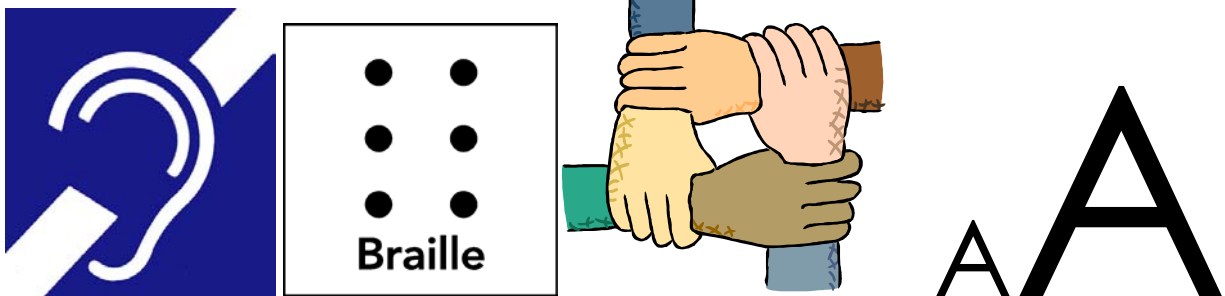


DISABILITY EQUALITY SCHEME



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BEN PCT Disability Equality Scheme 2006 to 2009
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FOREWORD

In comparison to non-disabled people, disabled people are nearly twice as likely to be unemployed, nearly seven times more likely to be out of work and claiming benefits, and half as likely to have academic qualifications. Over 40% of disabled people experience major problems accessing goods and services (“Improving the Life Chances of Disabled People”, Prime Minister’s Strategy Unit).

These facts make sobering reading, especially when you consider that within Birmingham East and North PCT, there are more than three times as many people living in deprived communities with a long-term illness (affecting their ability to work) than in the most affluent communities of the PCT. We already know there is a link between deprivation and life expectancy. Our population includes a majority of areas where people still die 10 years below the England average.

We want people be involved and empowered, and to enjoy 10 more years of life. We know that to achieve this, we must empower them and involve them in what we do and how we do it, so that they can enjoy better and longer health. Our key goals are orientated around this. That is why we welcome the shift in the new legislation towards a positive duty to actively promote equality of opportunity for disabled people and the message **“to treat me equally you might have to treat me differently”**.

This is our first Disability Equality Scheme, forming part of our programme to embrace diversity in order to improve people’s health. We could not have got here without the help of local disabled people and local disability groups and networks. But we know that it’s just the start, and there is much yet to do.

Our key purpose continues to be to work in partnership to tackle inequalities and improve the health and well being of local people. It is our vision to offer the prospect of health and well-being to all of our population.

Sophia Christie
Chief Executive

Paul Sabapathy
Chairman

1. Introduction

Birmingham East and North PCT covers a diverse population of nearly 450,000 people located in some of the most affluent, and some of the most deprived, areas in the country. The 2004 Index of Deprivation shows Birmingham as being the 14th most deprived area out of 354 Local Authorities. Deaths rates for wards within the PCT are between 25% and 34% higher than the rest of England (the only exception is the Sutton locality, where it is 11% lower than the rest of England).

The 2001 population census showed that within Birmingham as a whole, 37.9% of households reported that there was at least one person with limiting illness in their household (England average: 33.6%). 12.6% of females and 23.4% of males aged 16 to 74 identified themselves as permanently sick /disabled (England average: 11.8% and 22.7% respectively). Nearly 20% of people have a limiting long-term illness. Within the PCT there are more than three times as many people living in deprived communities with a long-term illness (affecting their ability to work) than in the most affluent communities of the PCT

In it's report "*Improving the Life Chances of Disabled People*", the Government sets out its vision of disability equality as:

"By 2025, disabled people in Britain should have full opportunities and choices to improve their quality of life and will be respected and included as equal members of society"

The Disability Discrimination Act 1995 has now been amended by the Disability Discrimination Act 2005 and makes it unlawful to discriminate against disabled people, or people who have had a disability. Under the new legislation, all public sector organisations have a duty to:

- **Promote equality of opportunity** between disabled persons and other persons;
- **Eliminate discrimination** unlawful under the Act;
- **Eliminate harassment** of disabled persons that is related to their disabilities;
- **Promote positive attitudes** towards disabled persons;
- **Encourage participation** by disabled people in public life; and
- Take steps to **take account of disabled persons disabilities**, even where that involves treating disabled persons more favourably than other persons.

All public authorities have a duty to publish a Disability Equality Scheme by 4th December 2006 setting out how the general duty will be met. This scheme is being prepared in consultation with disabled people and local disability groups. It forms part of the set of appendices to the Equality and Diversity Strategy, which also include the Race Equality Scheme and forthcoming schemes relating to gender, sexual orientation, age, and religious belief.

