was continually reviewed and adjusted to allow for more inclusive discussions.

2. Emerging Areas of Learning

2.1 Implementation Board

Four key areas emerged as critical to excellent work being done and it is difficult to imagine the progress made happening without every one of these key components. They are:

2.1.1 Importance of Committed Leadership

- The Director of Public Health (DPH) provided the leadership of BLACHIR within Birmingham City Council and was the architect of the strategies and methodologies that shaped the approaches to programming the implementation phase of BLACHIR and delivering the seven key priority areas.
- The DPH was instrumental in leading the public health team in reimagining different working practices and arrangements with communities and partners within the Birmingham and Solihull Health system. The Public Health Department worked closely with other parts of the Council and external partners. The ICB similarly underwent a journey of community engagement to embed these principles and ethos.
- Whilst the inequalities experienced by the communities of interest were not his lived experience the empathy, connection and willingness to listen, learn and approach the Review with curiosity and empathy, looking beyond the complexity and taking a 'can do' attitude. This has been the hallmark of all the characteristics displayed by all team members that have worked within the BLACHIR programme and is noted as a critical ingredient that creates cultures and bodies of work that begin to shift the dial.
- Delivery of the programmes of work across Birmingham City Council, BLACHIR CEP Taskforce and the BLACHIR ICS Taskforce were by teams who, collectively, brought a richness of public health expertise, programme management skills, community engagement and development expertise and experience and a wide breadth of different lived experiences.

Recommendations

i. Maintain the collaborative approach and leadership demonstrated by the DPH and his team and were led at ICS level by the first BLACHIR ICS Taskforce Chair.

ii. Ensure visible leadership that acknowledges the synergy that this creates, stipulate joint working and make it easier to share work, successes, challenges contemporaneously.

2.1.2 Authentic Representatives and Representation

- It was important also as leaders with lived experience of the communities of interest and already working in health and health inequalities to bring the benefit of those insights to ensure the programmes of work resonated with the community's experiences and ambitions and could inherently demonstrate meaningful change.
- The challenge of the Board was to take this trailblazing, ground breaking review and use it to encourage systems change. It felt imperative to get the governance right and bring into discussions a good understanding and response to the challenging and changing social, financial and political context.
- The Board discussions were progressive, building on work undertaken to look at health inequalities across these communities to focus beyond looking at communities in a homogeneous way to getting underneath these insights to extract learning that brought out the nuances inherent within these communities of interest. Discussions also explored ways of being true to those nuances but still wanting to describe learning that could have a wider application and resonance. The board has successfully done that, and conversations comfortably navigate heterogeneity and generalisation.

2.1.3 Taking a Dynamic and Iterative Stance

- Creating and holding the space at Board by enabling effective reporting, clear communication, open dialogue, allowing people enough space and time to talk about their own work at the implementation Board, was important.
- Working at pace supported growth and maintained momentum. This was balanced with allowing partners time to think about how they capture and measure their outcomes and impact. It was fundamental that the work commenced within the immediate period following the action planning and report findings as this is when commitment was high and interest in seeing things through sustained. This was evident in the Board member actions and BLACHIR.

Recommendations

Storming, norming, reforming were all important stages in developing the work. Providing oversight to these stages to ensure that each were made time bound helped CEP Board members and partners realise they have a limited time in which to act. While it is a careful juggling act to get the timing for each stage right, the creative and explorative thinking during the storming phase must be balanced by a commitment to activities that embed the work so there is ample time for optimal delivery with the allocated timeframe.

2.1.4 Managing Complexity with Dexterity

- The expectations of the system itself needed to be managed; the BCC system has several policies and there was not always the crystal-clear clarity about what they wanted to see or how they wanted things to happen. In addition, at times multiple related bodies of work were happening across the Council simultaneously, this added another layer of complexity for all parties and achieving timely delivery. Examples include developing work of the Truth Commission, mapping the EBEB objectives to the BLACHIR opportunities for action, Community Health profiles, ICS health strategies and the Creating a City Without Inequalities forum plans.

2.2 BLACHIR ICS Taskforce

This section shares the reflections and recommendations of the Chair working with the BLACHIR ICS Taskforce tasked with delivery of 39 of the key opportunities of BLACHIR. It aims to highlight the work undertaken by partner organisations to tackle health inequalities, recognise the role of leadership from communities of interest, highlight the importance of Community Engagement Partners contribution to the testing and scaling of work across the Birmingham and Solihull health system and share thoughts on opportunities for further action.

A key principle as joint Chair lead supporting the ICS task force was to provide system leadership expertise and be a conduit between the BLACHIR programme and the BLACHIR Taskforce. In addition, to provide leadership support undertaking interim chairing of the ICS Taskforce meetings during a period of recruitment of a new Chair and undertaking a review to determine the top three risks to programme delivery and the top three areas of success of the BLACHIR ICS Taskforce.

2.2.1 BLACHIR ICS Taskforce Leadership and Partner Organisations

The BLACHIR ICS Taskforce was formed on 27th September 2022 and comprised of partner organisations within Birmingham and Solihull health and care system and local community engagement partners commissioned to work with partners and represent the communities of interest.

BLACHIR ICS Taskforce membership and Partner Organisations:

- University Hospitals Birmingham NHS Foundation Trust
- Royal National Orthopaedic Hospital
- Birmingham and Solihull Integrated Care Board (BSol ICB)
- BSol ICB Equality, Diversity & Inclusion Team
- BSol ICB Immunisation & Vaccinations
- BSol ICB Health Inequalities
- Mindseye Development CIC representing young African and Caribbean Communities
- Allies Network CIC representing African Communities
- Black Heritage Support Service representing Caribbean Communities

- Birmingham Community Healthcare NHS Foundation Trust
- Birmingham City Council
- Birmingham Women's & Children's NHS Foundation Trust
- Sandwell & West Birmingham Hospitals NHS Trust
- Birmingham and Solihull Mental Health Foundation Trust

