

The Health of the Region 2020 Regional Health Impact of COVID19 11 January 2021

Overview & Scrutiny Committee



Regional Health Impact of Covid19



- Health of the Region report commissioned in WMCA Annual Plan – work suspended due to COVID-19
- Task & Finish Group established in June 2020 as part of wider ‘Community Recovery’ work made up of representatives from WMCA, PHE, local authorities, the NHS, universities and the voluntary & community sector
- Published an Interim Report in August 2020
- Call for evidence sought to understand experiences and impacts of COVID-19 among individuals and communities; challenges and barriers for citizens, communities and organisations; examples of good practice; and changes in approach and further support needs
- Health of the Region Report 2020
 - Counterpart to State of the Region report
 - A call to action for all of our partners and stakeholders to work together to address long-standing inequalities in the West Midlands
 - A collective commitment to achieving positive change in our region



Why is this important? Why WMCA?

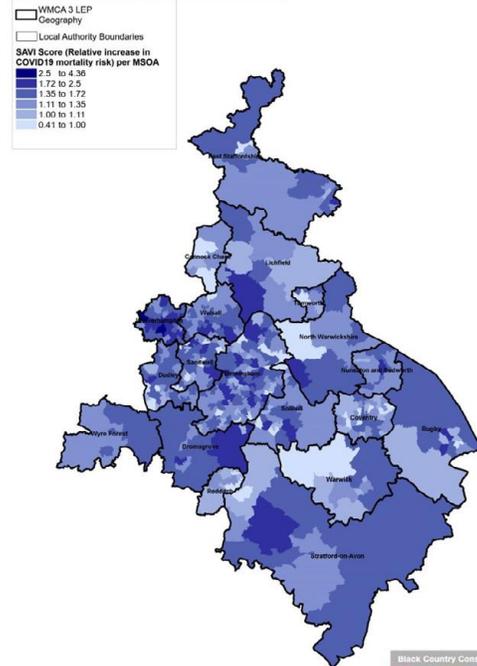


- The COVID-19 crisis has exposed the profound health inequalities that characterise the population in the West Midlands
- It gives us a once-in-a-lifetime opportunity to re-evaluate, reset and redress the balance when it comes to tackling health inequalities
- This means addressing the 'causes of the causes' - individual health-related behaviours must be seen in their social, cultural, economic and environmental contexts (e.g. income, food poverty, limited time or skills, or lack of access to green space) rather than only targeting the behaviours themselves
- **The interdependence between health and wealth is a core theme that unites the work of the WMCA with that of health partners in the region**
- This is the foundation for resilience to future pandemics and shocks



