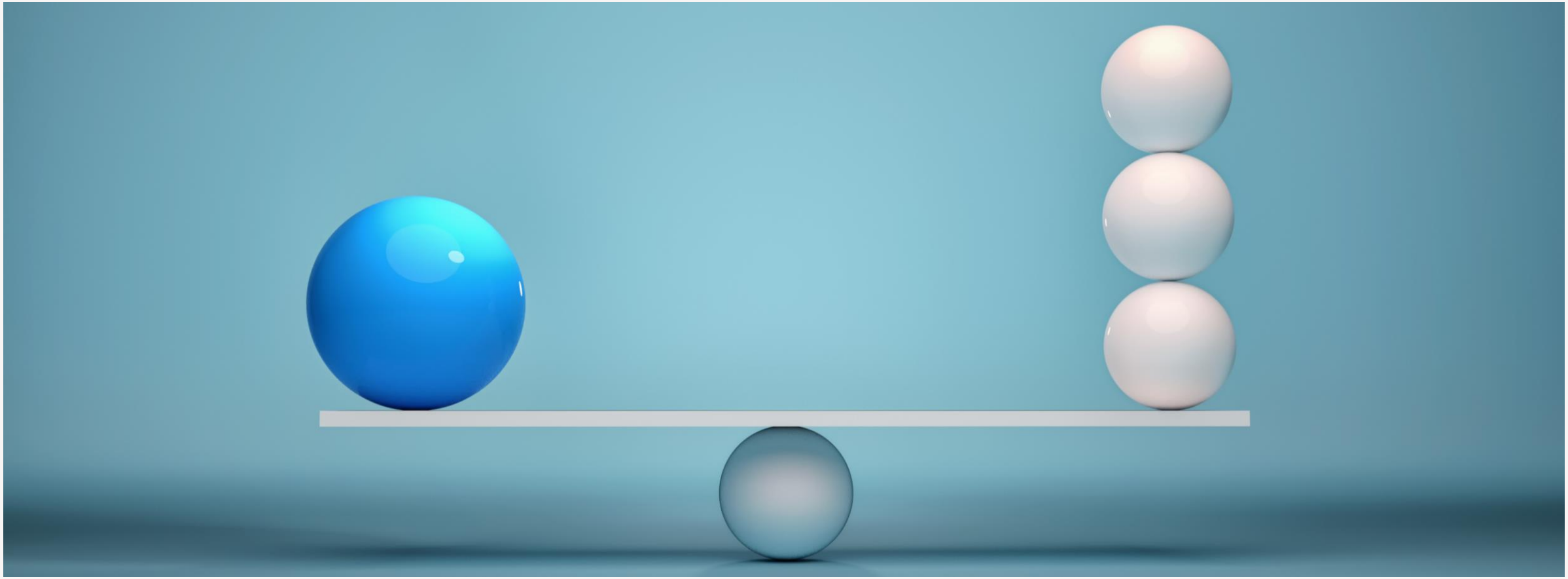
NHS
Birmingham and Solihull
Mental Health
NHS Foundation Trust

Value Me to Reduce Inequality



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Why…

To enable the right ingredients for an

Inclusive culture

which is…

Anti racist

and

Anti discriminatory

for **all**

to

Improve

access,

experience

and

outcomes

for

our people

Birmingham and Solihull Mental Health NHS Foundation Trust

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Value Me to Reduce Inequality

What..

Every person to be valued and understood

Why...

So that I have a fair opportunity to take the next step-*whatever that looks like for me*

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Question to the Board

What is your expectation of the organisation in relation to addressing Inequality?

Definitions

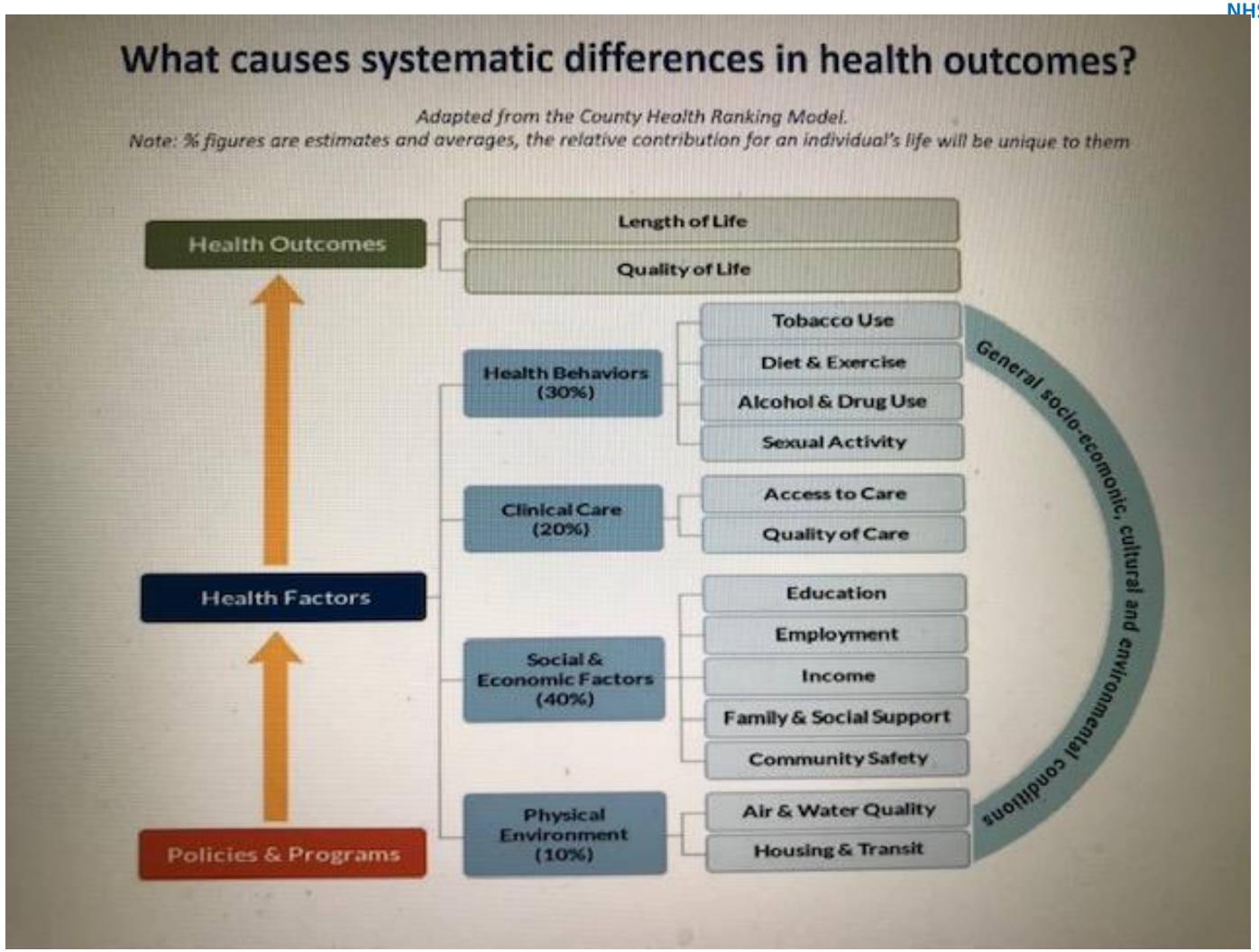
- Health Inequalities (England » Definitions for Health Inequalities)

Health inequalities are **unfair** and **avoidable** differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.

- Mental Health Inequalities

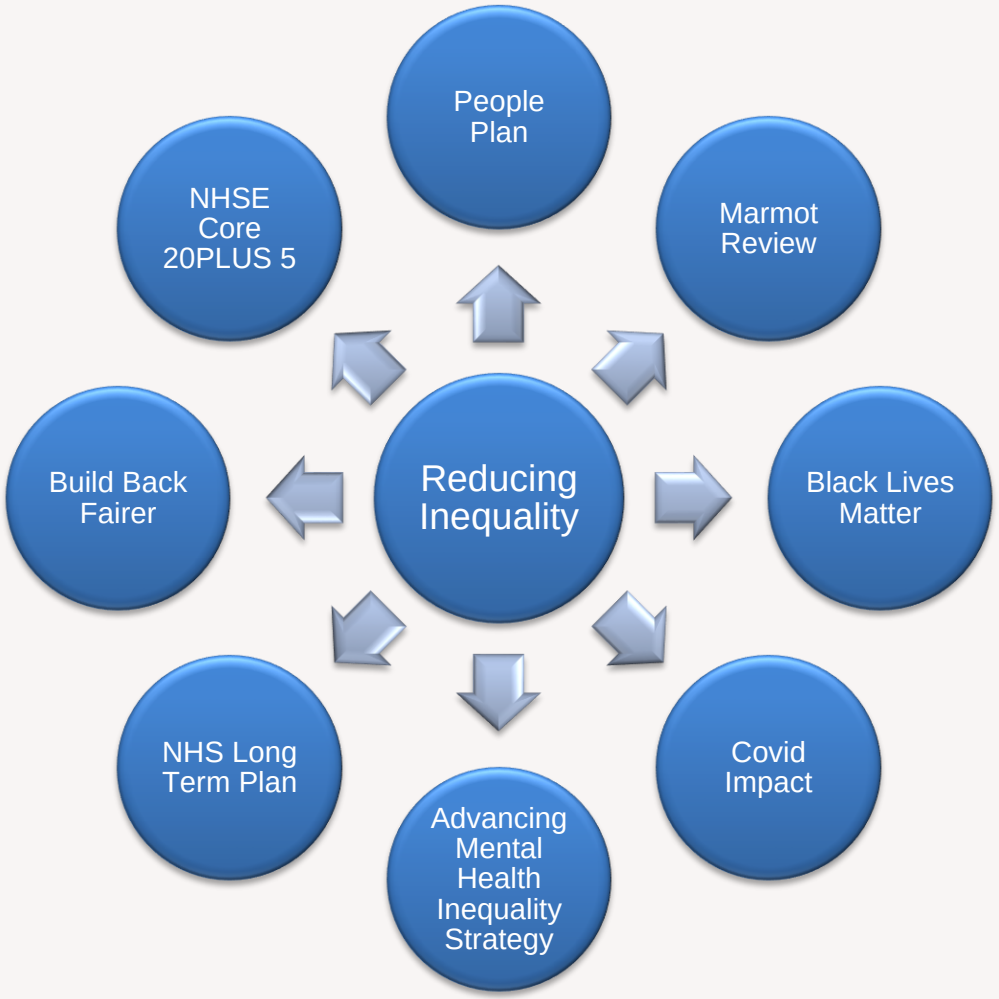
Mental health inequalities are often linked with wider cultural and societal systems of disadvantage which impact a person's wellbeing; including (but not limited to) stigma, discrimination and environment – including housing security.

