



Gender Equality Scheme 2007 - 2010

**This forms part of the BEN PCT Single Equality Scheme
and should be read in conjunction with the Single Equality
Scheme**

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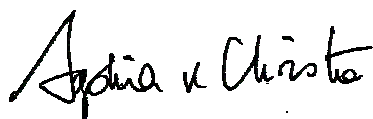
Foreword

Birmingham East and North Primary Care Trust (PCT) is a new organisation formed on 1st October 2006 as a result of the reconfiguration of Eastern Birmingham PCT and North Birmingham PCT.

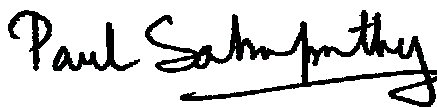
The Gender Equality Duty is the biggest change in sex equality legislation for 30 years. The Equality Act 2006, which comes into effect in April 2007, places a proactive statutory duty on all public authorities. This duty commits the PCT to eliminating unlawful sex discrimination and to promote equality of opportunity between women and men in both service delivery and employment, for all its' staff, patients, clients and their relatives. This document explains how the PCT plans to meet its statutory duties to promote gender equality and sets out an action plan to address the issues raised.

This Gender Equality Scheme sits within the PCT's Single Equality Scheme (SES) and should be read in conjunction with this overall scheme. The Single Equality Scheme is specifically intended to address the requirements of the Race Relations (Amendment) Act 2000, the Disability Discrimination Act 2005 and the Equality Act 2006. The Gender Equality Scheme (GES) is the latest equality scheme that we are required to publish by law.

Everyone in the organisation has a responsibility to behave in such a way as to promote equality, value diversity and respect human rights. Gender equality needs to be embedded into all structures and functions of the organisation and in particular in terms of policy development, service provision and commissioning and human resources. In everything we do, we will consider how we can ensure that we do not consciously or unconsciously discriminate against or disadvantage individuals or groups on the grounds of gender and we will seek opportunities to promote gender equality wherever and whenever we can.



Sophia Christie
Chief Executive



Paul Sabapathy CBE
Chairman

1.0 Context

- 1.1 This Gender Equality Scheme should be read in conjunction with the PCT Single Equality Scheme which makes reference to how the PCT is committed to ensuring equality of opportunity and the application of human rights in both service delivery and employment, for all its staff, patients, clients and relatives.
- 1.2 Birmingham East and North (BEN) was formed on 1st October 2006, following the amalgamation of the previous Eastern Birmingham PCT and North Birmingham PCT.
- 1.3 Central to everything the PCT does are our values
- Having an active approach, competent, progressive and innovative
 - Caring about our patients, staff and communities, in all diversity
 - Empowering people and partners to work together
- 1.4 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 10 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.
- 1.5 BEN PCT has a budget of £568 million to spend on services for 437,500 local people living in Britain's second city. The PCT also hosts the money to commission specialised services for people across the whole of the West Midlands, a further £391million.
- 1.6 BEN also provides a range of local health services including primary care, community nursing, intermediate care, palliative care, physio and other therapy services, and urgent care. 90% of local NHS contacts on any given day will be with services commissioned or provided by BEN.
- 1.7 We serve a diverse and vibrant community that includes some of the most deprived wards in the country. The PCT covers 16 wards on the North and Eastern half of Birmingham including:-

Acocks Green
Bordesley Green
Erdington
Hodge Hill
Sutton Vesey
South Yardley

Kingstanding and Oscott
Stechford and Yardley North
Sutton Four Oaks
Sutton New Hall
Washwood Heath

