Annex I : Addressing Inequalities and COVID-19

Context of Birmingham

The impact of COVID-19 on our residents has been an area of high priority in Birmingham since the beginning of the pandemic. In particular, we have continued to work across the local system to identify and address many inequalities that existed prior to the pandemic which have been exacerbated by the burden of disease from COVID-19 including morbidity, mortality and the wider effects of the prolonged restrictions. These wider effects of COVID-19 restrictions include social isolation, reduced access to healthcare, financial, employment and mental health challenges.

Many of the underlying health risk factors for COVID-19 are the result of poor conditions associated with the social determinants of health, which are factors that influence health outcomes and the inequalities amongst the population during the pandemic.

The Index of Multiple Deprivation (IMD) is a measure of the relative levels of deprivation at small area levels. Birmingham suffers from high levels of deprivation, with 43% of the population living in LSOAs in the 10% most deprived in England, and 51% of children (under 16s) living in the 10% most deprived areas. Birmingham is ranked the third most deprived English Core City after Liverpool and Manchester. While there are pockets of deprivation in all parts of the city, deprivation is most heavily clustered in the area surrounding the city centre. Hodge Hill is the most deprived constituency in the city; Sparkbrook & Balsall Heath East, Bordesley Green and Lozells are the top 3 most deprived wards.

There is a gap in life expectancy at 65, between people living in the most deprived areas of the city and those in the least deprived. People living in the most affluent parts of the city are expected to live around 5 years longer than those in the most deprived areas.

Data from the 2011 Census shows that 58% were white, 27% Asian/Asian British and 9% Black/African/Caribbean/Black British. 82% of the Birmingham 65+ populations were white and 18% from a Black Asian or Minority Ethnic (BAME) background. Between January 2013 and 2018 the number of BAME pupils attending a Birmingham school increased by 35% (33,013 individuals) compared to an increase of 12% in the number of white pupils.

The top ten languages spoken across the population range from 85% English, 2.9% Urdu, 2.1% Panjabi, 1.4% Bengali, 1.1% Pakistani Pahari, 0.9% Polish, 0.8% Somali, 0.8% Chinese, 0.7% Arabic and 0.6% Pashto.

In March 2021, we produced the Birmingham Covid-19 Inequalities Overview which indicated Covid-19 inequalities in infection rates, death rates and vaccine uptake between different communities and subgroups. Other inequalities and wider impact of the Covid risk reduction restrictions are less understood due to the limitations in data reporting.

COVID-19 Infections

Throughout the pandemic we have become increasingly aware of inequalities in the COVID-19 infection case rates, differential uptake of testing and there is emerging evidence of inequalities in health behaviours as indicated in the Birmingham March 2021 Covid Impact Survey. Many of these inequalities are reflected in national analysis and this extends to areas like Covid mortality and hospitalisation where there is limited access to localised data.

There have been several presentations to the Health and Wellbeing Board and Local Outbreak Engagement Board over the past 12 months to reflect on these inequalities as a local partnership.

Intelligence has been captured through:

- Regular data analysis on case rates, testing uptake, vaccine uptake
- Survey based insight through Covid Impact Survey
- Qualitative feedback through Covid champions and engagement partners

COVID-19 Case Rates and Testing Uptake

Over the autumn there was significant improvement in access to information on individual demographics of people testing and receiving positive results, this still does not include indicators such as faith or disability but the inclusion of ethnicity and gender and age has significantly increased our understanding of uptake alongside the geographical data which can be linked to deprivation.

Over the second wave of the pandemic there have been several significant inequalities:

- Case rates have been higher in working age adults (especially 30-49yrs), women (about 10% higher than men), Asian ethnic groups (especially Pakistani and Bangladeshi) and there has been weaker evidence of a link to deprivation when looking at geographical differences across the city.
- Testing rates have been lower in the White ethnic community consistently through the last six months and higher in Black communities, the rates in Asian ethnic communities has fluctuated considerably.
- Birmingham has a higher proportion of jobs in the health and social care sector, accounting for just under 16% of all jobs in the city compared to just over 13% in the region and nationally and occupational exposure has undoubtedly played a role in the transmission patterns through the pandemic so far.

