

Healthwatch Birmingham response to Tackling Inequalities - Everyone's Battle Everyone's Business

Healthwatch Birmingham welcomes the opportunity to respond to the Birmingham City Council's consultation on Tackling Inequalities - Everyone's Battle Everyone's Business. Our key role is to make sure that patients, the public, service users, and carers (PPSuC) are at the heart of service improvement in health and social care. In line with our role, we have focused our comments on:

- Public Involvement.
- The extent to which the proposed plans address the needs of Birmingham citizens, particularly those facing inequalities.

Healthwatch Birmingham welcomes Birmingham City Council's on-going commitment to tackle the social and economic inequalities in our city, and its review of areas of the existing Equality and Cohesion Action Plan 2020.

Public Involvement

Healthwatch Birmingham welcomes the statement that "*An equal city must ensure that all these voices are heard and represented, by taking active steps to engage, listen and learn, especially from those who have traditionally struggled to be heard*". We believe that the same principles need to apply when it comes to consulting with the public, such as this exercise.

We are disappointed to note that we are only aware of the documents that have been available online, and are unaware of any other steps taken to engage the public in this consultation. We also note that the documents have not been offered in any other format, excluding those with language or sensory impairment needs from taking part. There is not a phone number or postal address to allow anyone without digital access to respond.

Given that the documents outline the Council's wish to address structural barriers to equality, it appears a large oversight that the consultation on this has perpetuated some of the same barriers to engaging equally with Birmingham's residents. If other engagement activities have taken place, Healthwatch Birmingham would like to see these publicly and clearly displayed to inform and allow public scrutiny.

Review areas

In line with our role, we have focused our comments on aspects of the review that relate to health inequalities. Based on the experiences of health and social care we have heard over the years, we recognise that avoidable inequalities in health, cut across a range of indicators including the protected characteristics as set out in the Equality Act 2010. Therefore, a person's chance of enjoying good health and a longer life is determined by the social and

economic conditions in which they are born, grow, work, live and age. These conditions also affect the way in which people look after their own health and use services throughout their life. In Birmingham where the level of disadvantage/deprivation is higher than the national average, greater care needs to be taken to ensure that health inequalities do not increase, especially for those with protected characteristics.

Our answers are in part based on Healthwatch Birmingham's recent report [*'Health Inequalities: Somali people's experiences of health and social care services in Birmingham'*](#) including feedback we have heard over the year from ethnic minority groups. The report is based on interviews with members of Birmingham's Somali community, with a specific focus on:

- the challenges and barriers that negatively impact on Somali people's experiences of health and social care (both prior to and during the lockdown)
- the impact that service changes, due to the pandemic, are having on the Somali community
- understanding what could improve Somali people's experiences of health and social care services in Birmingham.

We found that the following issues have led to distrust and detachment from health and social care among the Somali community:

- lack of dignity and respect
- poor diagnosis and referral to specialist treatment
- cultural and language difficulties
- stigma and discrimination

We identified a number of important areas for improvement, including:

- communication, information and engagement
- education and training for both Somalis (English, rights) and health and social care professionals (cultural, stereotypes and discrimination)
- access to adequate and knowledgeable interpreters/translators
- diversity in recruitment to health and social care roles in local services

The Council will lead by example as an employer

Healthwatch Birmingham welcomes the recognition from the Council that it needs to take steps to develop a representative workforce. Whilst the proposed steps around recruitment, employment practice & support and development go some way to address this, further steps need to be taken to truly address this for all communities in Birmingham.

Based on the findings of our study, the Council has an important responsibility for ensuring diversity in the health and social care workforce. There needs to be a better use of data (e.g. JSNA) in order to understand local communities and the needs within those communities.

People have told us of the importance of training people from ethnic minority groups in health and social care so they take up key positions within their communities. Thus the importance of having programs that target minority groups into training roles, this includes

encouraging selection of certain subjects crucial to the field of health and social care at various educational levels (e.g. A levels). Below are some of the experiences we heard during our study (link above):

There are no Somali people in public sector positions, no Somalis represented on boards, education sector of BCC or health sector, community groups. We have difficulties that other communities have but they have representatives working in various healthcare services that we do not have. There is no one representing us, who understands our culture, our system of living - no one defending our rights.

The only exit we have or solution is to have Somali community representatives in health and social care, otherwise things will continue to worsen.

To overcome some of the barriers Somali people face, we need to have - especially in the areas where Somali people live or are concentrated such as Nechells, Small Heath and Bordesley Green - equal opportunity in employment. For example, to have GPs that represent the diversity of the community. Have a Somali speaking GP, nurse and receptionists in areas where you have a high concentration of these groupings.

The people we spoke to during our Health Inequalities study live in the most deprived areas of Birmingham. People spoke about the lack of access to ESOL classes that used to enable people to learn the English language, closure of leisure centres and libraries in their local communities. People also spoke about other impacts such as housing, loss of income due to a loss of jobs during covid-19.

Without addressing the gaps in learning and training opportunities in all communities, progress cannot be made to rectify representation in employment.

Mandatory equalities training for employees and elected members of the council may help to address the racism and discrimination felt by those we interviewed in our study. This has resulted in a lack of confidence and trust in public services in Birmingham.

As Civic Leaders, we will challenge inequalities in every community

Whilst we praise the Council for recognising that Covid-19 and the economic downturn will further effect inequality and poverty in our city, we urge the Council to look at a wider range of solutions for working with communities. The proposed Citizens Assembly or similar body may well attract only those citizens already engaged with the Council, through various forums. To truly understand the needs of communities and take this work forward, meaningful large scale engagement needs to take place, with no assumed solutions.

Engagement with ethnic minority groups or communities should not be a one-off event and should be an ongoing two-way process. Opportunities should be made available for the community to be involved in decision-making processes, addressing any barriers to participation faced.

The interaction of various inequalities of religion and ethnicity demonstrate the need for services to understand people's experiences on a case by case basis and a move away from grouping people under the broad term of BAME.

Equitable access to services requires those services and professionals to have linguistic and cultural competence. Including the ability to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This can include on the job training as well as including this training opportunities for the public.

We will celebrate and share our city's stories of diversity and dynamism

Healthwatch Birmingham's role means we have less to comment on in this area of the review. However we would like to comment that cultural and language barriers may prevent all communities in our city from benefiting from renewed efforts to celebrate Birmingham's diverse heritage. It is appreciated that steps are being made to address this.

Yours Sincerely,



Chipiliro Kalebe-Nyamongo

Research and Policy Manager



Sarah Walmsley

Data & Insight Officer