Shard End
Sheldon
Stockland Green
Sutton Trinity-
Tyburn

- 1.8 The PCT employs approximately 1,703 staff and is responsible for 237 GPs, working in 87 practices. It is also responsible for Sutton Cottage Hospital and the John Taylor Hospice, Erdington. Of the 1,703 staff, 80% are women and 20% men and in terms of management positions, 59% of positions are occupied by females and 41% by males.
- 1.9 The key challenges externally for the PCT affecting Gender Equality¹ are:-
- Domestic violence and safety for women – the British Crime Survey estimates that one in four (26%) of females have experienced at least one incident of non-sexual domestic abuse, threat or force since they were 16.
 - Of the people living in the PCT locality, 52% are female and 48% are male.
 - Older women - there are more females over the age of 75 than males (females 64%, males 36%)
 - Overall 78.5% of the population living in BEN PCT is 'White European', although ethnicity rates vary considerably across the wards in the area. For example, in Washwood Heath, nearly 3 out of 4 people (73.2%) are of a population group other than 'White European' compared with less than 5 in every 100 people (4.7%) living in Sutton Four Oaks.
 - Approximately a third of the BEN PCT population have no qualifications (31.6% males and 30.8% females)
 - There are ten times more female than male lone parent households with dependant children. (1,323 men and 13,556 females)
 - The average life expectancy for men living in BEN PCT is 75.3 years, compared to 80.7 years for women (2001-2005 average). This varies markedly across the wards in the PCT, so much so that men and women living in Washwood Heath or Stockland Green can expect to live 7 years less than men and women living in Sutton Vesey or Sutton Four Oaks
 - Teenage pregnancy and sexual health – although the rate is falling year on year for BEN PCT, this differs again by ward. Using 2003/04 data, there were fewer than 30 conceptions per 1,000 16 to 17 year olds in Sutton Vesey compared with nearly 100 conceptions per 1,000 16 to 17 year olds in Erdington.
 - Men's mental health – although suicide rates in men are higher than women across all age groups (nationally – Birmingham is not dissimilar), in the 25-44 age range, men are almost four times more likely than women to kill themselves, while men aged 45 and over are more than twice as likely to commit suicide as women in the same age range. Although depression occurs as often in men as in women, women get diagnosed and treated twice as often as men and men will often only present when in crisis.
 - Treating transsexual men and women with dignity and respect, ensuring equality of opportunity and provision of appropriate support.

¹ Taken from 2001 census data

- Identifying community groups who have an interest/role in relation to gender equality and working in partnership with these groups to ensure appropriateness and access to health services.
- Ensure effective communication mechanisms are in place to maintain two-way communications with such groups/individual representatives.

2.0 Purpose

2.1 This is the first three year Gender Equality Scheme published by the PCT in response to The Equality Act 2006 which places a proactive statutory duty on all public authorities to:

- Eliminate discrimination and harassment that is unlawful under the Sex Discrimination Act and discrimination that is unlawful under the Equal Pay Act 1970
- Promote equality of opportunity between men and women.

2.2 It sets out our approach to gender equality as an employer of some 1700 members of staff and as a healthcare organisation providing and commissioning health services for the people of Eastern and North Birmingham.

2.3 As a Gender Equality Scheme it explains and responds to the PCT's statutory duties to promote gender equality in three areas – policy development; service provision and commissioning; and human resources:

- Policy Development

The PCT must collect and assess evidence on the impact of policies on women and men. Any development, alteration, amendment of new or existing policies should have due regard to the need to promote gender equality and eliminate unlawful discrimination and harassment.

- Service Provision and Commissioning

Women and men often have different needs from services, and use them in different ways. The intention of the Gender Equality Duty is to ensure that women and men get health services that better meet their needs. There may also be different groups of men and women who have specific needs or face particular barriers in taking up services. It will be essential for the PCT's staff to understand and address any identified barriers to ensure that services are planned, commissioned and delivered in a fair way.

- Human Resources

The duty requires the PCT as an employer to proactively address gender equality issues, by identifying and addressing areas of under-representation in the workforce and tackling discrimination on the basis of gender or gender

identification. The PCT must also have due regard to the need to eliminate unlawful discrimination and harassment in employment and vocational training for people who intend to undergo, are undergoing or have undergone gender reassignment (the expression 'transsexual people' or 'trans' generally used in relation to this group).

2.4 The PCT has a specific duty to:

- Produce a Gender Equality Scheme identifying its gender equality goals and actions to meet them, in consultation with employers and stakeholders
- Monitor and review progress against the scheme every year and review the Scheme every three years
- To implement the actions set out in the Scheme within three years unless it is unreasonable or impracticable to do so
- Develop, publish and regularly review an equal pay policy, including measures to address promotion, development and occupational segregation
- Conduct and publish gender impact assessments of all major policy developments and practices
- In formulating its overall objectives, to consult stakeholders and take account of relevant information in order to determine its gender equality objectives

2.5 In implementing this Gender Equality Scheme, the PCT aims to:

- Integrate Gender Equality into the PCT's mainstream business
- Create a climate in which discrimination because of someone's gender is unacceptable and where good relations between people flourish regardless of gender
- Provide services to patients in ways that respect them as individuals and put their needs at the centre
- Develop a workforce which includes people of all genders at all levels of the organisation, and which affords genuine equality of opportunity for development and promotion regardless of gender.

