

# Health inequalities in Birmingham

Barriers encountered in underserved wards in East and West Birmingham



## Summary

A report by Aston University & Birmingham Community Healthcare NHS Foundation Trust,  
in collaboration with Citizens UK

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## Executive summary

### Background

This report presents findings from an innovative collaboration between Aston University, Birmingham Community Healthcare NHS Foundation Trust (BCHC), and Citizens UK. The collaborative project aimed to better understand health inequalities in some of the most deprived wards of East and West Birmingham, and launch a series of co-produced initiatives to help tackle some of the barriers that lead to poor health outcomes. For this project, the team held five listening events with underserved communities in East and West Birmingham, and hosted a [community sandpit event](#) to co-produce solutions to respond to local health challenges. As a result of this initiative, five follow-up projects were funded to support health and wellbeing among local residents.

The aims of this collaborative initiative were to:

1. Identify local and hyperlocal barriers that lead to poor health outcomes in East and West Birmingham
2. Address power asymmetries in healthcare and capture traditionally underserved voices
3. Propose local and hyperlocal solutions to tackle health inequalities in East and West Birmingham and assess their impact

The objectives of the project were to:

1. Listen to communities that have traditionally been underserved and capture their voices and lived experiences
2. Shed light on local communities' concerns on accessing healthcare services and barriers to health and wellbeing
3. Disseminate findings with the wider health ecosystem to help improve public health services – at the hyperlocal level and within the broader ICS (Integrated Care System) footprint of Birmingham and Solihull
4. Co-produce solutions, pilot community-led projects, and assess the impact of micro-funding on local communities
5. Use the findings to co-design future research projects, with a view to enable change

The first phase of the project (data collection) was funded by UKRI (£6,311 to Aston University via the Policy Support Funding) and BCHC (£3,111 match-funding towards a community sandpit event). The second phase of the project (data dissemination including infographics and videos) was funded by UKRI (£5,500 to Aston University via the Policy Support Funding), Aston University (£5,500 match-funding), and ESRC (£1,960 to Aston University via the Impact Acceleration Award).

## Executive summary continued

### Community partners & engagement models

Aston University, BCHC, Citizens UK, and several community-led organisations came together to co-design the project, shape its direction and objectives, collect and disseminate the data. All community-led organisations were located in deprived neighbourhoods in East and West Birmingham, and were member organisations of Citizens UK:

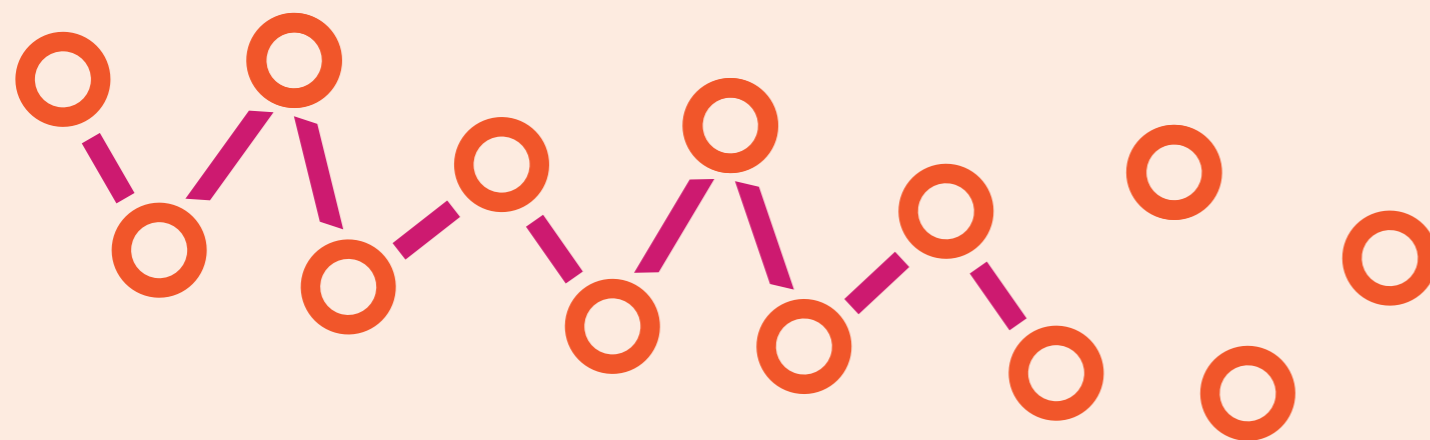
- [Aspire & Succeed](#) (located in Lozells)
- [BLESST Centre](#) (located in Newtown)
- [Huda Community Centre](#) (located in Newtown)
- [Saathi House](#) (located in Aston)

The team also held a listening event with students at [Aston University](#) (located in Nechells).

