Birmingham City Council
Report to Cabinet
09 February 2021

Subject:	**COVID-19: Update on Evaluation of Impact and Recovery Planning**
Report of:	Assistant Chief Executive
Relevant Cabinet Member:	Councillor Brigid Jones - Deputy Leader
Relevant O &S Chair(s):	Councillor Carl Rice - Coordinating Overview and Scrutiny Chair
Report author:	Naomi Todd, Improvement and Change Partner (Acting) Naomi.todd@birmingham.gov.uk

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

1   Executive Summary

1.1   In July 2020, the Council made a commitment to continue to invest in the evaluation of COVID-19 impact and the voice of citizens in that process, and to report to Cabinet as this activity progresses.

1.2 The purpose of this report is to present an update on several key pieces of analysis alongside details of how these findings are informing the Council's and partners' decision-making and practice – in terms of the ongoing emergency response, recovery planning, and our broader strategies and approach.

1.3 This situation is continuously evolving and, as such, this report presents a snapshot in time based on information available at the time of writing. Further reports will be brought to Cabinet for updates and decisions as appropriate.

1.4 This report draws on work and expertise from across the Council and partners, including Public Health; Adult Social Care; Education and Skills; Neighbourhoods; Digital and Customer Services; Inclusive Growth; Cabinet Office; Birmingham Children's Trust; Birmingham Children's Partnership; Birmingham Voluntary Service Council (BVSC); and, West Midlands Combined Authority (WMCA).

2 Recommendations

2.1 It is recommended that Cabinet note the contents of this report.

3 Background

3.1 A [report](#) was brought to Cabinet in July 2020 which presented an initial analysis of the coronavirus pandemic on Birmingham and the city's communities. That impact is unprecedented in scale and complexity, and every individual in the city has been affected in some way while the crisis continues to disrupt many aspects of society.

3.2 Although the pandemic is having a devastating impact on all communities, evidence shows that COVID-19 does not affect all population groups equally. July's report presented evidence on the differential impact on some communities, including older people, Black, Asian and Minority Ethnic (BAME) communities, and those with a disability.

3.3 Many of the negative impacts of the virus have exacerbated challenges of poverty and inequality experienced in too many communities prior to the pandemic, resulting in a widening of inequalities in Birmingham and across the rest of the country.

3.4 It is vital that the Council and our partners establish a rich, localised, and meaningful picture of this impact, particularly in relation to vulnerable and disadvantaged communities. This is an ongoing and gradual process as we continue to respond to the immediate pressures caused by the pandemic together with setting the future direction of travel for the city's recovery.

4   COVID-19: the current national and local picture

4.1   After 11 months of local and national restrictions, COVID-19 still presents a significant risk to public health, and the scale of the challenge remains extraordinary.

4.2   As at 26 January 2021, central government figures show 3,689,746 people in the UK have tested positive for the virus (cumulative total) and 100,162 people have died (deaths within 28 days of a positive test). The figure for those where COVID-19 is on the death certificate is much higher, even with the time-lag, with 103,602 deaths up to 15 January 2021.

4.3   In Birmingham, as at 26 January 2021, figures show 82,899 people in the city have tested positive (cumulative total) and 2,057 people have died (deaths within 28 days of a positive test). The figure for deaths with COVID-19 on the death certificate stands at 2,006 with a lag in reporting of at least 11 days.

4.4   These are tragic and heart-breaking figures. Each lost life was someone known and loved by another, and our thoughts are with those families and communities who have lost loved ones and all those who have suffered as a result of the crisis.

4.5   As a result of rising case numbers, increased restrictions have been necessary and most of the country was placed into the third full lockdown at the start of 2021 which is anticipated to last at least until mid-February. Beyond that, some level of restrictions are expected to be in place for several months, although the vaccination rollout, which began in December 2020, brings hope of a brighter future.

4.6   Wider impacts continue to be profoundly felt across the city, the UK, and the rest of the world. The crisis has and will continue to have consequences in terms of social, health, economic, and community impacts which will be long-lasting and far-reaching for our citizens as well as for the Council.

4.7   Our primary concern remains the safety and wellbeing of the city's residents, particularly the most vulnerable and disadvantaged. We are still operating through our command and control structure as we continue our prolonged emergency response and our exceptional efforts to keep the city safe while also delivering vital services. A detailed update on the Council's response to the pandemic is due at Full Council in February 2021.

5   Evaluation of COVID-19 impact and an overview of the Council's and partners' response

5.1   Beyond the immediate cases of the disease, the indirect impacts of the pandemic and imposed lockdown are significant and widespread, with the full, longer-term

implications still to be fully realised. Understanding how the crisis has affected and will continue to affect different communities is vital in shaping our recovery efforts as the city emerges from the pandemic.

5.2 This part of the report presents an update on some of the ongoing work the Council and partners are doing to gather evidence and evaluate the impact of COVID-19 on the city's different communities and cohorts. It also outlines how these findings are informing the Council's and partners' decision-making and practice.