The PCT is committed to promoting equality of opportunity in the way it employs its staff and the way it delivers services to, and consults with, the people of East and North Birmingham. It recognises that different communities and neighbourhoods have different needs and aims to treat everyone fairly, without discriminating. The PCT's overall Equality and Diversity Strategy sets out the PCT wider equality commitments and gives background information about equality issues. It is available at: www.benpct.nhs.uk. We will continue to build on the commitments given in our Equal Opportunities Policy and Equality and Diversity Strategy.

The general duty to promote Disability Equality will become a central part of the PCT's functions. It will be considered in service planning, policy making, commissioning, service redesign and delivery, regulation and employment.

Our achievements and future commitments are set out in this document, which will support the PCT to achieve its vision for East and North Birmingham.

The purpose of this Scheme is to:

- Show how we have involved disabled people in decisions we have made, and how we will continue to build on this in the future.
- Identify what barriers are faced by disabled people and action needed to remove these barriers;
- Find out what disabled people need and which of these needs are most important to them;
- Explain how we make things fairer for disabled people in planning our services and what we do;
- Tell people what our responsibilities are and what we plan to do, both as an employer and as a commissioner and provider of services to our local population.
- Show how we are gathering information, and will continue to gather information that tells us how well our scheme is performing and where we need to make improvements.

Central to everything the PCT does is our values.

- Having an active approach, competent, progressive and innovative
- Caring about our patients, staff and communities, in all their diversity
- Empowering people and partners to work together.

Our key goals are:

- To be responsive to the population we serve so that no one waits for the health care they need
- That the health and well-being of our population will have improved so much that people will enjoy ten more years of quality life, wherever they live
- Our communities will be the most involved, informed and empowered in the country

- That people regard BEN PCT as the first choice organisation to work with and for.

In implementing this Disability Equality Scheme, the PCT aims to:

- Integrate disability equality into the PCT's mainstream business.
- Create a climate in which disability discrimination is unacceptable and where good relations between disabled and non-disabled people will flourish.
- Provide services to patients in ways that respect them as individuals and put their needs at the centre.
- To develop a workforce which includes disabled people at all levels of the organisation, and which affords genuine equality of opportunity for development and promotion.

It is vital, therefore, that we continue to listen to and engage local communities, interest groups and partners in our work. This includes disabled people, their carers and their families. This Scheme will continue to be developed and updated yearly through on-going consultation with a wide range of disabled people and groups across East and North Birmingham

2. What is Disability Discrimination & Disability Equality?

2.1. Defining Disability Discrimination

Disability for the purposes of the Act is defined as “*a physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities*”

The definition can cover illnesses and conditions that people may not immediately think of as a disability, such as asthma, depression or diabetes.

Discrimination, in this context, is the less favourable treatment because of, or for a reason related to, a person’s disability or a failure to make a reasonable adjustment. Even if the discrimination, harassment or victimisation is unintentional it will still be against the law.

2.2. Models of Disability

To make disability equality a reality, it must be embedded in all that the Trust does, at all levels. To do this, the Disability Rights Commission and Department of Health guidance recommends that NHS organisations should view disability in it’s widest sense – the “**Social Model of Disability**”.

The Social Model of disability was developed by disabled people as a change to the Traditional or Medical Model¹. The main difference between the two models is the concept of “where the problem lies”. In the Traditional or Medical Model, the impairment is given as the reason the disabled person is unable to participate fully in society. It takes the approach of looking at specific limitations to an individual according to impairment. As a contrast, the Social Model looks at people with impairments being disabled by physical and social barriers in society. In other words, it is not the disability itself that poses barriers, but rather social structures and attitudes towards it.

Services, although good intentioned, can foster and maintain dependency rather than supporting the disabled person to become independent. Disabled people themselves contend that if attitudinal and environmental barriers were systematically removed, then they could play a full part in community life, and work and live like everyone else.

The Social Model of disability makes a clear difference between an impairment and disability:

- *Disability* is defined as the loss or limitation of opportunities to take part in society on an equal level with others, due to barriers in society or the environment. Disabilities may be physical, sensory, learning, mental health issues, unseen.

¹ Creating a Disability Equality Scheme: A Practical Guide for the NHS, pg 7 & 8

- An *impairment* is an injury, illness or congenital condition that causes, or is likely to cause, loss or difference in the way the body or mind works. Society disables people who have impairments because the way it is set up prevents them from taking part in everyday life. Some people have more than one disability or have disabilities that cannot be seen such as epilepsy or dyslexia.

Disabled people are customers of what society has to offer and using the social model can lead to choice, empowerment, equality of human rights, and integration. The PCT has therefore adopted the Social Model of disability, acknowledging that disability is a consequence of barriers that prevent many people from maximum participation in society. Barriers take little or no account of people who have impairments and may be:

- Attitudes of people.
- Built environment problems.
- Information and communication issues.
- Organisations' and institutions' rules and policies, or ways of working.