After hosting five listening events in East and West Birmingham, the data was presented during a '[community sandpit event](#)'. The sandpit was hosted at Aston University and was attended by all partner organisations, as well as a wider group of community organisations that had expressed interest in being involved in co-producing solutions for residents. These included:

- [Age Concern Birmingham](#) (located in Shard End)
- [Bringing Hope](#) (located in Handsworth)
- [Welcome Change CIC](#) (located in Shard End)

The sandpit event provided an opportunity for community partners to get together to discuss and generate their own project ideas to address local barriers that lead to poor health outcomes in East and West Birmingham. Aston University and BCHC jointly provided £6,390, which supported five projects.



### Key findings

Barriers to living healthy lives included difficulties to accessing healthcare services, for example:

- GP accessibility, largely related to the difficulties in getting GP appointments including lengthy waits before receiving an appointment
- Language barriers and lack of suitable translation/interpretation services available
- Lack of continuity of care, and poor communication between different NHS services/ departments
- Poor mannerisms or behaviour of NHS staff towards patients (often due to healthcare professionals being tired/spread thin and/or lack of intercultural competence)
- Need to further listen to children and young people who are of school age, in order to offer adequate support and provision

Other barriers related to wider social and structural determinants that affected general health and wellbeing included:

- Local Authority closing down local sports centres and swimming pools in underserved areas, making it more difficult to maintain healthy lifestyles, including for children and young people
- Lack of investment to support voluntary, community, faith and social enterprise (VCFSE) organisations that can act as health champions and promote good health and wellbeing within their locality
- Poverty and cost of living concerns (NB: these findings were collected before April 2023, and the cost-of-living crisis)
- Digital exclusion

The report also highlights issues around mental health, and how children, young people and families are left vulnerable, especially since the COVID-19 pandemic. Finally, the report sheds further light on the [gender health gap](#), demonstrating that women are more likely to be the ones who feel unsupported (e.g. antenatal/maternity care), and the ones who encounter multiple obstacles when seeking care for themselves and/or dependents (e.g. paediatric care).

### Impact of the project

All project partners benefited from the collaborative approach and complementary expertise of those involved. Every community partner expressed satisfaction that their concerns had been listened to, and that their voices had been heard. However, they also stated that they wanted to see action and hear about progress and impact post-project, as too often they do not see any positive impact after being consulted. The community sandpit event allowed us to do this, as data and proposed follow-up plans were presented by community partners who received funding to generate their own projects to address health issues in their localities. Saying this – we view this report as the beginning of a longer collaborative journey – not the end of a project.

# Key findings



Examples of difficulties to accessing healthcare services:



## GP accessibility

difficulties in getting appointments and waiting times



## Language barriers

and lack of suitable translation/interpretation services available



## Lack of continuity

of care, and poor communication between NHS services/departments



## Behaviour of NHS staff

often due to tired health professionals and/or lack of intercultural competence



## Further listening

required to children and young people, to offer adequate support and provision

Other barriers affecting general health and wellbeing included:

Poverty and cost of living concerns

Closure of local sports facilities

Digital exclusion

Lack of support for local VCFSE organisations that promote good health and wellbeing

## Recommendations

This report ends with a number of recommendations, which are listed below. Many of our recommendations echo those found in the [2022 BLACHIR report](#), not only highlighting the relevance of their recommendations, but also demonstrating their relevance beyond Black African and Black Caribbean groups. These include:

### 1 NHS Trusts to implement compulsory intercultural competence training of healthcare professionals, on a regular basis. The aims are to:

- Help rebuild trust, which is currently lacking between minoritised ethnic and racial communities and the NHS (among other public organisations).
- Help overcome existing biases to tackle discrimination and improve patients' experiences.

