

WMCA Wellbeing Board

Date	16 October 2020
Report title	Regional Impact of Covid-19 (RHIC) Discussion Paper
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Report has been considered by	Ed Cox, Director of Public Service Reform, WMCA

Recommendation(s) for action or decision:

The WMCA Wellbeing Board is recommended to:

1. Consider the outline of the Health of the Region report set out in this paper.
2. Support the WMCA in gaining Commitments to Action from local and regional partners.
3. Discuss the potential recommendations to Central Government on the basis of the findings in the report.

1. Purpose

- 1.1 The Health of the Region report is due to be published by the WMCA in November 2020. The Regional Health Impact of Covid-19 (RHIC) Task and Finish group is drafting this report and will be presenting emerging findings to the Board today. This paper will outline some of the findings and next steps for discussion by the Board.

2. Background

- 2.1. Public Health England published two key reports on the impact of Covid-19 in June, 2020. These reports highlighted the disproportionate impact of Covid-19 on vulnerable groups. As a result of these reports, the WMCA will be publishing a Health of the Region report to reflect on the implications of COVID-19 in relation to inequalities in health and wellbeing across the West Midlands region.
- 2.2. **Interim Report:** An interim report was published in August, 2020 which found similar inequalities to the national report for the West Midlands Region. This included worse outcomes in terms of infection and death for people living in socioeconomically deprived areas, people from Black and South Asian ethnic backgrounds, people in public facing employment like healthcare workers, those in the hospitality or transportation industry, and people who have underlying health conditions like diabetes or are carrying excess weight. It was evident from the interim report that more information was needed regarding the nature of these inequalities within the WMCA region with particular attention given to the cumulative impact of the inequalities over the life course.
- 2.3. **RHIC:** It was decided to formulate a Task and Finish Group, with representation from local authorities, NHS, PHE and the voluntary sector to understand the Regional Health Impact of Covid-19. The RHIC group worked with community partners to understand community priorities around health inequalities and also utilised the work of the WMCA Citizen Panel and worked with the WMCA BAME and Faith Group to consult on the next steps in mitigating the disproportionate impacts experienced by these communities. The work also identified a number of opportunities, both in current and longer term, to address some of the challenges on existing and exacerbated health inequalities (Table 1).

Current Opportunities	Long Term Opportunities
Renewed public focus on health inequalities, including national strategy for tackling obesity	Health in all Policies approach to embed consideration of physical and mental health across all WMCA policy areas
Increased awareness of infection control	Using Thrive model to improve workforce health and wellbeing
Reframe physical activity outside the healthy weight realm	Maximising 2022 Commonwealth Games potential to drive down inequalities
Maximise use of technology	Supporting even more regional collaborations on tackling health inequalities in vulnerable groups like homeless and migrant populations
Changes to local health and care delivery models to meet emerging population needs	Working with communities and other partners to improve recording of demographic data for improved regional monitoring
Enhanced role of communities	Supporting local governments to protect and improve local lives and work with them to ensure adequate funding for the crucial public health function

- 2.4. **Call for Evidence:** A call for evidence was issued to work with communities and other local and regional partners to further explore the above issues and to formulate a plan of action for change in the region. This was in recognition that there were many existing

pieces of work being carried out by individual agencies that look to address these issues through a focus on prevention and reduction in health inequalities. It was also an opportunity to learn more about local experiences of the impacts of Covid-19, including challenges and barriers for citizens, communities and organisations, as well as examples of good practice and any support needs. The RHIC group wanted to ensure this was captured before any final findings or recommendations could be made through the Health of the Region report.

3. Health of the Region Report

3.1. The Health of the Region report will be divided into three sections to describe the extent of health inequalities in the WMCA region and opportunities for action, considering the relationship between health and wealth and the impacts of the COVID-19 pandemic. It would be important to consider this report alongside the State of the Region report by the ODA, which focuses on the economy and growth.

3.1.1. The first part of the report will describe the **health of the people who live in the West Midlands**. It will use local and national intelligence data to identify where change was needed even before COVID-19, for example poor deprivation scores, lower life expectancy, infant mortality and mortality from preventable causes, levels of obesity (including childhood obesity) and overall poorer health outcomes, and how existing inequalities have been exposed and exacerbated by the pandemic, especially for certain groups. This part will also show the underlying causes behind the poorer outcomes and inequalities, which lie in upstream factors, like the wider determinants of health like housing and employment as well as structural inequalities.