Seeing disability from these aspects can be helpful in reviewing what we do and provide, in order to identify improvements.

3. Developing the Disability Equality Scheme

In developing the scheme, the PCT consulted with a number of groups including:

- Patient Focus Group (the group consists of patients and members of the public including disabled members)
- Disability Advisory Group.
- BEN PCT Patient & Public Involvement Forum (including disabled members)
- Older Peoples Reference Group
- Sheltered Housing Group
- Carers Network meeting Sutton Coldfield
- Citizen engagement Partnership meeting
- Disability Network Meeting, West Midlands Police Authority
- Various discussions with disabled people at community meetings
- Sutton Coldfield Disability Empowerment Network

Appendix 1 outlines the consultation process.

Issues raised through DES consultations included:

- This must not be a paper exercise, the PCT must follow through the actions it proposes.
- There should be rigorous monitoring of the DES to see that it is implemented
- There must be consistency in the information and messages that the PCT puts out to disabled people, so that they know what they can expect from the PCT
- There should be appropriate training to raise awareness of the needs, issues and concerns of older people in the PCT. This needs to be provided to the top managers right through to staff working directly with disabled people. Sometimes the training is good, but there is a gap between the training and how staff behave towards people with disabilities.
- The PCT cannot make 'one size fit all' because of the diversity of the community, need basic diversity training and then signposts for staff dealing with disabled people so that they feel confident in what they are doing
- Is training wide enough to cover all types and aspects of disability?
- The consultation and dialogue with local groups must not stop once the DES is published and it should be an ongoing dialogue as the needs and concerns of disabled people and their families change over time.
- Services need to be flexible to meet the changing needs, choices and preferences of disabled people
- Disabled people and their families must be involved in decision making about their own health care and about the development of services for them on an ongoing basis
- Carers of disabled people must be involved in the development of the DES and the dialogue around service development because they have a different perspective/needs and they can speak for disabled people unable to speak for themselves

- Organisations need to get the language right – we are disabled people not people with disabilities
- Does the PCT take the problems, concerns and issues of disabled people seriously?
- Are disabled people welcomed as employees of the PCT or are there barriers to employment such as staff attitudes, concern about supporting disabled people?
- The PCT needs to anticipate needs better so that it can provide Braille or audio formats quickly and disabled people don't have to wait for information readily available to other people
- The Two tick symbol means little and disabled people have little confidence in it. The PCT needs to review it's recruitment and employment policies in dialogue with disabled people so that it understands what is needed to make a difference
- Access to health care services for the deaf community needs to be improved:
 - are staff trained and supported in communicating with deaf people?
 - Are there other means of communicating other than the telephone?
 - The PCT could set up focus groups for different sectors of the community so that it can refer issues to specific groups as appropriate
 - Contact with advocacy groups is vital to ensure that disabled people who cannot speak for themselves have a voice
 - Talking to disabled groups and mixed groups can help identify what the common issues are and help mutual learning
 - The PCT needs to recognise that there are hidden disabilities
 - Can the PCT provide coaching for disabled people who want to get involved and influence the development of services?
 - Involving disabled people needs to be proactive – it is no good asking people in a room if they can hear you alright if there are deaf people at the meeting.

4. What We've Done So Far & Improvements Identified

4.1. Our Arrangements for Involving People:

4.1.1. Birmingham East and North PCT Disability Action Group

The Disability Action Group (DAG) in Eastern Birmingham PCT has been in place for 2 years (there was no similar group for North Birmingham PCT). This has been reviewed and two workshops were held with disabled people to identify the best way forward and how the group should be used. This group will now be re-launched in early 2007 with members from a range of local disability groups and networks. The DAG will monitor implementation of the DES Action Plan and inform further development of the Disability Equality Scheme.

4.1.2. Local Disability Empowerment Networks

The networks keep members informed of developments affecting them, and inform other bodies and agencies of concerns and issues raised by their members. The PCT will engage with the Disability Empowerment Networks in East and North Birmingham to establish a dialogue about PCT plans and proposals and local disability issues, and involve disabled people in decision making. The PCT is also linked into the West Midlands Disability Network to share perspectives, ideas and good practice.

4.1.3. Local Carers Networks

The PCT has established links with local carers networks and recognises the need to listen to carers of people whose disabilities prevent them from speaking for themselves, so that their voice can still influence decision making. The PCT will also link with advocacy groups to ensure that the voice of disabled people is heard.

4.1.4. Eastern and North Birmingham Older Peoples Reference Groups

The PCT works in partnership with these networks where members can raise issues and concerns. The PCT provides feedback on action taken in response to any issues or concerns raised.