Where we can influence impact?



National Context

Birmingham and Solihull Mental Health NHS Foundation Trust



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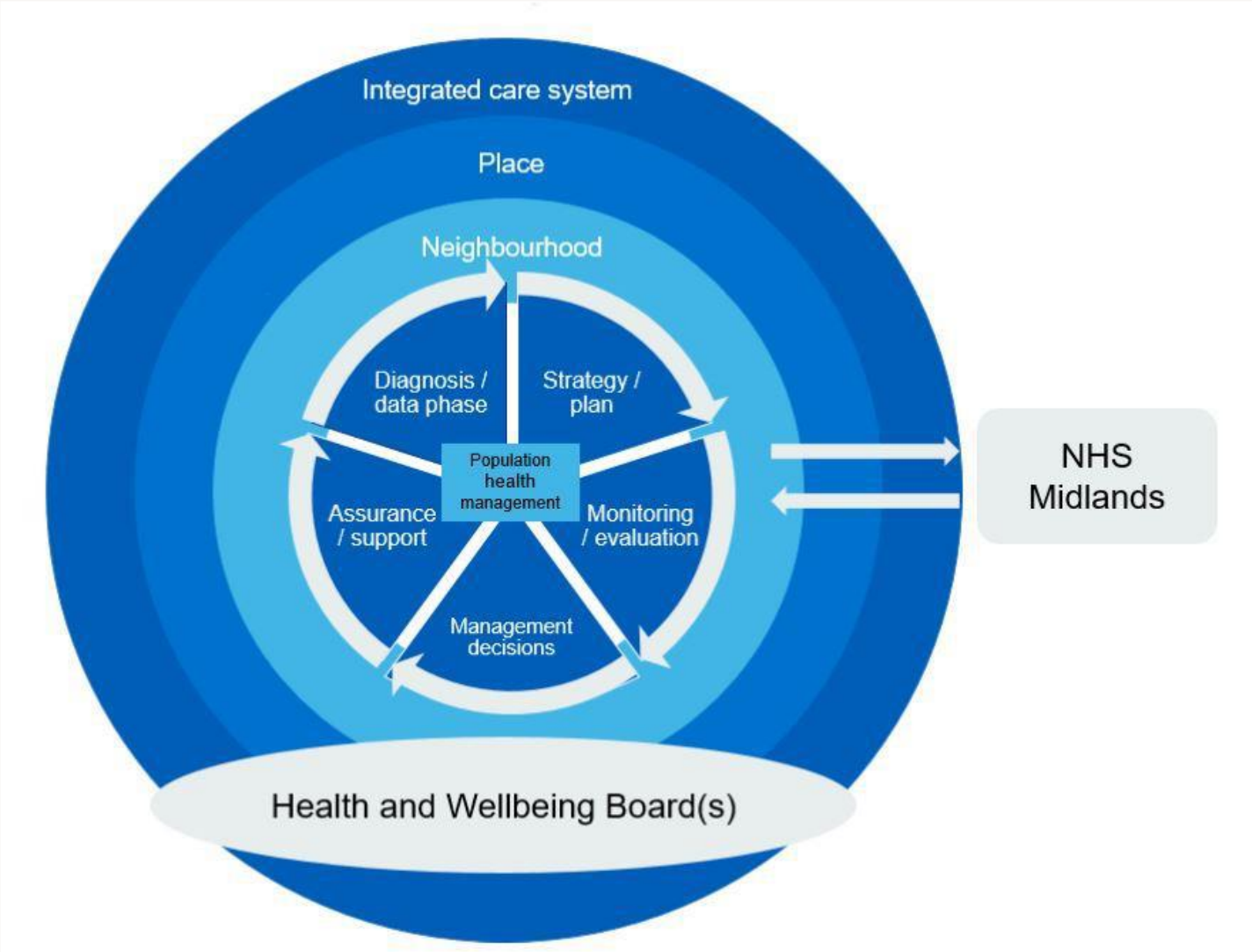
Health Inequalities Accountability Framework ICS



Birmingham & Solihull ICS Inequalities Work Programme
Alignment of NHS Operational Plan HI Priorities with BSol Inequality Priorities

Birmingham and Solihull Mental Health NHS Foundation Trust

Workstream	2021/22 Operational Plan HI Priorities	Proposed Local HI Priorities	
COVID Response & Inequalities	Restore NHS Services Inclusively using data – ethnicity and deprivation	Reduce Covid Vaccination Inequalities	Ensure Inclusive Elective Recovery
Data	Ensure datasets are complete and timely. Capture data on ethnicity across all services including primary care.	Share data with ICS Board & PCNs	
Digital Inclusion	Mitigate against digital exclusion.		
Prevention	Accelerate preventative programmes that proactively engage those at greatest risk of poor outcomes	Pilot PCN level MDT approach in Washwood Heath & support PCN HICs	Reduce Infant Mortality
Inequalities as ICS Core Business	Strengthening leadership and accountability	Board & PCNs supported with HI training	
Community Engagement		Use community asset approach deployed in COVID to address other health issues	
Anchor Institutions		Living Wage commitment & tailored local recruitment	
Population Health Management			

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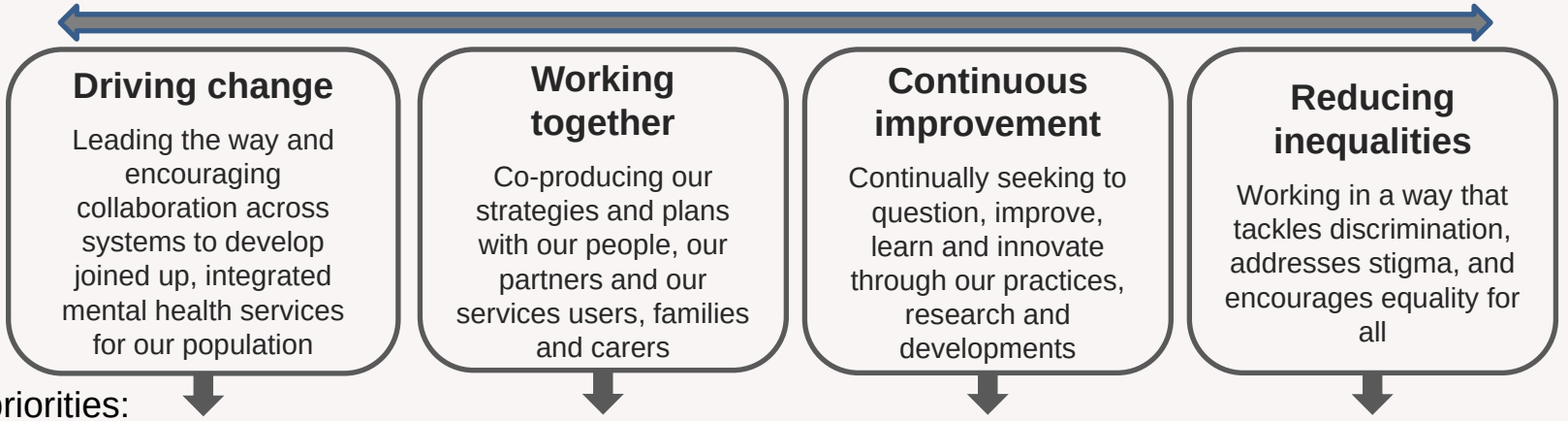
How our strategic priorities align

One vision: improving mental health wellbeing

We will need to work in four key ways to achieve this vision, and these are themes running through our strategy:



Four strategic priorities:

Clinical Services	Leader in mental health – integrated pathways and services; system partnerships	Recovery focussed - co-production as a norm for how we develop and design services	Service transformations; clinically effective and evidence-based	Rooted in communities – reducing inequalities for our service users and carers
Quality	Patient Safety collaboratives; system working e.g. suicide prevention, safeguarding	Improving service user experience – emphasis on co-production and EbE roles	A focus on quality improvement, learning lessons, using data and research	Reducing unwarranted variation; physical health
People	Workforce planning across the system	Staff engagement; lived experience roles; co-production of our systems and processes	Evidence based people practice; using data and analytics	Embedding our value of inclusion; diverse workforce; just culture; safety to speak up
Sustainability	Range of strategic partnerships and governance structures to support integrating	Staff and service users involved in identifying and developing and evaluating opportunities	Digital transformation evidence/research based; sharing practice/learning; environmental initiatives;	Resources, partnerships and data to support reducing inequalities; ensuring digital inclusion

Inequalities and their Impact on Health in Birmingham and Solihull (1)

- **Deprivation.** We serve some of the poorest areas in the country alongside some of the most affluent. 40% of Birmingham and 12% of Solihull residents live in the most deprived decile on the Index of Multiple Deprivation. 1% of Birmingham and 28% of Solihull residents live in the most affluent decile on the IMD.
- **Diversity.** We serve some of the most diverse communities in the country. 40% of Birmingham and 11% of Solihull citizens are from Black, Asian and Minority Ethnic backgrounds. Often our localities with the highest deprivation are also those with highest proportion of Black, Asian and Minority Ethnic citizens.
- **Youth and Age.** Birmingham is the youngest local authority in the country with high levels of infant mortality and large numbers of children living in poverty. Solihull is older in profile and both local authorities have rising numbers of frail older people.

