

# Birmingham City Council

## Report to Cabinet

21 July 2020



**Subject:** Initial Analysis of the Impact of COVID-19 on Birmingham's Communities

**Report of:** Assistant Chief Executive and Director of Public Health

**Relevant Cabinet Member:** Councillor Brigid Jones - Deputy Leader  
Councillor Paulette Hamilton - Health and Social Care  
Councillor John Cotton - Social Inclusion, Community Safety and Equalities

**Relevant O & S Chair(s):** Councillor Carl Rice - Coordinating Overview and Scrutiny Chair

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Are specific wards affected?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No – All wards affected
If yes, name(s) of ward(s):		
Is this a key decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, add Forward Plan Reference:		
Is the decision eligible for call-in?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, state which appendix is exempt, and provide exempt information paragraph number or reason if confidential:		

### 1 Executive Summary

1.1 COVID-19 is widely recognised as being the single greatest crisis the country has faced since the Second World War and is expected to have long lasting social and economic impacts on our communities and our city. The pandemic has exposed

inequalities experienced across ethnicity, gender, disability, age, and economic position. It has highlighted existing inequalities in terms of low-income work, education, health, and housing, and has also revealed new divides in terms of the ability to work and learn from home, access to green space, and the extent of digital and financial exclusion.

- 1.2 Understanding how the crisis has affected and will continue to affect our different communities is vital in establishing what Birmingham's recovery needs to look like and is also paramount to ensuring we can address long-standing inequalities which have such a detrimental impact on people's lives.
- 1.3 The purpose of this report is to present an initial analysis of the impact of COVID-19 on Birmingham's communities. The coronavirus pandemic has hit certain communities harder than others and we are taking our responsibility extremely seriously in understanding the factors that led to the differential impact while seeking to be as transparent about this as possible.
- 1.4 This report draws on expertise from across the Council, including Public Health, Adult Social Care, Community Safety and Resilience, Education and Skills, Digital and Customer Services, Birmingham Children's Trust, Equalities and Cohesion, Development Policy, the Cabinet Office, Corporate Communications, and Business Improvement and Change.
- 1.5 The findings presented are based on the information available to date and are intended as a preliminary stocktake of what we know so far, recognising that further analysis will need to be undertaken and reported on as evidence develops. These findings are not exhaustive and the Council recognises that concerted efforts across partners and with communities will be required to establish a comprehensive understanding of the multi-faceted impact of the pandemic on the city.
- 1.6 This report also outlines work that is already underway to drive an evidence-led approach to collect and analyse local insight and intelligence as we start to refine our thinking around recovery. We will continue to identify gaps in our understanding and commit to additional evidence gathering and the commissioning of focussed work as necessary.
- 1.7 This is the start of a longer-term process that will consist of ongoing evaluation and feedback over the course of the next twelve months. This will help the Council and partners to learn lessons and inform our future strategy as we seek to tackle long-standing inequalities in society and drive a more inclusive economy.
- 1.8 Reports will be brought to Cabinet for updates and decisions where appropriate as these different pieces of work progress.

## **2 Recommendations**

- 2.1 It is recommended that Cabinet:

- Notes the initial findings presented on the impact of COVID-19 on Birmingham's communities and the dismaying reality of persistent and long-standing inequalities across the country and in Birmingham that have been exacerbated by the pandemic
- Recognises the crisis as an impetus for change and the need to urgently recalibrate efforts and act to address these inequalities, ensuring we engage with communities, partners, and others to co-create a fairer city
- Notes the work that is being carried out across the organisation and with communities and partners to collect and analyse evidence at a local level on the immediate and longer-term impact of COVID-19

### **3 Background**

#### **3.1 Direct impact of COVID-19: Birmingham overview**

- 3.1.1 The coronavirus pandemic is widely recognised as being the single greatest crisis the country has faced since the Second World War. In the UK, as at 09 July, there are over 287,600 lab-confirmed cases and over 44,600 people have lost their lives to the disease.
- 3.1.2 In Birmingham, up to 09 July, the total number of confirmed COVID-19 cases is 4,822. Up to 23 June, a total of just under 1,190 deaths had been attributed directly to COVID-19 in death certificates. Up to 12 June, the total number of deaths from all causes is 5,653 compared to 4,174 for the same period as an average over the past five years: this is an excess of 1,479. This suggests an increase in non-COVID-19 deaths as well as COVID-19 deaths during the first wave.
- 3.1.3 Behind each of these numbers is someone who has tragically lost their life to the disease. It is right that we acknowledge this huge loss and pay tribute to those individuals who have died as well as to extend our condolences to all those who have lost loved ones as a result of the pandemic.
- 3.1.4 The Council would also like to take this opportunity to recognise and commend the incredible efforts of and significant sacrifices made by our citizens, communities, our own staff, partners, and many others throughout this period. A report was presented to [Full Council](#) on 09 June detailing the Council's response to COVID-19 and how efforts across the city ensured Birmingham's citizens and businesses continue to be kept safe and supported.

#### **3.2 The differential impact of COVID-19**

- 3.2.1 While the coronavirus pandemic is having a devastating impact on all communities, there is clear evidence that COVID-19 does not affect all population groups equally.
- 3.2.2 As the pandemic has progressed there have been ongoing programmes of research and analysis to better understand the inequalities of impact on

individuals and communities in terms of health, wellbeing, and other areas such as employment and education.

3.2.3 A review by [Public Health England](#) (PHE) (02 June) into the disparities in the risk and outcomes of COVID-19 reports major inequalities. Evidence shows that older people, those from BAME groups, those living in deprived areas, and those in certain occupations at a greater risk of getting the infection, having more severe symptoms, and being more likely to die from the disease.

3.2.4 'Disparities in the risk and outcomes of COVID-19' – key findings:

- Age is the greatest risk factor: for those diagnosed with COVID-19, **people who were 80 or older were seventy times more likely to die** than those under 40\*
- For those diagnosed with COVID-19, the risk of dying was higher in males, with men making up 60 per cent of deaths despite making up 46 per cent of diagnoses. Working age males are twice as likely to die as females\*
- The **risk of getting and dying from COVID-19 is not evenly spread across the country**, with London having the highest rates of COVID-19 diagnoses and deaths, followed by the North West, North East, and West Midlands
- **People living in deprived areas have higher diagnosis rates and death rates** than those living in less deprived areas, with mortality rates in the most deprived areas more than double compared with the least deprived\*
- Of those diagnosed with COVID-19, **people from Black, Asian and minority ethnic (BAME) groups were more likely to die than someone who is white British**, with people of Bangladeshi ethnicity twice as likely to die, and other Asian, Chinese, Indian, Pakistani, Caribbean and other black ethnicities 15 to 50 per cent more likely to die\*
- Deaths in care homes accounted for 27 per cent of deaths from COVID-19 up to 8 May 2020. There have been **2.3 times the number of deaths in care homes than expected** between 20 March and 7 May when compared to previous years, which equates to **around 20,457 excess deaths**
- When compared to previous years, there was a particularly **high increase in all cause deaths among those born outside the UK and Ireland**, with the biggest increase for people born in Central and Western Africa, the Caribbean, South East Asia, the Middle East, and South and Eastern Africa
- Among deaths with COVID-19 mentioned on the death certificate, a **higher percentage mentioned comorbidities (including diabetes, hypertensive diseases, chronic kidney disease, and dementia) than all cause death certificates**
- The review also considered broader evidence to look at some occupations, and found that people in **certain occupations (for example, those working in construction, social care, and as taxi and bus drivers) had significantly high mortality rates from COVID-19\*\***