4.1.5. Birmingham East and North Local Compact

Building on existing partnership working for the last 2 years, a new East and North Birmingham Local Compact will be published in 2007. It is an agreement between Birmingham East and North PCT, the local Strategic Partnerships and the Voluntary and Community Sectors. It is a framework that helps improve effective joint working and the way we work together towards common goals and visions.

4.2. Our Arrangements for Consultation

Information will be put on the intranet under 'Equal Opportunities' for Directorates to access agencies that will help them with making information accessible to disabled people. Guidelines and toolkits to help staff consult with the local community have been developed. The Patient and Public Involvement Lead works with the Locality Commissioning Groups to facilitate consultation with their specific communities.

A PCT wide communications group is being established to co-ordinate all proposed consultation activity through a 'consultation programme' that will record and map out consultation activity from all service areas across the PCT for each new financial year. By co-ordinating proposed activity, duplication is avoided, best use is made of resources and it ensures that good practice principles are adhered to. As the groups role also includes sharing information, ideas and experience, lessons from previous experiences can be learnt which is used to inform policy and good practice developments for future consultation proposals including those with disabled people

Where guidance is required in undertaking consultation, advice and assistance can be co-ordinated by the Communications group and the Patient and Public Involvement Team to provide help with:

- running focus groups
- devising consultation questionnaires
- ensuring that consultation is representative of the local population or can focus on reaching various groups within the local communities.

4.3. Our Arrangements for Services:

4.3.1. Impact Assessments

An Equality Impact Assessment, a legal duty, is a tool/process that enables us to check out how an existing (or new) service/function or policy affects groups of people covered by equalities legislation and our Equality & Diversity Strategy. It allows us to look at evidence or consult as to whether the service or policy is discriminating (actual or perceived to be) against a particular group of people. We can then change the policy or service if it potentially has an adverse effect on some groups, or highlight it as good practice if it is having a beneficial effect.

An equality impact assessment of functions and policies of the PCT's predecessor organisations over the previous 3 years was completed in 2005 and the results presented to the Professional Executive Committee (PEC). The assessment covered the wider diversity agenda including race equality, disability, gender, age and sexuality. Overall, the assessment showed that

policies/strategies were generally inclusive of the wider diversity agenda, although there is room for improvement.

In addition, any policies/strategies presented to either the PCT Board or Professional Executive Committee (PEC) are required to have been screened and undertaken an initial impact assessment. Information on what action has been taken in respect of the policy/strategy is required on the cover sheet of the report to the Board/PEC.

As part of our commitment under this Scheme, the PCT will re-issue guidance on how to carry out these equality assessments to all Directorate/Service areas and provide appropriate training.

Services will continue to carry out annual impact assessments on prioritised activities. In addition, all new policies/functions established as part of the new PCT will be reviewed and an impact assessment undertaken.

4.3.2. Regeneration projects and programmes

The PCT works closely with the local Strategic Partnerships, the Local Area Agreement team and the neighbourhood Forums and Constituency Groups to ensure that key health priorities are integrated into these planning frameworks. The needs and preferences of disabled people will be integral to these discussions

4.3.3. Developing Services:

In developing services, the PCT strives to involve users. Examples include:

- *Streetly Road – new health centre:* the user group developing the plans and designs for the new health centre included local residents, patients of the practice and staff. Included within the group was a disabled member who was able to provide invaluable insight into the design requirements.
- *Yardley Green Health Campus:* Regeneration of the old Yardley Green Hospital site will enable development of range of new services and facilities, including a Medium Secure Unit. Consultation with the local community has begun and the needs of disabled people are being looked at as part of ongoing consultation.
- *Partnership in Health Centre:* The management steering group consult regularly on the range of services offered within the centre and will ensure that the needs of local disabled people are addressed.

4.3.4. Procuring Services:

In addition East and North Birmingham PCT is integrating the Disability guidance on Procurement into its policy and strategy. The PCT recognises its responsibility to encourage partners and other groups to integrate disability equality into their

policy making, service delivery and monitoring. To establish this East and North Birmingham PCT will:

- Ensure all partners we work with have an equality policy appropriate to their operational size.
- Ensure all contracts for works or procurements we enter into have an equalities statement.

4.4. Our Arrangements for Improving Access:

4.4.1. Information and Services

Access to information and services has always been a key priority of the PCT. Initiatives that contribute to making information and services accessible to the disabled community include:

- *Patient Advice and Liaison Service (PALS):* The PCT has a freephone PALS number that provides one point of access for the public to address any health or health related concerns, provide information and advice as well as signposting to a range of support services.
- *Community Newspaper – Health News:* The PCT's community newspaper, Health News is available in large print and other formats on request and is delivered to all homes in East and North Birmingham.
- *Disability Press:* The PCT publishes articles, information and job adverts in the local Disability press. However, there have been comments back from the disabled members saying that this does not always reach the wider disabled community.
- *British Sign Language:* The PCT recognises British Sign Language (BSL) as a language in its own right, regularly used by a significant number of local people, and by visitors to the East and North of Birmingham. Staff within the PALS service have received training in British Sign Language. Further actions identified include:
 - Improving access for Deaf people to local services and information
 - Consulting with representatives of our local Deaf community on a regular basis.
- *Transcription, Interpretation and Human Aids to Communication:* We currently provide PCT-wide translation, interpretation and human-aids to communication, meeting the needs of ethnic communities, deaf, blind and disabled people. One example is the installation of hearing loops in the meeting rooms at the PCT HQ. However, access to specific communities such as the deaf community, is limited so this is one of the priorities for the PCT. The PCT will continually seek to improve its provision of information

and communication to local people in ways that meet their needs, but we need to get better at anticipating needs.