5.3 Impact on vulnerable service users and citizens

5.4 In March 2020, the Council and partners responded to the pandemic by implementing measures aimed to protect citizens and shield the most vulnerable based on national guidance. Resources and capacity were re-deployed to focus on saving lives, protecting the NHS, and controlling the spread of the virus. Measures included closing day centres, respite services, and education settings; closing care, nursing, and residential homes to external visitors; and, individuals at high risk were shielded.

5.5 We have continued to explore the disproportionate impact of COVID-19 on Birmingham's diverse and vulnerable service users and citizens, including reviewing national and local insight.

5.6 The unintended consequences of the pandemic and public health measures have had a disproportionate impact on people with mild to moderate learning disabilities, carers, older people, and people with mental health needs.

5.7 A review by the Learning Disability Mortality Review (LeDeR) Programme concluded that:

- Mobility impairments and/or mental health needs may be proxy indicators of people at risk of catching the virus, or may underpin prejudicial attitudes towards care, treatment, and judgements about 'ceilings of care' (the predetermined highest level of intervention deemed appropriate by a medical team, aligning with patient and family wishes)

- It would seem appropriate to consider people with learning disabilities and epilepsy as being at increased risk of death from the virus and to pay attention to protecting them

- The key symptoms of COVID-19 in the general population (for example, fever, new continuous cough, and loss of sense of smell or taste) may not be as apparent in people with learning disabilities

5.8 The coronavirus pandemic has also had a disproportionate and devastating impact on the mental health, wellbeing, and education prospects of hundreds of thousands of autistic people and their families, according to a [National Autistic Society report](#) (September 2020). Across the country, many autistic children, adults, and their families have reported being left stranded, often without the support or information they need to respond well to the challenges posed by the crisis.

5.9 Within the report, findings from a national survey of 4,232 autistic people and families during June and July 2020 show that COVID-19 and the lockdown deepened well established existing inequalities. For many, the disruption, uncertainty, and pace of change triggered huge levels of anxiety and, in some cases, this was made worse by the withdrawal of support from social care, education, and mental health services.

5.10 The Council's Adult Social Care (ASC) teams have maintained regular contact with service users and carers throughout the crisis to offer support as well as to understand the impact the crisis is having.

5.11 Day Opportunities services benefit approximately 1600 citizen, over 65% of whom have a primary care need listed as a learning disability and/or autism. In July 2020, ASC had conversations with 30 citizens and carers to listen to how the closure of day centres was impacting on them and to understand their views about the offer of alternative outreach support.

5.12 Most notably, lockdown restrictions have impacted on social interaction and routine, physical, and mental well-being. Respondents reported a lack of physical exercise; limited stimulation; breakdown of routines; an increase in aggressive and destructive behaviours; self-harming behaviours; and, increasingly poor mental health. Carers also reported issues including fatigue, stress, reduced sleep time, and difficulty balancing work and caring.

5.13 ASC also carried out a snapshot survey for two weeks in July 2020 to review what lessons we can learn and to identify how we can better meet the needs of service users and carers. 828 people responded to the survey, including carers, users and non-users of ASC services.

5.14 Key findings:
- Many people felt isolated
- Some felt that no-one was concerned for their wellbeing
- Some reported not having contact with anyone for several weeks/months

- Many service users do not have access to the internet or are not sure how to use it effectively and, as a result of a large proportion of them isolating, were not in contact with family and friends for prolonged periods

5.15 The findings were discussed during an online citizen forum (People for Public Service) which was attended by around 150 people. This forum (now being held online) runs monthly and focusses on co-producing services.

5.16 A [national report from Healthwatch](#) (September 2020) explores people's experiences of the NHS and social care services during the first wave of the pandemic. It drew on feedback from over 19,700 people from 150 localised Healthwatch reports.

5.17 Key findings:

- Citizens were concerned about changes to their routine and planned care. Some found they struggled with issues such as remote medical appointments and access to basic care (for example, routine blood tests)
- Citizens felt ill-informed about what shielding means and were unclear where to access accurate and reliable information
- Some found that public sector organisations did not necessarily meet the needs of those who require information in easy read formats and other languages
- Some reported having significant issues in booking online testing slots
- People's health and wellbeing was impacted, including increased feelings of loneliness, social isolation, bereavement, and financial difficulties

5.18 Council and partner response

5.19 The Council and our partners are cognisant of the need to respond effectively to arising challenges in order to keep our vulnerable citizens safe and well. Local analysis and research, alongside national research, have helped us to identify improvements in how we work with service users and their families as the crisis continues.

5.20 Key activity:

- Day Opportunity service providers have offered a range of alternative and creative therapeutic, educational outreach services
- A Learning Disability COVID-19 Resilience Group has been established by partners (including Birmingham and Solihull Clinical Commissioning Group (CCG), Council providers and commissioners, and third sector

representatives), with one of ASC's Assistant Directors as vice chair. The group was established in response to the LeDeR findings and other evidence of the disproportionate impact on individuals with disabilities, and it meets fortnightly to address urgent and immediate issues

- We have improved the provision of support, information, and guidance, including increasing the number of telephone responders; sending letters to all those in receipt of care and support; and, carrying out outreach/safe and well checks via telephone. The safe and well checks involve front-line social care constituency teams contacting their local service users to ensure they have everything they need and, if not, putting steps in place to ensure they received the right support

