



## Religion & Equality Delivery System



## Equality Act 2010

- Consolidated and replaces previous discrimination legislation
- Covers discrimination on ground of 'protected characteristics'
- Introduced a new public sector equality duty



## **General Equality Duty**

Public Authorities when exercising their public functions must have due regard to the need to:

- 1. Eliminate discrimination, harassment and victimisation
- 2. Advance equality of opportunity
- 3. Foster good relations

#### **Protected Characteristics**



## **Specific Equality Duty**

- Publish information which demonstrates compliance with the General Equality Duty; includes requirement to provide information on staff and service users
- Preparation and publication of at least one specific and measurable equality objective



#### **Equality Delivery System**

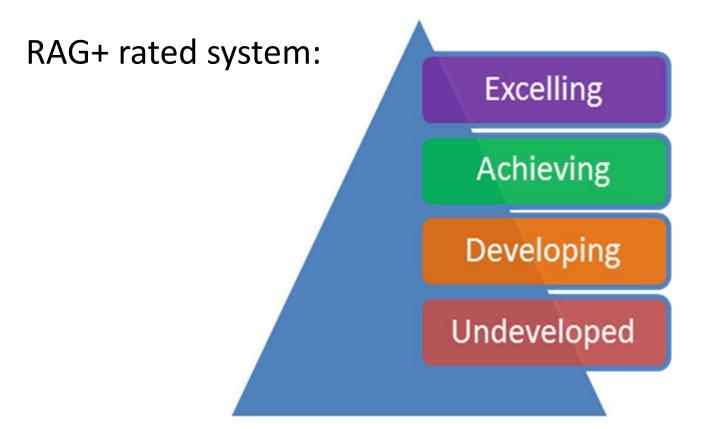
- EDS is a generic and flexible equalities performance tool for assessing and grading performance
- 18 outcomes, grouped under four goals
- Aligned to the key NHS levers NHS Constitution, NHS Outcomes Framework & CQC key inspection questions
- Using the evidence and insight to assess and grade equality performance, can help organisation's to respond to the Equality Duties

#### **EDS Goals**

Four Goals:

- 1. Better health outcomes
- 2. Improved patient access and experience
- 3. A representative and supported workforce
- 4. Inclusive leadership