### 2 The Health and Wellbeing Board to work with the Children's Trusts and Children's Strategic Partnerships to help improve the lives of children and young people. The aims are to:

- Make the NHS more visible within community settings so children and young people are increasingly familiar with their presence and the work they do. This can help rebuild trust, and raise awareness of the different services available to children and young people.
- Support children and young people through key periods of change – not only developmental changes (as highlighted in the BLACHIR report), but also important social changes (e.g. after lockdowns; being able to respond to the [current mental health crisis](#)).

### 3 Working collaboratively to support healthier behaviours in underserved areas. Our report specifically calls for the Integrated Care Boards (ICBs) to work with Local Authorities to map out existing provision of leisure centres, swimming pools, and other community centres that promote good health and wellbeing. The aims are to:

- Identify any gaps in provision, and decide how to respond adequately to ensure all communities have equal access to leisure centres and community centres.
- Identify existing provision, and assess whether activities are effectively communicated to local communities (e.g. including in languages other than English and in pictorial form), and whether they are tailored to the needs of the local population (e.g. is the leisure centre easily accessible by public transport? Does the centre/swimming pool offer women-only sessions during school hours when women are more likely to be available?).

**4** Working with the voluntary, community, faith and social enterprise (VCFSE) sector to increase health literacy among minoritised ethnic groups. Our report calls for the Health and Wellbeing Boards and ICBs to work collaboratively with VCFSE partners. As the BLACHIR report states, “[i]ncreasing people’s skills, knowledge, understanding and confidence (health literacy) to find and use health and social care information and services to make decisions about their health is key to achieving healthier communities.” (p. 10). The aims are to:

- Respond to participants’ feedback, who called for a more holistic approach to health.
- Equip VCFSE partners with the tools to support good health and wellbeing within their communities.
- Work in partnership with VCFSE partners to co-create health solutions, ensuring these are tailored to the needs of the local communities.
- Acknowledge that VCFSE organisations are more likely to be trusted by residents.
- Recognise that VCFSE are more likely to provide culturally appropriate support.

Our report also makes further recommendations:

**5** Integrated Care Boards (ICBs) to communicate clearly where the first port of call is for each type of ailment, which services are accessible without needing GP referral, and how to access secondary care via self-referral. Ideally, in pictorial form to make it easy for everyone to access. The aims are to:

- Reduce the burden on health and social care services.
- Attend to patients in a timelier manner.

**6** GP practices to review their policies pertaining to telephone/video consultations, and offer more face-to-face appointments – especially where English is a second language. The aims are to:

- Provide more inclusive services.
- Help rebuild a relationship between the patient and the GP, who increasingly seems to be hard to reach.
- Tackle linguistic barriers (participants whose first language was not English explained that they found it more difficult to understand healthcare professionals when not meeting them face-to-face).

**7** Medical and wider clinical training to include basic interpretation skills. The aims are to:

- Acknowledge that language barriers can lead to poor health outcomes.
- Equip healthcare professionals with basic skills to support patients whose first language is not English.
- Enhance intercultural competences among healthcare professionals.

**8** Regional and Local Authorities to revise how funding is allocated – too often, small voluntary, community, faith and social enterprise (VCFSE) organisations are not equipped to bid for funding (e.g. lack of time or expertise in writing funding applications), unlike larger organisations. Yet, small VCFSE organisations often promote good health and wellbeing among underserved populations, and have shown that they can make a real difference within their communities. The report calls for Birmingham City Council and the West Midlands Combined Authorities – among other regional bodies – to issue calls for micro-funding to support health and wellbeing in the City, and commends the Birmingham and Solihull Integrated Care System for its innovative Fairer Futures Fund. The aims are to:

- Build on existing good practice among VCFSE organisations, and scale up existing projects that promote good health and wellbeing.
- Maximise VCFSE organisations’ impact in their local communities, by providing them with the adequate resources to support local residents’ health and wellbeing.
- Strengthen collaboration between the public and third sectors.

**9** Involve voluntary, community, faith and social enterprise (VCFSE) organisations, and local residents in research. The aims are to:

- Be more representative and inclusive, as underserved communities are less likely to engage in research when it is not led by the VCFSE sector due to a lack of trust.
- Create a new research culture, that is based on collaboration and community engagement.
- Build capacity within the VCFSE and communities, by equipping them with the skills and resources necessary to work with academics and/or larger institutions, so they can together access new funding opportunities, break silos, and maximise their impact.



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