

## Regional Health Impacts of COVID-19 – Call for evidence

### What are we doing and why?

National and regional evidence shows that the coronavirus (COVID-19) pandemic has widened existing inequalities in health in addition to creating new challenges. People living in deprived areas and those from Black, Asian and minority ethnic (BAME) communities have been disproportionately affected by both the health and economic impacts of COVID-19.

The Regional Health Impacts of COVID-19 Task & Finish Group has been established to focus on the relationship between disparities analysis from the PHE review and wider health inequalities in the wider WMCA Region. This will include:

- Coordinating work by Partners and Stakeholders around COVID-19 and linking to the wider determinants of health;
- Drawing on other streams of work around the region on COVID-19 and health inequalities;
- Sharing work across different organisations and synchronising use and outputs of work.
- Identifying a series of interventions that might be made in response to our findings.
- Feeding into national level discussions about the health impact of COVID-19.

Feedback from communities, including in the West Midlands, has highlighted a number of issues contributing to the inequalities identified and where improvement is needed across the system. These include access to health services and other services or networks; opportunities to participate in activities that improve health and wellbeing; changes in employment or working patterns; and additional challenges in circumstances such as care responsibilities or domestic violence.

Crucially, feedback received through a national community engagement exercise clearly and consistently emphasised the importance of explicitly considering ethnicity, racism and structural disadvantage in our responses to COVID-19 and tackling wider health inequalities.

The West Midlands Combined Authority is working with partners and stakeholders across the region to build on this feedback and develop an approach to recovery from COVID-19 that takes into account the experiences, needs and priorities of our citizens.

### What are we asking for?

It is important that the evidence used to inform the regional approach is representative of our communities, and that we recognise what has already been done to understand the impact of COVID-19 in local areas. By consolidating existing evidence from across the region, we will be able to identify common themes as well as issues specific to localities. We will also be able to identify any gaps in the evidence and make plans to address them.



**West Midlands  
Combined Authority**

We want to hear from the wide range of public agencies involved in planning and delivering health and care services. From NHS trusts to local authorities to those on the frontline of primary care. We want to gather existing and on-going research and analysis in relation to the health impact of COVID-19, particularly as it relates to wider health inequalities and particular cohorts of the population.

We are keen to hear from local services and community groups about any community engagement activities you have carried out in relation to COVID-19 and its impacts, and if you have any findings or reports that you are able to share to inform our work.

We would also welcome contributions from individuals who have additional thoughts or experiences they would like to share.

**Please limit your responses to NO MORE THAN 2000 WORDS. We are particularly keen to receive any existing reports, presentations or to hear about on-going research and community engagement.**

In addition, if you are holding any community engagement events or activities where you feel we may be able to have meaningful conversations about how COVID-19 has affected local communities, please let us know if we would be able to attend to listen or to facilitate a discussion.

### **What will we do with the information?**

The evidence gathered will be reviewed and key themes will be drawn out, summarised and used to identify a set of priority areas for action. These will be fed back to contributors so that we can ensure that the priorities and concerns identified in your communities are appropriately represented, and that there are opportunities to provide additional feedback before including in the final report.



**Consultation questions**

**For individuals and households -**

1. **Is there anything you wish to share about your experiences of COVID-19 as an individual or household? We would especially like to hear about the services or support networks you have used, and what additional support you might find helpful.**

**For service providers/community groups:**

2. **How has COVID-19 affected your community? What have been the negative impacts and challenges? Are there any positives or opportunities we can build on?**

**For public agencies and other service providers:**

3. **What analysis have you carried out in relation to the impact of COVID-19 and its relationship with health inequalities? Do you have evidence of its disproportionate effect on BAME or other sections of the population?**
4. **Have you encountered any challenges or barriers in supporting service users and/or citizens and what have you done to try to overcome these?**
5. **Do you have any examples of good practice in making services or groups more accessible and/or inclusive during the pandemic?**
6. **How are you changing your approach / services / activities in order to tackle underlying health inequalities in the future and what changes / support do you need to achieve this effectively?**

Please upload your responses [here](#) or alternatively email your responses to [Grace.Scrivens@phe.gov.uk](mailto:Grace.Scrivens@phe.gov.uk) or call 0121 232 9152 if you'd like to discuss this call for evidence.

The closing date for receiving evidence is 1pm on Monday 14 September 2020.