#### **EDS Grades**





#### **Results of our EDS Assessment**



**Goal 3: Representative Workforce** 



Performance: Achieving

**Goal 2: Patient Access & Experience** 



Performance: Developing Strongly

**Goal 4: Inclusive Leadership** 

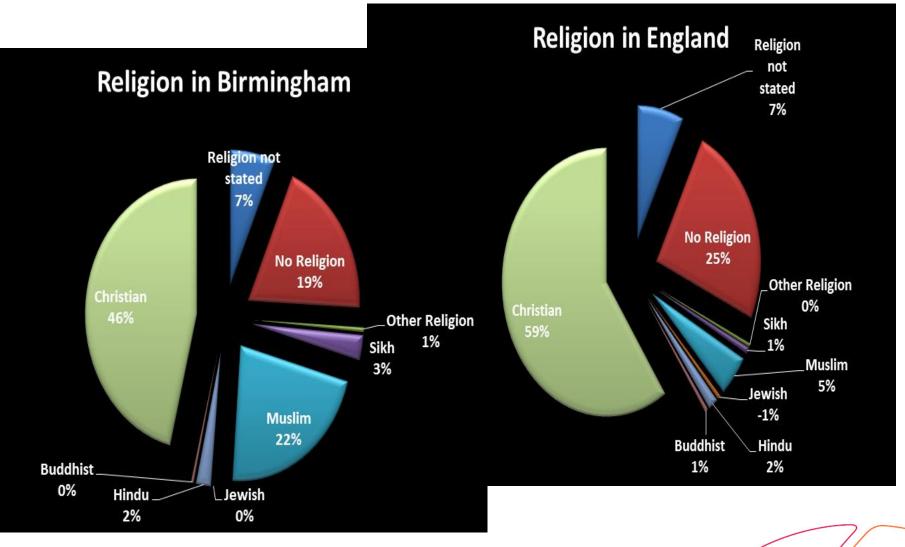


Performance: Achieving

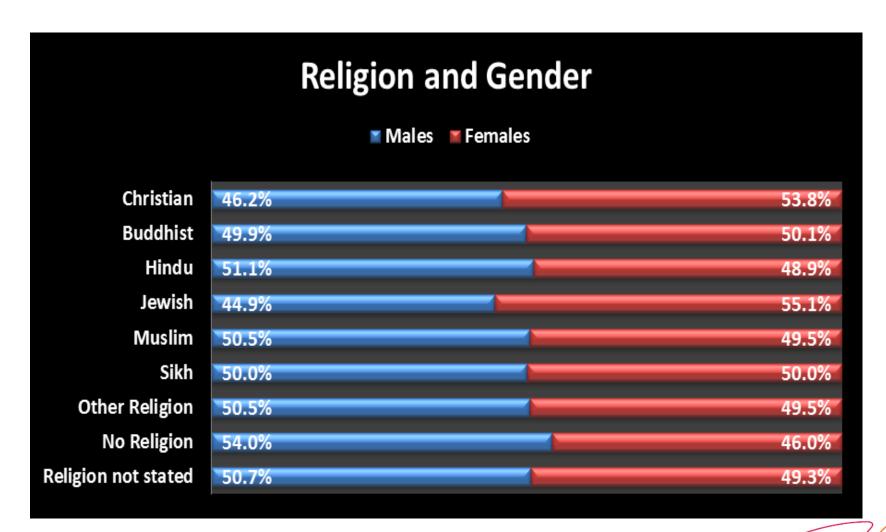
#### What do we understand about Health Needs?

- A relatively unhealthy start in life. The health of children in Birmingham is worse than England overall. This is reflected in a high level of infant mortality, low birth weight babies and high childhood obesity rates. Birmingham's teenage conception rate is one of the highest in the country.
- Worse health prospects in adult life. Birmingham's life expectancy is lower than England as a whole for both men and women.

### **Religion in Birmingham**



#### **Religion and Gender**



#### **Religion and General Health-Birmingham**

#### **Religion and General Health** Very Good or Good Health 🛾 Fair Health Bad or Very Bad Health Christian 75.5% 16.5% 8.0% Buddhist 82.4% 12.7% 4.9% Hindu 83.6% 11.3% 5.1% Jewish 83.1% 11.7% 5.2% Muslim 82.9% 11.3% 5.8% Sikh 13.0% 80.8% 6.3% Other Religion 9.2% 74.0% 16.8% No Religion 85.4% 10.3% 4.3% Religion not stated 76.3% 15.5% 8.2%

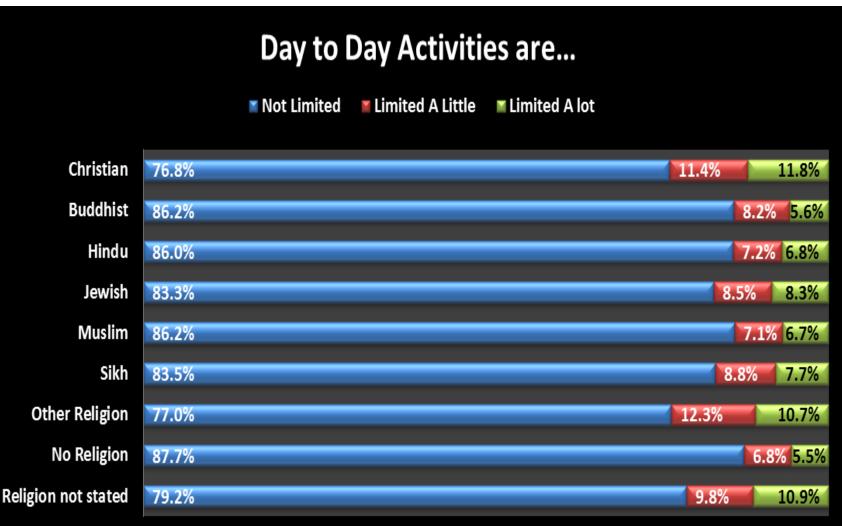
#### Male & Female - General Health

Very Good or Good Health 👅 Fair Health

Bad or Very Bad Health

Female - Christian	74.1%	17.5%
Male - Christian	77.1%	15.3%
Female - Buddhist	82.1%	13.4% 4.5%
Male - Buddhist	82.7%	12.0% 5.4%
Female - Hindu	81.2%	12.5% 6.3%
Male - Hindu	85.8%	10.2%4.0%
Female - Jewish	82.6%	11.9% 5.5%
Male - Jewish	83.8%	11.3% 4.8%
Female - Muslim	80.8%	12.6% 6.6%
Male - Muslim	85.0%	10.1% 5.0%
Female - Sikh	77.8%	14.5% 7.7%
Male - Sikh	83.7%	11.4% 4.9%
Female - Other Religion	72.5%	17.9% 9.5%
Male - Other Religion	75.5%	15.7% 8.8%
Female - No Religion	86.2%	10.0% 3.8%
Male - No Religion	84.8%	10.5% 4.7%
Female - Religion not stated	74.7%	16.7% 8.6%
Male - Religion not stated	77.9%	14.4% 7.8%

## **Religion and Disability**



#### Bad or Very Bad Health by Age & Sex

▲ Age 0-15 ▲ Age 16-49 ▲ Age 50-64 ▲ Age 65+

Female - Christian Male - Christian Female - Buddhist Male - Buddhist Female - Hindu Male - Hindu Female - Jewish Male - Jewish Female - Muslim Male - Muslim Female - Sikh Male - Sikh Female - Other Religion Male - Other Religion Female - No Religion Male - No Religion Female - Religion not stated Male - Religion not stated