2.2.2 BLACHIR ICS Taskforce Implementation

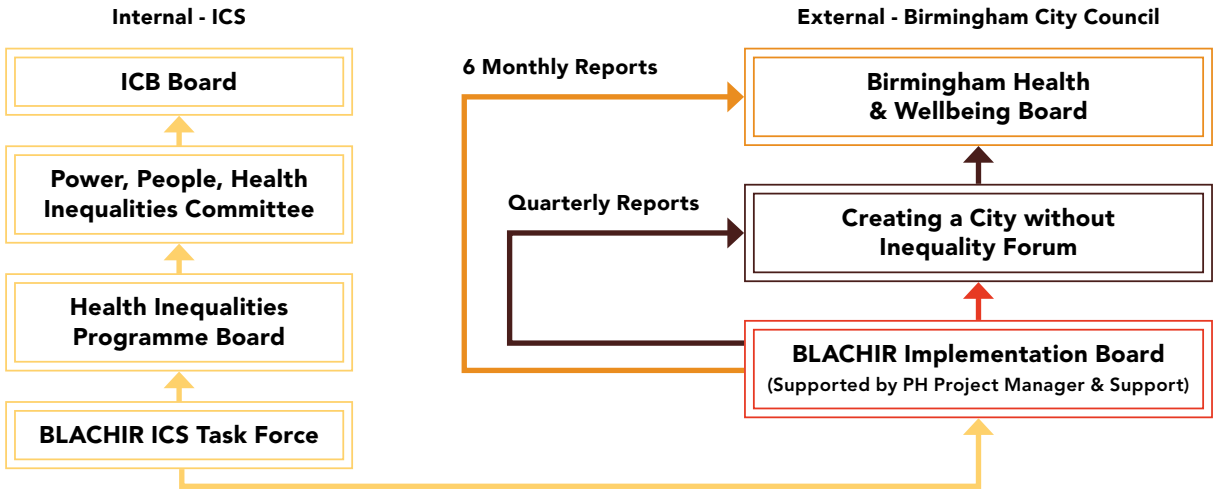
From the onset the BLACHIR ICS taskforce was established and chaired by a local GP, with local knowledge and lived experience of the communities of interest and supported by a Health Inequalities project lead.

Each system partner was supported to develop action plans and identify 2 to 3 SMART objectives to deliver against the BLACHIR opportunities for action and reduce health inequalities.

These formed an overarching BLACHIR ICS taskforce plan which reported progress, risks, challenges and learning into the BLACHIRIB. Oversight within the ICS was provided through governance arrangements operating within the Health Inequalities Programme Board, a subcommittee of the People Power, Health Inequalities Committee which reported to the ICB.

ICS Taskforce members reported good levels of activity and progress. Programme structures and processes to support the ICS Taskforce programme were working well through the effective chairing and oversight of the out-going BLACHIR ICS Taskforce Chair and efficient programme management by the project lead. Quarterly updates collated into the ICS Taskforce report were presented to the People, Power and Health Inequalities Subcommittee of the ICB Board and System Insights.

Figure 2: BLACHIR Governance within the ICS.



2.2.3 What We Already Know?

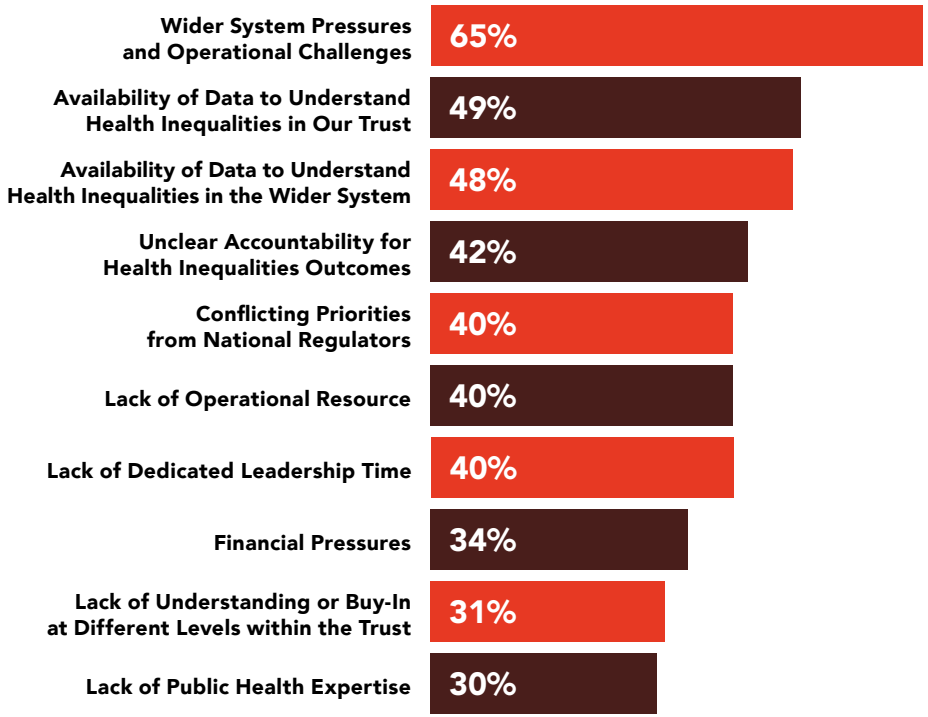
Tackling health inequalities is a key driver for integrated care systems with NHS England's providing a framework for delivery. The cumulative results from a number of surveys and reviews undertaken nationally to understand action taken thus far suggests this varies.[1]

Health Inequalities is built into NHS funding but not ring-fenced. As the financial and operational demands grow within the NHS so too does the gap between the overall national NHS priorities and the core purpose of the Integrated Care Board (ICB) to deliver health inequalities, with short term national directives making long-term strategic planning, necessary to tackle entrenched health inequalities, challenging. There are also limited examples of system approaches to tackling health inequalities through looking at issues faced by communities across a breakdown of ethnicities and addressing institutional, systemic and structural barriers of racism and discrimination.

An NHS Providers survey of Trusts (n=254) describes the key themes NHS Boards highlight as barriers to addressing health inequalities.

- The BSol ICB established the BLACHIR ICS Taskforce as part of its commitment to the 17 Birmingham Race Impact Group (BRIG) Pledges and delivering the BLACHIR recommendations.
- There is good engagement across system partners with BLACHIR and active delivery of the work.

Figure 3: NHS Providers survey of the greatest barriers to Board's ability to proactively address health inequalities.



1 Effective principles for allocating health inequalities funding in England professor Anne-Marie Bagnall, Professor Mark Gamsu, Ruth Lowe, Hashum Mahmood, 23 March 2024, NHS Confederation commissioned report, in partnership with CQC and Clarity Consulting, conducted by Leeds Beckett University.