- 3.2.5 \*The analyses for age, sex, geography, and ethnicity did not account for the effect of occupation, comorbidities, or obesity which are all significant risk factors in themselves and are likely to explain some of the differences. \*\*The analysis for occupation does not prove that the death rates are caused by occupational exposure since factors such as ethnicity and place of residence were not adjusted.
- 3.2.6 Differential impact of COVID-19 on people with disabilities
- 3.2.7 Additionally, [ONS data](#) (02 March to 15 May) reveals that there has been a disproportionately high number of deaths of disabled people during the pandemic. This analysis was done according to a person's disability status as recorded in the 2011 Census: people are counted as disabled if they said their daily activities were 'limited a little' or 'limited a lot' by a health problem or disability.
- 3.2.8 Evidence shows that, for those aged 9 to 64 years, the rate of death involving COVID-19 for disabled males was 6.5 times greater than those not disabled, while for females it was 11.3 times greater. After adjusting for region, population density, socio-demographic and household characteristics, the relative difference in mortality rates between those 'limited a lot' and those not disabled was 2.4 times higher for females and 1.9 times higher for males.
- 3.2.9 The 'learning from deaths of people with learning disabilities' (LeDaR) programme has reported 43 per cent of deaths of people with learning disabilities were attributed to COVID-19 between 16 March to 5 June. In the same period, 24 per cent of deaths in the general population were COVID-19 related.
- 3.2.10 The importance of these findings cannot be overstated. It is estimated that in 2019 around 50,860 adults aged 18-64 in Birmingham have a moderate disability and a further 14,287 have a serious physical disability. A substantially higher proportion of individuals who live in families with disabled members live in poverty compared to individuals who live in families where no one is disabled. People with a disability are often vulnerable and can suffer from poorer health than the general population. They can also experience worse outcomes when the wider determinants of health are considered.
- 3.2.11 There is a great need for further investigation to understand the reasons behind the disproportionate impact on people with disabilities. The Council is committed to undertaking focussed pieces of work to gather this insight as well as considering national and global evidence. Details of how we are initially engaging with people with disabilities on a local level to understand their experiences during the crisis are included further on in this report.
- 3.2.12 Differential impact of COVID-19 on BAME communities
- 3.2.13 The NHS have started to report a breakdown of COVID-19 deaths in hospital by age, gender, and pre-existing conditions. Up to 07 June 2020, for Birmingham and Solihull Sustainability and Transformation Partnership\*, 52.3 per cent were

aged 80 and over, 58.8 per cent were male, and 96 per cent had a pre-existing condition (\*deaths at University Hospitals Birmingham, the Royal Orthopaedic Hospital Trust, and Birmingham Community Healthcare Trust only). This is similar to the national picture: for deaths in hospitals in England during the same period, 53.2 per cent were aged 80 and over, 60.9 per cent were male, and 95.2 per cent had a pre-existing condition.

3.2.14 Although the PHE review found that people from BAME groups were more likely to die from COVID-19 than someone who is white British, other studies that looked at BAME and comorbidities (such as a study by [King's College Hospital](#)) found no association between BAME and COVID-19 severe illness when comorbidities, age, and gender were accounted for (N=1,200).

3.2.15 However, we know that comorbidities which increase the risk of poorer outcomes from COVID-19 are more common among certain ethnic groups and are often poorly managed. For example, evidence suggests that type two diabetes is more prevalent among BAME communities; people of Bangladeshi and Pakistani background have higher rates of cardiovascular disease than people from white British ethnicity; and, people of black Caribbean and black African ethnicity have higher rates of hypertension compared with other ethnic groups.

3.2.16 [Additional analysis](#) (16 June) gathered by PHE from over 4,000 stakeholders and a review of literature to understand the experiences of those from BAME communities reveals concerning evidence and testimonies that racism, discrimination, and social inequalities have contributed to the disproportionate impact of COVID-19 on people from BAME groups.

3.2.17 'Understanding the impact of COVID-19 on BAME groups' – key findings:

- **Both ethnicity and income inequality are independently associated with COVID-19 mortality**
- **Many of the pre-existing health conditions that increase the risk of having severe infection (such as diabetes and obesity) are more common in BAME groups** and many of these conditions are socio-economically patterned
- **Housing challenges faced by some individuals from BAME groups can exacerbate risks associated with COVID-19** transmission, morbidity, and mortality
- Individuals from **BAME groups are more likely to work in occupations with a higher risk of COVID-19 exposure**
- Individuals from **BAME groups are more likely to use public transport to travel to their essential work**, putting them at greater risk of exposure
- **Historic racism and poorer experiences of healthcare or at work may mean that individuals in BAME groups are less likely to seek care when**

**needed** or, as NHS staff, are less likely to speak up when they have concerns about Personal Protective Equipment (PPE) or risk

3.2.18 As with the impact on people with disabilities, the importance of these findings cannot be overstated. Birmingham has a greatly diverse ethnic population, with 42.1 per cent of people from a BAME background compared with 15 per cent in England (2011 census). The city experiences high levels of deprivation – the 2019 Index of Deprivation ranks Birmingham as the seventh most deprived local authority in England and 43 per cent of people in the city live in the 10 per cent most deprived areas in England. There is also a considerable gap in life expectancy between the wealthiest and poorest wards and the city has pockets of high levels of overcrowding ([National Policy Institute](#)).

3.2.19 In relation to the economic and labour market impact of COVID-19 on BAME communities, the research thus far has been at a national level. In general, there is less data available at a local level and most official labour market data comes with a time lag, meaning estimates of the labour market impact by BAME groups will not be available until later in the year. However, figures from 2019 show that BAME groups in the city have higher unemployment and are more likely to work in lower skilled occupations which may put them at a greater risk from COVID-19. For example, for those employed in transport and communication, 27,000 are from an ethnic minority group compared with 22,900 who are white.

3.2.20 The Council shares the public's dismay and anger at these findings. Long-standing inequalities in health and wellbeing in the UK existed before COVID-19 and the disproportionate impact of the pandemic has made these disparities more apparent and has undoubtedly exacerbated them.

3.2.21 Urgent action is needed to change the structural and societal environments across the country, and racism and disadvantage must be tackled as part of our recovery response to COVID-19 as well as underpinning the Council's wider work. We are absolutely committed to working with communities and partners to respond directly to these findings and to co-create solutions to overcome these deep-seated issues.

### 3.3 PHE recommendations to respond to the differential impact on BAME communities

3.3.1 In their [report](#), PHE sets out a suite of recommendations arising from requests for action from stakeholders. These are considered areas where commitment, focus, and delivery at scale could make a significant difference in improving the lives and experiences of BAME communities.

3.3.2 The recommendations are as follows:

- Mandate **ethnicity data collection and recording** as part of routine NHS and social care data collection systems and ensure that data are readily available to local health and care partners to inform actions to mitigate the impact of COVID-19 on BAME communities.

- Support **community participatory research**, in which researchers and community stakeholders engage as equal partners in all steps of the research process, to understand the social, cultural, structural, economic, religious, and commercial determinants of COVID-19 in BAME communities, and to develop readily implementable and scalable programmes to reduce risk and improve health outcomes.
- **Improve access, experiences, and outcomes of NHS, local government, and integrated care systems commissioned services** by BAME communities including: regular equity audits; use of health impact assessments; integration of equality into quality systems; good representation of BAME communities among staff at all levels; sustained workforce development and employment practices; and, trust-building dialogue with service users.
- Accelerate the development of **culturally appropriate occupational risk assessment tools** that can be employed in a variety of occupational settings and used to reduce the risk of employee's exposure to and acquisition of COVID-19.
- Fund, develop, and implement **culturally appropriate COVID-19 education and prevention campaigns**, working in partnership with local BAME and faith communities to reinforce individual and household risk reduction strategies; rebuild trust with and uptake of routine clinical services; reinforce messages on early identification, testing and diagnosis; and, prepare communities to take full advantage of interventions including contact tracing, antibody testing and ultimately vaccine availability.
- Accelerate efforts to **target culturally appropriate health promotion and disease prevention programmes** for non-communicable diseases (i.e. those that are not transmissible directly from one person to another), promoting healthy weight, physical activity, smoking cessation, mental wellbeing, and effective management of chronic conditions including diabetes, hypertension and asthma.
- Ensure that **COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health** to create long term sustainable change.