12.8%	18.4%	25.2%		55.1%
2.2%	21.0%	31.1% 🚺		45.8%
3.7%	3:	3.3%	29.6%	33.3%
0.8%		44.5%	38.3%	16.4%
1.6%	16.6%	35.8% 🍋		46.0%
0.7%	25.2%		38.6%	35.5%
	19.4%	20.9%		59.7%
4.2%	16.7%	22.9%		56.3%
6.0%		36.3%	30.0%	27.8%
10.8%		41.4%	23.4%	24.4%
1.4%	17.6%	38.0%	<u> </u>	43.0%
2.8%	26.5%		35.9%	34.8%
0.4%		39.1%	37.6%	22.9%
2.0%		53.4%	31.5%	13.1%
4.6%		48.7%	26.3%	20.4%
4.9%		42.5%	32.6%	20.1%
2.8%	23.2%	26.7%		47.3%
4.6%	30.1	.%	29.2%	36.1%

#### Good or Very Good Health by Age & Gender

▲ Age 0-15 ▲ Age 16-49 ▲ Age 50-64 ▲ Age 65+

Female - Christian Male - Christian Female - Buddhist Male - Buddhist Female - Hindu Male - Hindu Female - Jewish Male - Jewish Female - Muslim Male - Muslim Female - Sikh Male - Sikh Female - Other Religion Male - Other Religion Female - No Religion Male - No Religion Female - Religion not stated Male - Religion not stated

19.5%	51.4%	17.0%	12.2%
22.4%	50.1%	16.5%	11.0%
15.2%	72.5%	9.4%	2.9%
14.4%	69.4%	12.8%	3.5%
19.7%	66.1%	10.8%	3.3%
19.6%	65.6%	10.8%	4.0%
12.8% 62.2%		11.6%	13.5%
10.8%	63.5%	13.4%	12.3%
42.6%	53.3%	3,	<mark>2%</mark> ] 0.9%
41.8%	52.9%	4.:	<mark>1%</mark> 1.3%
24.6%	61.9%	10.6%	2.9%
24.5%	60.3%	11.5%	3.7%
17.2%	65.4%	14.0%	3.4%
16.9% 64.9%		14.0%	<b>—</b> 4.2%
27.2%	63.8%	7.1%	🜌 1.9%
25.1%	62.4%	9.5%	3.0%
31.4%	47.9%	12.1%	8.6%
31.0%	50.4%	11.8%	6.9%

### How is Religion considered as part of the CCG?

The EDS evidence included:

- ✓ Quality Team Assurance visits
- ✓ Contractual Requirements
- Embedded Equality Analysis Processes

#### **Contractual Requirements**

The NHS Standard Contract contains the following requirements:

#### Equity of Access, Equality and Non-Discrimination

The Parties must not discriminate between or against Service Users, Carers or Legal Guardians on the grounds of age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, **religion or belief**, sex, sexual orientation or any other nonmedical characteristics, except as permitted by the Law.

#### Pastoral, Spiritual and Cultural Care

The Provider must take account of the **spiritual, religious, pastoral** and cultural needs of Service Users and must liaise with the relevant authorities as appropriate in each case.

# Issues highlighted through Equality Analysis & EDS

**Dietary Needs** 

Washing and Bathing

Childbirth

Physical Examination/Privacy and Modesty

Daily acts of faith and/or major annual events

Medication

Single sex wards

Death and end of life care

Naming systems



### **Primary Care Mental Health Redesign**

 ✓ Birmingham Mental Health Strategy 2011-2016

✓ Service review focused on:

✓ Access

✓ Patient Experience

✓Outcomes

✓ Value for Money

 ✓ Amman Walk-In-Service – Sparkhill, Sparkbrook & Handsworth

#### **Chaplaincy Service**

- Service designed to help distressed and troubled adults at an early stage
- ✓ Listening and guidance service for people with emotional needs
- ✓ Pilot across 4 GP practices for 12 months



### **Aspiring to Excellence: Excellence Scheme**

- This scheme is being piloted with Birmingham with GPs.
- It aims to improve the management of longterm medical conditions
- The work is targeted to improve care for
  - Patients aged over 75
  - Vulnerable adults
  - End of life patients
  - Patients with mental health needs



#### **Our Next Steps...**

EDS has identified gaps and issues which are being turned into Equality Objectives.

- 1. Commissioning Safe and Effective Services the services we commission will be safe and effective; monitored and evaluated for their impact and outcomes in terms of addressing health inequality and inequity of access.
- 2. Effective Communication and Engagement to develop our understanding of those we engage with by protected characteristic monitoring and provide accessible communication and engagement mechanisms which are inclusive and meet the needs of our diverse communities.
- **3.** Employer of Choice to increase the diversity profile of our workforce to be more reflective of the community we serve and provide a safe and fair workplace environment which enables staff to develop and contribute effectively.
- **4.** Equality Leadership to demonstrate a strong and committed approach to valuing equality and diversity both within and outside of the CCG.

## Thank you for listening

Any Questions?



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