2.2.4 What BLACHIR ICS Taskforce Work Adds

ICS Taskforce Partners

The unintended consequence of commissioning and scaling health and care interventions across a population where marginalised groups are not sufficiently visible through the data or explicitly referenced in strategies, priorities and delivery plans will inevitably further marginalise these groups and their health inequalities are, at best, sustained or worse exacerbated.

Bringing partners together within the BLACHIR ICS Taskforce explicitly to consider the health needs of Black African and Black Caribbean communities has:

- Raised the profile of the diversity and breadth of issues and challenges affecting Black African and Black Caribbean people's experiences of health services, equitable access to healthcare and outcomes and the inequalities in the other wider determinants of health that further exacerbate their poor healthcare experiences and outcomes.
- Energised progress and delivery on existing areas of work, in some areas created new ones, and delivered tangible areas of improvements at varying levels within the system i.e. Locality, Place, ICB etc.
- Created a hub of critical thinking unpacking entrenched health inequality issues which has increased the body of ideas and approaches available to support wider system thinking on delivering equity in commissioning, setting priorities and planning.
- Enhanced the practices within local partner organisations by having partners be a part of a network of members that share ideas and best practices that inform local approaches as well as organically create opportunities for deeper system partner collaborations.
- Created opportunities for local partner leads to develop system leadership experience.
- Laid the foundation for wider work across other ethnic groups, other intersections, other protected characteristics and across equality group inter-connections.
- Provided peer support as can be difficult to sustain health inequalities work, maintain and accelerate momentum when the financial and operational demands within the sovereign organisations impacts capacity and traction.
- Presented an opportunity to look at the interdependencies across health interventions for opportunities to scale, increase efficiency and effectiveness of commissioning and opportunities to identify and address gaps in provision geographically and across pathways.
- Created opportunities for national learning and ideas for future research.

Community Engagement Partners

A key feature of BLACHIR has been the commissioning of local community groups, established and trusted within the communities of interest, to support and work closely in partnership with the ICS system partners and within the systems and structures set up to commission and deliver care.

Community Engagement Partners brought 4 main types of insights that informed, challenged and reshaped the development of local interventions and system approaches:

- **Descriptive Insights:** Helping system partners to understand the lived experiences that sit behind disparities in local systems by describing what is happening within communities of interest e.g. the need to have letters in different languages to reduce poor hospital attendances.
- **Diagnostic Insights:** Supporting the analysis of the root cause of issues affecting access to services and care and progress within existing interventions e.g. poor engagement with Black women needing ante-natal services because of not feeling issues raised were taken seriously.
- **Predictive Insights:** Based on knowledge of their communities shaping discussions on where best to focus effort and resources.
- **Prescriptive Insights:** Offering recommendations on what is needed to deliver local solutions for local people.

Community partners were also trusted conduits into Black communities, leveraging their connections to support uptake of screening and attendance at awareness raising events. They were important authentic advocates within the ICS Taskforce discussions adding to the critical thinking and decision-making often holding the programme and ICS Taskforce activities to account to deliver meaningful and sustainable outcomes.

2.2.5 BLACHIR ICS Taskforce Work and Achievements

A rich diversity of examples of BLACHIR ICS Taskforce programmes of work include support provided by the Community Engagement Partners – providing insights, delivering work on the ground and connecting partners and communities:

BSol ICB

Development of a prototype Ethnicity Breakdown Database that brings together ethnicity data at locality, Primary Care Networks (PCN) and practice level to support PCNs, who had not reached the upper threshold of ethnicity recording for their patients, to reach this threshold to improve the PCN Health Inequalities projects and support their scale-up.

A collective approach to equality, diversity and inclusion through the development of a General Practice EDI policy produced by the

ICB Primary Care team.

Community based health events by Immunisation and Vaccination inclusion team using Motivational Interview techniques to promote immunisation awareness and uptake and to engage communities of interest in broad conversations around health and wellbeing.

The Local Maternity and Neonatal Service (LMNS), working across Birmingham and Solihull, funding maternity link support workers to deliver language and culturally specific support to women during their perinatal period, particularly where communication and self-advocacy can become challenging.

Introducing an approach to perinatal pre-booking classes that achieved 20% attendance from mothers from a global majority background. In addition, work underway aiming to increase the uptake of folic acid and vitamin D amongst Black African and Caribbean women across Birmingham to reduce infant mortality.

Royal National Orthopaedic Hospital

A data analysis by ethnicity of patients who go through the Joint Care pathway at ROH, to ensure there is full access to support and information. This work looks at the progress of patients specifically from a Black African and Black Caribbean background, to review engagement and feedback received at different stages of the pathway.

Birmingham Community Healthcare NHS Foundation Trust

Analysis of letters and communications relating to diabetes screening, in collaboration with Aston University with the aim to ensure information within written communication is accessible to the communities of interest.

Development of culturally specific and appropriate weaning support initiatives for Black African and Caribbean Parents.

Adult Community Services ensuring culturally appropriate data collection and analysis for service planning, monitoring and evaluation, which distinguishes by ethnicity and gender for Black African and Caribbean populations. This was closely linked with the Respiratory Service and the development of a dashboard to understand and address non-attendance rates to improve uptake.

Birmingham & Solihull Mental Health Foundation Trust

Collaboration between the community engagement partners to develop the Patient Carer Race Equalities Framework (PCREF) and BLACHIR Cultural Sensitivity and Humility Training for staff.

Sandwell & West Birmingham Hospitals NHS Trust

Partnership working with healthcare services, criminal justice and the police force to develop and promote cultural competency training, particularly for those who receive, care for or transport vulnerable young Black men who may be involved in a trauma, mental health crisis, or sickle cell crisis.

Focused work on educational services to develop a social prescribing approach to guidance and support for Black African and Caribbean parents who may be finding barriers in accessing services and support, particularly related to education employment and training.

University Hospitals Birmingham NHS Foundation Trust (UHB)

A review of DNA (did not attend) data to understand the correlation between increased DNA rates, ethnicity and levels of deprivation.

Outpatient Oversight Group and Fairness Taskforce group undertaking work to understand how better to engage with communities and local groups to co-produce interventions that improve access to healthcare.

Roll out of Sickle Cell training via the E-Learning for Healthcare system, working with lead clinicians and their education teams to develop pathways and guidance for staff working with patients experiencing sickle cell crisis. Investigating dedicated research opportunities relating to sickle cell and thalassaemia and rare anaemia.

Over 300 Work hypertension checks undertaken in community settings through the Cardiovascular Health workstream, with the launch of the West Locality CVD Awareness and Engagement Project.