FACT

Birmingham and Solihull Mental Health NHS Foundation Trust

75% of MH problems emerge prior to 25 years.

Those living with Serious Mental Illness die on average 15 years earlier than those living without.

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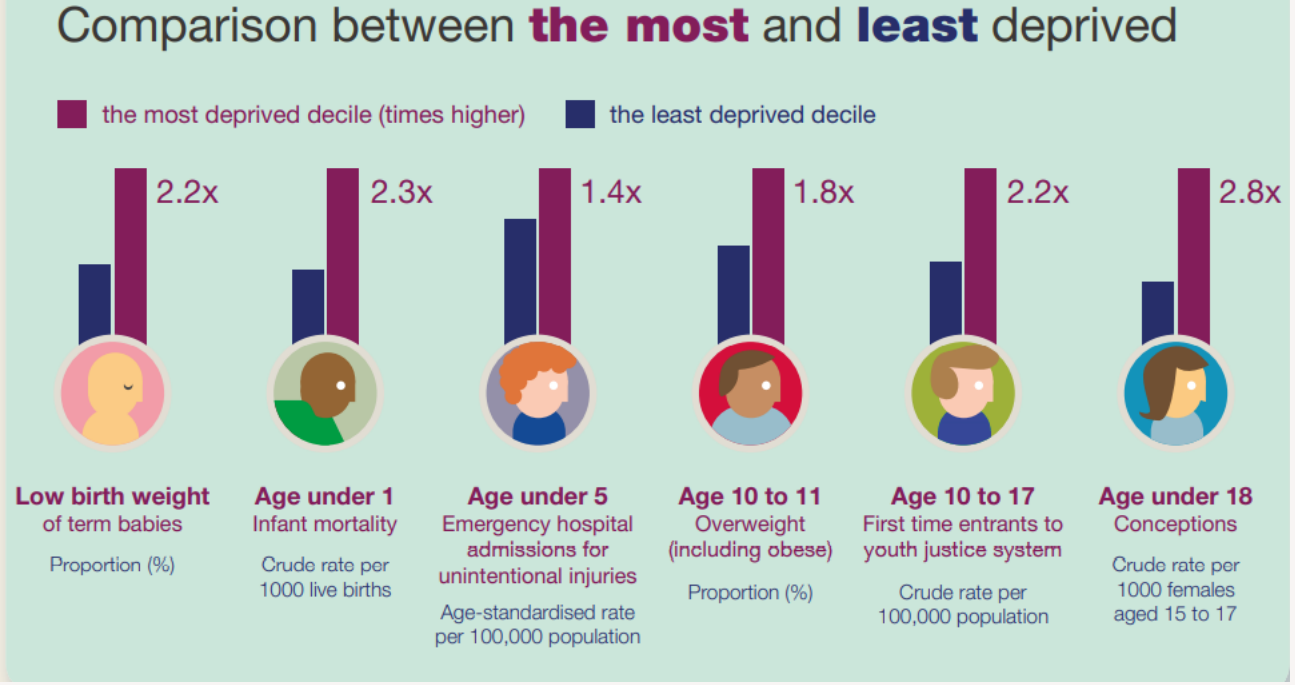
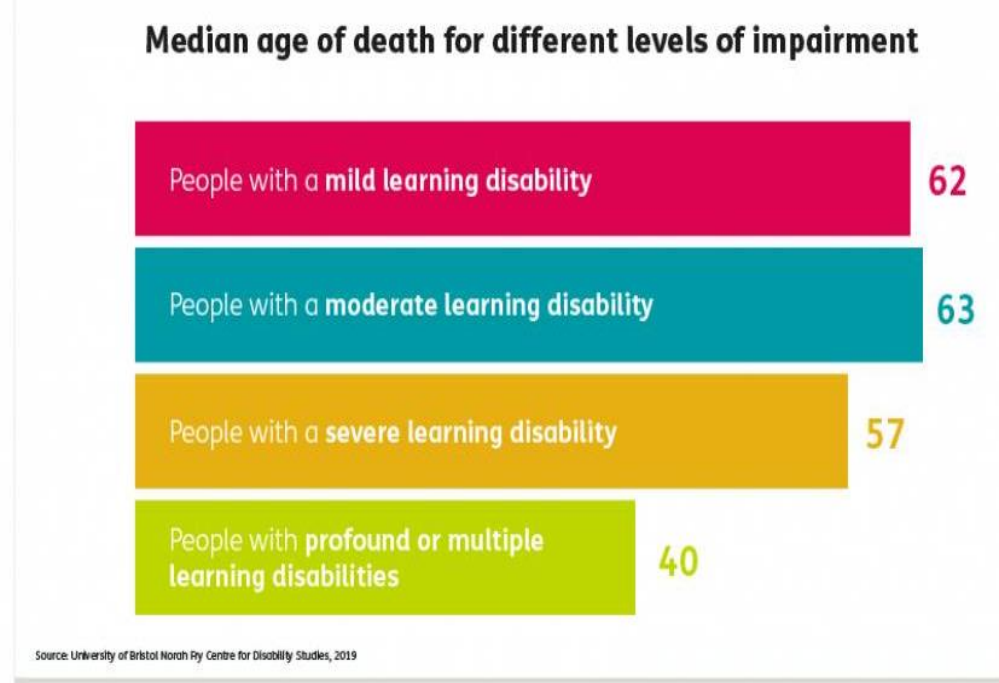
Health inequalities to consider

Birmingham and Solihull Mental Health NHS Foundation Trust

In 2019, people from all ethnic minority groups except the Indian, Chinese, White Irish and White Other groups were more likely than White British people to live in the most overall deprived 10% of neighbourhoods in England.





Up to 25 percent of the general LGBTQ community has moderate alcohol dependency, compared to 5 to 10 percent of the general population.

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Rates of detention have been rising, and there are significant ethnic disparities

Rates of detention have **nearly doubled since 1983** and between **2007 and 2016 the number of detentions rose by over 40%.** This may be attributable to a range of factors, including:

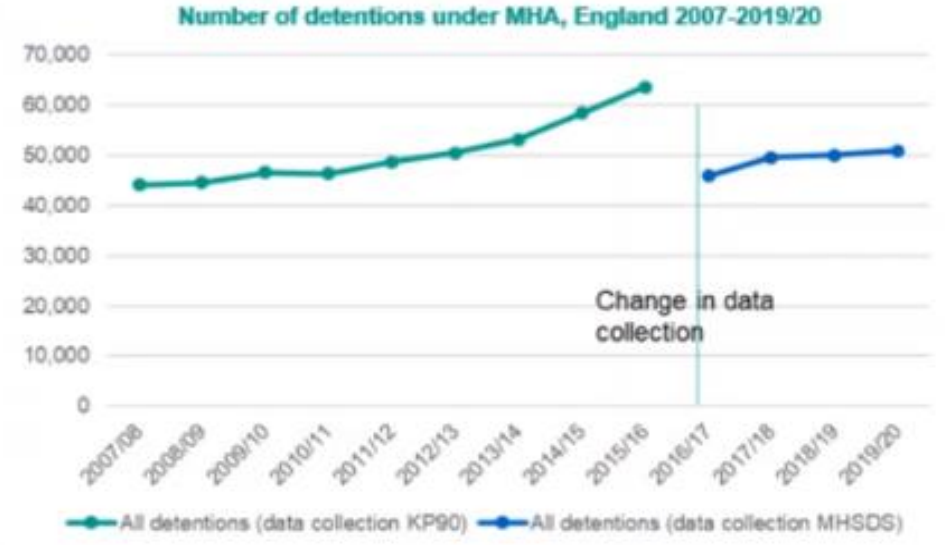
- the 2007 reform of the MHA, which widened the definition of mental disorder and of treatment;
- greater police awareness of mental health and more diversion from the criminal justice system;
- changes in legal requirement for patients without capacity to consent to admission to come under a legal framework.
- Data from the last four years suggest that this trend may be changing, with estimated annual increases of around 2%.

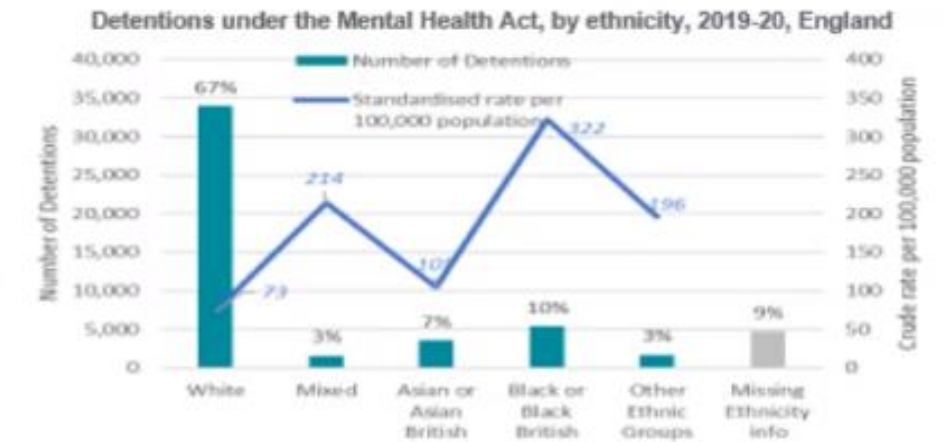
In 2019/20, there were 51,000 detentions under the MHA in England. Around 15% of these were repeated detentions.

