



West Midlands
Combined Authority



Health of the Region 2020

Addressing health and wellbeing inequalities and
the impacts of COVID-19 in the West Midlands

Executive Summary

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The Health of the Region 2020 report presents a comprehensive analysis of the health of the West Midlands population. In particular, it highlights national and regional evidence of the impacts of the coronavirus (COVID-19) pandemic which shows that long-standing inequalities in physical and mental health have widened as a consequence of the pandemic, both through direct effects of the virus, and through indirect effects of the control measures taken – and particularly among our Black, Asian and Minority Ethnic (BAME) communities.

The report shows that:

- 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, justice 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.



Health inequalities in the West Midlands:

- Even prior to the pandemic, there were entrenched and persisting health inequalities in our region. On average people in the WMCA have a shorter life expectancy than England overall, and spend more of their lives in poor health. Women in the WMCA live for 82.2 years on average (England 83.2) and spend 22 years in poor health; men live for 78.0 years on average (England 79.6) and spend 18 years in poor health.
- This is due largely to above national average rates of premature deaths from preventable causes (cardiovascular disease, cancer, liver disease and respiratory disease) as well as higher infant mortality rates. These correspond to higher rates of problem drinking, obesity (child and adult) and physical inactivity as well as lower cancer screening cover.
- Premature deaths from preventable causes in turn correspond to wider determinants of health, or the 'causes of the causes'. Most areas in the WMCA have a greater level of socioeconomic deprivation than the national average, with approximately a quarter of children living in low income households. Gross Disposal Household Income (GDHI) per person in 2017 was £16,479 compared with £19,514 in the UK as a whole.
- The lives of many people in the WMCA are hard, and unhealthy behaviours are often coping mechanisms for people who live in challenging circumstances, or reflect the limitations of the environments they live in. Often people want to make positive changes to improve their health, such as being more active or giving up smoking, but are not supported to do so and feel powerless to make positive change.

Health Inequalities in WMCA:



22
Years



18
Years



Years on
average lived
in poor health



Rates of death from
preventable causes are
above national average

e.g. cardiovascular disease, cancer,
liver disease, respiratory disease



There are higher rates of
problem drinking, child and
adult obesity and physical
inactivity



And lower rates of cancer
screening cover



The impact of Covid-19 in the West Midlands

- In line with national findings, the pandemic has exposed and exacerbated existing health inequalities. The WMCA has a higher rate of cases overall than the region as a whole, with Birmingham and Sandwell most affected; rates are also high in Solihull, Walsall and Wolverhampton. The highest rates of COVID-19 related deaths are in more deprived areas, and areas with a greater proportion of residents from BAME communities.
- Lockdown and social distancing measures have had direct impacts on wellbeing and on health behaviours. Anxiety has increased significantly in the West Midlands region, with almost half of people surveyed (47.9%) reporting high levels of anxiety compared to a 2019 average of 21.9%. On average, people reporting feeling 'often lonely' ranged from 4.9% to 6.5% over this period; and was generally higher for younger people.
- Although the pathways are complex and multi-faceted, the fundamental link between health and wealth is still clear. Ultimately, where people are already marginalised and excluded, they are likely to be left further behind as we respond to and recover from COVID-19 unless we actively work to address this. Engagement with stakeholders has consistently highlighted the need to address structural racism and discrimination, which interacts with social and economic determinants of health across the whole system.

Impact of COVID-19:



The WMCA has a higher rate of COVID-19 cases overall than the West Midlands region



Highest rates of COVID-19 related deaths are in:



More deprived areas



Areas with a greater proportion of BAME residents

41.2%–47.9% of people surveyed in West Midlands region reported high levels of anxiety. This is more than double of those surveyed in 2019*

period week ending 22 March – 3 August 2020

38% of parents surveyed in West Midlands region reported their children doing less than 30 minutes of physical activity per day*

period week ending 3 April – 25 May 2020

*Please note use of sample survey data

A 'radical prevention' approach

- In order to address the immediate and emerging health impacts of Covid-19 and take steps towards a happier and healthier population, more resilient to future pandemics, we need to adopt a 'radical prevention' approach.
- Radical prevention means taking action as a whole system to tackle the underlying causes of poor health and health inequalities (the 'causes of the causes') and shifting to more person and community-centred approaches to health and wellbeing. Early intervention and prevention in the early years can have lifelong impact, as well as yielding significant return on investment.
- Radical prevention also involves demanding more inclusive economic growth which can reduce health inequalities. This can be done through improving access to employment, raising income, increasing community safety, improving housing quality and affordability, raising aspirations and improving educational outcomes, providing a high quality local environment and green space, enhancing social relationships and connectedness, and increasing opportunities for participation.

Commitments to action and recommendations

We have identified 4 key challenges arising from this work and for each of these challenges, the WMCA and its partners have made over 50 commitments to action and set out a series of 12 recommendations to government. These are summarised in the tables on the following two pages.

- Challenge 1: Improving outcomes for BAME communities
- Challenge 2: Tackling the wider determinants of health
- Challenge 3: Widening access to health and care
- Challenge 4: People-powered health

Challenge 1: Improving outcomes for BAME communities

Selected Commitments to Action (complete list in full report)

- PHE West Midlands will develop a BAME and Disparities workplan
- Birmingham and Solihull STP will routinely produce data with detailed analysis of factors including ethnicity and deprivation
- WMCA will develop a targeted Thrive mental health programme co-designed with BAME employers and employees

Recommendations to government

- 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.

Challenge 2: Tackling the wider determinants of health

Selected Commitments to Action (complete list in full report)

- WMCA will work with partners to become a Marmot City-Region and develop a 3-year action plan for change.
- The new multi-agency Midlands System Transformation Recovery (STaR) Board, working with PHE WM, will establish a Health Inequalities Working Group which will:
 - support Integrated Care Systems to plan and be held accountable for addressing health inequalities within the populations they serve;
 - provide standards, guidance and tools to ensure health inequalities are considered in the design and evaluation of new NHS services.

Recommendations to government

- 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 wellbeing 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.

Challenge 3: Widening access to health and care

Selected Commitments to Action (complete list in full report)

- Black Country and West Birmingham CCG will develop an Academy to provide population health management capacity to the system. It is developing a number of population health management projects that will widen access to health and care including early diagnosis of cancer in vulnerable groups.
- Birmingham and Solihull STP will develop population health management within Primary Care Networks (PCNs) and ensure its primary care estate is under one digital domain by March 2021 promoting digitally enabled care for staff to work together in virtual multi-disciplinary teams.
- University Hospitals Birmingham will use digital transformation to reduce health inequalities by enabling people to access healthcare and information in a more accessible way, including creating community diagnostic hubs in local neighbourhoods.

Recommendations to government

- 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 must close the gap in primary care provision between the most and least deprived neighbourhoods in terms of funding per patient and serving GPs.
- Government must 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.

Challenge 4: People-powered health

Selected Commitments to Action (complete list in full report)

- WMCA is committed to increase cycling from 3% to 5% of mode share by 2023 through the delivery of the WM Cycling Charter and extending cycling and walking routes.
- WMCA will work with other Commonwealth Games Delivery Partners to develop a long lasting physical activity and wellbeing legacy for the region.
- Black Country & West Birmingham CCG PCNs will have recruited 63 social prescribing link workers, 38 care coordinators and 12 Health and Wellbeing Coaches by March 2021 and plan to recruit more than 200 posts by March 2024.
- The Walsall for All Board will raise public awareness about the support available to improve mental and physical wellbeing through the Walsall Together partnership.

Recommendations to government

- 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.



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