3.0 What is Gender Discrimination and Gender Equality?

- 3.1 **Gender** for the purposes of The Equalities Act 2006 refers to men, woman and children and also covers “Trans” people on grounds of their gender reassignment.
- 3.2 **Trans** - This Scheme covers not only Trans people who have undergone gender reassignment in the past, but all those who intend to undergo gender reassignment, and all those undergoing it. The reassignment of gender for Trans people need not necessarily involve surgery. The Gender Recognition Act 2004 specifically does not include surgery as it is recognised, for a variety of reasons, people may not be able to, or want to, have surgery or medical interventions. It is therefore possible, under the Act, to be legally recognised as one gender, while having the physical characteristics of another. Therefore the PCT will respect all gender presentations, irrespective of the presence of formal gender recognition certification.
- 3.3 **Discrimination** in this context, is the less favourable treatment because of, or for a reason related to, a person’s gender or a failure to make a reasonable adjustment (past, present or potential). Even if the discrimination, harassment or victimisation is unintentional it will still be against the law. This also covers the discrimination and harassment of transsexual people on grounds of their gender reassignment. The stereotyping of gender roles has lead to a society where both men and women are often perceived in unfair ways. This kind of stereotyping is a form of prejudice, making broad assumptions about people based on their gender.
- 3.4 **Equality** in this context, is essentially about **creating a fairer society** where everyone can participate and has access to opportunities to fulfil their potential regardless of their gender. It is often summarised in terms of equal access; equal treatment; equal shares or equal outcomes.

4.0 Responsibility for the Gender Equality Scheme

- 4.1 The Chief Executive and Trust Board have the ultimate legal responsibility for compliance with all equality legislation.
- 4.2 The Executive Director responsible for the Gender Equality Scheme is the Director of Performance and Organisational Development.
- 4.3 The Diversity, Equality and Human Rights Steering Group will manage the Gender Equality Scheme with input from across the organisation, which reports to the Integrated Governance and Performance Committee, which is a sub-committee of the Trust Board.
- 4.4 Action plans relating to the scheme will be monitored via this reporting route and progress will be included in the PCT Annual Report.

- 4.5 The lead for Equality, Diversity and Human Rights will develop subsequent versions of the scheme, updating action plans and handling enquiries.
- 4.6 The Terms of Reference for the Diversity, Equality and Human Rights Steering Group are an Appendix contained in the PCT Single Equality Scheme.

5.0 Our Arrangements for Consultation and Involvement

- 5.1 The PCT prides itself on its good practice in relation to Patient and Public Involvement (PPI) and Community Engagement. Existing arrangements will be used, such as the PCT PPI Forum and PCT internal PPI Committee to ensure maximum engagement with the scheme.
- 5.2 Consultation and involvement are essential to ensure that the PCT has the input it needs to fulfil its duties discussed within the legislation. The PCT will achieve involvement in an interactive way by publishing the scheme to all staff, patients, the public and key stakeholders, on the intranet and internet, through workshops, focus groups and surveys, to ensure as much involvement from different groups as possible.
- 5.3 The PCT has established a consultation framework to be followed in the event of any change of service or development requiring consultation activities. The PCT has identified leads for consultation and involvement. By co-ordinating proposed consultation, duplication is avoided, best use is made of resources and it ensures that good practice principles are adhered to. This is also outlined in the PCT Strategy for PPI and Community Engagement as part of the Communications and Involvement Strategic Framework.
- 5.4 Following the publication of the Gender Equality Scheme we will give an open-ended commitment that we will welcome further consultation and suggestions to improve the Gender Equality Scheme and will take these suggestions into consideration as part of the annual review.
- 5.5 We will evaluate the lessons learnt from the consultation and involvement of staff and stakeholders in the development of the Gender Equality Scheme and this will inform consultation and involvement in the development to further meet our equality duties.
- 5.6 The PCT endeavours to proactively identify community groups and organisations who they can work with to promote gender equality.

6.0 Our Arrangements for Partnership Working

- 6.1 The PCT can only effectively deliver health improvement through its strong partnerships with other organisations across the health, social care and wider community sectors, in order to offer equitable access and deliver safe, seamless patient pathways for the local population and to tackle the causes of ill health. This will include providing and/or commissioning services jointly in some cases with partner organisations (e.g. with Birmingham City Council).
- 6.2 The PCT also works with Local Strategic Partnerships and through the Local Area Agreement, neighbourhood forums and Constituency Groups to influence Local Authorities and other partners to ensure that health and wellbeing priorities are integrated into other planning frameworks. The needs and preferences of people around issues of gender will be integral to these discussions.
- 6.3 The PCT will work in partnership with patients and with other organisations, whether public, private or voluntary, to ensure Gender Equality when considering developments to improve health, prevent ill-health and ensure services are effective.
- 6.4 The PCT will ensure that the equal opportunities practices of contractors in relation to Gender Equality are taken into consideration when services are commissioned in this way.