3.3.3 The above recommendations include actions that need to be driven at national level as well as those that can be implemented on a local level. The Council will ensure that this insight and these recommendations are properly considered with relevant partners alongside the gathering of our own evidence and intelligence to better understand the local impact of COVID-19 as we look towards recovery.

3.3.4 An overview of further work that the Council is undertaking to gather this intelligence is presented later in this report. We will also continue to monitor the national situation, including reviewing further research and analysis as it develops, and ensure this is fed into our own work and approach.

### **3.4 Understanding the wider impacts of COVID-19 and the lockdown**

- 3.4.1 Beyond the immediate cases of the disease, the social and economic impacts of the pandemic and imposed lockdown on individuals and communities are significant and widespread, with the full, longer-term implications still to be fully realised.
- 3.4.2 For those disadvantaged people who were already struggling prior to the crisis, the pandemic and lockdown measures are likely to have made life even more difficult.
- 3.4.3 Contagion effects will have knock-on effects on, for example, health and social care, housing, health and wellbeing, and the benefits system. This is likely to include negative impacts on mental health following extended periods of isolation and social distancing; an increase in domestic abuse; negative effects on health more broadly for those who have been deterred from accessing support for other health needs; and, negative impacts as a result of digital exclusion.
- 3.4.4 The Council is analysing data and evidence across different areas to understand the wider impacts of COVID-19 and the lockdown. This section of the report presents a picture of what we know so far against some key areas, with the view that further intelligence-gathering is necessary to build an informed understanding at a local level across all relevant areas.
- 3.4.5 The information presented below is not exhaustive.
- 3.4.6 Economy
- 3.4.7 The [ONS](#) (12 June) have released the first official estimates of how UK economic output has been affected by the pandemic. The monthly GDP data for April 2020 shows economic output in the UK contracting by over 20 per cent – the largest monthly contraction on record.
- 3.4.8 Predictions range in terms of the scale and length of the economic impact. However, as the challenges and complexity of safely exiting lockdown become more apparent, forecasters are beginning to reach a consensus that the UK economy will contract sharply with gradual recovery taking place over the next two to five years. The Bank of England have forecast that, in 2020, the UK will go into the deepest recession in modern times.
- 3.4.9 Whilst the outbreak and lockdown has impacted more heavily in the short term on certain sectors, no aspect of the local economy and labour market will be fully insulated from the economic impact in the longer term.
- 3.4.10 The West Midlands is particularly vulnerable, both socially and economically, and Birmingham is predicted to be one of the worst affected cities globally and is anticipated to recover more slowly. Research by Oxford Economics found that local GDP is set to contract by 7 per cent in 2020.
- 3.4.11 The main sectors expected to be impacted in the West Midlands mirror the national picture but the region is particularly exposed because of its economic dependency on the automotive, manufacturing, and education sectors as well as the cultural and creative sector and tourism.

- 3.4.12 The region's large manufacturing sector and associated local supply chains play a major role in the local economy. The automotive industry, worth over £11 billion to our regional economy, was already in difficulty prior to the current crisis with falling demand for diesels vehicles and falling sales in key export markets. New car sales have collapsed and demand from corporates and individuals is likely to be remain subdued in the short to medium term. Analysis undertaken by the West Midlands Economic Intelligence Unit estimates that 60 per cent of the associated automotive supply chain could fail.
- 3.4.13 COVID-19 is expected to have £7 billion negative impact on the UK's higher education (HE) sector. Revenue losses will be driven by a reduction in international student fees, student accommodation, and commercial activity. The six largest universities in the region (including Aston University, Birmingham City University, and University of Birmingham) have a total contribution to the regional economy of over £12 billion. The potential impact on the HE sector is emerging as a significant risk for the local economy due to its size and its reliance on international students.
- 3.4.14 Prior to COVID-19, the country's creative sector was growing at five times the rate of the wider economy, employing over two million people and contributing £111.7 billion to the economy – more than the automotive, aerospace, life sciences, and oil and gas industries combined. However, the creative sector around the world has been decimated by the pandemic and many creative subsectors are expected to lose more than half their revenue and over half of their workforce. Relative to the size of the creative industries in 2019, the West Midlands is expected to be the hardest hit region in employment terms, with a projected 43 per cent drop in creative jobs in 2020 ([Oxford Economics](#), 15 June).
- 3.4.15 The city is a key destination for business and leisure tourism. The visitor economy locally generates around £7 billion in economic output and supports 76,000 full time equivalent jobs. In a survey undertaken by the West Midlands Growth Company (WMGC) in April on the impact of COVID-19 on the regional tourism industry, 40 per cent of businesses had closed or ceased trading and only 32 per cent expected to be still be open or trading at the end of June if lockdown restrictions continued.
- 3.4.16 The city is also a regional hub for retail and leisure activity, with 125,000 people employed in these sectors which accounts for nearly a quarter of workplace-based employment in the city. This sector has been severely impacted by the lockdown and the industry mix locally – characterised by high numbers of micro and small businesses and independent traders – makes it highly likely that it will be one of the sectors that bears the brunt of business closures and staff redundancies.
- 3.4.17 Birmingham's business base is characterised by micro, small, and medium business. There are over 36,700 businesses in the city, with 99.6 per cent of these being SMEs (employing under 250 people) and SMEs accounting for

nearly two thirds of the city's employment. Businesses across the city have seen trade fall dramatically during the crisis and, in many cases, have had to temporarily cease trading altogether. Forecasted large scale redundancies will not only transfer the problems to households and to strained public services but will damage communities over the longer-term and impact on the city's ability to rebound from the crisis.

#### 3.4.18 Employment

3.4.19 In May, the number of people out of work and claiming work-related benefits in the UK stood at 2.8 million – an increase of 126 per cent compared to 1.24 million since the beginning of lockdown in March – and unemployment is expected to steadily increase in the coming months.

3.4.20 Prior to the current crisis, the city's workforce was already characterised by lower skill levels, lower employment rates, and higher rates of unemployment and economic inactivity among working age residents. The city has the highest unemployment rates amongst the core cities which is well above the UK rate and the gap with the national average has been widening as unemployment continues to rise. The latest data for May 2020 shows that claimant unemployment locally stood at 77,710, its highest level since 1987.

3.4.21 The imposed lockdown, although necessary to protect people's health, has led to 9.4 million employees in 1.1 million firms across the country being furloughed as part of the Government's Coronavirus Job Retention Scheme, with a further 2.7 million self-employed workers on the Self-Employment Income Support scheme (as at July).

3.4.22 In the West Midlands, 697,100 were furloughed (as of 11 June) which is approximately 27 per cent of jobs ([Government Statistical Bulletin](#)). This accounts for 10.8 per cent of the England total which is the fourth highest English region. Birmingham is one of the top five affected cities nationally ([WM-REDI West Midlands Weekly Economic Impact Monitor](#), 19 June). Data for June 2020 shows that 122,800 Birmingham workers were furloughed which is around a quarter of those in the city who are employed. Many of these people will be vulnerable to unemployment as the scheme is phased out.

3.4.23 Analysis shows that young people, low earners, and women were particularly hard hit by the lockdown measures as retail, hospitality and leisure, and other sectors were forced to close. Workers under 25 years old were around two and a half times more likely than other employees to work in a sector that has closed while women were around a third more likely than men to work in a sector that has closed ([Institute for Fiscal Studies](#), 06 April). Women are also six times as likely as men to be lone parents which is another demographic category that holds a disproportionate share of jobs at risk ([McKinsey](#), 11 May).

3.4.24 While we cannot yet fully know the extent of the longer-term impact of the crisis on different groups, insight we have gathered so far indicates that those who were already disadvantaged prior to the pandemic will be harder hit, regardless

of whether they contract the disease. This includes young people, low income households, those in low-skilled jobs, those lacking qualifications, and those in insecure or temporary employment. The McKinsey Global Institute also found that 'at-risk' jobs are disproportionately concentrated in disadvantaged groups, including the young (under 35), lone parents, part-time workers, and women (due to women being over-represented in the lone parent and part-time worker groups). According to McKinsey, the most vulnerable workers are also those most at risk, with a strong correlation between furloughing and low income or low levels of education.