Reducing inequalities in Prostate Cancer in Black men through increase uptake in screen and education by undertaking local targeted health events that engage and encourage participation.

2.1.6 What Was Learnt?

Reflections

- Workforce metrics tells us, whilst improving, there are still disparities in the most senior roles in health and social care.[1] Senior leaders, nationally, in the NHS, from Black African and Black Caribbean communities, make up less than 11% of the total senior workforce. Leaders that reflect communities of interest and feel a connection to the inequalities to be addressed are important role models, advocates and can create spaces that build trust and confidence for their communities. They, therefore, are key parts of the theory and execution of change and have an important role providing leadership that pushes the boundaries of the BLACHIR work.
- The BLACHIR programme of work has been intentional in recruiting Black leaders from the communities of interest as strategic and operational leaders and community partners from the inception and throughout the different stages of the BLACHIR Programme. Feedback was provided that emphasized the importance that community partners, representing their communities, placed on having **visible Black leaders**. As a Co-Chair of the implementation Board, it has felt important to be visible and to bring my lived experiences as a Black African woman and my professional expertise to all aspects of the work both on the Implementation Board and to the work shaping and developing the project.
- There have been examples of leadership that is representative of the communities of interest throughout the delivery of the ICS Taskforce programme, notable the ICS Taskforce Chairs and also within the system partner organisations.
- The ICS Taskforce Plan is a composite of a number of different work-streams, plans and interventions, which grew in number and complexity as partners gained in confidence and worked collaboratively with community engagement partners. Bringing it all together and maintaining the drive for change required leadership that was **focused, resilient and determined**.
- Both the current and former Chairs of the ICS Taskforce are exemplar examples of the added value this brings. Both **articulated a clear system vision** to address health inequalities and working in partnership with providers, a **passion and empathy** for the communities of interest and challenges they faced, **sharp strategic thinking** and a focus on delivering impact and measurable SMART objectives.
- This current phase of ICS Taskforce leadership brings a period of r**eflection and priority setting**.

1 NHS Workforce Race Equality Standard (WRES) 2023 data analysis report for NHS Trusts NHS England

Recommendations

- **Seek to increase the diversity of key decision-makers and their insights and understanding of communities**. At ICS level and across partner organisation develop a pipeline of talent from the communities of interest groups who could be offered leadership opportunities, stretch projects, Chairing and Co-Chairing opportunities, or mentoring and shadowing through the BLACHIR programme. This could also include opportunities for community partners and/or local people whom they identify as future leaders and could support to benefit from these opportunities.
- **Collaborate with community partners to create shadowing/reciprocal mentoring opportunities**, for key decision-makers making commissioning decisions, into community group activities and engagement to enhance their understanding and connection to marginalised communities. This can be undertaken by commissioners to enhance their Cultural Humility and Safety training.
- **Develop a talent development and succession plan**. Build an expectation for key BLACHIR leaders to support activities that identify and develop community-based leaders and those within system partner organisation to develop leaders who will progress the work and build BLACHIR principles into future leadership roles.

2.2.7 Supporting Authentic Partnerships

Reflections

- Engaging with community organisations and seeking to create a partnership was a steep learning curve for all. There was a genuine desire to transform the way the programme worked with community organisations and a community model was used based on successful approaches used in other programmes delivered within the Council.
- The model of commissioning the community engagement partners to work alongside and across the programme throughout the duration of year helped to explore more progressive partnership approaches further up the ladder of co-production. There may have been value in the previous engagement partners taking part in the handover to the new deep engagement partners to share candidly what their experience had been and what they learnt, would do differently and that would celebrate and encourage new partners to build on.
- There were different levels of community partner engagement with the programme and programme team and different levels of input and areas of importance supported for discussions. This, I believe impacted the degree to which the different community partners felt integrated into the programme when working with the different programme teams. It's important to find the right fit for

co-production as all participants need to really understand the expectations of them, the impact they have, their purpose and the outcomes of the process. This helps to build trust, transparency, and clarity but it cannot be rushed nor forced. Participants need to feel ready for co-production and at a pace where they feel heard, and the process is mutually beneficial.

- Complex organisational structures and institutions have inherent inequalities that create an imbalance of power between communities and organisations that can hinder partners working together. This will be particularly the case when working across systems and with a number of partners. Questions that often go unexplored do we have shared goals? Who holds and distributes the resources? Who sets the agenda? and whose remits are we following? These are but some of the areas of tension. Recognising these and openly discussing these will be important first steps to working towards genuine parity as partners.
- Community engagement partners were fulsome in the insights, experiences and expertise they shared and their added value at each meeting was always evident. Community engagement partners are, however, small in comparison to systems structures and partners and will not have the considerable infrastructure, direct and indirect resource and capacity bandwidth that will be available to partner organisations or large systems structures. The unintended reality is they often have to operate as if they do. Working through how to respond to this so that Community partners can collaborate effectively to support system work and scaling up interventions will be an important area to also acknowledge and discuss.

Recommendations

- **Establish partner expectations of each other including roles and responsibilities at the beginning of the relationship** with the new set of deep community engagement partners. It will be important to collectively share skills, capacity and priorities.
- **Invest time to explore each other values and motivations** to secure greater understanding and strengthen the trust and relationships which will encourage open and honest conversations. It would be important to really listen to and understand what is needed that can be offered to enable CEPS and partners to thrive. It may be important to explore who gives up what in order for this to happen.
- **Consider different approaches to securing community engagement partners that include a broader range of voices and lived experience** within the relevant communities of interest to inform the decision-making. For example, using community panels as part of the procurement process, which brings a range of benefits:

- It encourages prospective community groups to believe what they have to offer may resonate with a wider procuring audience minimising concern about bias or lack of understanding of their offer.
- It provides capacity-building opportunities for community panel members by facilitating insights into structures and processes that they can feel excluded from.
- It builds trust and confidence - if community panel members are part of an inclusive fair and accessible process it can encourage trust in the process and confidence, which will often be shared widely within communities.
- It can support efforts to dismantle inherent bias in institutional processes through acting on feedback from both panel members and the community groups.

- Where community groups are unsuccessful consider building in an iterative part of the procurement process check in and test with groups what the gap is in their delivery and think how they can be supported to address it.