7.0 Our Arrangements for Communications

- 7.1 The PCT has a variety of channels available for communicating with staff, patients, members of the public and other stakeholders. This includes the PCT website, regular press and media, public newsletter 'Health News' and various publications that are distributed outlining developments in policy or good practice initiatives. Communication within the PCT includes an intranet, Team Brief and a staff newsletter. The detailed Communications Strategy is available upon request or on the PCT website, which outlines internal and external mechanisms for communication.
- 7.2 These arrangements include the PCT's Annual General Meeting, it's Annual Report, an annual Stakeholder event, the quarterly publication to every household in the PCT locality, contacts with the Patient and Public Involvement Forum and the Patient Advice and Liaison Service (PALS).
- 7.3 The PCT's Patient Advice and Liaison Service (PALS) is continually striving to ensure equality of services for patients. The PALS service offer help and advice on a range of health-related matters. They listen to people's concerns; help to sort out problems in a timely manner and provide information and advice to people, in the same way regardless of gender. The service has male and female staff alike who attend appropriate community events and

provide information to all members of the local community. Where appropriate the PALS team can target events and groups that are focussed upon specific gender issues to ensure support i.e. new mother's groups, male health concerns at health events and/or community groups aimed at men.

8.0 Delivering Our Intentions – Policy Development

- 8.1 The gender duty is about integrating gender equality into the culture of the organisation in practical and demonstrated ways. It should be included in policy development and actions from the outset, rather than focusing on individualised responses to specific gender issues after the event.
- 8.2 The Equality Impact Assessment will ensure that old and any new proposed policies/strategies presented to the Trust Board or Professional Executive Committee (PEC) have been screened and have undertaken an initial impact assessment in relation to any potential adverse effects on gender equality. Information in respect of what action has been taken in respect of the policy/strategy is required on the cover sheet of the all Board reports.
- 8.3 As the merged PCT starts to review old PCT documentation from both of the previous organisations, it will be reviewed in light of Gender Equality and an Equality Impact Assessment undertaken.

9.0 Delivering Our Intentions – Commissioning and Service Provision

- 9.1 Women and men, regardless of gender, should get services that meet their needs more closely. For example, men are less likely than women to visit their GP, which means that they often seek treatment late in an illness. This means that men do not receive the full benefit of ill health prevention advice and support and receive more intensive NHS support at a later stage that could be avoided. For example, although women are more susceptible to lung cancer, more men die of the disease because they seek help late. Another example is that more men receive mental health assistance at crisis point rather than presenting at and/or receiving a diagnosis within a primary care setting. The Gender Equality duty should see the PCT improving the way we deliver services to men or women through improved commissioning and provision of services targeted at a certain group where evidence suggests this would be positive.
- 9.2 Equality of outcome is key to the PCT and therefore this may mean the targeting of specific genders where there are inequalities of health in terms of service provision. For example, women believe breast cancer is the most pressing health worry, however heart failure is a greater risk. Therefore local action would be taken to make women aware of the risks of heart disease and to make healthcare professionals aware of the different symptoms experienced by women as opposed to men.

- 9.3 The PCT needs to review any single sex services. The general position is that single sex services are lawful where there is a clear need to preserve decency or privacy. An example is a women's clinic where it would be reasonable to provide care within a single sex environment. In providing single sex services, it is also important for the PCT to comply with the Sex Discrimination Act.
- 9.4 Equality Impact Assessments will be conducted on our commissioning and procurement processes including the evaluation of how well our service providers are complying with the PCT's equality and diversity agenda in addition to the equalities legislation.
- 9.5 We will ensure that every contract commissioned or service provided complies with the anti-discrimination provisions of the gender duty and that service providers fully understand any gender equality requirements of the contract.
- 9.6 We will ensure that gender equality is appropriately reflected, and given due weight, in the specification, selection and award criteria and the contract conditions.
- 9.7 We will be looking to improve customer satisfaction by tailoring services to actual needs and providing more effective targeting of resources where there is a need.
- 9.8 The PCT Commissioning Strategy will reflect guidance on commissioning of services to ensure Gender Equality.
- 9.9 The Healthcare Commission Standards for Better Health have a number of core standards where, although not specifically gender related, equality and human rights runs through them e.g. C7e 'enable all members of the population to access services equally'; C6 'ensure that patients' individual needs are properly managed'; C13 'have systems in place to ensure that staff treat patients and relatives and carers with dignity and respect'; C17 'the views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services'.
- 9.10 Independent contractors, including GP's, pharmacists and dentists, along with voluntary and private organisations, are not directly subject to the specific duties of the Gender Equality Scheme.