- ASC has held fortnightly online meetings with providers and integrated commissioning partners to ensure the co-ordination of support to carers

- Ongoing engagement is taking place with carers via the Carers Hub with the aim of getting more informal carers registered in preparation for when they are eligible for the vaccine and in order to ensure they are aware of what support is available to them

- A thematic group has been established by the Birmingham Integrated Commissioning Partnership (BICP) to co-ordinate quality assurance and agreed standards across all care home settings

- There is a firm focus on strengthening partnerships and building momentum virtually with the Creating a Mentally Healthy City Forum to support the mental health needs created by the pandemic

- A Mental Health Support offer is in place offering emotional help, guidance, and reassurance to people in Birmingham and Solihull who may be finding the current situation difficult. Several local organisations are working together to deliver this service including Birmingham Mind, Forward Thinking Birmingham, the Living Well Consortium, and Coventry and Warwickshire Partnership NHS Trust

- Neighbourhood Network Scheme teams have developed pathways of support for citizens locally, including linking with the mutual aid groups that sprung up across the city and to set up or commission additional services

5.21 Impact on health and wellbeing

5.22 Public Health have undertaken several varied analyses since the beginning of the local COVID-19 response. Updates on relevant pieces of work and key findings to date are included below.

5.23 COVID-19 Health and Wellbeing Impact Survey

5.24 Over 3,000 citizens responded to the COVID-19 Health and Wellbeing Impact Survey (which ran from 22 May to 31 July 2020). The survey was designed to capture insight into the health and wellbeing behaviours of Birmingham citizens during the COVID-19 outbreak.

5.25 Key findings:

- Staying at home was viewed as the most impactful intervention followed by self-isolation, shielding, and social distancing
- Compared to the national dataset from 2015/16, respondents reported feeling lonely more frequently since the start of the initial lockdown
- Just under 52% of respondents reported that their mental wellbeing has deteriorated since the start of the pandemic
- Almost 50% of respondents reported becoming less active since the start of COVID-19 compared to 37% nationally (based on findings from a Sport England survey)
- 31% of survey respondents felt their diet was less healthy than before lockdown
- Almost 5% of the survey respondents reported using food banks for the first time during lockdown
- Almost 30% reported that their household income had fallen since the start of lockdown
- Over 33% reported feeling that their links with their local geographic community (for example, neighbours) had improved
- 53% reported that they felt local community spirit had increased during lockdown
- In general, communities of identify felt their relationships with these communities had deteriorated during lockdown. Ethnic communities were most negative about how their relationship with their community had changed

5.26 COVID-19 champions

5.27 In September, Public Health launched a COVID-19 Community Champions network made up of volunteer champions across the city.

5.28 As of 18 January 2021, we have recruited 579 COVID-19 champions with representation from almost all 69 wards. The champions are helping residents to stay up to date with how to protect themselves and others against COVID-19. The network is a two-way opportunity to get important and trusted information into the heart of communities but also to understand the challenges and concerns that need to be addressed. This includes sharing key messages in support of the vaccination roll-out.

5.29 Resources have been created to support the scheme, and champions receive regular communications.

5.30 Summary of recent feedback from the champions:

- The frequent changes in the rules and guidance has caused confusion within communities, especially when some of the guidance can seem contradictory
- Communities are worried about the elderly, high risk citizens, and people that live alone
- Some families are struggling financially, particularly those having to isolate as not everyone is eligible for financial support
- Some families are struggling with childcare as a result of schools teaching remotely, and some children are missing out on vital education because the quality of remote learning is not necessarily the same
- There has been an increase in mental health issues and 'crisis' situations with people within their community

5.31 Ethnographic research and case studies

5.32 The ethnographic research and case studies, commissioned by Public Health, have been completed. This research provides an in-depth understanding of the lived experience local people in relation to COVID-19.

5.33 Full findings will be reported on in due course, but highlights include:

- Almost all participants have experienced the pandemic as much as a mental health crisis as a physical one
- People's overall resilience seemed to diminish as the pandemic reached the six-month milestone
- For some, adherence to restrictions has been governed less by a rational risk assessment and more by the price people feel they would pay to follow the rules
- Many reported that their relationships and wellbeing have been strained by a lack of physical contact

- Pre-existing inequalities defined whether people experienced the pandemic as a struggle or were in a position to see the positives

5.34 The research also highlights key learning opportunities across different facets of the crisis. These include, for example, an opportunity for greater support in access, signposting, and Personal Protective Equipment (PPE) as well as an opportunity for education in relation to mental health, mental health tools, and signposting.

5.35 Engagement through community organisations

5.36 The community organisations commissioned by the Public Health Division continue to reach vulnerable groups, communities of language, older and young people, and faith-based communities.

5.37 An evaluation of impact report from each provider is expected at the end of March 2021 but recent feedback from organisations includes:

- There is a sense that misinformation is widespread and often citizens do not know where to look for reliable information; however, people generally trust the Council's Public Health Division
- Some communities tend to follow news in their home country rather than local and national news
- There is low morale in some communities due to the lack of support that faith settings are able to provide due to national restrictions
- Certain age groups believe that COVID-19 does not affect them which can cause issues with compliancy with public health measures

5.38 Council and partner response

5.39 As a result of the findings from the Health and Wellbeing Impact Survey, Public Health introduced campaigns, programmes, and ways of working to build partner networks and reach communities, particularly those who have been disproportionally affected by COVID-19.