3.1.2. The second part will discuss **how change can happen to build community resilience and embed prevention** across all we do. This part will embed the evidence presented through the call for evidence and empirical work carried out with stakeholders to underscore a new approach, which focuses on a system-wide prevention while recognising the two-way relationship between health and wealth on both individual and population level. This approach to tackling inequalities will take full advantage of the many opportunities presented by a Combined Authority – and emerging opportunities following the COVID-19 pandemic.

3.1.3. The final part will set out priority areas for action that have emerged from the analysis, namely:

- **Improving outcomes for BAME communities**

- It was clear from the PHE reports that BAME communities have perhaps suffered the most from the pandemic. This has also held true for the West Midlands region, where there are higher than national average numbers of people from BAME communities. The reasons for the negative impact is multi-fold and many issues like underlying health concerns, living conditions, deprivation and areas of employment combine to have a cumulative negative impact. Certainly, issues related to structural racism have also been identified, with a need to better understand the complexities and nuances within BAME communities through culturally competent services and improved representation in decision making, which will eventually lead to improved outcomes for our BAME citizens.

- **People-powered health**

- The pandemic has shone a light on the importance of maintaining one's own health and mental wellbeing, when allowed by supportive circumstances. The benefits of exercise and healthy diet, access to and use of green space and nature, as well as community cohesion

are key to optimum health. This approach of people-powered health puts people and prevention first and proposes to maximise benefits from initiatives like safer streets, active travel, tackling food poverty and planning the legacy of the Commonwealth Games, all through co-development with the communities we serve.

- **Widening access to health and care**

- There are clear inequalities in the access to quality healthcare for vulnerable groups and especially for poorly managed conditions, including cancer and mental health. This of course has not been helped by the pandemic and the lockdown, leading to a backlog that risks increasing the number of avoidable deaths. Service delivery that focuses on integration and inclusion with supportive technology can help improve access.

- **Tackling the wider determinants of health**

- Ill-health is an end result of a multitude of factors, majority of which are in domains not necessarily associated directly with health. This is about getting to the causes of the causes of ill-health, factors such as getting a good start in life, educational attainment, better employment and better income, homes and living conditions, friendships and community connectedness. By taking a prevention focused approach of health in all policies and using Marmot principles, we can widen the sphere of influence to every public agency to consider the health implications of every decision.

3.1.4. The final part will also include potential next steps as a response to these challenges, with a series of commitments for action from key partners and recommendations for Government.

3.2. **Commitments for Action:** While the recommendations to central government will be key to unlock change in the region, the commitments to action will enable the proposed recommendations to be successfully implemented. We understand that our partners in the region are already committed to prioritise and address health inequalities, but these commitments to action are a means to showcase those priorities collectively. These commitments are essentially activities that we know key stakeholders in the region are either undertaking currently or are planning to undertake to address the challenges that have been identified.

3.2.1. There is a need to align these actions along the four big challenges and indeed to challenge ourselves to potentially do more to address them. Setting these actions as commitments both in the short and the longer term puts the onus on other regional and national partners, especially in central government to reciprocate with policies and support that will enable their delivery.

3.2.2. The WMCA will work with regional stakeholders to ensure their initiatives are accounted for and assist wherever needed for a coordinated approach to reduce health and structural inequalities, deliver integrated services which are inclusive and culturally competent, have a focus on prevention and wider determinants of health, and supported by policies which are economically inclusive and sustainable.

4. Financial Implications

4.1 There are no direct financial implications although the report will serve as a reminder to invest in prevention to improve long-term health of the region.

5 Legal Implications

5.1 There are no additional legal implications.

6. Equalities Implications

6.1 The focus on inequalities is aligned to the inclusive growth purpose and direction.

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8. Geographical Area of Report's Implications

8.1 The focus is agreeing on common priorities with geographical areas and strengthening the collaborative work across the WM to deliver long lasting and sustainable change.

10 Other Implications

None

11. Schedule of Background Papers

None