3.4.25 This raises serious concerns that our most vulnerable citizens and deprived neighbourhoods will bear the brunt of the longer-term impacts of COVID-19, with the potential for an increase in deprivation levels and a further widening in inequality in the city.

3.4.26 It is also particularly concerning given Birmingham's young population (with 46 per cent of citizens under 30 years old) and low rates of educational attainment – 16 per cent of people in Birmingham have no formal qualifications, twice the national average of 8 per cent. BAME residents are more likely to work in lower skilled, lower paid, and more insecure employment and are also more likely to be working in sectors like retail, hospitality, and transport – indicating that they have been hit harder by lockdown measures and will continue to be impacted by the forthcoming recession.

3.4.27 Research by the Resolution Foundation has suggested that the 'corona class of 2020', the 800,000 young people who are about to leave education and enter the labour market, are the most exposed age group to the likely spike in unemployment caused by the current crisis and they may suffer long-term impacts on their careers as a result. Over a decade on from the 2008 economic crisis, the Resolution Foundation found that young people who entered the workforce during that period continue to face higher rates of unemployment, lower pay, and lower job prospects. Early indications are that the coronavirus crisis and ensuing economic impacts will once again significantly impact on younger generations, whether due to educational disruption, reduced employment prospects, or diminished aspirations.

3.4.28 The city experienced a disproportionate rise in unemployment during the last global economic crisis in 2008/09 and it is vital that the already high levels of unemployment in the city are not left unchecked to rise significantly during this crisis.

#### 3.4.29 Education and skills

3.4.30 Birmingham schools, along with those across the country, closed to the majority of pupils from 20 March in line with government guidance. Most schools remained open for vulnerable children and the children of key workers. Around 3,000 children attended school and around 2,000 attended early years settings throughout the lockdown period.

- 3.4.31 Since the start of June, Birmingham's schools have been welcoming back more pupils in the eligible year groups set out by the Government. As of early July, attendance in Birmingham schools was around 27,000 each day. However, attendance levels vary across the city and evidence has shown that areas of the city with higher BAME populations have lower numbers of pupils attending. For example, in mid-June, Sparkhill (91.27 per cent BAME) had 1.76 per cent of pupils attending whereas Sutton Roughley (29.79 per cent BAME) had 34.48 per cent of pupils attending. The Council is working with school leaders across the city to address these issues and ensure that more children return to school.
- 3.4.32 Many children have experienced disruption to their education and there is likely to be disparity in the impact on educational attainment across the city, with children from more disadvantaged backgrounds potentially having fewer learning opportunities at home. For example, due to a lack of access to IT to facilitate home learning and less support to implement it.
- 3.4.33 A disparity in qualification and skill levels between residents in different communities and areas of the city already exists and there is the potential that the current crisis will exacerbate this. Resident qualification levels in Birmingham are already well below the national average and amongst the lowest of the UK core cities – 52.2 per cent of working age residents are qualified to NVQ3+, over 5 percentage points below the UK rate of 57.6 per cent.
- 3.4.34 The Council has worked with the Department for Education (DfE) and schools to distribute laptops that have been provided by the Government for disadvantaged pupils. We have also worked with partners to help schools unlock resources so that existing stock and repurposed devices within schools can be safely used by pupils. Donations from businesses and members of the public have also been used to purchase equipment and connectivity.
- 3.4.35 The pandemic has had a devastating impact on early years provision across the country, impacting children, parents, and providers, and exacerbating existing vulnerabilities. Early education plays an important role in children's development and family wellbeing. The first years in children's lives are also a crucial stage for social mobility, with the poorest children around eleven months behind those children who are better-off before they start school. Attending high-quality early years provision provides a vital opportunity to narrow this gap before children start school.
- 3.4.36 Evidence compiled by [Sutton Trust](#) (01 July) found that 68 per cent of parents of two to four year olds reported accessing formal early education or childcare before March but just 7 per cent of children continued to attend throughout the lockdown period. The report also found that 34 per cent of surveyed providers in the most deprived areas were unlikely to still be operating next year compared to 24 per cent of those in the least deprived areas, while 31 per cent of providers were expecting to make redundancies.

- 3.4.37 The sector was already under pressure before the pandemic, including facing rising costs, an unstable workforce supply, and, often, insufficient government funding. Job losses in early years provision as a result of the pandemic is likely to have a greater impact on women, with women making up 97 per cent of year years staff in England ([Gov.uk](#), 2019).
- 3.4.38 In the short and longer-term, this is expected to have a far greater impact of those children who are already at a disadvantage or vulnerable due to missing out on opportunities for high-quality education. This has the potential to widen existing school readiness gaps.
- 3.4.39 Children and young people (CYP)
- 3.4.40 The pandemic has undoubtedly impacted on all children and young people but is expected to have had a greater impact on some more than others. This includes disabled children, isolated care leavers, those with no recourse to public funds (NRPF), homeless families, children subject to pre-proceedings, unaccompanied asylum-seeking children, and young people not in education, employment, or training (NEET).
- 3.4.41 In general, across the city there have been relatively low levels of school attendance by vulnerable children (although slightly ahead of the national picture), thus potentially widening the attainment gap for these children who are less likely to access online learning at home.
- 3.4.42 Lockdown measures are also likely to put already vulnerable children at increased risk of abuse and neglect and there is a particular concern about ‘hidden harm’ to those children who are not attending school and are therefore not being seen or supported. During the lockdown period, there have been record levels of reports of domestic abuse to West Midlands Police and increased referral rates to Birmingham Children’s Trust.
- 3.4.43 Referrals of concern to the Trust have reached pre-pandemic levels, despite limited school attendance and low school referrals, suggesting a significant future surge in demand for support for vulnerable children.
- 3.4.44 There is also a concern regarding young people’s mental health, with demand for services in Forward Thinking Birmingham (the city’s mental health partnership for CYP) and substantial take-up of Kooth (a national online mental health support service which was commissioned as part of Birmingham Children’s Partnership’s response to COVID-19).
- 3.4.45 National data from Kooth indicates that the mental wellbeing of children and young people from BAME communities has been disproportionately affected over the last three months compared with those who are white ([XenZone](#)). Young people from BAME groups who are seeking help through Kooth for anxiety and stress rose by 11.4 per cent during March, April, and May compared with the same period last year, while it rose by 3 per cent among white children over the same period.

3.4.46 Lockdown also forced the closure of the Council's youth centres which are often a lifeline for many young people, although services in the city were adapted and online support was swiftly put in place.

#### 3.4.47 Health and wellbeing

3.4.48 COVID-19 has had a profound effect on the UK's mental health and wellbeing and has the potential to have lasting impacts on some people and communities. During the crisis, many people have been isolated from friends and family, people's lives have been significantly disrupted, and key support services across the country have been interrupted.

3.4.49 In a national survey (11 to 14 June), 34.5 per cent of people reported COVID-19 was making their mental health worse (N=790) while 47.8 per cent of people reported their overall well-being was being affected (N=1,890) ([ONS](#)). The impact on young people is seemingly even greater. A national survey of people aged 14 to 25 (March to April) reports that 65 per cent of respondents were worried about their mental health in light of COVID-19 (N=1,535) ([Beatfrees](#)).

3.4.50 [ONS](#) data (22 May) reveals that women were more concerned than men about the effect COVID-19 was having on their life, with 79 per cent of women concerned compared to 66 per cent of men.

3.4.51 Locally, initial findings from the Council's own health and wellbeing survey (launched by Public Health on BeHeard from 22 May to 31 July) suggest people are experiencing increased feelings of loneliness; reduced levels of physical activity; and, potentially unhealthier food habits. Just over 3 per cent of the initial sample (N=1,024) reported using food banks for the first time during lockdown, while 29 per cent reported their household income had fallen, and 40 per cent reported feeling more worried about finances than before the lockdown began.