10.0 Delivering Our Intentions - The PCT as an Employer

- 10.1 The PCT is a major employer in the area with approximately 1700 staff. It is important for its effectiveness to develop and reward high performance. The culture of the organisation is one which encourages learning and development and where staff have opportunities to develop and extend their skills and knowledge.
- 10.2 The PCT's Equal Opportunities Policy describes how we aim to treat staff and what happens when policies are contravened. It links to formal eradication of bullying and harassment, disciplinary and grievance policies, which are highly relevant to equality. Performance on staff equality is conducted regularly through the collection and monitoring of data, consultation with recognised staff side organisations and through an annual anonymised staff survey.
- 10.3 Actions being taken in respect of Gender Equality that relate specifically to the employment function include the following:-
- Ensuring fair recruitment processes
 - Breaking down gender stereotypes and promoting positive role models
 - Avoiding concentration of women and men in particular areas of work and addressing where it already exists
 - Promoting and managing flexible working
 - Ensuring high-levels of part-time work opportunities and supporting part-time workers
 - Managing leave, support and advice for parents and carers
 - Managing pregnancy and return from maternity leave
 - Provision of paternity leave
 - Eliminating harassment including sexual harassment
 - Eliminating discrimination against and harassment of, transsexual staff and potential staff
 - Use of bullying and harassment policy
 - Ensure equal pay for work of equal value
 - Ensure gender equality is addressed in the provision of training
 - Review of the Human Resource policies to ensure they address Gender Equality
 - Ensure the PCT has practices and procedures in place to support the dignity and privacy of transsexual staff where this is disclosed
 - Development of a policy to support employees who are undergoing gender reassignment where this is disclosed
- 10.4 The PCT is committed to training all staff in equality and diversity issues including Gender Equality to ensure that staff fully understand the provisions of the sex equality legislation and the relevance of the gender duty to their area of work. Training on equal opportunities is mandatory as part of the Induction Programme that every member of staff must attend. Specific training is also provided for those staff who need certain skills to carry out their roles effectively (e.g. recruitment and selection or equality impact assessments).

- 10.5 Gender equality links into the requirements of the competency framework in use in the National Health Service (NHS), known as the Knowledge and Skills Framework. The Framework has six core dimensions in which every member of staff must demonstrate competence. One of these is Equality and Diversity. All staff will be expected to have achieved level 2 in this core dimension and on-line packages are available to cover levels 1 and 2. The PCT is currently developing an additional package to support staff required to achieve level 3 and 4.
- 10.6 All new staff have to undertake training in Diversity and Equality as part of their induction programme. This training is available as an on-line package to ensure it is available to all members of staff regardless of location and availability.
- 10.7 Equality training tailored towards staff working at neighbourhood level is also being run by the Birmingham Strategic Partnership and Birmingham Community Empowerment Network.
- 10.8 An annual anonymised staff survey is undertaken, which includes questions on diversity and will in future incorporate gender equality concerns and data. Any perceived discrimination is taken very seriously.
- 10.9 A commitment to meet the statutory duties is included in all job descriptions for staff.
- 10.10 PCT employees have access to the Diversity, Equality and Human Rights Steering Group, Listening Ears, counselling services and the Joint Negotiating Committee.
- 10.11 In respect of gender reassignment, we will be reviewing all policies and procedures dealing with recruitment, confidentiality, harassment and access to training to ensure that trans employees are not discriminated against and have equal opportunities.

11.0 Equality Impact Assessment

- 11.1 An Equality Impact Assessment (EIA) 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 the PCT Equality and 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.
- 11.2 New arrangements will be put in place to assess whether existing or proposed PCT policies and reports have an adverse impact in relation to Gender Equality, on specific groups and opportunities for promoting equality.