2.2.8 Priority Setting and Funding

Reflections

- There has been good work and engagement with local communities, encouraging their participating in system wide activities across the system partners. This will raise an expectation and belief, with community groups, that the work will be on-going, and progress continued to be made bringing better outcomes and experience.
- Green shoots of good work and pockets of outcomes have been achieved within the ICS Taskforce Plan. Scaling up and working with partners across other areas that impact health holds the key to reaching a threshold of improvements that begins to turn the tide of growing inequalities.
- Provider organisations and ICSs are under pressure to work within limited resources against an expanding and increasingly complex set of competing priorities. There is a lot to do and not everything can be resourced or progressed with equal vigour. Establishing a key set of priorities that are broadly costed with identified recurrent funding will be important next steps.
- The work of the new deep engagement partners should inform options considered and choices made. Investing in the time and resource to undertake this engagement to agree the right set of a few focused high

impact priorities will help set the foundation for future success.

- Top-down activities are not sustainable. Strengthening communities to build on their inherent ability to support themselves and grow local solutions that are rooted in local activities that come directly out of local need is an important strategy to explore at system-level. Identify small pots of money that are dedicated to enabling that and is accessible so that local people can be empowered to shape and address local issues themselves.
- Securing funding for a substantive ICS programme support early on took some time. Part way through the programme both the BLACHIR ICS Taskforce Chair and project lead left for new roles, both of whom held significant knowledge and history of the programme's work and stakeholder relationships. This could have been a single point of failure. Having a succession plan for these roles and the BLACHIR programme team is crucial to maintaining progress towards a threshold of success that begins to make impact that communities can feel.

Recommendations

- **There is a need to identify a set of high impact ICS Taskforce priorities co-created with community partners** that respond to current inequalities and lay the foundation for those that are emerging, which is costed and aligned to the ICS and system partner funding round. Any risk to achieving this should be captured with local transparency provided of the decisions made.
- **Review and widen the membership** to include partner organisations that represent areas that impact the wider determinants of health i.e. housing, education and those that are working with communities of interest to address food poverty
- **Aligned to that could be partner organisations discussions about redistributing** even small amounts of **money to community groups who may be better placed to undertake work**, engage or communicate health messages which would also contribute to building assets within communities of interest particularly where such an approach is shared between partners and co-ordinated across the system.
- **Ensure there is sufficient resource** to fund the delivery of the programme and effective recording to continue to capture the programme's history, processes and procedures and learning.

2.2.9 Balancing the Pace of the Change

Reflections

- The programme often moved at pace and the programme team worked hard to match it with the required capacity. The introduction of weekly Monday morning meetings was helpful in keeping abreast of the work, having creative discussions to shape the Implementation Board and integrate the ICS into the programme development. Sharing updates greatly improving communication.
- There is a balance to be struck between the pressure to deliver each phase of the BLACHIR programme delivery and allowing enough time to pause and reflect to digest the learning and insights gained, embed the work thus far and to take time to consider new or alternative approaches.
- Meaningful interventions to address health inequalities are rarely sustained for Black African and Black Caribbean to achieve the required long-term benefits and build thresholds of improvements that have a seminal impact. Moving on to the next stage to realise improvements in health inequalities and serve a wider diversity of community group with equal or more pressing needs and health inequalities is an important next step which should be balanced against continued progress on and oversight of what has already been built.

Recommendations

- It will be important, therefore, to ensure there is sufficient programme team capacity to support the wider programme of work and sustain progress and oversight of the existing foundational work.

2.2.10 Racism: A Barrier to Health Equity

Reflections

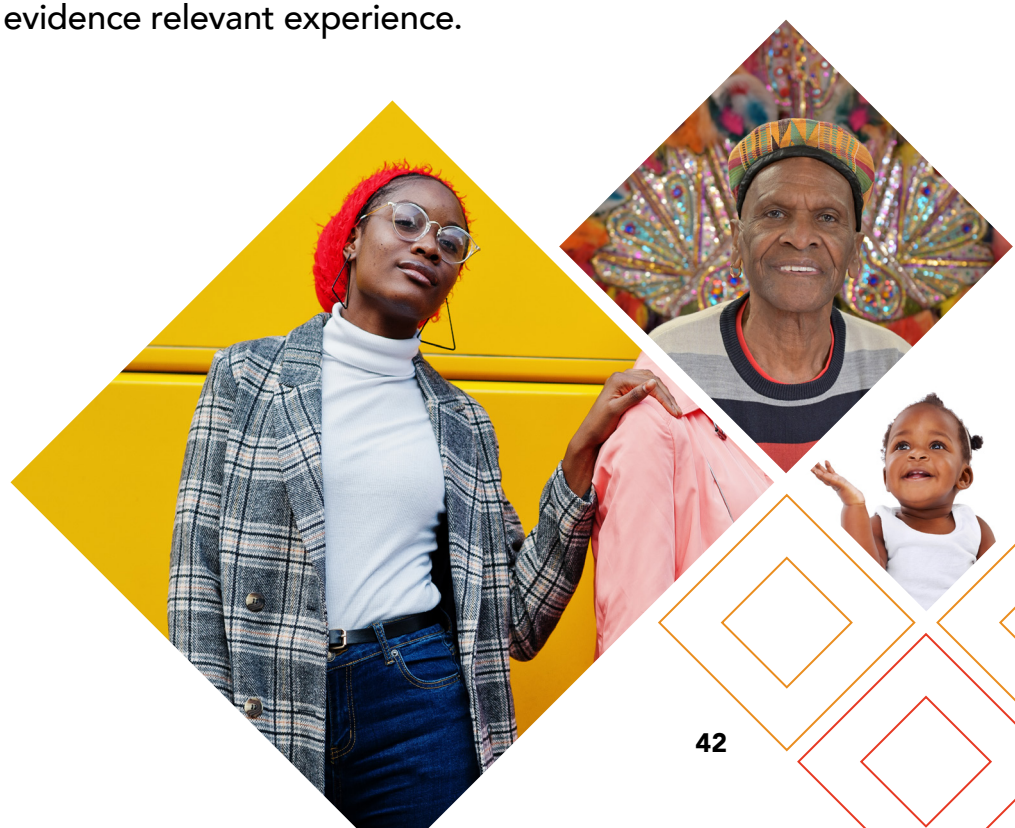
- Racism is widely accepted as a public health issue and one of the societal factors that affect people's health, wellbeing and more broadly health inequalities. It a sad coincidence that the presence of it in society was brought into sharp focus because, as these reflections were written, the country was subjected to a wave of racial and Islamophobic attacks and violence. The images and stories shared both of present-day racism and memories of those thought long passed were sobering reminders of the far-reaching impact racism has on Black African and Black Caribbean communities, and other minoritised groups.
- It seems important, even more so now, that BLACHIR works through how racism and discrimination play into barriers to access to services, poor experiences of services and outcomes. The conversation and evidence around racism and discrimination, which aligns with the Black African and Black Caribbean experience, feels an area that needs to be

nurtured regardless of how uncomfortable it may be. This is an area of insight and experience that Black communities (and future communities that will be part of BLACHIR), community partners and system partners may wish to share.