5.40 These include:

- Establishing the COVID-19 Community Champions network (further detail included above)
- Launching the BHealthy campaign (August 2020). This is an evidence-based campaign to promote and enable improved wellbeing across Birmingham's communities. It provides a series of practical resources designed to enable leaders and professionals across the city, such as community leaders, social prescribing link workers, and faith leaders, to support communities to reduce

their risk of becoming seriously ill from COVID-19. The campaign covers the wider determinants of public health and incorporates essential COVID-19 messaging. Resources have been translated into over 20 languages

- Arts-based initiatives are being supported to help engage those who prefer this method as opposed to more formal approaches

- Increased communication on key COVID-19 messages, including using local green spaces, social distancing, and home cooking, has been disseminated via HealthyBrum social media platforms

5.41 Engagement framework

5.42 Within Public Health, an engagement framework has been developed which sets out the approach we are adopting to ensure all communications and engagement are accessible and targeted to the city's diverse communities. This includes working in partnership with community partners to tailor communications and regular engagement with elected Members and other central and local government stakeholders.

5.43 Public Health Annual Report

5.44 The Director for Public Health Annual Report for 2020/21 (due later this year) will focus on Birmingham population health behaviour changes associated with COVID-19 and national and local control measures. There have been multiple pieces of research that explore these impacts, and these will be considered to understand the national context. This will be enhanced by local primary research, ensuring the voices of the people of Birmingham form the heart of the report. This will include drawing on findings from the Health and Wellbeing Impact Survey and the ethnographic research outlined above.

5.45 Impact on children and young people (CYP)

5.46 The pandemic has had a profound and devastating impact on the lives and aspirations of CYP, including disrupting their education and driving youth unemployment levels to historic highs.

5.47 Vulnerable and disadvantaged children are being particularly harder hit, for example as a result of the loss of access to crucial support and being isolated from their network of friends and trusted adults.

5.48 It is still too early to understand the longer-term impact on CYP while the crisis is ongoing. However, immediate challenges include needing to support the mental health and wellbeing of CYP; maintaining educational attainment, particularly for

those who are less able to learn from home; and, ensuring CYP are prepared for the future.

5.49 During January 2021, the Youth City Board conducted a survey exploring education during the pandemic.

5.50 Full findings will be reported on in due course but indicative findings from an initial sample of around 500 respondents found:

- Over 50% reported the pandemic and lockdown has had a negative impact on how they are feeling

- 48% do not understand clearly what is going on with exams or school/college work

- 12% have not adjusted at all to the changes at school/college and home learning, while 39% have adjusted to some degree

- 11% do not have the technology they need to complete school/college work

- 63% do not think they were given a good standard of education in the first lockdown

- 76% think they are being given a good standard of education now

- 79% have missed out on opportunities since the pandemic began

- 27% do not feel at all prepared for their next steps in education, while 45% feel somewhat prepared

5.51 Council and partner response

5.52 Much of the Council and partners' activity has focussed on responding to the immediate challenges CYP and their families are facing. A summary of key activity is included below.

5.53 Education and Early Years – supporting vulnerable children

- Providing free school meals to eligible children

- Ensuring Birmingham's most vulnerable families are able to access support through free school meal vouchers and locality hubs

- Continuing to work with partners, including the Birmingham Education Partnership, to source donations of money and devices to provide to schools experiencing a shortfall in IT or connectivity

- Providing brokerage support for families who have been struggling to access early years provision

5.54 Inclusion and SEND – supporting special educational needs and disabilities (SEND) children, their families, and schools

- Regular contact is being made with families of pre-school children with Education, Health and Care Plans (EHCP's) in Early Years to provide remote advice around appropriate activities to support ongoing learning and development and in relation to transition
- Our specialist advisory teacher services team have been providing a range of advice and ideas to support children and families at home
- Since January 2021, the SEND Link allocated to each school (Mainstream/Special/Independent) are holding virtual meetings with their school's leadership team. This meeting is a supportive discussion about the most vulnerable pupils with SEND who are not in school and to plan for their return
- Weekly meetings are held with the Assistant Director for SEND and the SEND leads to address attendance of vulnerable pupils with EHCP's

5.55 Birmingham Children's Trust and Birmingham Children's Partnership (BCP)

- In response to the pandemic, BCP accelerated the establishment of a new locality-based, early help service model. From April to December 2020, ten locality-based teams have connected with 6,200 families, delivering early help support interventions across the city
- Over nine months of operation (April to December 2020), Birmingham's COVID-19 emergency resilience fund granted over £1 million to 7,000 families and young people in need, providing an average of £133 per applicant. Evidence suggests the fund succeeded in reaching people most in need: recipients resided in the most deprived areas of the city and many had characteristics that suggest a higher level of financial need, including single parents in receipt of benefits and women that have recently fled domestic abuse
- Over its first phase of operation (April to October 2020), Birmingham's COVID-19 community grants scheme granted over £743,000 to 162 VCSFE groups, providing grants of up to £10,000 for organisations supporting children, young people and families during the pandemic. Level of investment corresponds with level of deprivation: the most deprived areas have received the most investment
- The BCP launched 'From Birmingham with Love' – a universal offer of help for all families that might be struggling during the crisis
- The Trust have reached out even more to care leavers, parents, and foster carers through increased survey work to help us to better understand their

experiences, enabling us to shape our offer to suit their needs in the context of the pandemic