- 11.3 All new policies will be assessed for their impact on equality issues. A template for conducting an EIA is in Appendix 2.
- 11.4 Where gaps and adverse impact are found through the EIA process, action plans will be developed and included in the annual business plans of the PCT and individual directorates.
- 11.5 As part of our commitment under this Scheme, the PCT will re-issue guidance to all Directorate/Service areas on how to carry out these Equality Impact Assessments and provide appropriate training.

12.0 Enforcing the Gender Equality Scheme

- 12.1 The general duty will be enforceable by judicial review and is the responsibility of the Commission for Equality and Human Rights.
- 12.2 The Commission will be able to issue non-compliance notices for both failure to comply with specific and general duties.

13.0 Monitoring, Reviewing and Updating the Scheme

- 13.1 Progress of the Gender Equality Scheme will be monitored against the Action Plan (Appendix 1) by the PCT's Equality, Diversity and Human Rights Steering Group which meets on a quarterly basis.
- 13.2 Quarterly reports on progress will be tabled at the PCT Integrated Governance and Performance Committee, which in turn reports to the Trust Board.
- 13.3 The Gender Equality Scheme will be reviewed at least every three years but recognising there is much work to do before there is true equality on issues relating to gender, the Scheme will be revised annually.
- 13.4 The PCT has a statutory duty to monitor its business for any adverse and differential impact on gender and progress on Gender Equality will be reported annually in the PCT Annual Report.
- 13.5 The Gender Equality Scheme will be published and maintained on the Trust Intranet and Internet sites. Reference should also be made to the Trust Single Equality Scheme which explains the PCT's overall commitment to all areas of equality.

14.0 Complaints

- 14.1 Any complaints against the implementation of any part of this scheme will be dealt with under the PCT's Complaints Procedure. This process is outlined in the leaflet "Making a Complaint".
- 14.2 Employees can complain through the Bullying and Harassment Policy provided it involves another employee and not patients or the public.
- 14.3 Alternatively, free help and advice is available from the Patient Advice and Liaison Service (PALS), telephone 0800 328 3205.

Appendix 1 – Gender Equality Scheme Draft Action Plan

Section A – Consultation, Involvement, Partnership Working and Communication

<i>Key Objective</i>	<i>Action</i>	<i>Director Responsible</i> <i>(where 'All Directors' stipulated, action should be applied across their area of responsibility)</i>	<i>By When</i>
1. Develop a greater understanding within the organisation of gender discrimination and inequality	Profile and promote the Gender Equality Scheme	Chief Executive/ All Directors	30 August 2007
	Develop a wider understanding among employees and managers of the affect of gender inequality	Director of Performance & OD/ All Directors	Ongoing
	Ensure appropriate involvement of male and female colleagues in progressing gender equality	Director of Performance & OD/All Directors	Ongoing
	Ensure the PCT gives clear and positive messages in respect of gender in its policies and promotional material	All Directors	Ongoing
	Identify PCT Diversity and Equality champions to support and facilitate discussion on gender related issues, following completion of training.	Director of Performance & OD/All Directors	September 2007
	Development of a dedicated Diversity, Equality and Human Rights section on the intranet, containing information specific to the Gender Equality Scheme	Director of Performance & OD	December 2007
2. Promote the PCT's commitment to pursuing & achieving gender equality externally	Use the opportunity at the stakeholder event to promote Gender Equality Scheme	Director of Performance & OD	9 July 2007
	Engagement with marginal female, male, trans gender groups in a comfortable setting that will encourage discussion	Director of Performance & OD	Ongoing
	Communicate the Gender Equality Scheme to the public, GP's, pharmacists, dentists	Director of Performance & OD	

<i>Key Objective</i>	<i>Action</i>	<i>Director Responsible</i> <i>(where 'All Directors' stipulated, action should be applied across their area of responsibility)</i>	<i>By When</i>
3. Contribute to a partnership approach to addressing gender equality across the city of Birmingham	Ensure that gender monitoring is incorporated into the requirements of the Local Strategic Partnership and Local Area Agreement	Chief Executive/Director of Performance & OD	End of August 2007
	Participate in any cross-city gender equality networks Support groups working to address discrimination and equal opportunities across the city	Director of Performance & OD	Ongoing
4. Ensure that representation of patients and the public informs all areas of work	Review the membership of the PPI group and Health Improvement Forums to ensure they are representative of gender and local communities	Director of Performance & OD/Director of Health Improvement	August 2007
	Engage PPI group in the review of policies and strategies on equality issues	Director of Performance & OD	Ongoing
	Engage PPI group in work on equality audits	Director of Performance & OD	Ongoing
	Establish robust mechanisms/systems to ensure the needs and views of local black and minority ethnic (BME) groups and vulnerable groups influence the planning, commissioning and development of PCT services	Director of Commissioning and Service Redesign	Ongoing
	Develop PPI toolkits and guides for staff engaging with BME, vulnerable and hard to reach groups	Director of Performance & OD	April 2008
	Work with all Directorates to engage key local groups who have the greatest need, do not normally get involved, or find it difficult to give their views	All Directors	Ongoing
	Improve information and communications to people on gender equality issues	Director of Performance & OD	September 2007
	Any future consultation process to include gender related questions and interrogation of responses	Director of Performance & OD	July 2007