3.4.52 During the lockdown, compared with non-disabled people, those with disabilities have experienced greater levels of anxiety, greater difficulty in accessing everyday needs (including medication and essentials), and are more likely to have felt lonely ([ONS](#), 11 June). Additionally, the National Autistic Society (NAS) has stressed that changes to routine, the sensory challenges of increased handwashing, and the general anxiety of the pandemic can have a significant effect on those with autism.

3.4.53 Public Health have commissioned a range of community organisations to work with BAME, disabled, and LGBT communities to understand specific issues around COVID-19 and to develop culturally sensitive methods of engagement. Early findings from this work reveals some common themes. These include challenges posed by inaccessible support services and guidance; an increase in domestic violence; concerns around the easing of lockdown measures (including returning to education and places of worship); the existence of language barriers when trying to access local and national resources; and, misinformation being shared within communities. More detailed findings are presented in Appendix 1.

- 3.4.54 The importance of staying home to help stop the spread of COVID-19 has also meant those suffering domestic abuse are spending more time with their perpetrators with fewer opportunities to seek help. Although no additional calls were received early on during lockdown, the Council's Housing services have reported an increase in domestic abuse presentations by 30 per cent compared to the previous period in 2019.
- 3.4.55 Additionally, the impact of collective grief and trauma is widely expected to trigger an increased demand for mental health support in the months ahead, putting additional demand on services that are already under pressure.
- 3.4.56 Digital exclusion
- 3.4.57 COVID-19 has sharply brought into focus the fact that the digital skills gap impacts not just individuals but many of the organisations and communities that are part of their support circle. As the economy moves into recession, with more people moving into poverty, digital exclusion will both widen and deepen, creating greater social, economic, and wellbeing inequalities.
- 3.4.58 Much of the data on digital exclusion exists at either regional or national level. Across the UK, 3.6 million people (7 per cent) are almost completely offline while an estimated 9 million (16 per cent) do not have foundation digital skills (i.e. they are unable to use the Internet and their device by themselves) ([Lloyds Bank UK Customer Digital Index 2020](#)).
- 3.4.59 In terms of internet usage, 2019 figures show that those using the internet in the last three months in Birmingham is slightly above national and regional figures ([ONS](#)). Locally, numbers increased from 77.4 per cent in 2013 to 91.4 per cent in 2019. Nationally, recent internet users increased from 83.3 per cent in 2013 to 90.8 per cent in 2019 while users increased from 79.6 per cent in 2013 to 88.7 per cent in 2019 in the West Midlands.
- 3.4.60 While age remains the biggest indicator of whether an individual is online, often, vulnerable and disadvantaged people are also likely to be digitally excluded. For example, people with an annual household income of £50,000 or more are 40 per cent more likely to have foundation digital skills than those earning less than £17,499. People with an impairment are 25 per cent less likely to have the skills to access devices and get online by themselves.
- 3.4.61 However, digital exclusion and digital poverty are no longer about having access to a digital device and connectivity in the home. For example, many young people have smart phones irrespective of their levels of deprivation. However, they may have limited data, there may only be one device within the family, or the device may not be suitable for educational and other learning experiences.
- 3.4.62 In a 2019 survey, 1 per cent of young people aged 11 to 18 (N=1,006) had no home internet access (which equates to an estimated 60,000 people across the UK), while 12 per cent are unable to use their devices at home ([Lloyds Bank and the Learning Foundation](#)). For Birmingham, this indicates 2,600 children without

internet and 30,000 without access to a device. However, local data from academies indicates numbers are over double that, with at least 5,000 children without internet at home and 65,000 without access to laptop, PC, or tablet. Access to digital technology is fundamental for learning but is also important for a range of other health, wellbeing, and aspirational reasons.

3.4.63 During the coronavirus pandemic, local voluntary and community sector organisations have reported that many elderly and vulnerable people are isolated in their homes with limited means of communicating with the outside world or getting access to vital services such as health, benefits, housing, food, or banking.

3.4.64 Frontline community organisations are also in desperate need of digital devices to be able to mobilise in order to support households facing self-isolation. There is an imperative to support digital inclusion activities, particularly given the risk that there will be a second wave of COVID-19 following the lifting of lockdown measures.

3.4.65 In response, organisations across Birmingham have formed the Digital Learning Partnership which seeks to map the situation across the city, publicise DfE schemes, and support schools and education providers to think about solutions. We have also formed links with the telecoms industry to see how they might support this agenda.

#### 3.4.66 Housing and homelessness

3.4.67 The pandemic has resulted in a positive impact, at least in the short-term, for the city's rough sleepers. Local authorities in England were given additional Government funding to provide accommodation for rough sleepers as the coronavirus crisis took hold of the country.

3.4.68 However, demand for housing, homeless services, benefits, and other means of support are expected to increase dramatically as Government measures that were implemented to protect people during lockdown are lifted, further job losses across the city are made, and the city faces the anticipated recession.

3.4.69 Research suggests that housebuilding could fall dramatically as a result of COVID-19. It suggests that the UK may see the number of new homes completed decrease from 244,000 in 2019/20 to 160,000 in 2020/21. This decrease is expected to be maintained for four to five years while the economy strengthens and the housing sector rebounds. This would bring both social and economic challenges for the city since a significant downturn in completions would mean more residents are unable to access suitable housing as well as there being a reduction in demand for construction workers.

#### 3.4.70 Voluntary community sector

3.4.71 The sustained work during the pandemic of the city's voluntary and community organisations has been incredible and has helped to protect the health and wellbeing of many people across the city.

3.4.72 However, the voluntary sector is expected to be greatly affected as a result of the crisis which will have a significant impact on more vulnerable people who are dependent on this sector for resource and support. Demand is expected to increase across some services while provider markets have been de-stabilised.

3.4.73 The Council has commissioned Locality to understand how community organisations have mobilised during the crisis and to explore what lessons can be taken forward, particularly around the Council's [localism](#) agenda.

#### 3.4.74 Local assets and centres

3.4.75 Lockdown measures forced the closure or adaptation of the city's local assets, including libraries, the majority of adult day care centres, sports and leisure facilities, playgrounds, places of worship, community centres, and other assets that play a key part in many people's lives.

3.4.76 It is too early to tell what the long-term impacts might be on these places, but many will have experienced loss of income and will face additional pressures as premises are required to adapt as lockdown measures are eased.

3.4.77 The fact that the retail and leisure sector has been hit hard by the lockdown and faces an uncertain future could have a potentially devastating effect on our high streets and local centres. These areas are key community assets and centres of local employment, and many have already been in decline in recent years.

### **3.5 Responding to this evidence**

3.5.1 COVID-19 has been a profound and epic shock to the city and the organisation in many ways, mainly for ill, but it also provides an unparalleled opportunity for the Council to work with communities and partners to collectively drive a fundamental rethink and reset of life chances for people in the city.

3.5.2 As we move into recovery and renewal, reducing socio-economic inequalities must be at the heart of the 'new normal'. This report accentuates the need to redouble and, perhaps in some instances, reconfigure our efforts; to take urgent action to drive structural change; and, to develop coordinated and locally tailored approaches to address long-standing inequalities which have such a detrimental impact on people's lives.

3.5.3 The findings presented above start to scratch the surface of what we need to know in relation to these hugely complex and unprecedented circumstances. The Council recognises that concerted efforts will be required over the next twelve months and beyond to establish a comprehensive view of the multi-faceted impact of the pandemic on our communities and city.

3.5.4 These findings are being taken into account as part of the current preparation of the Council's delivery plan for the next two years which will ensure our ongoing commitment to reducing inequalities underpins everything we do.