All ethnic groups have higher rates of detention per 100,000 population than the White or White British group. Two thirds (67%) of detentions were amongst White or White British people while a **quarter (24%) of detentions were amongst ethnic minority people.***

Black or Black British detention rates were over four times higher than that of the White British group.** This reflected existing trends in disparities.

A target to **reduce the number of people with a learning disability and autistic people detained under the Act** by 35% between March 2015 and March 2019 was missed. The target is now 50% in the Long Term Plan. The net reduction in inpatient numbers was around 30% by end May 2021.





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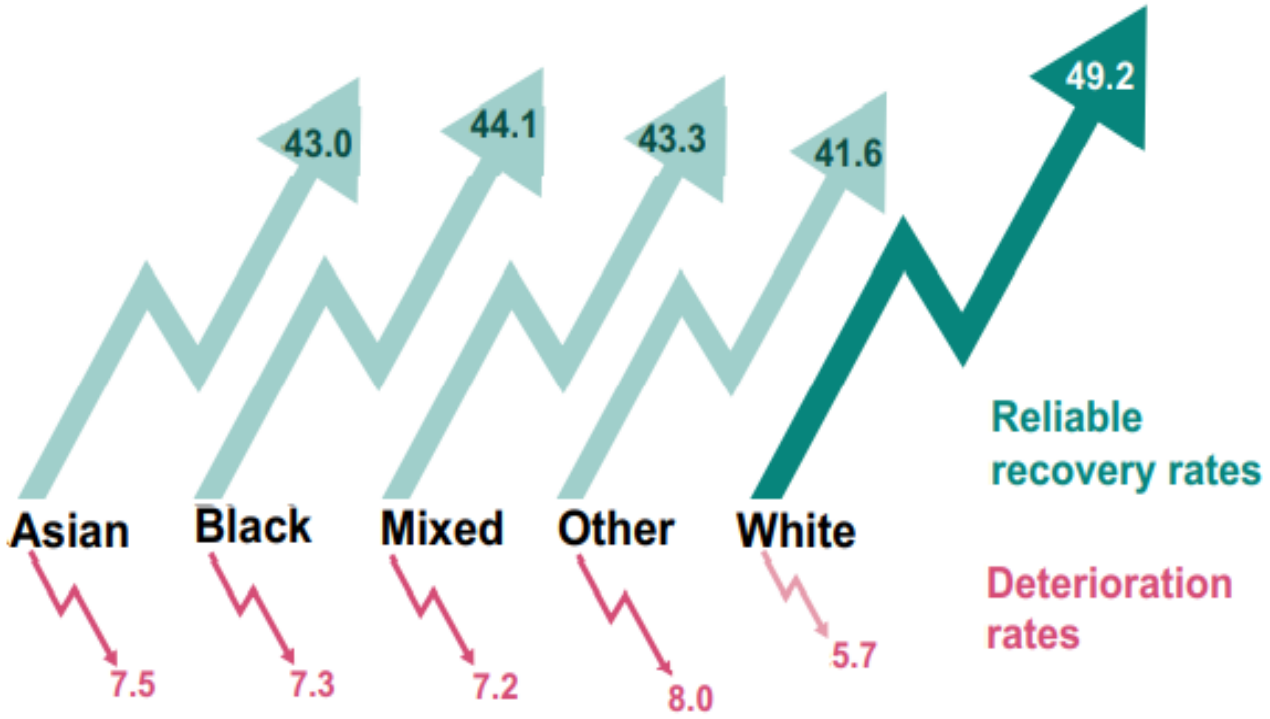
Mental health inequalities to consider

Birmingham and Solihull Mental Health NHS Foundation Trust

Recovery rates following psychological therapies are higher among white ethnicities compared to all other ethnicities

Deterioration rates are greater in non-white ethnicities compared to white ethnicities

(IAPT Data Set, NHS Digital, 2017/18)



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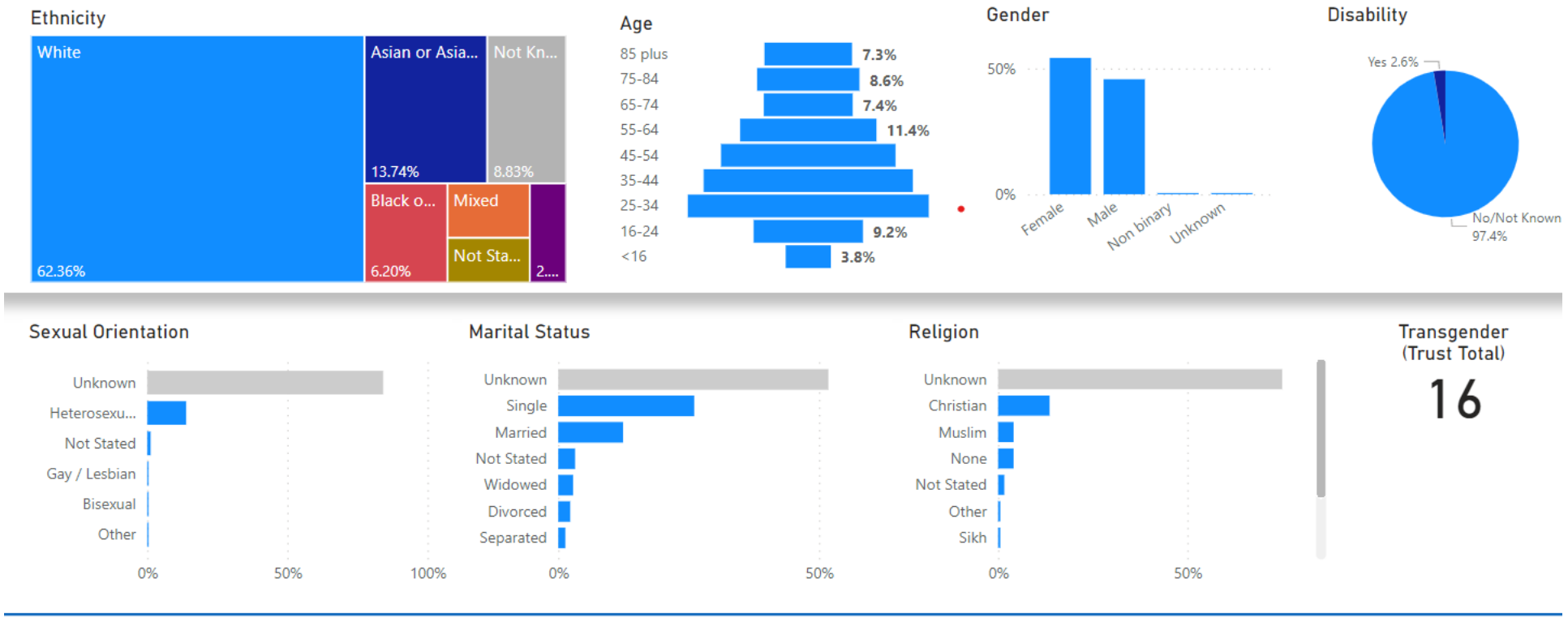
SU Demographic

Birmingham and Solihull Mental Health NHS Foundation Trust



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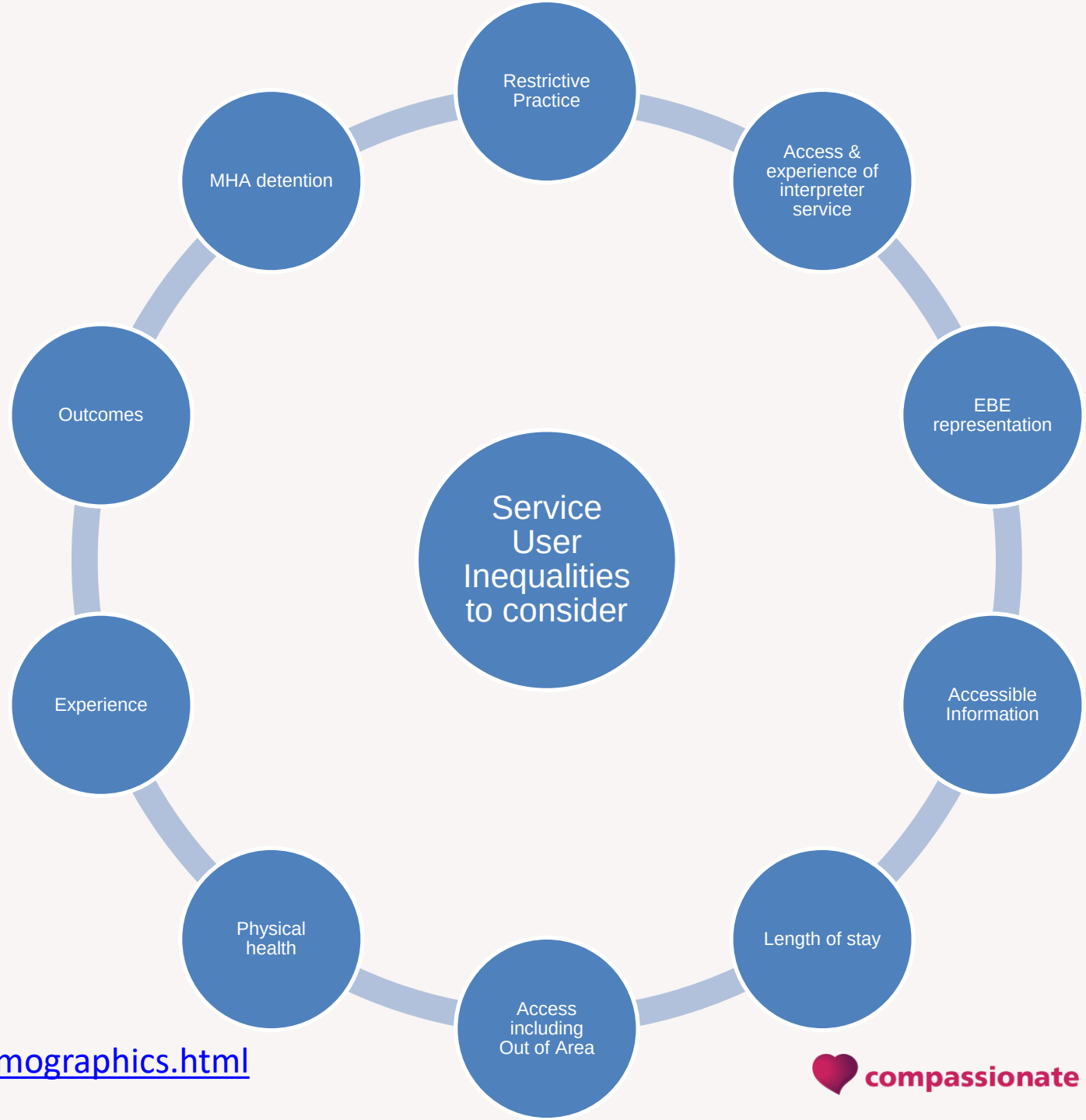