To respond to these inequalities, we have focused on accessible information, including significant levels of translated written, verbal and interactive engagement, focusing on increasing the accessibility of testing geographically and supporting local community leadership.

Working with the Covid Champions and Community Engagement Partners we have been working towards co-produced solutions and this is an area we continue to strengthen and we are also working with local universities to undertake more detailed insight work to understand communities barriers and hesitation in testing uptake.

COVID-19 mortality

The risk factors for higher COVID-19 mortality are summarised in the COVID-19 Marmot Review which describes the inequalities observed in COVID-19 mortality rates as being similar in the pattern and relationship to social gradient seen for all causes of death. The review states that; “The causes of inequalities in COVID-19 are similar to the causes of inequalities in health more generally. While

health behaviours contribute to the causes of non-communicable diseases (NCDs), it is the social determinants of health that cause inequalities in these health behaviours – the causes of the causes."

According to the review, risk factors for higher COVID-19 mortality include;

- Living conditions: Overcrowded living conditions and poor-quality housing are associated with higher risks of mortality from COVID-19 and these are more likely to be located in deprived areas and experienced by people with lower incomes.
- Occupation: There are clear differences in risks of mortality related to occupation. Being in a key worker role, unable to work from home and being in close proximity to others put people at higher risk. Occupations at particularly high risk include those in the health and social care, as well as those requiring elementary skills such as security guards and bus and taxi drivers.
- BAME identity: Mortality risks from COVID-19 are much higher among many BAME groups than White people in England. BAME groups are disproportionately represented in more deprived areas and high-risk occupations, and these risks are the result of longstanding inequalities.
- Cumulative risks: Risks of mortality are cumulative such as being male, older, and BAME with an underlying health condition, working in a higher risk occupation and living in a deprived area in overcrowded housing leads to much higher rates of mortality.

COVID-19 Vaccine

When considering deprivation, both flu and Covid vaccines showing a strong relationship between deprivation and vaccine uptake (with more deprived groups having lower uptake). Birmingham uptake of vaccines aimed at the over 65s is below the national target for flu and PPV.

Uptake is lowest in more deprived communities and in some ethnic communities, particularly the African and Black Other ethnic communities followed by Pakistani and Bangladeshi communities across most priority groups.

We published weekly vaccination uptake data at ward level for the city through the LOEB, which is set in the context of testing uptake, case rates, deprivation and ethnicity and also weekly CCG level data on demographic uptake by ethnicity, gender and deprivation for the priority groups reported through the NIMS dashboard.

We are working in collaboration with the two CCGs to deliver the shared vaccine inequalities strategies.

Our Local Approach to addressing Inequalities during COVID-19

We have taken a proactive approach to responding to the intelligence as this has become clearer from public health intelligence.

- Increased public health awareness
- Commissioned community led campaigns
- Strengthened existing local system working partnerships
- Focussed on trusted voices to boost safety messages
- Targeted support and tailored information to local need and for high risk groups

Examples of local action

- Be Healthy health behaviours campaign including training webinars for community organisations and social prescribers supported by wellbeing videos and translated toolkits.
- Commissioning of community engagement partners (see **Appendix 1**) to support deeper penetration of messaging and two-way communication in specific communities.
- Arts and culture-based messaging and commissioning to reach different communities in different ways
- Targeted expansion of the community Covid champions programme to address engagement in disproportionately affected communities.
- Targeted engagement sessions with communities based on interests and identity such as faith.
- Active use of translation and place based approaches to deliver messages to diverse communities.