Part of our responsibility under the Disability Discrimination Act 1995 is to provide auxiliary aids for both employees and service users. Consequently, the PCT is looking at options such as the TextBox system which allows a deaf or speech impaired user of a textphone, to connect directly with staff using a computer within the PCT's internal computer network.

- *Web site:* There are ongoing plans to make the website and information on it more easily accessible to disabled people.

The PCT values the input of the diverse communities we serve and as part of our commitment we will feedback on various equality and diversity issues through a variety of mechanisms and formats such as:

- The PCT Annual Report
- The PCT's website
- Health News - the PCT's free newspaper for residents
- Community representative meetings, conferences and publications
- The Disability Action Group
- Equality and Diversity sub groups and Steering Group
- Employee workforce monitoring

Information will also be put into various accessible formats on request, for example:

- Braille
- Audio-tape
- British Sign Language

4.4.2. Physical Access Improvements to Services

The PCT has committed to the principle of equal access and to each of its services being as free of all barriers as possible. It has adopted an "inclusive approach" - that is, to find ways of providing access to services, in equal ways for as wide a range of different groups in our local community as possible.

The predecessor PCTs undertook audits of all the facilities that the PCTs own or lease. Audits were also undertaken for all GP practices. As a consequence of this, there were a number of improvements, including purchase of additional equipment (eg chairs of varying height, with arms, without arms, evacuation chairs), redesign of waiting areas, creation of dedicated disabled parking spaces, and alterations to entrances and doorways.

However, the PCT acknowledges that we need to think more widely and look at issues such as availability of transport that disabled people can use to access services and access issues wider than physical access to/from a building.

4.5. Our Arrangements for Employment

4.5.1. Staff Survey

In 2005, the NHS national survey was conducted on BEN PCT's predecessor organisations – Eastern Birmingham PCT and North Birmingham PCT.

Of the staff who responded to the NHS national staff survey for 2005:

- 4% of staff in Eastern Birmingham PCT and 5% of staff in North Birmingham PCT declared themselves as disabled.
- 26% of staff in Eastern Birmingham PCT and 51% of staff in North Birmingham PCT had received training in disability awareness, compared to a PCT typical score of 35%.
- 7% of staff in Eastern Birmingham PCT and 2% of staff in North Birmingham PCT had experienced discrimination at the trust, compared to a typical PCT score of 4%.
- 54% of staff in Eastern Birmingham PCT and 62% of staff in North Birmingham PCT said that the trusts acted fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age. (compared to a typical PCT score of 58%).

Although the PCT is pleased that staff perceptions overall were positive, it accepts that more needs to be done. The PCT is working on improving the experiences of disabled staff through improving policies, training managers and supporting the Disabled Employees Network.

4.5.2. Recruitment

The PCT is an equal opportunities employer and its recruitment and selection policy and associated procedures are therefore underpinned by the basic premise of equality of opportunities for all and the principles of:

- Equity;
- Fairness;
- Consistency, and
- Merit based appointments

We believe that equality of opportunity is integral to a strong and successful PCT. We want to make Birmingham East and North PCT one in which people are given the best possible opportunity to make a success of their lives, whatever their background. We recognise that a diverse workforce that reflects the population of East and North Birmingham can give us a competitive edge.

The PCT has pledged that we will increase our numbers of ethnic minority or disabled employees so that our workforce is more representative of the community it serves.

The PCT is committed to improving the effectiveness and integration of services for disabled people who want to work, to stay in work or move closer to work. The PCT undertakes this role as an employer and by working in partnership with other agencies such as Jobcentre Plus and voluntary groups to serve the needs of disabled people within East and North Birmingham.

The PCT advertises Non Executive Director and other posts to disabled people and groups, encouraging them to apply. However, the public's perception and particularly the perception of disabled people of the barriers against accessing employment with the PCT, suggests that we need to:

- Support staff in interviewing, recruiting and supporting disabled employees.
- Implement a shortened, more intuitive application form, especially for applicants with learning disabilities.
- Be more flexible in how applications can be received.
- Work with and through the Access to Work facilitator at the Learning Skills Council to achieve maximum assistance to prospective disabled employees.
- Explore schemes such as 'Steps to Work' to access external funding to offer creative training and development programmes for people with disabilities eg enabling applicants with learning disabilities to have basic training/paid placement in a job they want to apply for.
- Work alongside the Disability Action Group and/or the PPI Forum, to run focus groups comprising disabled members, to facilitate a more in-depth discussion concerning the perception of disabled people in relation to barriers that exist to accessing employment opportunities with the PCT.

