



Final BLACHIR Implementation Board

Summary Report



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The final BLACHIR Implementation Board was held in September 2024. The session was structured around reflective practice, which enabled Board members to reflect on the implementation of the BLACHIR Review from 2022 to 2024 under the following topic areas:

- What has worked well? What were some of the key successes and achievements to date?
- What have been the main learnings/reflections from BLACHIR?
- What were some of the main challenges faced?
- How can success be further achieved?
What are some key considerations moving forward?

The findings from the Board members will be utilised to continue to shape how Birmingham City Council and the NHS implement the findings from the BLACHIR Review across the health and care system.



Discussion 1: What has worked well? What are some of the key successes and achievements to date?

1. Publishing the BLACHIR Review

- In-depth engagement included involvement of BLACHIR communities from the start.
- Many iterations of the Review, including input from evidence base, the wider community, an advisory board and an academic board.
- Provided institutions with the foundation to support tackling systematic racism and inequality.

2. Identifying Community Specific Need

- BLACHIR highlighted the importance of going beyond 'BAME' in data and language.
- Review showed importance of understanding community specific needs to add to the system understanding of different communities.
- BLACHIR also added to the ability of system partners to make recommended actions that are specific to the target communities and their needs.
- This understanding led to the creation of BCIF and BCHSF which centres community specific learning
- There is also acknowledgment of the important difference between reading about community vs engaging with communities.

3. Clear Plan and Vision for Implementation

- The implementation phase of BLACHIR was supported by having a clearly defined plan and timeline.
- Provided an opportunity for organisations to use a deeper approach, including development of cultural curiosity and lived experience to support understanding.
- At the inception of the project there was an opportunity to challenge the existing system with a new concept.
- Feeling of accountability throughout the implementation of BLACHIR, for example, through the availability of the ICS BLACHIR Taskforce.

4. Community Representation

- Highlighted the importance of having community representation.
- Community representation at all levels including system leadership (ICS Taskforce Chair, BLACHIR independent co-chairs), representative workforces at BCC, and commissioned community organisations.
- One BLACHIRIB member noted that they would not have trusted another Council to take forward this important work.

- Included the community fully from early on within the process and enabled involvement in the programme.
- Deep involvement of BLACHIR communities throughout the project, who were able to influence and steer the programme of work.
- Power of bearing witness to lived experiences has been very profound.
- Commissioning of relevant community organisations helped in reaching seldom heard voices and raise awareness of community needs & assets.

5. Enabled Community Voice

- Communities felt they were heard. There was feedback, community sees how their views were used to contribute. Voices on communities supports system resources and is valued as important and impactful.
- Community was enabled to voice their opinion/given a platform. Were reluctant to start and weren't used to Council not being prescriptive in approach. As confidence and trust grew communities were empowered to voice "you said we did".
- Provided an opportunity for community to engage in dialogue with healthcare system; supported people within healthcare system to develop their communication skills for diverse communities and begin to get comfortable with getting uncomfortable in a respectful way.
- Making recommended actions specific to communities' needs and fostering community voices in decision-making,

6. Collaboration Across the System

- The success of BLACHIR was supported by the commitment from a variety of stakeholders, including collaboration across multiple NHS Trusts via the ICS Taskforce. Trusts were already interested in working with communities so welcomed BLACHIR approach as a solution.
- The success was supported by system partners having combined and/or shared priorities/programme aims and objectives to aid in getting partners to buy into the vision of BLACHIR. Having combined priorities enabled the system to "crack the nut" in the approach to working with communities of identity.
- BLACHIR supported in strengthening NHS partnerships by penetrating across the healthcare system and connecting the programme to the wider healthcare system and landscape.
- Importance of co-production, co-owning etc. across the system and among the community organisations. Co-production approach supports in impacting corporate policy and strategy.

7. Building Trust

- The Implementation of BLACHIR has highlighted the impact of building and maintaining trust between the communities and the healthcare system. Increased trust resulted in decreased fears among communities, and consequently communities are beginning to trust the health system.
- Healthcare system partners have learnt the importance of cultural humility and authentic approaches when delivering effective services.
- BLACHIR highlighted that cultural competence can be learned and can support healthcare professionals with their cultural literacy when communicating with communities.
- Trust must be maintained and continuously worked on by healthcare systems as trust can be lost easily.

8. Supporting Communities & Service Delivery

- Third sector communities were supported with various training opportunities e.g. Blood pressure champions, Suicide prevention training
- Community organisations and healthcare system worked on multiple areas including maternity, health checks, ageing well, infant health to positively impact health and wellbeing of BLACHIR communities
- Maternity was highlighted as a successful case study due to 'closing the loop'.

9. Legacy and System Change

- BLACHIR enabled system partners with the prompt to shine a light on their own processes to enact change.
- The style and approach of BLACHIR can be enabled at a strategic level to integrate into system policy to make BLACHIR BAU. This process has already begun via HWB, DEP programme etc.
- BLACHIR is currently in the spotlight, need to use the opportunity to progress the profile of the work to a national/global view and look closer at the degree of impact vs process.



Discussion 2: What have been the main learnings/reflections?