Insights Tool wh-info-live/powerbi_report/Demographics.html

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Workforce Race Equality Standard

NHS
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Staff representation

Our black and minority ethnic workforce representation is **37%**.

In 2021 we showed a small increase on the **35%** reported in 2020 **(+ive)**.

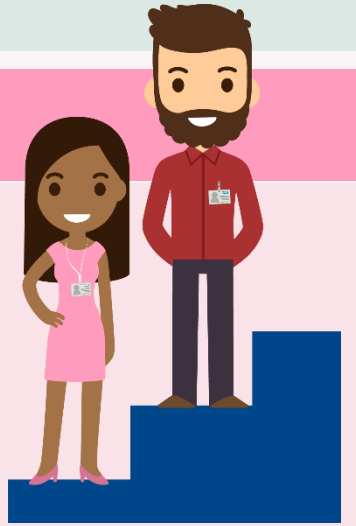
Shortlisting

White colleagues are **2.02** times more likely to be appointed from shortlisting.

In 2021 we have increased the gap on the **1.44** reported in 2020 **(-ive)**.

Career progression

60.1% black and minority ethnic colleagues believe that our Trust provides equal opportunities for career progression as opposed to 80.9% white colleagues **(-ive).**



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Workforce Race Equality Standard

Birmingham and Solihull Mental Health NHS Foundation Trust

Professional development

White colleagues are **1.3** times more likely to access non-mandatory training and development opportunities than black and minority ethnic colleagues **(-ive).**

Disciplinary investigation

Black and minority ethnic colleagues are **2.26** times more likely to enter formal disciplinary process than white colleagues.

In 2021 it has slightly decreased from **2.7** reported in 2020 **(+ive)**.

Reporting discrimination

18.9% (↑) Black and minority ethnic colleagues experienced discrimination at work from other colleagues as opposed to **8.8% (↓)** white colleagues **(-ive).**

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Workforce Race Equality Standard

NHS
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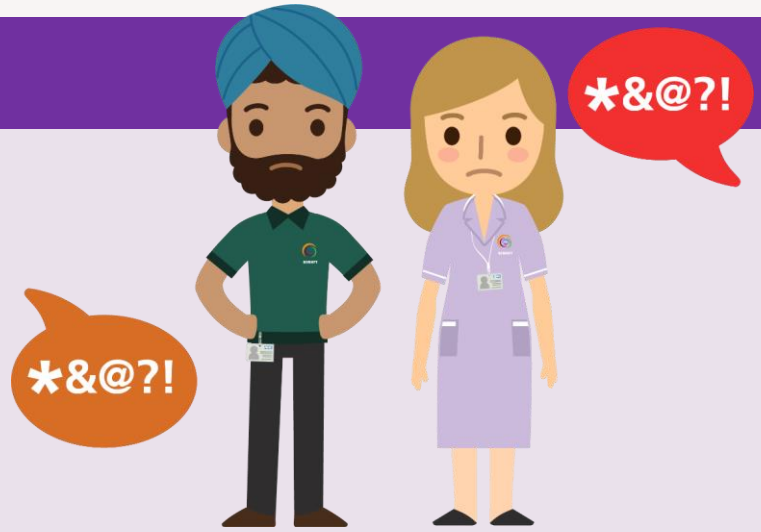
Bullying and harassment

All colleagues experienced less harassment, bullying or abuse from patients, relatives or the public compared to 2020 **(+ive)**.



32.4% black and minority ethnic colleagues compared to **25.9%** white colleagues experienced harassment, bullying or abuse from other colleagues **(-ive).**

Rates decreased at higher rate for white colleagues **(-ive).**

Board membership

50% white colleagues

28.6% black and minority ethnic colleagues

21.4% unknown ethnicity

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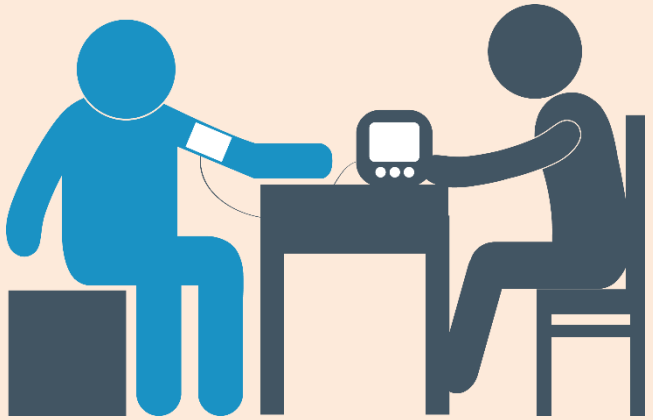
Workforce Disability Equality Standard

Birmingham and Solihull Mental Health NHS Foundation Trust

4.7% colleagues across our Trust have long-term condition or illness.

Colleagues with long-term condition or illness are...

...more likely to be appointed from shortlisting than those without (0.67).



...**5.48** times more likely to enter the capability process. Significant increase from 2020 (1.23) (-ive).

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Workforce Disability Equality Standard

Birmingham and Solihull Mental Health NHS Foundation Trust

Colleagues with long-term condition or illness are...

...more likely to experience harassment, bullying and abuse

from patients or relatives – this has gone down by **5%** since last year **(+ive)**.

from other colleagues – this has gone down by **4%** since last year **(+ive)**.

All colleagues have shown an increase in reporting bullying and harassment if they experience it **(+ive)**.

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Workforce Disability Equality Standard

Birmingham and Solihull Mental Health NHS Foundation Trust

All colleagues have shown an increase in believing that our Trust provides equal opportunities for career progression or promotion **(+ive)**.

All colleagues have increased reporting the satisfaction with the extent to which their organisation values their work, bigger increase amongst colleagues with LTC or illness **(+ive)**.

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Workforce Disability Equality Standard

Birmingham and Solihull Mental Health NHS Foundation Trust

Less (+ive) colleagues with long-term condition or illness reported that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties since last year.

Other colleagues' experience has **stayed the same (=).**

There has been a **10%** **increase (+ive)** of colleagues with long-term condition or illness saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

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Workforce Disability Equality Standard

Birmingham and Solihull Mental Health NHS Foundation Trust

There has been increase in the engagement score across all **(+ive)**.

Our Trust enables the voices of colleagues with LTC or illness via the Disability and Neurodivergence Staff Network.

No declared representation at Board of colleague with long-term condition or illness

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Gender pay gap

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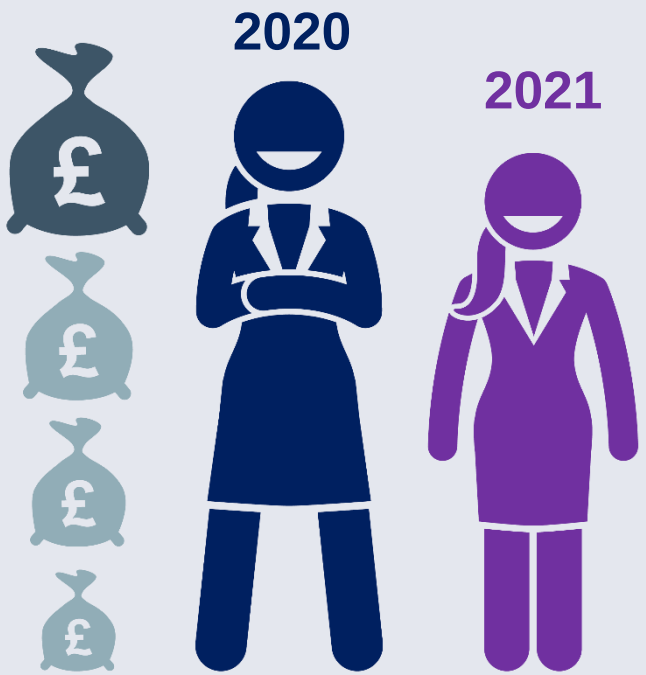
Overall pay gap increase from **6.99%** to **11.17%**.