5.56 Impact on Council tenants

5.57 For many people, the COVID-19 crisis has had a significant impact on their financial situation.

5.58 As a landlord to over 60,000 households, we have seen rent arrears increase significantly since March 2020. At the time of writing, 20,322 individual tenants are in rent arrears – an increase of around 2000 people since the beginning of the pandemic (March 2020). £18.5 million is owed in rent arrears by Council tenants.

5.59 We have now reached out to over 18,000 tenants with arrears to try and understand what support is required to prevent them from falling any further into debt.

5.60 We continue to work with national organisations and other local authorities across the country to ensure a consistent and reliable approach to evictions if and when the ban on evictions is removed.

5.61 Impact on the economy and employment

5.62 The full economic impact of the outbreak will not be known for some time, but early indications are that the economic shock is significant. The UK economy went into recession in the second quarter of 2020, with the economy suffering the largest quarterly decline on record, contracting by 20.4% in the period April to June. In November 2020, despite some early signs of economic recovery over the summer, UK GDP remained 8.5% below the level of February 2020 (the last month before the economic impact of the pandemic was felt).

5.63 Within Birmingham, since March 2020:

- One third of all businesses have had to close for some or all of the time
- 33,000 people have lost their jobs
- 55,000 people remain on furlough
- In overall terms, unemployment has risen by 68%, meaning over 15% of citizens are out of work – almost twice the national average. Rates of unemployment this high have not been seen since 1987
- The impact is being felt most acutely by younger workers, with over one in five 16 to 24 years olds out of work

5.64 The combination of high employment in sectors like retail, hospitality and tourism – already at risk – and further restrictions on activity and travel could result in further

large-scale unemployment, particularly for the young and vulnerable. We are also likely to see a second peak of redundancies at the end of furlough in April 2021.

5.65 The economic impact of mass unemployment events can be severe, but the cost to health and social inequalities can be even greater and can endure across generations (Public Health Wales, 2018). Consequences can include poorer mental and physical health and wellbeing; a detrimental impact on personal and community relationships and networks; poorer educational attainment for children; and, a greater reliance on primary and secondary care services.

5.66 Birmingham businesses have had to rapidly adapt in response to a complex landscape of quickly changing rules and restrictions, often with a notice period of days or even hours. This has severely hampered both short-term business recovery and efforts at longer-term planning.

5.67 This picture is complicated by Brexit. By the end of 2020, many businesses found themselves in an extremely precarious financial position, and poorly positioned to prepare for the end of the Brexit transition period. Multiple national lockdowns and restrictions on operations, while necessary to keep people safe, dealt a significant blow to the Birmingham and West Midlands economy and, by November 2020, 24% of UK businesses reported that they had either already run out of reserves or would do so by the end of the year.

5.68 Where resources and capacity still remained, businesses focussed on surviving the pandemic rather than preparing for the end of the transition period. Engagement with the local business community revealed a high level of 'change fatigue', with many businesses reluctant to begin planning for the end of the transition period without a final agreed deal. In a survey carried out by the British Chambers of Commerce, 32% of businesses reported that COVID-19 had reduced their capacity to effectively prepare for Brexit.

5.69 Council and partner response

5.70 The Council is continuing to work with and support businesses during this challenging and uncertain time. Immediate actions involved swiftly getting money out to businesses to enable them to survive. At the time of writing, as part of our measures to support business communities, we have issued £230m Small Business Grants and Discretionary Grant payments to 19,000 businesses.

5.71 In terms of support for retail, hospitality, and leisure businesses that pay business rates, £186 million in business rates holiday was applied to 7,291 premises for the 2020/2021 tax year.

5.72 We are working closely with National Careers Service (NCS) which the government has funded to provide furlough support. Through Birmingham Adult Education Service (BAES) we can provide skills development opportunities while the Library of Birmingham provides support and advice through a comprehensive free business start-up service.

5.73 In early 2021 we will hold a Self-Employment Summit, bringing together local support providers, to ensure residents can gain the support they need if they have hopes of becoming self-employed.

5.74 Further plans for how the Council can respond to these challenges and support the city's economy as it recovers from the pandemic will be presented in the Council's COVID-19 Economic Recovery Plan.

6 Impact on and learning from the voluntary, community, faith and social Enterprise (VCFSE) sector

6.1 Birmingham is in the fortunate position of having a strong VCFSE sector which, throughout the emergency, has led an extraordinary civil society response based on solidarity, mutual aid, social action, and community support. This effort ranges from the city-wide to very local, community interventions, and support for the most vulnerable.