Section B – Policy Development

<i>Key Objective</i>	<i>Action</i>	<i>Director Responsible</i> <i>(where 'All Directors' stipulated, action should be applied across their area of responsibility)</i>	<i>By When</i>
1. Inform PCT business of any impact of gender equality	Management lead to attend comprehensive Equality Impact Assessment (EIA) training	Director of Performance & OD	July 2007
	Staff expected to complete EIA's to receive appropriate training	Director of Performance & OD	October 2007
	All policies, strategies etc. to be Equality Impact Assessed for gender equality	All Directors	Ongoing
	Develop an information database relevant to the PCT locality to ensure strategic decisions are supported and challenged by quality data	All Directors	Ongoing

Section C – Commissioning and Service Provision

<i>Key Objective</i>	<i>Action</i>	<i>Director Responsible</i> <i>(where 'All Directors' stipulated, action should be applied across their area of responsibility)</i>	<i>By When</i>
1. Ensure services are provided and commissioned on the basis of gender equality	Analyse any patient surveys and feedback from PPI forums to ensure ward or gender specific concerns are raised and considered.	Director of Commissioning & Service Redesign/Director of Performance and OD	Ongoing
	Undertake EIA's Revision of Commissioning Strategy and Procedure to ensure compliance with GES.	Director of Commissioning	September 07
2. Positive targeting to improve male health behaviours	Work with Health Improvement to develop a detailed action plan to identify and focus upon areas that need targeting based upon local concerns and issues Work in schools & child health centres to inform children & young men of benefits of early intervention & key areas of concern.	Director of Health Improvement/ Director of Commissioning and Service Redesign Director of Health Improvement	April 2008 Ongoing

<i>Key Objective</i>	<i>Action</i>	<i>Director Responsible</i> <i>(where 'All Directors' stipulated, action should be applied across their area of responsibility)</i>	<i>By When</i>
3. Reduction in teenage pregnancy rates	Work with Health Improvement to develop a detailed action plan focussed on reducing teenage pregnancy rates Improve sex and relationship information for young people	Director of Health Improvement	April 2008
4. Reduce Level of Falls in Older Women thereby improving outcomes and cost of non-fatal falls	Develop strategy to reduce the number of falls and their impact (working with acute sector). Identification of best practice to improve diagnosis, treatment and management of osteoporosis which will inform commissioning decisions and priorities	Director of Health Improvement/Director of Operations/Director of Commissioning and Service Redesign	April 2008
5. Access to female GP's	Development of strategy and action plan to address any adverse impact	Director of Commissioning and Service Redesign	April 2008
6. Increase the number of men with mental health issues both presenting at and receiving a diagnosis in primary care as more men presently receive care at crisis point.	Develop training for GP's to recognise symptoms and be able to accurately diagnose mental health issues Promotion of mental health wellbeing aimed at men Promote talking therapies and group therapies, accessible in the community	Director of Health Improvement Director of Health Improvement Director of Health Improvement	April 2008
7. Ensure standards for inpatient services respect patient privacy and dignity	Establish gender specific patient focus groups to allow feedback into service provision	Director of Performance & OD	December 2007
8. Raise awareness of domestic violence to service providers such as District Nurses/Health Workers	Develop training sessions and material to raise awareness to identify early indicators and how to use these to prevent risk escalation Develop multi-agency working and service developments to support and enable proactive casework	Director of Performance & OD Director of Operations	April 2008 April 2008
9. Develop knowledge and understanding of issues impacting on transgender and transsexual patients to	Hold specific workshops to inform the debate Develop commissioning strategy Undertake EIA'S	Director of Commissioning and Service Redesign	December 2007