Less women in the upper quartile of pay compared to last year.

Number of women applying for bonus tripled, number of men applying doubled.

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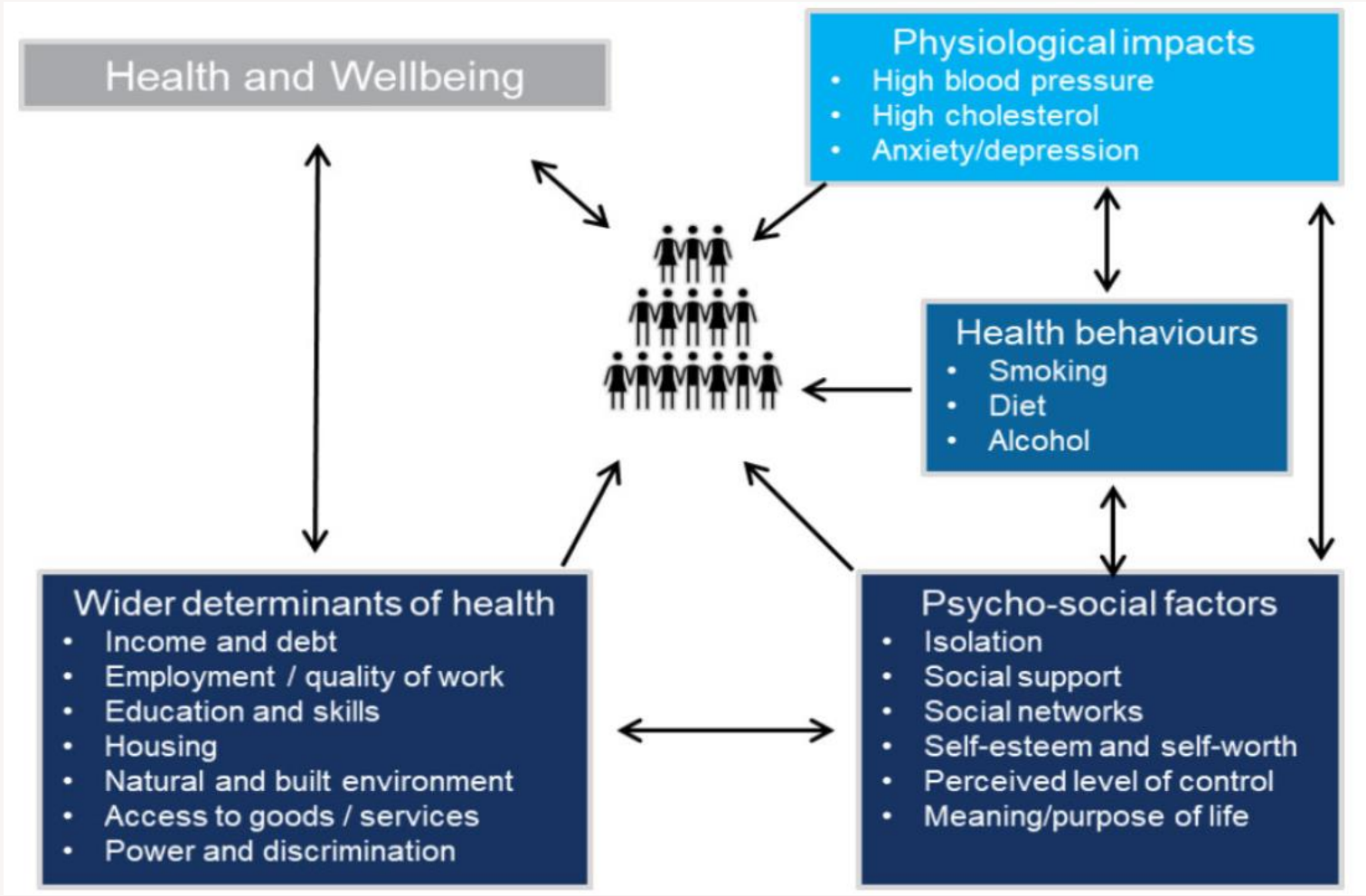
It’s all linked




Good Stuff
PCREF
Lived Experience Charter
Review of Personal Health Budgets by people from black and minority ethnic communities
Reducing Restrictive Practices Collaborative
Patient Safety Indices
Secure Care Black and Minority Ethnic Psychology group
Synergi
MHA Detention Analysis
CAFI
IAPT Black and Minority ethnic Charter
COPACT
Research e.g. Perinatal
3rd Sector Partnerships Nishkam & Catalyst 4 Change

Vision WHAT DOES OUR CORE PURPOSE NEED TO BE?	Advancing Mental Health Strategic outcomes WHAT ARE THE BIGGEST FACTORS THAT WILL HELP ACHIEVE OUR MISSION?	BSMHFT goals WHAT DO WE NEED TO WORK ON, FOR EACH OF OUR SRATEGIC OUTCOMES, TO ACHIEVE OUR MISSION?	Specific Inputs WHAT DO WE NEED TO WORK ON, FOR EACH OF OUR SRATEGIC OUTCOMES, TO ACHIEVE OUR MISSION?	Expected Outputs WHAT WILL BE DIFFERENT AS A RESULT?
One vision: improving mental health wellbeing Direct Impact: • Workforce Race Equality Standard • Patient and carer Race Equality Framework • Synergi Pledge • Friends and Family Test • Staff survey • Patient Experience • Equality Delivery System • Model Employer • Public Sector Equality Duty	Patient and Carers Race Equality Framework (PCREF) developed and used.	Develop organisational competencies to provide culturally competent services in line with the Patient Carer Race Equality Framework.	• Shared early examples of positive practice in improving the experience of Black and ethnic minority colleagues and Service Users. • Engage SU, carers and colleagues in the development of the framework. • Establish a steering group including service users, carers, families & colleagues. • Drawing on steering group expertise and engagement findings, draft a framework for testing. • Service Users, carers and colleagues co-create the PCREF within a QI frame. • Embedded in PCREF within the organisational governance.	• Service Users, carers and colleagues have increased trust and confidence in services. • Service users will receive culturally competent services. • Colleagues will use this good practice to inform further developments. • Services will be anti racist, anti discriminatory by design experience and outcome
	Positive practice in advancing equalities in access, experience and outcomes documented and shared.	Populate and promote use of a library of emerging positive practice within mental health services to advance service developments in line with the needs of our population.	• Have a well-populated library of positive practice guides and case studies to support advances in mental health equalities. • Colleagues will have a one stop Inequalities shop where good practice can be found.	• Colleagues will use this good practice to inform further developments. • Services will be anti racist, anti discriminatory by design, experience and outcome.
	Provider collaborative impact framework in place, with equalities at its heart.	Implement the NHSE/I provider collaborative impact framework, which has equalities at its heart.	• Implement the Impact framework. • Share Positive practice. • Health Inequalities information will be understood and used as anchor drivers across the provider collaborative.	• Services across the collaborative will be anti racist, anti discriminatory design, experience and outcome.

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One vision: improving mental health wellbeing Direct Impact: • Public Sector Equality Duty • Equality Delivery System • Accessible Information Standard • Sexual Orientation Monitoring Standard	Improve the quality and flow of data to national NHS datasets, including the recording of protected and other characteristics attributable to inclusion health groups.	Improve quality and utilisation of data including the recording of protected and other characteristics relevant to inclusion and inequalities, to inform improvements and developments.	• Have a workplan in place to capture patient protected characteristics and experience data in a more systematic way. • Services will know the demographic of SU populations. • Services will know who are not accessing services. • Services will work with partners to reduce access gaps.	• Because services will become proactive in their use of data service delivery will be more responsive and effective. • Services will be anti racist, anti discriminatory by design, experience and outcome.
		Work as an ICS to access and triangulate a range of internal and external demographic and population data, including COVID-19 inequalities data, to identify and address inequalities and inform transformation plans.	• Routinely use and break down data by protected characteristics and demographics to have a greater understanding of: • Local populations and their mental health needs; Gaps in services/support; Who is and is not accessing mental health services and their experiences; The outcomes of mental health care for our population.	
		Implement and monitor the: • Accessible Information Standard. • Sexual Orientation Standard Monitoring Standard.	• Be monitoring the requirements of the Accessible Information Standard. • Complete implementation in two service areas. • The AIS will be actively used and understood across the organisation. • Service Users will receive information about their engagement and care in an accessible format. • We will record sexual orientation information for our service user population with a drive to reducing inequality of experience.	
		Evaluate the rough sleepers service for effectiveness.	• Evaluate the service and audit analysis • Reduce inequalities by anchoring them in the service audit and analysis.	• Recommendations will drive the reduction of inequalities across the rough sleeper's service. • Services will be anti racist, anti discriminatory by design, experience and outcome

Vision
WHAT DOES OUR CORE PURPOSE NEED TO BE?

One vision: improving mental health wellbeing

Direct Impact:
- Staff Survey
- Friends and Family Test
- Workforce Race equality Standard
- Workforce Disability Equality Standard
- Gender pay Gap
- Model Employer
- Equality Delivery System
- Patient and Carer Race Equality Framework

Advancing Mental Health Strategic outcomes
WHAT ARE THE BIGGEST FACTORS THAT WILL HELP ACHIEVE OUR MISSION?

Support the development of a representative workforce at all levels, equipped with the skills and knowledge to advance mental health equalities.

BSMHFT goals
WHAT DO WE NEED TO WORK ON, FOR EACH OF OUR SRATEGIC OUTCOMES, TO ACHIEVE OUR MISSION?