There is a wider system response working with the NHS addressing health service impacts of Covid and with the Birmingham City Board and the WM Combined Authority focused on economic recovery and impacts on unemployment and poverty. There is a specific strand of work on the impact on Children and Families led through the Children's Strategic Partnership.

We are developing a plan for 2021/22 to expand on the existing engagement which has focused on risk reduction through non-pharmaceutical interventions and supporting vaccination uptake to start to address the wider impact of covid-19 on inequalities in these communities.

Specific areas for focus in the forward plan are to strengthen engagement and partnership with:

- People with severe and enduring mental health issues and their carers
- Bangladeshi communities
- Develop further the depth of engagement with African and separately Caribbean communities
- Explore the potential of small grants funding to stimulate stronger engagement in deprived communities

Appendix 1

Engagement Partner Organisations

Communities	Description of Lot	Provider
Ethnic Communities	Pakistani and Kashmiri	Citizens UK
	Chinese	Chinese Community Centre
	Eastern European, including Polish	Polish Expats Association
	Migrant Asylum Seeker and Refugee	Citizens UK
	Roma, Gypsy and Travellers	Migrant and Refugee Centre
	Black African and Black Caribbean	1st Class Legacy Foundation
Disabled Communities	Blind and Sight Loss	Birmingham Disability Resource Centre
	Deaf and Hearing loss	BID Services
	Learning difficulties	Birmingham Disability Resource Centre
LGBT Communities	LGBT	LGBT Centre Birmingham
Communities of Language	French	Supreme Linguistic Services T/A Premium Linguistic Service
	Arabic	Bahu Trust
	South Asian Language: Urdu	Bahu Trust
	South Asian Language: Hindi	Supreme Linguistic Services T/A Premium Linguistic Service
	South Asian Language: Panjabi	Bahu Trust
	South Asian Language: Pakistani Pahari (with Mirpuri and Potwari)	Supreme Linguistic Services T/A Premium Linguistic Service
	South Asian Language: Bengali (with Sylheti and Chatgaya)	Bahu Trust
	South Asian Language: Gujarati	Supreme Linguistic Services T/A Premium Linguistic Service

	African Language: Somali	**Supreme Linguistic Services T/A Premium Linguistic Service**
Children and Young People	**Early Years**	**Amber**
	Primary	**OrbitaCX trading as Insight Now**
	Secondary	**OrbitaCX trading as Insight Now**
	Older Young People Under 25 years	**Borne**
Communities of interest: Chronic health conditions	**Stroke**	**Birmingham Disability Resource Centre**
	Diabetes	**Birmingham Disability Resource Centre**
	High Blood Pressure	**Hawkmoth**
	Chronic Kidney Disease	**Hawkmoth**
	COPD	**Birmingham Disability Resource Centre**
	Obese - BMI over 30	**Hawkmoth**
	Cardiovascular Disease	**Hawkmoth**
Faith Based Communities	**Islamic**	**Bahu Trust**
	Sikh	**Nishkam**
	Hindu	**SRI (Shree Hindu Community)**
	Black African and Black Caribbean Led Churches	**West Midlands Faith In Action**
Older adults without access to technology	**Older People without access to Technology**	**Age UK**

Non-Commissioned Partnerships

Communities	Birmingham	Wider Region
Faith Communities	Fortnightly meetings with Mosques group	WMCA Monthly Faith Forum
	Fortnightly meetings with Black Church Leaders group	
	Fortnightly Interfaith Meetings	
Homeless Community	BCC Homelessness & Health Lead Homeless partnership Forum	WMCA Homeless Partnership
Substance Misuse clients	CGL Provider relationship	
Refugee & Asylum Seekers	BCC Migrant lead Migrant and Refugee Centre	
Sex Workers	SAFE Project as part of Umbrella	
People enduring domestic violence	BCC DV Commissioning Lead DV partnership Forum	
Communities of place	Ward Forums Neighbourhood Networks Food Bank Network	