- Leaders have a key role modelling and shaping the tone of discussions. I am reminded of the story told by one of the Community engagement partners sharing their experience at an Implementation Board of how they felt, continually hearing about the same barriers to services and the lack of progress in improving outcomes and the impact this had on members of their community. It was sobering listening to the upset they felt at the entrenched inequalities experienced by their communities. As a Board we were rightly challenged on, what was felt by the community, as the historically lack of meaningful attention or action. My reflection thereafter was that these were important conversation to have and work through.

Recommendations

- Discussion on race and racism in corporate spaces and Board meetings can often be tentative, feel stifled and uncomfortable. It would be important to ensure there are safe readily available spaces for everyone to talk about racism as barriers to health equity and to continue to build a willingness and confidence to do so that supports working in partnership to address it.
- There are opportunities in setting up the new Community forum structure, which will replace the BLACHIRIB, to be a space that enables more open conversations.
- The BLACHIR different programmes should be encouraged and supported, if needed, to create the environment and spaces within conversations to speak to issues of racism and discrimination where it's meaningful.
- Evaluation and reviews of the programme should ensure that insights about experience of race and racism are actively captured by reviewers who themselves have a connection to the issues and can evidence relevant experience.



2.3 Community Engagement Partners Taskforce

This section shares the reflections and recommendations of the Chair of working with the Community Engagement Partners, CEPs, in relation to health inequalities, and outcomes garnered from working as they delivered the key opportunities of BLACHIR.

The CEPs aimed to highlight new community learning addressing reducing health inequalities in population health outcomes, amplify the voices of the CEP, and identify areas where the learning is generalisable across Birmingham City Council.

The Community Engagement partners were commissioned from May 2022 to March 24 (a summary of their work is provided in **Table 1**). They were:

- African Community (Allies Network CIC)
- Caribbean Community (Black Heritage Support Service)
- Young African and Caribbean Males (Mindseye Development CIC)
- Young African and Caribbean Females (Mindseye Development CIC)

2.3.1 What We Already Know?

- As stated in the BLACHIR review report and implementation plans, there are known areas (7 key themes, 39 Opportunities for action) identified e.g. we know that work is needed with local community and voluntary sector partners to improve health literacy in Black African and Black Caribbean communities and that there are limited culturally focussed mental health services.
- These seven themes are generalisable to the wider communities and Council in terms of data quality, cultural humility, and trust and cohesion.

2.3.2 What BLACHIR CEP Taskforce Work Adds

Although the CEP work was done in two specific communities of interest, this work addressed diversity in its wider sense. This approach may be applied to the different population groups/ communities of interest across BCC. The implementation board has shown that you can't have a one-size-fits-all board and you've got to ensure that the board is led by people from within those communities with governance

around it and see what how it then influences.

The CEP delivery of BLACHIR outputs has shone a light on some emerging generalisable actions that may cut across many of the communities of interest in BCC. The role of the joint Chair lead of the CEP task force was to create consistent action and impact change.

2.3.3 What Was Learnt?

Reflections

The key learning and reflection are summarised into 5 key points.

1. Development of Trust and Confidence

- Trust and Confidence is of vital importance and a key enabler of community action/work delivery. It was important to create mutual trust from the beginning and to ask, "How are we going to work together in this space"? Trust within the task force and Chairs happened very quickly, and this, on reflection was predicated on the feeling of familiarity with the joint Chairs. There is evidence[1] that when something feels similar, shared experiences, lived experiences, common experiences system (the experience of racism, micro aggressions, financial challenge, going back to the home country, feelings of trauma, understanding that tribalism exists), this can be an enabler and facilitator of trust, whilst trying to explain to people who are external to those shared experiences, and who may not understand it could be a barrier and an obstacle to rapidly building trust.
- There remains a degree of trauma and potential for burn out in the engagement partners. This needs to be recognised and sensitively addressed.
- The messenger is just as important as the messenger and if both are achieved will produce optimal change and acceptance.
- The access to being able to communicate, interact with Council Officers did not appear to be equivalent as some partners had existing relationship with BCC and so were more able to navigate and be heard.

Recommendations

- Identify named lead contact in the Council and maintain this contact for at least 1 year post project with the community leads to solidify any changes and relationships built.
- Ensure equitable access to Council across all the partners and use a coaching approach to open up conversations.
- Identify more interactive ways to introduce the chairs to Community partners and create less likely to access the Chairs as a resource.

1 Cameron Parsell, Ella Kuskoff, Skye Constantine, What is the Scope and Contribution of Lived Experience in Social Work? A Scoping Review, The British Journal of Social Work, 2024; bcae106, https://doi.org/10.1093/bjsw/bcae106

- Acknowledge that there may be a degree of PTSD; this may be a barrier that will need to be addressed through various means.

2. Amplifying the Community Voice

- A key learning for me as Chair, was noticing that at times, those of us who work with the community do not necessarily understand the choice of words, phrases, language expressions of the community or use the unfiltered conversations we have with the community and the community partners, we/ the healthcare system reinterprets what we think the community is telling us, and then we introduce our response and develop interventions. Through BLACHIR, our aim was to get to a place where the communities lead and tell us what they need, rather than us listening then thinking, okay this what you need. This meant letting the CEPs articulate its communities' needs without trying to translate it within our own world view or framework into what we think it means or what we think it needs or how best we think it needs to happen. This was difficult and is still a work in progress. Please see for an ***Analysis of Key Points from the CEP End of Project Report***.
- Authentic representation of issues that matter most to communities were a key cornerstone of the Community Engagement Partners. The CEP rules of engagement with BLACHIR were an area where they felt empowered to challenge and inform the 'system's understanding of what these are.
- There is an opportunity to mirror the NHS friends and family test, and I statement and develop "We statements" by working with the communities of interest and their leads; listen actively to and hear what they're saying is happening and what's not happening. Pull out the We statements- "as a community, we now feel, have to be etc.

