

Healthwatch Birmingham's response to UK Covid-19 Inquiry Terms of Reference Consultation

Healthwatch Birmingham welcomes the opportunity to respond to the UK Covid-19 Inquiry's consultation on its *Terms of Reference*. 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:

- Whether the proposed Terms of Reference are responsive to the needs of the people of Birmingham

We are pleased to see that the Inquiry is consulting on the Terms of Reference due to the importance of the review. It gives members of the public the chance to express areas of the pandemic that they feel need to be looked at.

Healthwatch Birmingham feels that in relation to central, devolved and local public health decision-making under the item of how decisions were made, communicated and implemented, accessibility of communications needs to be examined closely. How quickly and clearly was information made available to people who don't have English as their first language? This is of particular concern in Birmingham as it has a population of more than 1.1 million residents. There are over a hundred different languages spoken in Birmingham.

Our report [Health Inequalities: Somali people's experiences of health and social care services in Birmingham](#) found that people told us that there was not enough information for the community concerning Covid-19. Where information existed, it was not accessible to the community and as a result there was a lot of misinformation circulating.

"In terms of information, there was a lot on social media and our parents watched the news and we would translate for them. So we had to look it up, the information that we needed and what we needed to do. For families without an English speaking person that could translate for them were completely blind to what was happening, what they can access, what they can't access, how to protect themselves."

In addition, was information available in a timely manner for people with sensory needs such as those who are visually impaired or D/deaf. Not having this information available could put people at a severe disadvantage in managing their own safety and health, leading to health inequities.

We heard from people who have long term or chronic health conditions who struggled to manage these during the pandemic due to the lack of information, and poor communication about regular appointments.

Healthwatch Birmingham would like the inquiry to consider two aspects of the response of the health and care sector across the UK in greater detail.



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The item for the management of the pandemic in care homes and other care settings, needs to look at domiciliary care settings and how readily available PPE and additional staff capacity was, to protect those receiving care. We particularly heard from people who funded their own care via direct payments who were not initially included in the plans to distribute PPE and protect those receiving care. We know from several studies that people with disabilities suffered worse outcomes during the pandemic and feel aspects around personal care and safety need to be examined in depth, in order to avoid the same outcomes in any future outbreaks.

In the item the consequences of the pandemic on provision for non-COVID related conditions and needs, we feel that mental health services should be specifically stated and examined. In Birmingham one in four people live with a mental health condition that started in childhood. We have also heard from a significant number of people who have needed additional mental health support due to the pandemic. We have produced reports about the experiences of people in Birmingham during both the first and second lockdown, both of which highlight mental and emotional distress experienced by people and a lack of services to meet their needs.

We hear feedback about all health and social care services in Birmingham. It has been particularly notable that the feedback we have heard about mental health services has been increasingly negative, to the extent that in October - December 2021 we have only received negative feedback about mental health services. Concerns have been about a lack of services, staff absences, poor staff attitude, long waiting lists, not able to communicate well in virtual appointments, and overstretched crisis services. We are greatly concerned at the feedback we are receiving. Mental health services are both suffering with an increase in need and demand from new and existing patients, and do not seem to have been given the same level of recovery funding as acute services.

We look forward to reading the updated Terms of Reference following this consultation.

Yours Sincerely,



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