Health of the Region Report – key figures

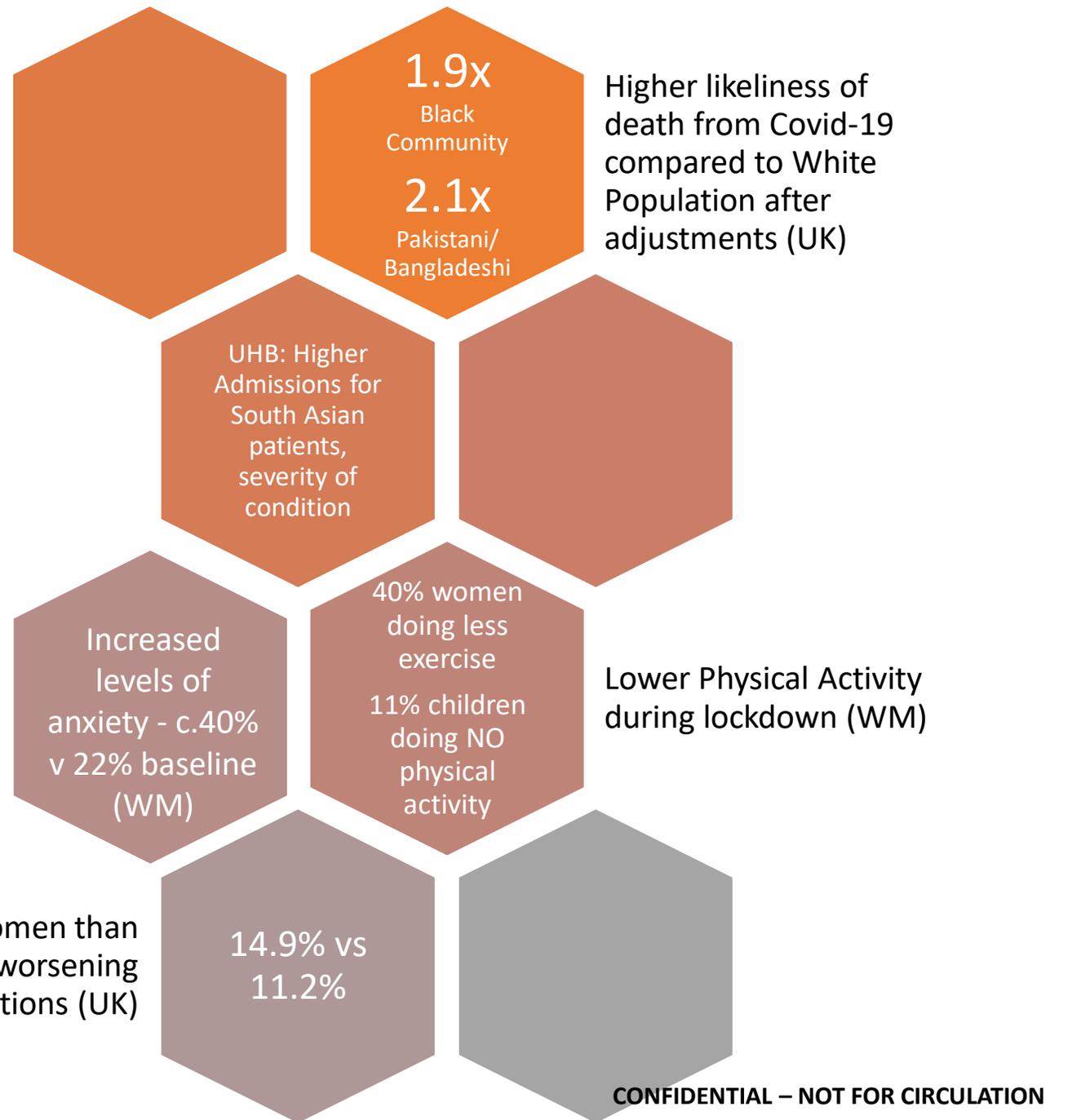
SMALL AREA VULNERABILITY INDEX



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**Clear relationship
between Covid-related
deaths and area
deprivation**



A framework for action



- We must begin with the urgent task of **improving outcomes for BAME communities**. Targeted and immediate action to tackle structural racism is an urgent and immediate priority.
- But lasting change will only happen when we take a systemic approach to **tackling the wider determinants of health** and dealing with the structural inequalities we find in our economy, housing market, education and transport systems.
- Similarly, we must tackle inequalities in the health and care system and **widen access to health and care services**. This requires a fundamental rebalancing of funding and focus on primary and preventative care.
- These challenges, in turn, will create the conditions in which **people-powered health** can flourish and healthy lifestyles can become the norm.

Commitments and recommendations to government



Improving outcomes for BAME communities

WMCA Commitments

- Leadership Commission - advancing opportunity and mobility within the healthcare sector a key priority
- **Targeted Thrive mental health programme** co-designed with BAME employers and employees
- Rigorous equalities impact assessments across all directorates
- Mayor's **WM BAME roundtable meetings** every 6 months

Partner Commitments (selected)

- **Multi-agency System Transformation Recovery (STaR) Board** to evaluate regional NHS programmes through a Black Lives Matter and post-COVID lens.
- PHE West Midlands will develop a BAME and Disparities workplan.
- **West Midlands Police have set a target of recruiting 1,000 BAME officers** over the next three years.
- The Walsall Together Partnership is committed to the Workforce Race Equality Standard and seek to hear BAME views through engagement

Tackling the wider determinants of health

WMCA Commitments

- Work with partners to become a 'Marmot City-Region'.
- Incorporate a **Health In All Policies (HIAP) approach** into inclusive growth framework.
- Continue to pay the Real Living Wage and ensure its contractors do so too.
- Target underrepresented groups for training programmes and access to jobs.
- Work closely **with public health colleagues on planning applications** to embed within our Housing and Land team.