- Introduce a values based and inclusive approach to recruitment.
- Develop a Leadership Framework and Development programme.
- Ensure every leader has a clear objective aligned our Trust values within their annual appraisal.
- Embed the Culture Deep Dive framework.
- Embed a “Just Culture”, including across all our HR processes.
- Develop a toolkit, framework and training to enable behaviours which foster civility and compassion in the workplace.
- Develop a clear strategy to support staff to speak up .
- Develop a comprehensive wellbeing offer for our diverse workforce, including building on our response to COVID-19.

Specific Inputs
WHAT DO WE NEED TO WORK ON, FOR EACH OF OUR SRATEGIC OUTCOMES, TO ACHIEVE OUR MISSION?

- Analysis of vacancies.
- Employee turnover and stability.
- Analysis of staff who have accessed Leadership and People Management Training Modules.
- Triangulate all data and address and disproportionality
- Completion and quality of appraisals and objectives.

- Staff survey, Employee Lifecycle and Staff Friends and Family Test.
- Disproportionality % addressed of Black and minority ethnic colleagues and colleagues with Long term conditions successful in being shortlisted and appointed to roles.
- Analysis of disciplinary cases, grievances, Dignity at Work, Whistleblowing, FTSU and Capability cases and % of Black and minority ethnic colleagues with Long term conditions affected compared to other staff.
- Number of colleagues accessing health and wellbeing support and qualitative feedback on these.
- Develop and implement a Anti Racism, anti discrimination policy to embed that racism and discrimination in the workplace will not be tolerated and action will be taken when the organisational values are not upheld.
- We will be able to monitor our progress and adapt our approach when needed.
- We will actively support our Black and minority ethnic colleagues in their careers.
- We will put robust mechanisms in place to ensure our disciplinary processes are fair and inclusive.
- Our leaders, managers will be culturally aware and competent and will feel confident in supporting our Black and minority ethnic colleagues.

Expected Outputs
WHAT WILL BE DIFFERENT AS A RESULT?

- Our Black and minority ethnic colleagues will trust their organisation will support them when faced with discrimination in the workplace.
- Our people will feel safe in speaking up.
- We will be able to monitor our progress and adapt our approach when needed.
- Our workforce will be diverse at all levels .
- Our board level representation will be representative of our workforce/communities.
- Team cultures will be inclusive and compassionate.
- WRES indicators will improve.
- Our services will be anti racist and anti discriminatory by design, experience and outcome.

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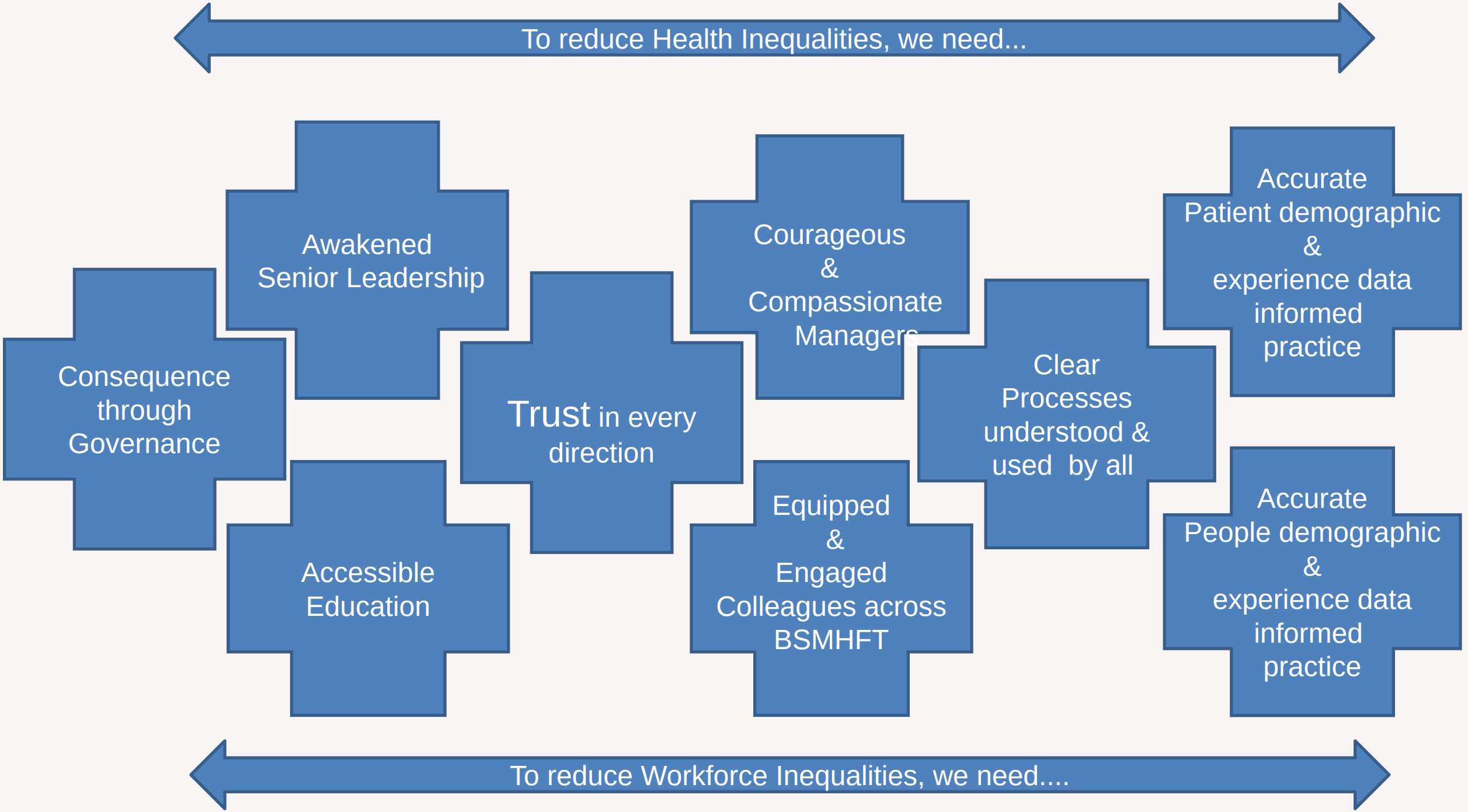
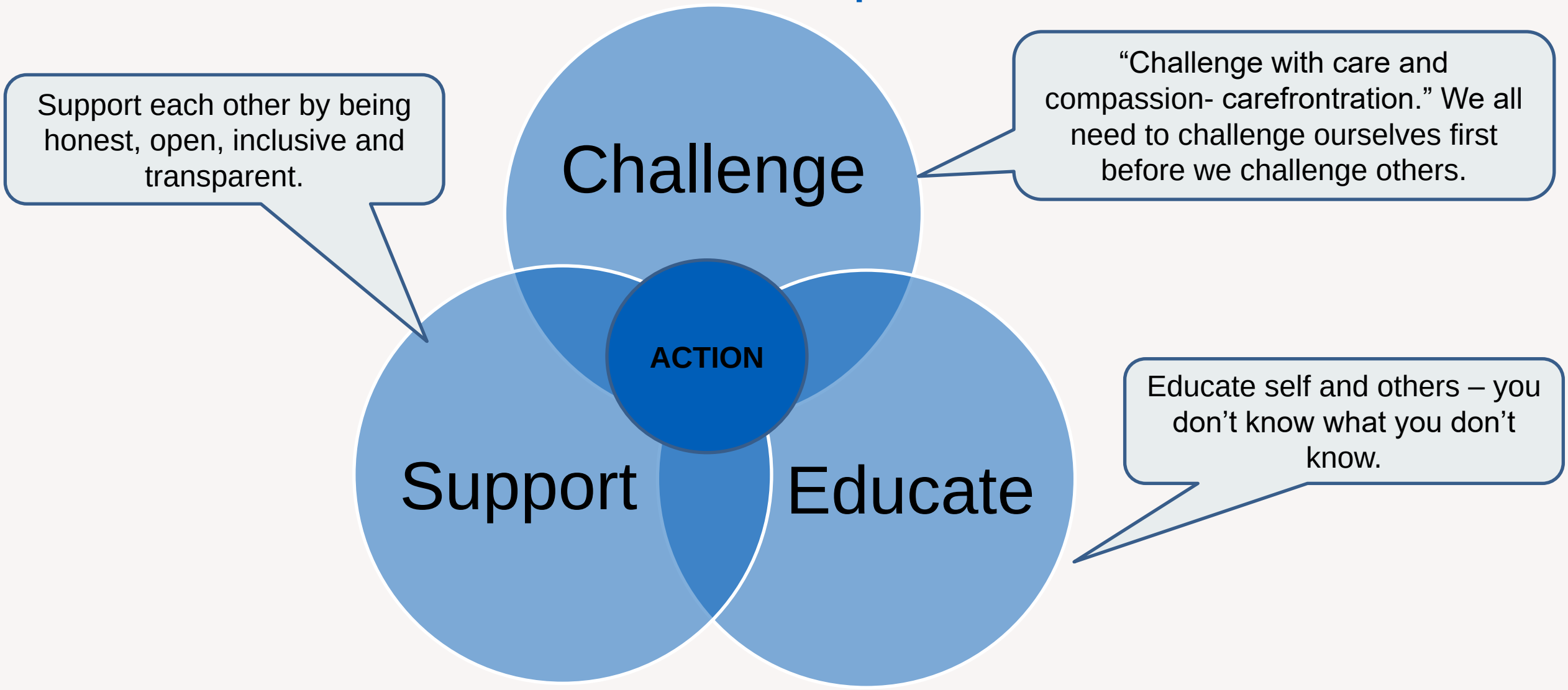
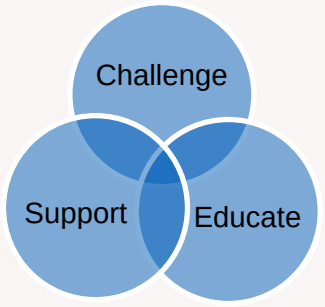
One vision: improving mental health wellbeing Direct Impact: • Staff Survey • Friends and Family Test • Workforce Race equality Standard • Workforce Disability Equality Standard • Gender pay Gap • Model Employer • Equality Delivery System • Patient and Carer Race Equality Framework	Support the development of a representative workforce at all levels, equipped with the skills and knowledge to advance mental health equalities.	Be an anchor organisation around procurement and employment, stimulating social value through our supply chain and targeted employment opportunities to improve the wellbeing of local people, reduce inequalities and contribute to the local economy.	• Procurement and other relevant staff are trained in CSR/Social value to increase knowledge and confidence. • An increase in goods and services that are sourced locally and from organisations that offer a living wage. • The number of new staff recruited analysed by protected characteristics. • Local purchasing. • Local investment. • More local inclusive recruitment.	• Viewed internally and externally as a values anchor in our local community. • Reduced local inequalities. • Services will be anti racist, anti discriminatory by design and experience.
		Expand peer support and experts by experience roles	• BSMHFT will have a representative pool of EBEs and peer support workers, promoting an inclusive culture. • Increasing the promotion of EBE and peer support roles across diverse groups.	• Viewed internally and externally as a values anchor in our local community. • Reduced local inequalities. • Service changes are initiated and designed to reduce ethnic inequalities in access, experience and outcomes. • Services will be anti racist, anti discriminatory by design and experience.
		Deliver on our commitments as an organisation signed up to the Synergi Pledge to reduce ethnic inequalities in mental health.	• Provide national leadership by making fundamental changes to reduce inequalities in access, experience and outcomes, measuring the extent of inequalities and improvements, supporting research and policy development and working in partnership with local communities, organisations and service users. • 3rd sector organisations will be part of our service design. • Make links explicit with the Patient Carer Race Equality Framework.	
		All service areas to have a plan for reducing inequalities.	• Workplans developed for all service and be accountable for delivery. • IAPT, perinatal and secure care plans implemented in line with the Synergi Pledge. • Ethnic inequalities are measured, monitored and governed.	