4.5.3. Two Ticks

Birmingham East and North PCT has achieved the Employment Service's two tick symbol 'positive about disabled people' which demonstrates to disabled job seekers and disabled employees that it has agreed to make 5 commitments designed to ensure that people with a disability have every opportunity to access employment and develop their careers with the PCT. The commitments are as follows:

- To interview all applicants with a disability who meet the minimum criteria for a job vacancy and consider them on their merits.
- To ensure there is a mechanism in place to discuss at any time, but at least once a year, with disabled employees what the PCT and they can do to make sure they can develop and use their abilities.
- To make every effort when employees become disabled to make sure they stay in employment.
- To take action to ensure that all employees develop the appropriate level of disability awareness needed to make the PCT's commitments work.

- Each year to review the five commitments and what has been achieved, to plan ways to improve on them and to let employees and Jobcentre Plus know about progress and future plans.

4.5.4. Disabled Employees Network

The PCT is establishing a Disabled Employees Network (DEN) which will be supported and facilitated by a dedicated member of staff and will be open to all disabled employees of Birmingham East and North PCT. It will provide an opportunity to raise awareness of the needs of disabled employees. Key objectives of DEN may be:

- To provide information, guidance, support and advice to disabled employees.
- To promote disability issues across the PCT.
- To act as a consultative and developmental forum for improving Birmingham East and North PCT's policies, systems and practices.
- To promote the availability of help within the workplace for disabled employees, in particular the Jobcentre Plus Access to Work scheme which provides practical advice and support for disabled employees and their employers concerning reasonable adjustments. Ultimately, DEN will work in partnership with the Equality and Diversity Steering Group, the Safety, Health and Wellbeing Team, the Recruitment Team, and all managers within the PCT to ensure that the PCT provides an inclusive and accessible environment for disabled employees, patients and members of the public.

4.5.5. Promoting Disability Equality & Training

The PCT already provides training in awareness on a range of diversity issues. Induction sessions cover Equality & Diversity policies and issues and ad-hoc briefings are provided to Directorates/Services/Teams as required. Other training courses will be reviewed and impact assessed to ensure that they include disability equality in subjects such as customer care, recruitment and selection, and in all management training as well as access to these courses.

Disability equality will be further embedded into the PCT's skills and knowledge training and awareness raising programme. This is likely to incorporate:

- Disability Equality
- Managers Disability Equality
- Deaf Awareness (Deaf, external trainers)
- Sight-loss Awareness (visually-impaired, external trainers)
- Emergency evacuation procedures have been updated to include people with disabilities and an updated training programme for staff is being implemented.

This training will be available to the PCT Board, Senior management Committees and all PCT staff. The PCT will review the training needs of independent

contractors including reception and other frontline staff who deal directly with the public.

The PCT will also explore how we can provide appropriate coaching for disabled people so that they can influence and be involved in the work of the PCT.

Robust monitoring systems will be put into place to ensure that the mandatory courses are attended and policies, procedures are being acted on.

The PCT will provide guidance to Directorates on monitoring and will make monitoring of disability a mandatory category.

-

4.5.6. People

PCT employees have access to the Equality and Diversity Group, Harassment Advisors, counselling services and the Joint Negotiating Committee.

The PCT has developed a voluntary sector compact, has appointed Patient Advice and Liaison workers with experience of disability issues, and community development workers from a variety of backgrounds to develop community-oriented work.

Our action plan for 2006 & 2007 supporting this scheme is attached as Appendix 2. Action plans for 2008 and 2009 will be developed following further consultation and following the results of work in 2007.

5. Monitoring and Improving the Scheme

5.1. Responsibility

The chairman and chief executive both take personal responsibility for the equality and diversity agenda within the PCT. In addition, a non-executive director chairs the Diversity Strategy Group and is supported by a designated executive lead. The PCT has also established:

- Patient and Public Involvement Group;
- Health Improvement Panels in the constituencies;
- dialogue with the Patients Forum.

5.2. Our Arrangements for Monitoring Progress

Named Equality and PPI Champions will be responsible for co-ordinating progress and monitoring of Directorate action plans on DES. These Officers, along with the Senior Management Teams, will regularly evaluate performance against the DES targets. Information on levels of achievement will be made available to the Disability Action Group on a quarterly basis, and made available in the PCT's annual report.

The Disability Action Group (DAG) will provide peer assessment and monitor progress against the Disability Equality Scheme as part of the challenge and scrutiny process.