6.2 Over spring/summer 2020, Locality were commissioned by the Neighbourhood Development and Support Unit (NDSU) within the Neighbourhoods Directorate to undertake research into the response to the pandemic by the city's community organisations.

6.3 Interviews and roundtables were carried out with 11 community organisations, 10 Pioneer Places (made up of multiple community organisations and services), Council and sector stakeholders, elected Members, and Council officers. An existing report by Locality ('We were built for this') – which looks at the community response to coronavirus across the country – was used as a comparison and reference point.

6.4 The report produced by Locality for the Council ('Birmingham's Collaborative Neighbourhoods' (August 2020)) provides a snapshot of Birmingham's community-led response and what this means for resetting the civic and community relationship, particularly in the context of the Localism agenda and post-COVID-19 recovery.

6.5   In Birmingham, and indeed across the UK, VCFSE organisations have been key partners in leading the response to the pandemic. It is clear that local rootedness, local knowledge and intelligence, relationships with communities, and strong networks with other organisations helped to drive the community response to the crisis.

6.6   An understanding and appreciation of local nuance was central to the offer provided by these organisations, and this is something that has been organically built up over time and was vital when the crisis hit. This includes providing support in ways that are sensitive to the way local communities operate as well as having workforces that are representative of the communities in which they work, enabling staff to meaningfully engage with and support different communities.

6.7   Additional findings:

- Council/community relationships prior to the crisis have impacted the way communities have been able to respond to coronavirus, with strong existing relationships enabling a quick, coordinated response

- There was value in linking in local assets and partnerships to enable a more coordinated response to the crisis within communities – teams within the Council that focussed on enabling and facilitating worked more closely with community organisations

- Although there were many positive examples of effective existing relationships between community organisations and teams within the Council, some organisations reported facing challenges, including difficulty in accessing centralised support and difficulty in engaging with some areas of the Council

- As well as providing direct support, community organisations have acted as 'cogs of connection' – connecting people with services as well as connecting the different 'layers of local' (for example, from the street-level mutual aid response to city-wide provision)

- At times, smaller organisations, particularly those that are BAME-led, have 'slipped through the gaps' of central government and Council support

- Concerns were raised by organisations about the future impact of poverty and economic hardship, health inequalities, and digital exclusion within

communities as well as concerns for the future stability of organisations themselves

- Looking to the future, there was hope that some of the new partnerships formed between communities and the Council during the crisis could lead to positive change, for example organisations playing a more central role in the city's future

6.8 The VCFSE sector will be key to helping communities recover and we are committed to giving it the support it needs, recognising that there are many positive lessons we can take from the crisis to build the strength and resilience of the sector and to work together to deliver better outcomes for citizens.

6.9 The Council can play an important enabling role across the city, working with people and organisations to put the power of community at the heart of coronavirus recovery. Crucially, this moment in time offers an opportunity for a reset as we look to develop an approach to recovery which builds on and mainstreams the extraordinary work that already exists across the city.

6.10 To take forward the above learning, a set of recommendations across the following four key themes were proposed by Locality:

- Support a community powered economic recovery
- Build collaborative public services
- Turn community spirit into community power
- Develop an approach to culture change across the Council

6.11 This will require the Council to work at a more local level and ensure solutions to the city's challenges are rooted in the experiences of our diverse communities. This aligns with our approach to Localism as we strive to improve neighbourhood working and build a culture of participation and public engagement.

6.12 Locality's recommendations now form part of the Community Recovery workstream being led by the Neighbourhoods Directorate (further detail included below).

7 A Strategic Partnership Response to Community Recovery

7.1 Over recent months, Birmingham Voluntary Service Council (BVSC) engaged with the Council and a range of cross-sector partners both locally and nationally to start shaping the city's recovery vision. It is clear there is an aspiration to deliver something wider than just 'recovery' and we have an opportunity to consolidate the

strong Council/VCFSE sector working relationships that have been integral to the emergency response.

7.2   It is also an opportunity to reenergise existing partnerships and to put engagement and collaboration with partners and local people at the centre of what we do.

7.3   A proposed strategic approach to community recovery and its delivery framework is currently being developed in partnership with BVSC in their capacity as the commissioned VCFSE Strategic Partner Organisation for the Council.

7.4   The proposed framework recognises that a COVID-19 recovery landscape for Birmingham requires new ways of working and thinking both internal and external to the Council. It takes into consideration wider policy agendas (including Localism and Neighbourhood Integration) as well as relevant existing and new documents and policies that have been co-produced with communities, citizens, business institutions, and the VCFSC sector.

7.5   It also recognises the impact of the pandemic and its disproportionate impact upon certain communities of place, interest, and identity, and it reflects emerging thinking and priorities of key strategic partners. As a live document, it will continue to be shaped by emerging data insight and intelligence.

7.6   The proposed framework aims to create a more inclusive economy and tackle inequality, strengthen and sustain services, and to build the strength and resilience of communities. Several key shared principles are at the heart of the proposed approach, including being citizen-focussed; working through partners in communities; prioritising prevention and early intervention; and, tackling new and existing inequalities.