Recommendations

- More work is needed to support qualitative outcomes such as community I statements.
- Develop we statements.
- Change the thinking from we are going to communities and ask them what their problems are and that we're the solution to their problems to we want to facilitate communities helping themselves.
    - Regularly share information about the evidence base, national and international information conferences and opportunities and funding as well as creating the opportunities for the community partners to showcase their work and learning, wider than the Council and Birmingham.

3. Recognition Of Need For Health Professionals' Health Literacy Communication

- While there is a clear need to ensure that the community is health literate, this CEP work has shone the light on new need for **professional health communication literacy** - professionals intentionally seeking understanding and clarification in terms of the language, terminology they use, and their meanings in the communities' glossary of terms. It's one thing to say the community don't understand and that the community needs to be health literate, but the people talking to and engaging with them need to be health literate too. This gap of professional health literacy can give rise to the discordance seen between healthcare professionals and communities they serve.
- Work done by CEP has started to successfully address this in Birmingham- this is evidenced in the work with maternity system and ICS, and Dementia.
- Avoid positive publication bias and also capture what did not work and any learning from why. Ensure it is used. Recent evidence showed that health professionals do not really understand and feel able to explain why they ask for ethnicity data and any difference it makes. BLACHIR has sought to ensure that this is being addressed as part of its Data workstream. It is recommended that this is followed up and assurance sought that it takes place.

4. Acknowledgment of Intersectionality of Need and Wider Determinants

Reflections

- Whilst intersectionality is mentioned, covered and noted, it generally relates to experiences and outcomes, however the work of the BLACHIR CEP shows that there is also "intersectionality of need" and this needs to be understood and articulated, and solving this incorporated into future work.[1]
- Although this need may be heterogenous in the specific ethnic groups, and the cultural context may differ, the response by the health professional is the same or similar. Based on CEPs, we learnt through BLACHIR that some of the actions/ response may be applied in a different ethnic group if the cultural curiosity and humility approach is followed. This will allow a focus on the causes of the causes of health inequalities as outlined in Marmot; political (unequal policies and wealth) and environmental impacts (work, learning, access to services, housing etc.)

Recommendations

- Funding for another Caribbean Health conference that builds from learning of the previous one should be undertaken. This should be evaluated in the same way to identify any behaviour change, increase

1 Mar Estupiñán Fdez. de Mesa, Afrodita Marcu, Emma Ream, Katriina L. Whitaker, Socioeconomic inequities in care experienced by women with breast cancer in England: An intersectional cross sectional study, European Journal of Oncology Nursing, Volume 72,2024,102648, https://doi.org/10.1016/j.ejon.2024.102648

health literacy and engagement.

- There is a requirement for community-based initiatives to enhance the understanding at community level across all generations. Intergenerational learning should be embedded into the culture of framework into the education system. For instance, one CEP noticed that there is no specific Talking Therapies for people Black African and Black Africa Caribbean. There is evidence that the talking therapy can take place within the families in the communities' themselves. To address this for instance Once this is systemised from the beginning of life, so the families understand.

5. Cultural Talent Management, Workforce Planning and Development

Reflections

- Understanding the work and potential of the BLACHIR BCC Taskforce and co-developing an action plan to implement the relevant opportunities for action within BCC had varying levels of success. The spectrum of successes highlighted the requirement for capacity building of the partners to parity of delivery. The impetus to be more disciplined with how we equitable engage CEPs and reduce ambiguity through supportive cultural talent management action.
- Strengthening links and enable the system connection, identify the opportunities where we can connect and support workforce planning. BLCAHIR had management graduate trainees from the communities, and they safely and quietly noted their gaps and areas they reflected this in their delivery.

Recommendations

- Reiteration and repetitive affirmation should be incorporated into planning and how BBC work for ongoing community leader capability and capacity development.
- Having confidence to shared example of good practice, **shared public health methodology, be a critical friend and talked through shared strategic objectives using two-way dialogue, reversal peer mentoring and role reversal techniques**.
- Talent management is an area that will need to be incorporated into BLACHIR work and in general diversity work to make it sustaining reducing health inequalities in health outcomes.

2.4 CEP Work and Achievements

The review of the CEP end of project reports outlining their work was undertaken using a Community Action Model, (CAM). The Community Action Model is a collaborative model and a framework for consistent approach to the delivery of community action and looks at 5 key areas:

1. **Engagement and Insight Gathering:** Data collection and analysis process informs naming the issues and actions.
2. **Capacity Building:** Developing skills, increasing knowledge, building capability, enhancing assets, problem solving within the community.
3. **Co-Production:** Defining, designing, monitoring and evaluating the preferred solutions with the community.
4. **Communication:** Appropriate messages delivered to and with the communities.
5. **Celebration**: Behaviour change recognition and maintenance of new action/activity and or evaluation.

Taking a CAM approach builds on the strengths of a community to create change from within. This table sets out key examples of what CEP achieved, the key findings, learning to take forward from the review of their reports The different CEP partners successfully and effectively overcame challenges in working and engaging through a combination of:

Targeted Engagement

- Participant recommendations were received from advocacy clients who would suggest people to participate in projects.
- Sourcing and targeting individuals known to have credibility within their respective target groups.
- Direct engagement via engagement with established Caribbean led majority churches.
- Street engagement was used to engage Caribbean community members about experiences with health care within public settings.

Agile Communication Opportunities

- Creating opportunities for face-to-face dialogue between community members and BLACHIR partners.
- Online social media recruitment, whereby participants would direct message or send email correspondence to get involved in focus groups and online engagement sessions.

Dynamic System Leadership

- Sensitively designed processes, delivered through multiple interactions with targeted trusted voices - phone calls, email exchanges, face to face meetings, accepting invitations to attend third party events and introduce themselves ahead of return visits to engage with members and attendance at organisations' management team meetings to introduce BLACHIR.
- Blending BLACHIR promotional objectives into other communications and activities they deliver.
- Cascading examples of engagement and conversations between community members and BLACHIR partners e.g. ICS lead's presentation to the Black voices campaign and the BLACHIR youth council's participation in co-production for cultural intelligence.
- Showcasing accessibility to (and receptiveness of) influencers and decision makers.