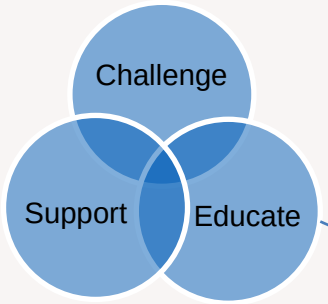
Vision WHAT DOES OUR CORE PURPOSE NEED TO BE?	Advancing Mental Health Strategic outcomes WHAT ARE THE BIGGEST FACTORS THAT WILL HELP ACHIEVE OUR MISSION?	BSMHFT goals WHAT DO WE NEED TO WORK ON, FOR EACH OF OUR SRATEGIC OUTCOMES, TO ACHIEVE OUR MISSION?	Specific Inputs WHAT DO WE NEED TO WORK ON, FOR EACH OF OUR SRATEGIC OUTCOMES, TO ACHIEVE OUR MISSION?	Expected Outputs WHAT WILL BE DIFFERENT AS A RESULT?
One vision: improving mental health wellbeing Direct Impact: • Staff Survey • Friends and Family Test • Workforce Race equality Standard • Workforce Disability Equality Standard • Gender pay Gap • Model Employer • Equality Delivery System • Patient and Carer Race Equality Framework	Support the development of a representative workforce at all levels, equipped with the skills and knowledge to advance mental health equalities.	Develop a framework with our local partners for a mental health Integrated Care Partnership for BSOL, aligned to the ambitions of the ICS and supporting our key tests of reducing inequalities, managing demand, improving access, experience and outcomes, improving safety, and achieving value for money.	• Case for change approved. • Meeting implementation plan milestones. • Framework for partnership working in place. • Decisions will be made collaboratively with the drive of reducing health inequalities. • Finance and contracting structure to enable the ambitions of the ICP. • Fully operational from 1 April 2022.	• Wherever people go in the ICS they will experience mental health services designed with the anchor of reducing health inequalities. • Services will be anti racist and anti discriminatory by design, experience and outcome.
		Develop a clear Corporate Social Responsibility framework to contribute positively to the lives of local people and the environment in which they live.	• The framework is co-produced with local community groups and voluntary sector organisations, is aligned to our aim of reducing inequalities, is widely circulated and understood and enables us to set subsequent goals and measures of success. • A lead or champion for CSR and social value is in place. • Increased local investment. • Local investment as a standard.	• Improved Trust and confidence amongst local communities. • Boosted colleague morale. • Services will be anti racist, anti discriminatory by design, experience and outcome.
		Reduce levels of restrictive interventions in our inpatient units by completing year 1 of our QI Collaborative for Reducing Restrictive Practice.	• Reduction in incidents of prone restraint. • Reduction in incidents of bedroom seclusion. • Reduction in incidents of assault on our inpatient wards.	• All service users & colleagues report improved experience. • Black and minority ethnic patients will not be overrepresented in restraint experience. • Our services will be anti racist and anti discriminatory by design, experience and outcome.

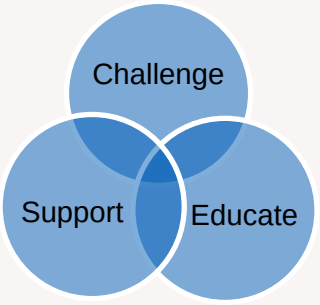

To reduce Health Inequalities, we need...
Awakened Senior Leadership
Courageous & Compassionate Managers
Accurate Patient demographic & experience data informed practice
Consequence through Governance
Trust in every direction
Clear Processes understood & used by all
Accessible Education
Equipped & Engaged Colleagues across BSMHFT
Accurate People demographic & experience data informed practice
To reduce Workforce Inequalities, we need....

Path to Inclusion and compassion



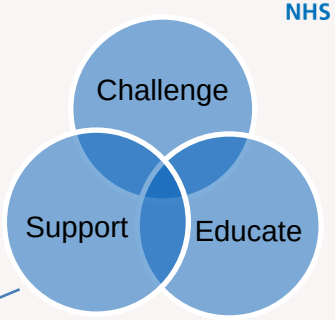


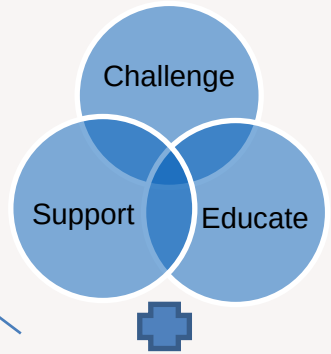


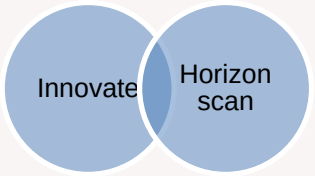


Delivery, accountability and assurance

	Clinical services	Quality	People	Sustainability
Delivery and accountability				
Local meetings	**Service Area FPP and Clinical Governance Committees, Team Meetings** • Progress against local business plans, work programmes and milestones			
Trust-wide meetings	Operational Management Team	Clinical Governance Committee and Sub-Committees	Shaping Future Workforce Group and Culture, Staff Experience Group	Sustainability Board, Systems Strategy Board, SSL Service Agreement Forum
	Strategy and Transformation Management Board • Transformation, improvement and change management aligned to the Trust strategy • Management of interdependencies			
	Performance Delivery Group • Performance against KPI's and metrics aligned to the 4 priorities			
Assurance				
Sub-committees	**Progress report** **Quarterly** • Progress against delivery of the priority • Performance against key measures of success			
	IQC and FPP Committee	Integrated Quality Committee	People Committee	FPP Committee
Trust Board	**Integrated progress report** **Bi-annually** • Progress against delivery of our 4 priorities • Performance against key measures of success • A look forward at what's next • Reset direction if necessary			







Year 1 Priorities

QI embedded in priorities

Develop and implement an organisational anti racism, anti discrimination policy

Data with Dignity Roadshows

- Create ownership
- Establish baseline
- Create understanding
- Create Action
- Celebrate the success
- Highlight the gaps

Refresh the Equality Impact Assessments Process & application

Building leadership capacity, capability and confidence in reducing inequality focusing on governance

Inequalities data reporting

- Integrated Health Inequalities Dashboard
- KPI's identified and utilised

The immediate ASK

Birmingham and Solihull Mental Health NHS Foundation Trust

- Support, approve and advocate this approach
- Support from the Board in building the governance infrastructure
- Clear and regular messaging of expectation, accountability and consequence.
- Support, approve and advocate priorities
- Establishment of a community stakeholder collaborative
- Co-produced/Co-delivered PCREF presentation to Board
- Revisit ESR data reporting and self declaration for Board colleagues to lead by example

Information Base

- NHS England. Reducing health inequalities resources https://www.england.nhs.uk/about/equality/equality-hub/resources/
- NHS England. Mental Health Taskforce https://www.england.nhs.uk/mental-health/taskforce/
- UK government. Joint Strategic Needs Assessments and joint health and wellbeing strategies explained https://www.gov.uk/government/publications/joint-strategic-needs-assessment-and-jointhealth-and-wellbeing-strategies-explained

Organisational Data with Dignity Spaces

Organisational Data with Dignity Spaces

Organisational Data with Dignity Spaces

Data with Dignity Service level Roadshow

Service level plans

Anti Racist Allies development & CIP

Baseline development & CIP

Still not decided development & CIP

Resource Bank

PODCASTS

BOOKS

GLOSSARY

RESEARCH

GOOD PRACTICE

compassionate inclusive committed