3.5.5 In 2019, the Council set five equality objectives for 2019 to 2023 (Appendix 2) to help drive equality and inclusion across all areas of our work, including how we

shape policy and deliver services. This sets a framework for action for improving the lives of our residents by advancing inclusion, diversity, and equality of opportunity. However, we acknowledge that this may need to be reviewed to ensure it is fit for purpose to meet the issues the pandemic has brought to the fore.

- 3.5.6 There are several key considerations that need to be taken into account to ensure we focus our efforts in the right way. These points are not exhaustive and will evolve over time as we seek to cultivate a deeper understanding of the direct and indirect impacts of COVID-19 on the city and its different communities.
- 3.5.7 Firstly, tackling systemic issues and creating a fair, inclusive city as part of recovery will only be successful if it is a whole-city and citizen-focussed approach, and meaningful engagement and participation will be key to this. It is imperative that the Council works with the city's communities, businesses, anchor institutions, voluntary sector organisations, and other partners and stakeholders to ensure that recovery planning and the approach to implementation are coordinated and co-designed.
- 3.5.8 Community participation will be a vital part of the Council's two year delivery plan, with work ongoing over the summer period with Members, partners, and communities to distil the key actions that we need to take in a manner that is connected to economic growth, climate change, health, and the modernisation of the Council.
- 3.5.9 Additionally, we must take a data-led and evidence-based approach to build a robust understanding of our communities on a granular level, including ascertaining the social, health and wellbeing, and economic impacts of the pandemic in the short and longer-term to guide our approach to recovery and wider delivery planning. For example, we should monitor and track equalities information in all the services we provide and encourage partners to do the same to enable us to understand current need as well as undertaking broader evidence-gathering and analysis to anticipate changes to future demand.
- 3.5.10 The nature of the ongoing crisis has necessitated a swift transition to new ways of working to continue to meet our statutory responsibilities as well as developing new, tailored solutions to respond to the unique challenges that have arisen. The city's commendable response – from individuals, communities, the voluntary sector, faith communities, partners, and many others – has demonstrated incredible commitment, collaboration, and innovation.
- 3.5.11 This has provided a cause for celebration and gives energy and focus to the Council's existing localisation and community engagement agenda. We need to learn from and build on what has worked well and look to exploit further opportunities to accelerate transformation, drive efficiencies, and strengthen partnerships which can underpin the recovery process.

### **3.6 Immediate next steps**

3.6.1 In parallel with the Council's delivery planning we have identified the following next steps in light of the findings presented in this report:

- **Continuing efforts to effectively respond to COVID-19 and preparing for a potential second wave**, including learning from what went well in our initial response and ensuring we drive improvements where we can.
- Delivering a programme of activity to **gather further local insight**, enabling us to build a full picture of the wider impact of COVID-19 on the city's communities. This includes targeted engagement with groups who have been most adversely affected by the pandemic and/or who are likely to be harder hit in the longer term. We will continue to identify gaps in our understanding and commit to additional evidence gathering and the commissioning of focussed work as necessary.
- **Planning for recovery**, ensuring we work with partners to develop an approach that is underpinned by the need to tackle longstanding inequalities and address the expected wider impacts of the pandemic.

3.6.2 The remainder of this report provides further detail on these three areas.

### **3.7 Continuing efforts to effectively respond to COVID-19 and preparing for a potential second wave**

3.7.1 We acknowledge the vital role our partners and many other organisations have played in ensuring the city can respond to the coronavirus pandemic and protect the city. Birmingham has not seen the worst-case scenario in terms of confirmed COVID-19 cases or deaths, thanks to the tremendous work carried out by colleagues across health and social care as well as the incredible response from the voluntary sector and communities. Many of these organisations and communities self-mobilised and were able to reach marginalised and vulnerable households that the Council had limited reach into.

3.7.2 Moving forward, we are committed to embracing new ways of working to strengthen these relationships and collectively tackle the issues raised and exacerbated by the crisis. The Council will continue to work closely and drive a multi-agency approach with key partners, including the NHS, the West Midlands Combined Authority (WMCA), peer local authorities, those on the Birmingham City Board, BVSC, and many others.

3.7.3 In the immediate term, the Council is continuing to respond to COVID-19 as well as ensure we are well-prepared to mobilise ahead of a potential second wave and can continue to protect the health of local people as lockdown measures are eased.

3.7.4 Public Health have developed an approach to local Test and Trace and established the [Local COVID-19 Outbreak Engagement Board](#) (a sub-committee of the Birmingham Health and Wellbeing Board) to provide political ownership and public-facing engagement and communication for outbreak response to COVID-19 in the city.

- 3.7.5 A [Local Outbreak Control Plan](#) has been produced which outlines how local knowledge, experience, and expertise will be used to prevent outbreaks and manage the virus as part of the national Test and Trace programme.
- 3.7.6 The plan sets out a framework for coordinated and collaborative action across local partnerships, ensuring we have the necessary capacity and capability to contain and manage potential local outbreaks of COVID-19. This includes continually reflecting, learning, and improving our approach and seeking to highlight inequalities as a result of COVID-19 to enable us to effectively target support those communities.
- 3.7.7 It is imperative that local authorities have access to good and timely local data to ensure effective and coordinated Test and Trace operations. This includes data on testing carried out for those with a 'medical need' and key workers (pillar 1 testing) as well as testing carried out by partners (pillar 2 testing). Until recently, only data from pillar 1 testing has been available to local authorities. Following urgent requests made to PHE and the Government, the Council now has access to data showing positive cases by local authority area.
- 3.7.8 However, the available dataset is still insufficient. It does not include, for example, data on occupation or place of work – both of which are vital if we are to effectively identify coronavirus hotspots in the local area. Additionally, we are currently prevented from sharing this data which may impact our efforts to work with partners and communities to contain and manage local outbreaks. The Council will continue to do everything it can to ensure we can access and share essential information.
- 3.7.9 We are also continuing clear lines of communication and targeted engagement across the city, particularly with high-risk communities and settings. This activity is focussing on prevention and early intervention to prevent new cases of the disease and enable us to act swiftly to control an outbreak if required.
- 3.7.10 The Council is continuing to advocate for national communications to be made available in different languages to ensure information resources can be used across the country rather than being produced (and potentially duplicated) by each local area. We will continue to share resources with local authorities across the region in the absence of national culturally appropriate resources.
- 3.7.11 The Council has learnt lessons to overcome challenges posed by the provision of inadequate Personal Protective Equipment (PPE) from Government. We will continue to work in partnership with regional local authorities to acquire PPE for those who need it, particularly staff who are providing care and support to vulnerable residents.
- 3.7.12 The Council has extended our local support offer beyond care homes to other care settings, such as supported living and extra care, and to other care providers, including home support providers. This is important to ensure we are supporting care provision for disabled as well as older people.

### 3.8 Gathering further local insight

- 3.8.1 It is crucial that we continue to look beyond the data and understand the experiences as a result of this crisis and the full impact of the pandemic on individuals, families, and communities.
- 3.8.2 That is why we will continue to gather evidence and insight to build on what already know in order to develop a rich, localised, and meaningful picture of the impact of COVID-19 on the city.
- 3.8.3 A huge amount of work is already underway in earnest across the organisation to supplement the information outlined in this report, and this section presents an overview of some of that activity. This activity is particularly focussed on engaging with those who have been disproportionately affected by the direct impact of the pandemic and are likely to be harder hit in the longer-term.
- 3.8.4 This is the start of a longer-term process that will consist of ongoing evaluation and feedback over the course of the next twelve months. Further work will be undertaken in due course to identify additional priority areas for evidence gathering and analysis.
- 3.8.5 The findings gathered will help to shape and refine recovery planning, including how we work with communities and partners to drive structural change, reduce inequalities in the city, and drive a more inclusive economy.
- 3.8.6 Where appropriate and available, Appendix 1 sets out supplementary detail and early findings from the activity outlined below.
- 3.8.7 Reports will be brought to Cabinet for decisions and updates where appropriate as these different pieces of work progress.
- 3.8.8 Some of the work to date includes:
- The Cohesion and Equalities team joined the Community Safety and Resilience team early on during the outbreak to align community engagement and cohesion work and have maintained 'soft' engagement with grassroots community organisations.
  - The Neighbourhood Development and Support Unit (NDSU) have commissioned Locality to undertake research and analysis on the incredible response to COVID-19 by Birmingham's community sector, including understanding what learning can be aligned with the [Working Together in Birmingham's Neighbourhoods White Paper](#) going forward. A draft report from this research is expected in July.
  - An initial YouGov Panel Survey looking at the impact of COVID-19 on health and wellbeing was conducted on behalf of Public Health in May. Findings from the 650 respondents were used to frame conversations at Health and Wellbeing Forums and other meetings to inform the next phase of the COVID-19 response.