7.7   The draft framework was agreed by the Council's Leadership Team on 30 November 2020 and work is underway to formalise it into an action plan. As it develops, we will continue to socialise the framework at key strategic boards within the city as well as engaging with the West Midlands Combined Authority (WMCA) to ensure linkages across to their recovery work and other relevant workstreams. Updates will be brought to Cabinet as appropriate.

7.8   Delivery of the framework will be overseen in the interim period by the Community Recovery Group led by the Neighbourhoods Directorate. In time, the framework will inform the work of the Recovery Programme Board (once established) and will align and complement the work of economic recovery planning and the corporate Early Intervention and Prevention Programme.

8   Economic recovery

8.1   The Council's draft COVID-19 Economic Recovery Plan summarises the Council's contribution to supporting the economy of the city as it recovers from the COVID-19 crisis and adapts to changing conditions. It sits alongside the plans set out by the Combined Authority and the Local Enterprise Partnership.

8.2   The City Council's overall priorities for recovery are:

- Creating a more inclusive economy and tackling the inequalities and injustices highlighted by the crisis
- Taking radical action to achieve zero carbon and a green and sustainable city
- Strengthening our public services and creating new services to address needs
- Building the strength and resilience of our communities, based on the positive response to the crisis

8.3   Our priorities for economic recovery are based on the Council's distinct role in place leadership:

- Place development and management
- Green recovery
- Supporting people and businesses - especially protecting jobs and helping people find training and work
- Unlocking and accelerating infrastructure investment

8.4   Following a period of stakeholder and public consultation, the plan is due to be presented to Cabinet in March 2021.

9   COVID-19 recovery in relation to the Council's wider work

9.1   COVID-19 has revealed characteristics of our place that have been hidden in plain sight and which need to be tackled. These structural inequalities hold too many of our communities back and they drive the demand our services are struggling to afford to meet.

9.2   Recovery from the pandemic cannot be a simple rebuild of how things were before. We need to consider how equality impact is considered in recovery in order to address inequalities and make Birmingham a more inclusive and more resilient city. Our plans for recovery are not a separate endeavour and must go hand in hand with our existing and planned activity.

9.3   We have identified three priority areas in the Council Delivery Plan (approved in November 2020) which we believe are fundamental to tackling the critical

challenges of creating a more equal city whilst managing demand on council services. These are areas we need to shape now and continue to develop beyond 2022.

9.4 Priority areas:

- Shifting our focus from crisis to prevention
- Increasing the pace and scale of growth, for those that need it the most, while delivering our climate change objectives
- Delivering new ways of working

9.5 We must reform our services, so that they recognise and respond to root causes of deprivation, poverty, and inequality. This reform agenda will in part be about changing how our services operate, but must also focus on how to involve people, building on their strengths and encouraging their contribution to help shape the fortunes of our city and neighbourhoods.

9.6 Continuing to build a granular understanding of COVID-19 impact and how inequalities play out in the lives of people in the city is integral if we are to effectively identify and tackle the issues that hold people back. The Delivery Plan also sets out a comprehensive performance framework which will further develop the evidence base, creating a better understanding of our impact as an organisation and of the broader state of the city factors. This will help the Council and partners to learn lessons and inform future strategy to deal with the fractures in the economy brought about by the pandemic and the further challenges presented by Brexit.

10 Regional activity

10.1 In November 2020, the WMCA released their [Community Recovery prospectus](#) setting out a roadmap to recovery by addressing the issues facing communities across the region as we continue to deal with the coronavirus crisis.

10.2 The prospectus captures the richness of the local response to the pandemic, highlighting the experiences and practices that citizens, the social economy, public services, and local businesses want to learn from, as well as what should be strengthened and built upon as we emerge from the pandemic.

10.3 In particular, it has been informed by the findings from a Citizens Panel (convened in summer 2020 by the regional Recovery Coordination Group (RCG)) to ensure there is an informed citizen voice when shaping regional recovery priorities. The prospectus reflects their words, priorities, and principles with the expectation that

their voices, influence, and lived experiences will be part of the ongoing recovery process.

10.4 Strong relationships, joined-up place leadership, and collaborative practice at all levels have been fundamental to the response so far. There is a shared understanding across the WMCA that this way of working – built on trust, shared adversity, and commitment to people and places – is something to continue beyond the crisis.

10.5 The prospectus identifies six 'citizen priorities' through which to drive regional recovery:

- Living safely with coronavirus – we must minimise the spread of the virus and keep people safe and well
- Accessing healthcare and improving physical health – it is vital that recovery ensures that health inequalities are reduced
- Mental health support and awareness – it is essential that people receive the right level of support to combat barriers to improving their wellbeing
- Education and young people – the right provision and support needs to be in place to help young people recover from the crisis, to improve their life chances, and reduce inequalities to help prepare them for the future
- Jobs and training – we must get people back into work, with a focus on supporting those who are vulnerable to unemployment, and giving people the skills and training to get 'future'-facing' jobs
- Local businesses and high streets – recovery needs to improve the resilience of high streets and local businesses as they are at the heart of local communities

10.6 The prospectus also calls upon central government to match these ambitions with new investment and wider powers to level-up the West Midlands and secure the foundations for strong and sustained productivity.