1. Changing Council Perceptions and Practices

- Community beginning to shift perceptions of the Council House, that it is no longer a 'foreign/government building' that community cannot access.
- BLACHIR approach was fundamentally built on coproduction, this has had an impact on wider corporate policy/strategy and has led to a change in how the Council approaches its work e.g. how BCC now captures data and intel beyond 'BAME' language.
- Implementation of BLACHIR felt like a fresh breakaway from typical Council communications; perceived as more transparent and honest.

2. Wider Impact and Applications of BLACHIR

- Applicability and generalisability of BLACHIR as a model for other communities; 10% of BLACHIR is specific to communities of interest, 90% is generalisable.
- System partners need to utilise the BLACHIR momentum to continue this work with all communities through a full process which focuses on "closing the loop" of identifying community specific health needs, implementing a collaborative approach and committing to mutually agreed solutions.
- Findings can be related to a variety of system partners e.g. approach can be related to clinical conversations with patients to strategic redesign of services.

- Potential to link BLACHIR to the wider system and landscape and work closer over a place based approach e.g. more collaborative opportunities with Lewisham.
- Provided a framework to support system with the courage to adapt, change and learn from failures ; key learnings can be applied in wider landscape.

3. Resource Availability

- Highlighted the importance of having community representation.

4. Continuing Community Research

- BLACHIR implementation highlighted that healthcare system does not need to start from scratch, should encourage revisiting findings from BLACHIR projects.
- Must ensure that system does not become complacent in assuming seldom heard communities have been reached; should focus on intersectionality of voices.

Discussion 3: What were some of the main challenges faced?

1. Information Management and Demonstration of Impact

- Healthcare system could be more effective at utilising existing information and data to demonstrate success of projects. Revisiting population data should be used more frequently for future projects and success measurement.
- Need to ensure that capturing success is prioritised to show progress is being made in health outcomes; overcoming barriers of how success is measured and defined.
- Creating clear end points for measuring success and understanding when the community of interest will have ownership of the success.

2. Community Engagement and Ownership

- Need to ensure across all areas going forward that the community is engaged as early on as possible to understand community goals, and to empower communities to own the programmes of work.
- This approach should fundamentally be underpinned by curiosity, humility, and sustainability via evidence-based approaches.

3. Organisational Challenges

- Addressing and managing the impacts of working and leading in a context and historical background of political change, which comes with changes to funding and resources which may impact on trust from community.
- Difficult to differentiate between opportunistic versus systematic and sustainable projects with varied commitment across system partners.
- BLACHIR approach should support in developing processes to support the programmes objectives across the wider system.

4. Capacity Building

- Potential risk of teams and trusts changing resulting in working with different levels of knowledge, information, background, commitment to delivering BLACHIR priorities.
- Managing workload demands and impact on core team workload to ensure BLACHIR programme is delivered to a high quality.
- Addressing knowledge gaps and professional cultural competency across system to partners not actively involved in implementation of BLACHIR.

Discussion 4: How can success be further achieved? What are some key considerations moving forward?

1. Tailored vs Universal Response

- Understanding when to provide a targeted response, tailored to specific needs, and when a universal approach is more appropriate.

2. Project-Based vs System Shift

- Differentiating between project-based initiatives and broader system shifts for sustainable change.

3. Success Metrics and Transferability

- Real success is achieved when BLACHIR initiative becomes Business As Usual (BAU) without the need for a dedicated need.
- Understanding and communicating the transferability of learning to wider communities of identity; using BLACHIR as a tool to support the system in understanding racial inequalities and how to tackle systematic racism.
- Identifying metrics to support evaluation of success in line with the BLACHIR approach (utilising process engagement outcomes); and ensuring that success incorporates community voice communicating that change is being observed.

4. Influence on System Thinking

- Identifying how BLACHIR influences wider system thinking in various areas such as warm welcome, HSF, FFF and data collection.
- Continuing to be a system which dares to do things differently and provide space to 'fail safely'.
- Creating a system which identities and works towards rebalancing power dynamics between policy makers and communities.

5. Community Engagement and Intersectionality

- Bridging the language between community and organisations, implementing intersectionality in both community and system thinking, and addressing intergenerational differences when engaging with younger people vs older adults.
- Continuing to reflect on how we commission projects and services for different communities, ensuring community representation is included in decisions made regarding their community.

6. Maintaining Balance and Overcoming Obstacles

- Balancing community voices with system needs, addressing knowledge gaps in individuals not from the community, and understanding obstacles to progress in areas like co-production, engagement and system change.
- To ensuring focus/commitment on the Black community is maintained when agenda is broadened to include wider communities of identity.

7. Advocacy

- Utilising system structures to champion and advocate for change, welcoming challenges from community partners, and maintaining pressure on the system to continue to commit to change.

8. Maintaining System Commitment

- Clearly articulating the vision amidst changing environments, engaging new stakeholders with different agendas.
- Explore whether approach needs to be statutory/regulatory, and whether this may be achieved through influencing national structures.
- Ensuring system governance structures and organisational commitment is maintained through new/existing channels e.g. ICS BLACHIR Taskforce, HWB sub-forum.
- Utilising the new Deep Engagement Partner (DEP) community collaboratives to drive system thinking and organisational level change .