Educational Events to Increase Health Literacy

- Hosting special educational talks which helped us to disseminate the BLACHIR report and speak about areas of health care which the Caribbean community were likely to experience health inequalities within.
- Attendance at third party events held by Caribbean established communities and their organisations.
- Holding workshops, webinars, face to face drop-ins or at their offices.

3. Generalisability

3.1 Conclusion

By using double loop learning BLACHIR achieved optimal buy in, belief and showed what can be achieved if the BLACHIR model and approach is rolled out and generalised across the BCC and other geographical areas. Birmingham is a super diverse city; this allows differences to morph in a different way; the solution that BLACHIR offers around ensuring cultural competence culture or humility is an important tool.

- It is evident that further research to understand the common ingredients of the things that act as positive influences in driving health and health outcomes which can be done across differing cultures - For instance, what is the community doing cohesively, what are the health enhancing and protective factors that drive the desired health behaviours at a community level.
- Facilitation and system roll out of the tested and successful innovative methods through the CEPS using varied approaches for wide and effective engagements should be added to the ICB and Council community engagement and campaign tool kit.
- The difficulty in getting recurrent funding to continue to community work on maternity and maternal issues on a longer-term basis until it becomes the way we do things and mainstreamed was repeatedly highlighted. This will be replicated across different communities
- At the start of the BLACHIR journey enormous efforts were invested in reaching out, engaging and listening to communities. Two and a half years on a number of the opportunities for action have been realised and the body of work to deliver the seven enabling areas are well-underway. It would be an important time to go back out to the community and share what has been achieved and sense check this against the data and their lived experience to understand the areas for growth and areas that remain entrenched to continue the cycle of action and learning.

3.2 Next Steps

Consider the reflections and recommendations within the report through discussion with Community engagement partners and system partners.

The common emerging areas requiring strengthening support, embedding and investment for Council wide delivery are:

- Use of social media, videos, events, shows, talks proved useful; this approach was used with success by all partners.
- Data and information were mentioned as a key challenge and key enabler by all CEPs - either analysis, collection, access to data and sharing
- Improved access to data, use of data bases, back-office support for quantitative and qualitative analysis and clearer brief with academic partners.
- Ongoing and bespoke leadership training, shadowing and opportunities to navigate systems.
- Development of reflective practice with commissioners (and PH) to create space for community action work to fail safely and faster.

Share the Learning

Undertake an event with Lewisham to share learning and invite national debate on approaches to work - would be good to promote BLACHIR principles and work with national HI leads to organise this.

1. To support strengthening communities each organisation could be tasked with bringing community leaders to event benefit from opportunity.
2. Build in opportunity for all to network share practice, build relationships.
3. Give CEP platform to share and celebrate their work.
4. It will also be important to check what else has emerged by the time of evaluation.

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Appendix

Table 1: Community Action Model Delivery across the Community Engagement Partners.

Name of Community Engagement Partner (CEP)	Engagement & Insight	Capacity Building	Co-Production	Communication	Celebration/ Evaluation	Key Learning Point
Mindseye	Delivery methods revolved around use of social media and organising events, either independently or in collaboration with trusted partners This was found to be most effective.	Participants now have a better appreciation of rights to healthcare and how services are delivered and confidence to stand up for their rights.	Used a different way of working for/with the Youth Council - rather than rely on formal Youth Council meetings, provided opportunities for individuals to engage in activities in between meetings. This worked well for Youth Council members supporting the organisation at events, sitting on community discussion panels, providing lived experience of internships and engaging in discussions around maternity. Similarly, the Youth Council's group discussions with the BLACHIR Project Manager under cultural intelligence and at a meeting with the Task Force Chair and the Targeted Lung Health Check Service Evaluation Officer, showed how it could influence strategy and policy development.	-	-	Chairs had limited involvement and most of the engagement was with the Council officers. Good work and were open to working collaboratively.

Name of Community Engagement Partner (CEP)	Engagement & Insight	Capacity Building	Co-Production	Communication	Celebration/ Evaluation	Key Learning Point
BHHS	Excellent, wide and effective engagement using varied approaches such as holding events/ conference and attending local events. Examples include where work had 1.2 million views. BHHS have suggested that it might be useful to link in embassies and see if any events or local groups.	Focus on health was well received by the community-High blood pressure, etc. Data collection, manipulation and analysis. Community Leadership demonstrated as well as System leadership. Identified a development area: Supporting the development of Black counsellors and mental health workers to do clinical and counselling such as, Talking Therapies etc.	Great work and strong co production with the community. Suggest earlier involvement of the Chairs and closer working with Chairs and where possible other staff involved to create the co production with the community at all stages and levels.	Provided information on How health services work- Acute and GPs what to expect. Dispelling myths and barriers. Helping participants and communities understand the place for translation and how best to present resources. BHHS Suggestion: Utilise your social media pages to be more interactive with sharing the great work completed within the communities' team, e.g. engage the audience with snippets of some of the objectives you have and why their voice is important. To gain better traction you may want to commission both a creative marketing company alongside another organisation that can demonstrate lived experience and how the voice of specific communities can make an impact towards strategy and policy. Content like this may increase following for the council in a new way.	Clearly outlined the inequalities which are present and impact Caribbean people when being diagnosed with Dementia Some impactful models used by BHHS, e.g. their Sustainability Model.	The excellent work commenced and is in place. I recommend that this should not be abruptly paused due to end of CEP but should be supported to be sustainable. More cross area work needs to be done to engage with a wider footprint and should be led by BHHS as the conference they held evidenced excellent engagement and leadership. This should be supported with administrative and funding, resource. The existing resources created - leaflets, videos, should be shared on BCC platforms and wider with other national ICS looking to do work and with platforms and with BCC communications team to share, e.g. Maternal health, series of self-help videos for Caribbean Community on the topic of Mental Health. Learning from work done with BHSS community Panel to help shape the design of some of our community events should be fed into the campaign tool kit being developed by Public Health. PH needs to identify and communicate external funding opportunities, e.g. Health Inequality Fund.

Name of Community Engagement Partner (CEP)	Engagement & Insight	Capacity Building	Co-Production	Communication	Celebration/ Evaluation	Key Learning Point
Allies	Undertook Needs assessment and 1:1 interviews. Wide engagement across Communities from Africa	Good identification and description of the issues, challenges and solutions and what good could look like.	This seems to be at the initial stages and more time needed to embed or unpick the issues more.	-	-	There is a clear need for more effective communication with Council officers, external professionals and NHS providers impacting coordination and execution of community engagement workshops.

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