10.7 Around £3bn of asks were set out in the WMCA's [Recharge the West Midlands prospectus](#) for transport, affordable housing, and skills programmes and these are repeated in the Community Recovery Prospectus. A further £203m is requested for programmes of work directly associated with community recovery on issues like digital inclusion, radical health prevention, and access to green spaces. The asks in the prospectus have been previously made in the Comprehensive Spending Review and Devolution White Paper.

10.8 The prospectus will be led by local authorities and local partners as those who are best placed to lead the kinds of activities that will deliver future prosperity for the region.

10.9 Experiences of the pandemic have not been felt equally, and it is crucial that the focus is on those who have borne the heaviest burdens if we are to become a more resilient region.

10.10 The WMCA's [Health of the Region 2020 report](#) (November 2020) sets out both the extent of health inequalities in the region that pre-dated the pandemic but also the impact of the crisis, including on BAME communities and other communities.

10.11 The report shows that urgent work is needed to improve outcomes for BAME communities, with action to tackle structural racism an urgent and immediate priority. To deliver lasting change, a systemic approach is needed to tackle the wider determinants of health and deal with the structural inequalities we find in our economy, housing market, education, justice, and transport systems. Inequalities within the health and care system must also be tackled, requiring a fundamental rebalancing of funding and focus on primary and preventative care. Addressing these challenges will create the conditions in which people-powered health can flourish and healthy lifestyles can become the norm.

10.12 The report explores how change can happen to build community resilience and embed prevention. The approach – 'radical prevention' – will take action as a whole system to tackle the underlying causes of poor health and health inequalities, shifting to more person and community-centred approaches while recognising the two-way relationship between health and wealth.

10.13 Radical prevention also involves demanding more inclusive economic growth which can reduce health inequalities. This can be done through, for example, improving access to employment, improving housing quality and affordability, improving educational outcomes, providing a high-quality local environment, and increasing opportunities for participation. These areas of focus are well-aligned with the work set out in the Council Delivery Plan and we will use this work to inform our own strategies.

10.14 The report sets out the following four key challenges arising from the analysis:

- Improving outcomes for BAME communities
- Tackling the wider determinants of health
- Widening access to health and care

- People-powered health

10.15 For each of these challenges, the Council, WMCA, and other partners have made over 50 commitments to action and set out a series of 12 recommendations to central government.

10.16 Commitments to action include:

- Public Health England West Midlands will develop a BAME and Disparities workplan
- Birmingham and Solihull Sustainability and Transformation Partnership (STP) will routinely produce data with detailed analysis of factors including ethnicity and deprivation
- WMCA will work with partners to become a Marmot City Region and develop a three-year action plan for change
- University Hospitals Birmingham will use digital transformation to reduce health inequalities by enabling people to access healthcare and information in a more accessible way
- WMCA will work with other Birmingham 2022 Commonwealth Games Delivery Partners to develop a long-lasting physical activity and wellbeing legacy for the region

10.17 The commitments will be monitored and reviewed through the WMCA Wellbeing Board. The report will also provide a basis for developing the Well-Being and Prevention programme for the WMCA Public Service Reform (PSR) directorate for 2021/22 which will report into the Wellbeing Board and form part of the WMCA Annual Plan.

11 Conclusion

11.1 This report has presented updated evidence on COVID-19 impact and outlined how this insight is informing Council's and partners' ongoing emergency response, plans for recovery, and broader strategies.

11.2 It is still not yet possible to know full picture in terms of the precise, longer-term impacts of the pandemic. However, we remain firm in our commitment to undertake the necessary evidence-gathering and analysis in order to build a better understanding of the social, health, economic and community impacts as well as the policy consequences of these in order to develop appropriate.

11.3 Across the Council, ongoing consideration of the growing evidence-base, accompanied by a robust process of internal challenge, will ensure our approaches

demonstrably address structural inequalities. Discussions about how this will be developed and implemented are underway and will continue over the coming months and years.

11.4 Reports will be brought to Cabinet for updates and decisions where appropriate as these different pieces of work progress.

12   Options considered and Recommended Proposal

12.1 This report is for information. The recommended action is provided in 2.1.

13   Consultation

13.1 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.

13.2 The Council is continuing to work closely with partners, communities, and other stakeholders, both as part of our evidence-led approach to gather further insight on the impact of the pandemic as well as to inform plans for recovery.

14   Risk Management

14.1 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.

15   Compliance Issues

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

15.1.1 Tackling inequalities is fundamental to the Council's work and underpins the key outcomes and priorities as set out in the Council Delivery Plan.

15.1.2 This report provides further evidence of the impact of the coronavirus pandemic on the city, particularly focussing on the differential impact on some of our vulnerable and disadvantaged communities.

15.1.3 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

establish 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.

15.2 Legal Implications

15.2.1 There are no legal implications arising from this report.

15.3 Financial Implications

15.3.1 There are no direct financial implications arising from this report.

15.4 Procurement Implications (if required)

15.4.1 There are no procurement implications arising from this report.

15.5 Human Resources Implications (if required)

15.5.1 There are no HR implications arising from this report.

15.6 Public Sector Equality Duty

15.6.1 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.

15.6.2 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.