Partner Commitments (selected)

- **STaR Board**, working with PHE WM, will establish a Health Inequalities Working Group
- NHS Confederation has called for partners to integrate and embed employment support alongside clinical services.
- University Hospitals Birmingham will **retrain hospitality workers**.
- The Black Country Consortium will work with developers on the incorporation of the Black Country Garden City principles into future housing pipeline.

Widening access to health and care

WMCA Commitments

- Train and support healthcare professionals to **refer disabled citizens to physical activity** through IncludeMe
- Amplify its Thrive into Work programme to a further 450 people living with poor mental and physical health.
- WMCA will continue to support the utilisation of **transport hubs as digital screening centres**

Partner Commitments (selected)

- PHE West Midlands - **review of language and interpreting services**
- University Hospitals Birmingham - digital transformation to reduce health inequalities and improving access
- University Hospitals Coventry and Warwickshire and Coventry University to develop **community diagnostics centre in the city centre.**
- Healthwatch WM will provide advice and information about access to services and support.
- Walsall Together Partnership will understand the inequitable take up of health and care services and address the causes.

People-powered health

WMCA Commitments

- Include Me WM - disabled people and others to be physically active
- Committed to **increase cycling from 3% to 5% of mode share by 2023**
- Commonwealth Games Delivery Partners - long lasting wellbeing legacy
- Making Every Contact Count approach for employees and anchor institutions
- Standardise inclusion of **Wellbeing social value in commissioning framework**
- Young Combined Authority Board to encourage and challenge the CA and its partners to listen to the voices of citizens when shaping policies.

Partner Commitments (selected)

- Black Country & West Birmingham CCG PCNs will have recruited **63 social prescribing link workers**, 38 care coordinators and 12 HWB Coaches by March '21
- Aston University working with Aston Villa Foundation to go into **local schools to deliver workshops on eye health and childhood eating habits**
- Black Country Consortium supporting the 'Tribe Project' - a social prescribing campaign supporting prevention
- PCC have re-established police cadets to support young people.

Recommendations to government



Improving outcomes for BAME Communities

- Government should produce a **clear and comprehensive action plan** setting out how it will work with local and regional partners to take action on race disparities and associated risk factors.
- Government **should commission further data, research and analytical work** at the local and regional level to understand the geographical and place dimensions of race disparities in health.

Tackling the wider determinants of health

- The NHS should make local action on tackling health inequalities the **focus of the NHS 'Phase 4 Letter'** on Covid19.
- Government should make health and well-being outcomes a **key driver of economic development and levelling-up policies** including industrial strategy and local industrial strategies; the UK Shared Prosperity Fund; Towns Fund; and future devolution deals.
- Government should **double the proportion of health and social care spending** focused on prevention and public health from 5 to 10 percent over time.

Recommendations to government



Widening Access to Health and Care

- Government should ensure that **Local Authorities have sufficient powers to improve public health and reduce health inequalities**, with Mayoral Combined Authorities providing support where they can add value.
- Government should support the WMCA's proposal to establish **digital screening hubs** in high footfall transport locations.
- Government should do all it can to **close the gap in primary care provision** between the most and least deprived neighbourhoods in terms of funding per patient and serving GPs.
- Government should look to widen its plans and **increase its investment to tackle digital poverty** with a particular focus on those who do not access health and care services online.

People Powered Health

- Government should invest in the WMCA's **Radical Health Prevention Fund** to drive forward innovation, social prescribing and other initiatives to tackle health inequalities in the region.
- Government should pilot the Kruger report's **Community Right to Serve provisions for health and social care** in the West Midlands.

Next steps



- Work with regional partners to develop and implement commitments to action
- Monitoring and review through Wellbeing & Prevention Board
- Engaging with government concerning recommendations and asks
- Development of Wellbeing & Prevention Delivery Programme for 2021/22

Questions for discussion at OSC Meeting



- Does the analysis carried out in the Health of the Region report present an accurate picture of the underlying factors that have been exposed by COVID-19?
- How far will the commitments to action begin to address these underlying health inequalities?
- Given the systemic nature of these problems, how can we enhance the collaboration between different stakeholders: public health / local authorities; NHS agencies; universities etc?
- And what is the role of the WMCA in supporting the above?