- On 22 May, Public Health launched an impact survey on BeHeard to capture insight into health and wellbeing behaviours of citizens during the COVID-19 crisis. Initial findings from the first 1,024 responses have been incorporated into the main body of this report. A full analysis is due following the closure of the survey on 31 July.
- Colleagues in Education are working with the University of Birmingham to better understand the implications for education of COVID-19, including gathering insight through a parent/carer survey. This partnership is looking to take lessons learnt during COVID-19 to improve education in the longer-term.
- Through the City Board, City-REDI and CLES have been commissioned to undertake research into partners' organisational strategies against the UN Sustainable Development Goals and partners' models of citizen engagement to inform the development of a City Vision. Their research is being supplemented by interviews with partners to reflect on the impact of COVID-19 on their respective organisational strategies and citizen engagement models.
- As a response to the digital divide across the city – in access, connectivity, and skills – the Council intends to work with partners (including BVSC, the ten Neighbourhood Networks, and the Birmingham Education Partnership) to create an overarching digital inclusion strategy. This will not be about creating a 'one size fits all' approach but will focus on building on existing strengths in communities, the voluntary sector, and others to co-produce local solutions as part of a coordinated approach.
- During June, Public Health are producing a 30-day social media sentiment analysis to identify and quantify changes in health trends as a result of COVID-19. An in-depth sentiment analysis from March will be conducted if the sample results show there has been a significant change in health behaviours.
- The Deputy Leader is leading work on a Citizen's Panel which was established by the regional Recovery Coordination Group (RCG) to ensure there is an informed citizen voice when shaping regional recovery priorities. The group's recommendations are expected in July.
- Virtual engagement sessions have been held to better understand the prevalence of domestic abuse and violence against women during the crisis, as well as ensuring that partners are able to reach victims and survivors to ensure their wellbeing and safety. This platform has also been used to share COVID-19 messaging. Work is ongoing with Birmingham's domestic abuse partners to look at improved messaging on the issue and to continue to develop a campaign to support enhanced reporting.
- On 23 April, Councillor Hamilton chaired a [special meeting of the Health and Wellbeing Board](#) to discuss the impact of COVID-19 on communities. The Board had an open call for questions and over 600 questions from citizens were received. These were synthesised into 15 thematic questions that the Board

discussed which was broadcast live. Following the meeting, every citizen who asked a question received a personal answer from Councillor Hamilton, supported by the Public Health team and partners. Following the Board, Councillor Hamilton also wrote to the Secretary of State for Health and Social Care, Rt Hon Matt Hancock, to raise further concerns about the inequalities of impact and to share the questions from citizens and the recording of the meeting.

- Adult Social Care is conducting a survey for citizens on their views on the care and support offer for adults during COVID-19 and will use this to help plan and shape our services in the future. Findings are expected in late July.
- A regional Taskforce (co-chaired by Councillor Hamilton) has been established to gather evidence on the impact of COVID-19 on BAME communities, including conducting a series of public hearings to listen to first-hand accounts of people's experiences. The findings will contribute to a review, launched by the Labour Party, into the coronavirus impact on BAME communities.
- The Public Health Wellbeing Cell is working with partners (including the Financial Inclusion Partnership, Migration Forum, and Domestic Abuse Strategic Group) to explore the impact of COVID-19 on health inequalities.
- Public Health and partners are working with the existing Health and Wellbeing Board Forums to support Birmingham through the next phases of the COVID-19 path, using insight to understand inequalities and identifying opportunities within those areas. This includes:
  - The 'Creating a City Without Inequality Forum' (chaired by Councillor Cotton) which is engaging with partners to expand their understanding of how the pandemic has affected different communities, particularly vulnerable groups (including BAME communities, those experiencing domestic abuse, and those experiencing food poverty).
  - The 'Creating a Healthy Food City Forum' (chaired by Councillor Hamilton) which is working through the in-progress Healthy Food City Strategy and the international cities food partnership to reflect on how COVID-19 impacted on food poverty and food security in the city.
  - The 'Creating an Active City Forum' (chaired by Councillor Zaffar) which is working with the Active Transport Team and the Sport England Local Delivery Plan Pilot to focus on changing short, everyday trips from cars to cycling and walking. This includes a specific project supported by the Global Healthy Cities Partnership focused on ethnic communities' engagement in cycling and walking activities through social marketing which launched before COVID-19.
  - The 'Creating a Mentally Healthy City Forum' (Chaired by Councillor Hamilton) is specifically focusing on the post-wave one recovery for common mental health conditions, anxiety, and loneliness. This is also

building on the international partnership with Warsaw, Poland, and linking with their emerging thinking on preparing for a second wave. During the outbreak there has been a specific strand of work focusing on suicide prevention during lockdown working closely with Birmingham and Solihull Clinical Commissioning Group (CCG).

- The Director of Public Health has held weekly engagement meetings with faith communities as well as regular targeted engagement sessions with different ethnic communities including Somali, Romanian and African communities, women's organisations, migrant and refugee groups, and groups of young people. These meetings were intended to support Public Health messaging, understand risks and issues facing these different communities, and to explore what recovery might look like. This has included bilingual/translated engagement sessions in Romanian and Mirpuri with local community partners.
- The Director of Public Health has joined a series of online ward forums to engage directly with local communities of place enabled by elected Members.
- Public Health have commissioned community organisations to engage with BAME, disabled, and LGBT communities to develop deeper communication and engagement work. Key findings have been incorporated into the main body of this report.
- Public Health are commissioning ethnographic studies of Birmingham residents to explore the prolonged impacts of COVID-19, their experiences of the system and specific services, and what support is needed for them as individuals as well as for communities and the city overall. This work is due to be completed in November 2020, with the findings included in the Director of Public Health Annual Report (published in 2021).
- A survey of the city's funeral directors is underway to increase our knowledge of the impact of COVID-19 on people from different faiths.
- Public Health have partnered with Lewisham Council to explore health inequalities affecting African and Caribbean communities and a range of broader issues (for example, access to treatment and management support, specific health conditions, and wider determinants of health).
- Dr Justin Varney (Director of Public Health) is working for the Association of Directors of Public Health (ADPH) to lead work on sharing good practice on engagement with minority groups during the COVID-19 crisis.

### **3.9 Recovery: indicative thinking**

3.9.1 Planning for and delivering recovery will not be the same as other recoveries we have previously managed. It is currently too early to set out a firm timetable for shifting from response to recovery and we must continue to be flexible in our approach. The public health measures we have in place to manage the crisis will be with us for some time – the virus may re-emerge as lockdown measures are eased although we do not know when or to what extent this may happen. It is

also important to note that the response and recovery phases will overlap and the Council will be operating in both modes simultaneously.