The Disability Action Group will work with the PCT to ensure that as a major employer, commissioner and provider of services, we are meeting the needs of disabled people and the requirements of the Disability Discrimination Act (DDA). They will look in depth at the areas of:

- *Disability and employment* – through the evaluation of the PCT's current performance and scrutiny of the PCT's recruitment practices.
- *Disability and communications* – to identify what provision is being made in respect of providing alternative formats or additional technology to enable effective communication/consultation with disabled people.
- *Physical access to services* – through a review of the Physical Access Audit and site visits. The PCT will explore the implementation of a 'rating' system for health care facilities.

Their feedback will be incorporated into the Disability Equality Scheme action plan and reported to the Diversity Strategy Group so that any issues or concerns raised are addressed and feedback provided.

The Disability Action group will report to the Diversity Strategy Group on a quarterly basis.

5.3. External Scrutiny

The PCT is scrutinised by the Strategic Health Authority, the Department of Health and the Healthcare Commission. Locally, the Overview and Scrutiny Committee and the PPI Forums allow elected members and the public to:

- Challenge decisions made by the PCT.
- Provide a crucial check and balance
- Contribute to PCT policy and strategy development

External scrutiny can be conducted at any time by the Disability Rights Commission (DRC), the Audit Commission (AC) and other Government Inspection Bodies directly with relevant services. The Disability Rights Commission looks at the DDA. The Audit Committee looks at Disability Equality Schemes.

5.4. Our Arrangements for Dealing with Complaints

All complaints are logged through the Complaints Manager whether corporate or directorate/service specific, and these will be monitored by disability.

Employees can complain through the anti-harassment policy or formal employment processes such as the Grievance procedure as long as it involves another employee and not patients or the public.

We will focus on informal workable solutions where appropriate, before formal procedures are invoked and mediation is always an option on offer for both patients and employees before complaints become formal or as an action after investigation.

5.5. Our Arrangements for Reviewing the Scheme

Acknowledging that there is much work to do before there is true equality of opportunity for disabled people, the scheme will be reviewed on a yearly basis.

Continued consultation will be integral to this and arrangements have been outlined early in this document to build on the routes for communication and consultation.

Developing the Disability Equality Scheme – Consultation

July 06	Briefing paper taken to PCT Equality and Diversity Executive and Steering Groups
August 06	Briefing paper taken to Patient Focus Group for discussion (Focus Group consists of patients and members of the public including disabled members) Discussion at Disability Advisory Group
September 06	Briefing paper taken to the BEN Patient and Public Involvement Forum (Forum includes disabled members) Presentation for the Older Peoples Reference Group Discussion with Sheltered Housing Group Discussion at Carers Network meeting Sutton Coldfield Discussion at Citizen engagement Partnership meeting Discussion at Disability Network Meeting, West Midlands Police Authority Various discussions with disabled people at community meetings Progress report to Equality and Diversity Steering Group Report to PCT Board
October 06	Discussion with BEN Patient and Public Involvement Forum Various discussions with disabled people at community meetings Discussion
November 06	Presentation to the Sutton Coldfield Disability Empowerment Network Various discussions with disabled people and their carers at community meetings. Questionnaire sent to local disability groups.

ACTION PLAN - 2006 & 2007

AREA	ACTION	LEAD	TIMESCALE
INVOLVING PEOPLE			
	Re-establish the Disability Advisory Group to drive the development and monitoring of our DES Action Plan	DAG/PPI Lead	Dec 06
	Publish a new East & North Birmingham Local Compact	Director of Performance & OD	Summer 07
	Develop a year-long programme of involving individuals and groups/networks, formalising how comments are fed into a review of the scheme and how networks/individuals receive information on progress of the scheme	PPI Lead	Dec 06
	Develop the capacity of the voluntary sector to support their input into consultation	PPI Lead	Ongoing
	Provide information to local disability groups on potential for partnership working, funding and support	PPI Communities	Ongoing
	Setting up of a dedicated 'site testing' group representing various disability groups	Regeneration Team	January 2007
CONSULTATION			
Consultation	Formalise internal planning systems to support long and short-term consultation designed specifically to encompass views for disabled people and their organisations	Head of Core Business Processes & Strategy	March 07
	Circulate pack to staff containing details of: <ul style="list-style-type: none"> • consultation guidelines & toolkits • how to access agencies that will help with making information accessible to disabled people 	PPI Lead	Dec 06
	Put consultation guidelines & toolkits for staff onto Intranet	Head of Comms & PPI	Jan 07
	Information on how to access agencies to be put onto the Intranet for staff	Head of Communications & PPI	Jan 07
	Establish Communications group to: <ul style="list-style-type: none"> • develop & co-ordinate a consultation programme • develop a guide for staff on good practice 	Head of Communications & PPI	Feb 07
	Co-ordinate the capture & analysis of quantitative and qualitative data via discussions with existing groups, surveys to inform PCT service planning & development	Equality & Diversity Steering Group/PPI Lead	Ongoing