- 3.9.2 Recovery will be an organisation and city-wide effort and the Council is working closely with key partners and stakeholders to take forward our approach for the city. Key forums involved in the recovery landscape are presented in Appendix 3 and work is ongoing to build a coherent view of others involved in recovery, appreciating that this is an emerging space and we are only at the start of the recovery journey.
- 3.9.3 These forums will consider the analysis presented in this report, as well as the further insight that is being gathered, and the groups will work together to put appropriate strategies in place to respond to the emerging issues.
- 3.9.4 This planning will be based strongly on the context of public health policy. This includes the various scenarios for the progression of the virus and the Government's response in terms of lifting restrictions on different sectors; further public policy initiatives requiring response from different services; and, the ongoing situation in terms of service demands and the financial pressures on the Council.
- 3.9.5 The Council's indicative, high-level thinking around recovery focus on identifying opportunities to progress four key priorities:
- Creating a more inclusive economy and tackling the inequalities and injustices highlighted and exacerbated by the crisis
  - Taking more radical action to move towards zero carbon and creating a green and sustainable city
  - Strengthening our public services and creating new services to address future needs
  - Building the strength and resilience of our communities, learning from the positive response to the crisis
- 3.9.6 We will be developing arrangements to engage across services and with external partners to support recovery in four strands:
- Emergence from lockdown
  - Economic recovery
  - Stronger communities
  - Modernising the Council's own organisation and services
- 3.9.7 The key strands in relation to the findings in this report are economic recovery and stronger communities.
- 3.9.8 The overarching priority for economic recovery is to promote a green and inclusive recovery by supporting local businesses, safeguarding jobs, and protecting our communities from the damaging long-term socio-economic

impacts that are likely to disproportionately hit our most disadvantaged communities.

- 3.9.9 The opportunity needs to be taken to rebuild and restructure our local economy towards higher value-added and more productive sectors, to take advantage of the opportunities offered by green growth, the Council's net zero carbon ambitions ([Route to Zero](#)), and remote working to fundamentally change our economic and environmental future. Reskilling and retraining our residents to find jobs in higher skilled and higher paid employment associated with this restructure is an opportunity for the city to make a dramatic step change for our communities.
- 3.9.10 In parallel, the stronger communities recovery programme will include work to build on and learn from the extensive contribution made by the social and voluntary sector to the emergency response by refreshing the Council's approach to localism and ensuring services and partnerships are reconfigured to enable a stronger community input.
- 3.9.11 The Council will also focus on tackling the inequalities arising from the crisis through the co-design of locally bespoke solutions and planning the appropriate partnership response to other critical social issues that have been highlighted by the crisis. For example, community safety, poverty, and the impact on future outcomes for children. This will build on existing work and look to utilise existing partnerships.
- 3.9.12 This includes the 'Creating a City Without Inequality Forum' which is well-positioned to serve a conglomerate function to ensure a coordinated and coherent strategy is developed around the different facets of inequality and poverty, including financial inclusion, food poverty, and child poverty.
- 3.9.13 Given the likely economic shock, we may need to formally commission a review of the likely impacts of poverty on health risk and exacerbating inequality and this will likely be part of the purview of the above Forum.
- 3.9.14 We will also be recommissioning the Poverty Truth commission to maintain dialogue with commissioners and ensure that lived experience continues to shape service responses.
- 3.9.15 Regional recovery planning
- 3.9.16 The Council's recovery planning is happening in parallel with regional recovery planning. The emerging West Midlands strategy will bring together work across three themes: economy, wellbeing, and community and three main phases: revival, recovery, and renewal.
- 3.9.17 This work is being led by the regional RCG who, in early May, agreed a process for informing a set of regional level community recovery priorities. This combines:
- An initial impact assessment to gather and aggregate existing data to understand the range of impacts on communities

- Citizen engagement and participation at a local and regional level, including a Citizens Panel
- Broad stakeholder engagement, through roundtables on emerging priorities

### 3.10 Conclusion

- 3.10.1 The coronavirus pandemic has been unprecedented and has had a significant impact on many people across the city, with the longer-term impacts yet to be fully realised. The crisis has been particularly devastating for certain communities and has exacerbated existing inequalities.
- 3.10.2 As we look to recovery, we are presented with a unique opportunity to reimagine and create a more resilient, more inclusive, and more sustainable city. The findings and activity presented in this report are the first steps to ensuring we use local insight to set out the path for recovery, as well as driving future decision making and service delivery to tackle systemic causes of inequalities.
- 3.10.3 We are at the start of the recovery journey and work is ongoing to pull together the different strands of recovery activity into a coherent and coordinated programme of work and to identify potential gaps in the work we and partners are doing.
- 3.11 Reports will be brought to Cabinet for updates and decisions where appropriate as these different pieces of work progress.

## 4 Options Considered and Recommended Proposal

- 4.1 **Option 1 – do nothing.** We do not currently know how the COVID-19 crisis will impact on our communities for the longer-term. This option would mean missing crucial opportunities to engage with communities and partners to enhance our understanding which would result in deficiencies in our approach to recovery. This option is not recommended.
- 4.2 **Option 2 – continue to invest in the evaluation of impact and the voice of citizens in that process, with the view to report back to Cabinet on a regular basis.** This is the recommended option since it will ensure that we can establish a rich, localised, and meaningful picture of the impact of COVID-19, particularly for vulnerable communities, to better inform strategies for recovery and reducing inequalities in the city.

## 5 Consultation

- 5.1 This report is for information purposes; however, Cabinet Members, Council Management Team, and directorate staff have been involved in discussions on the impact of COVID-19 since the crisis unfolded, including information being fed through the strategic-tactical-operational command and control structure.
- 5.2 The Council is also working closely with partners and the wider community as part of evidence-led engagement work to gather further insight on the impact of the pandemic.

5.3 This is the start of a longer-term process which will include sustained engagement with communities, the WMCA, Government, and other partners and stakeholders.

## **6 Risk Management**

6.1 The Council has an established approach to risk management which is set out in the Strategic Risk Register. Strategic and operational risks will be reviewed in light of evidence presented in this report as well as in light of further insight we gather and aggregate on the short and longer-term impacts of COVID-19.

## **7 Compliance Issues:**

7.1 How are the recommended decisions consistent with the City Council's priorities, plans and strategies?

7.1.1 Tackling inequalities is fundamental to the Council's work and underpins the key outcomes and priorities as set out in the [Birmingham City Council Plan 2018-22](#) (refreshed in 2019).

7.1.2 This report provides an initial insight into the impact of the coronavirus pandemic on the city, particularly focussing on the differential impact on some of our communities.

7.1.3 The recommended decision to continue gathering further insight and intelligence will ensure we can establish a robust evidence-base to inform our approach to recovery planning and service delivery. This will enable us to decipher how the Council can best work with communities and partners to reduce the long-standing inequalities that exist in the city and which have been exacerbated by COVID-19.

### **7.2 Legal Implications**

7.2.1 There are no legal implications arising from this report; however, it remains crucial that, as planning develops as a result of COVID-19, any emerging legal issues are addressed at the earliest opportunity.

### **7.3 Financial Implications**

7.3.1 There are no direct financial implications arising from this report; however, it remains crucial that, as planning develops as a result of COVID-19, any emerging financial pressures are addressed at the earliest opportunity.

### **7.4 Procurement Implications (if required)**

7.4.1 There are no procurement implications arising from this report.

### **7.5 Human Resources Implications (if required)**

7.5.1 There are no HR implications arising from this report.

### **7.6 Public Sector Equality Duty**

7.6.1 There are no direct equalities implications arising from this report. However, it is right to note that the COVID-19 crisis has had a disproportionate impact on some of the most vulnerable parts of society and the longer-term impacts of the pandemic have the potential to widen existing inequalities in the city.

7.6.2 The nature and extent of this impact is not yet known but work to ascertain the likely short and longer-term impact, as well as exploring how we can use opportunities created by the crisis to reduce inequalities in the city, is a key part of the Council's approach to recovery. These will be considered on a case-by-case basis where decisions are required in relation to recovery planning.

## **8 Appendices**

8.1 Appendix 1 – Initial Analysis of the Impact of COVID-19 on Birmingham's Communities: supplementary detail and early findings

8.2 Appendix 2 – Equality Objectives (2019 to 2023)

8.3 Appendix 3 – Emerging Recovery Landscape

## **9 Background Documents**

9.1 Full Council report (09 June 2020) – [Birmingham City Council's Response to COVID-19](#)