AREA	ACTION	LEAD	TIMESCALE
	Review all consultation focus groups or other panels to ensure that they are representative in terms of including disabled members who reflect the diversity of the disabled community.	PPI Lead	June 07
	Consult with our local Deaf and Blind communities on a regular basis to raise deaf and blind awareness across the PCT.	PPI Lead	Ongoing
SERVICES			
Services	Impact Assessments: <ul style="list-style-type: none"> Review & identify policies/services/functions in the new PCT that require full impact assessments. Complete full impact assessments & identify remedial action for High Priority areas. Incorporate results into review of Disability Equality Scheme 	All Directors Heads of Services Head of Core Business Processes & Strategy	March 07 Sept 07 Dec 07
	Procured Services: <ul style="list-style-type: none"> Ensure all partners we work with have an equality policy. Ensure all contracts for works or procurements we enter into have an equalities statement. 	Director of Resources	June 07
IMPROVING ACCESS			
Improving Access	Review all methods of communication within the PCT to identify improvements that can be made to encourage access, (eg range of formats and distributions) including: <ul style="list-style-type: none"> PCT Website & Intranet Publications (including Health News, Annual Report) and Circulations (eg job adverts, information releases). 	Head of Communications & PPI	Summer 07
	Work with Deaf & Blind people to identify good practice and opportunities for improving access to PCT services and information.	PPI Lead	June 07
	Develop an action plan & implementation plan with timescales. Specifically improve access for Deaf and Blind people to local PCT services and information.	PPI Lead	Sept 07

AREA	ACTION	LEAD	TIMESCALE
	Review the progress of implementing the DDA in facilities/ buildings providing services by/for the PCT (including independent contractors).	Head of Capital Planning	Summer 07
	Develop an action plan for outstanding issues, including identifying physical barriers to access that cannot be removed and the identification of alternatives to support access for disabled people (patients and staff).		Nov 07
	Working with disabled people, identify the non-physical barriers that impede access to services for disabled people, and develop an audit tool to access services/facilities against.	PPI Lead	June 07
	Review all services & facilities against the audit tool and develop action plans (including identifying priorities for action).	Heads of Service	Dec 07
EMPLOYMENT			
Employment	Establish the Disabled Employees Network	Assistant Director - HR	April 07
	Develop an Action Plan, encompassing recommendations from the Disabled Employees Network that can be fed into the Disability Equality Scheme and action plan.		Oct 07
	Establish a disabled staff survey that identifies barriers faced by disabled employees (eg harassment).	Assistant Director of HR	April 07
	Develop an action plan incorporating the results of the survey.		June 07
	Create and maintain a database for disabled employees reasonable adjustments.		Sept 07
	Promote DES requirements to all staff	Head of Comms & PPI	Jan 07

AREA	ACTION	LEAD	TIMESCALE
	<p>Employment Opportunities:</p> <ul style="list-style-type: none"> Plan & deliver sessions to disabled people on applying for PCT jobs/ succeeding at interview at a variety of events throughout the year. Implement an improved application form. Working with disabled people, identify opportunities to promote jobs to disabled job seekers and how to apply. Obtain a true picture of the disabled public's perception of barriers that exist in accessing employment and training. Explore schemes such as "Steps to Work" to access external funding in order to create training/employment opportunities for disabled people, identifying options for the PCT. Review the 5 commitments within the "Two Ticks" scheme, identifying improvements that can be made to the PCT. Facilitate and develop the Welfare to Work project group to share best practice and to further increase the opportunities for disabled people in the PCT. 	Human Resources Team	<p>Ongoing</p> <p>Jan 06 March 07</p> <p>March 07</p> <p>April 07</p> <p>July 07</p>
	Improvement of the employee grievance procedure to ensure it is fully accessible.	Human Resources	Ongoing
	<p>Disability Equality Training:</p> <ul style="list-style-type: none"> Review, strengthen and develop all disability equality and awareness training for induction, managers and all employees (including monitoring of attendance). Deliver Disability Discrimination Act responsibilities training to all managers. 	Assistant Director - HR	<p>March 07</p> <p>March 07</p>
DEVELOPING & IMPROVING THE SCHEME			
Developing & Improving the Scheme	Identify the numbers of disabled people across East and North Birmingham population using the wider definitions contained within the new legislation	Director of Public Health	Feb 07
	Explore how to identify inequalities in health outcomes for disabled people across East and North Birmingham	Director of Public Health	April 07
	Monitor and review progress made against the DES Action Plan.	PPI Lead	Quarterly
	Monitor and take action following the number and type of complaints made by disabled people	Complaints Manager	Ongoing
	Agree a timetable & process for reviewing the Disability Equality Scheme & developing the next action plan	Head of Core Business Processes & Strategy	April 07