<i>Key Objective</i>	<i>Action</i>	<i>Director Responsible</i> <i>(where 'All Directors' stipulated, action should be applied across their area of responsibility)</i>	<i>By When</i>
inform commissioning decisions			
10. Ensure lawful single sex service provision	Undertake Equality Impact Assessments on any single sex services and the related commissioning strategy	Director of Performance & OD	December 2007
11. Ensure all contractors and the Provider Arm of the PCT understand their duties under the Gender Equality Scheme and have an equalities statement that makes reference to gender equality	Provide training and awareness for Provider Arm of PCT Provide literature in commissioning paperwork explaining the duties under The Equalities Act to contractors	Director of Performance & OD/Director of Operations Director of Commissioning and Service Redesign	December 2007 December 2007
12. Develop targeted health improvement campaign for females to raise awareness of coronary heart disease	Encourage more girls and women to participate in physical activity Roll out programme of women's Health events	Director of Health Improvement	April 2008

Section D – Employment

<i>Key Objective</i>	<i>Action</i>	<i>Director Responsible</i> <i>(where 'All Directors' stipulated, action should be applied across their area of responsibility)</i>	<i>By When</i>
1. All staff to undertake Diversity and Equality training including awareness of Gender Equality	Review of PCT Diversity and Equality training to incorporate Gender Equality awareness Using the KSF Core Dimension 6, Equality and Diversity, to improve awareness and provide training opportunities Investigate development and introduction of on-line training Investigate joint working with Heart of England Foundation Trust and other Birmingham PCT's towards a joint training plan	Director of Performance & OD Director of Performance & OD Director of Performance & OD Director of Performance & OD	July 2007 Ongoing July 2007 July 2007

<i>Key Objective</i>	<i>Action</i>	<i>Director Responsible</i> <i>(where 'All Directors' stipulated, action should be applied across their area of responsibility)</i>	<i>By When</i>
2. All HR policies to reflect the requirements of the Gender Equality Scheme	Review all HR policies and create policies as necessary to reflect Gender Equality Scheme Review of Job Description template	Director of Performance & OD	April 2008 August 2007
3. Dignity Advisers to be identified who can support and advise staff on gender issues	Request volunteers to be Listening Ears Arrange training and mentoring	Director of Performance & OD	April 2008
4. Promote BEN PCT as a local employer	Work with local schools, Job Centre Plus and Connexions Deliver the visits which will promote NHS Careers Develop a work placement/work experience scheme Develop a planned campaign of visits to local community centres to promote and raise awareness of NHS Careers Develop a local 'hub' approach to employment linked to neighbourhoods	Director of Performance & OD	April 2008
5. Delivery of Equal for work of equal value	Implementation of the national job evaluation scheme – Agenda For Change. The delivery of equal pay for work of equal value being a main aim of the job evaluation scheme	Director of Performance & OD	December 2007
6. Production of guidelines on employment, support and protection of transsexual people	Production of guideline to provide clear guidance for managers and staff Policy.	Director of Performance & OD	December 2008
7. Positively promote PCT occupations to attract more male applicants	Work with PPI and Neighbourhood Liaison Officers to promote the range of employment opportunities. Work with Compact to promote positive image of the PCT which helps to break down gender stereotypes	Director of Performance & OD	Ongoing
8. Actively develop and	Promote flexible working practices in the organisation which	Director of Performance & OD	September

<i>Key Objective</i>	<i>Action</i>	<i>Director Responsible</i> <i>(where 'All Directors' stipulated, action should be applied across their area of responsibility)</i>	<i>By When</i>
promote flexible working practices	are already well-established Monitor the requests and responses in respect of flexible working arrangements Review exit interviews for effect of flexible working patterns Promote part-time working options		2007 Ongoing

Section E – Monitoring, Review and Updating

<i>Key Objective</i>	<i>Action</i>	<i>Director Responsible</i> <i>(where 'All Directors' stipulated, action should be applied across their area of responsibility)</i>	<i>By When</i>
1. Ensure year on year improvement in performance in mainstreaming gender equality	Incorporate gender into a programme of Equality Impact Assessments	Director of Performance & OD	Ongoing
	Ensure that all new policies, strategies, plans and procedures incorporate an impact assessment in respect of gender	Director of Performance & OD/All Directors	Ongoing
2. Effectively manage the PCT's performance and develop meaningful indicators that will demonstrate year on year improvement in respect of gender equality	Set challenging and deliverable targets for gender equality	Director of Performance & OD	30 August 2007
	Develop meaningful, measurable local performance indicators in respect of gender	Director of Performance & OD	30 August 2007
	All Directorates to collect critical data by gender	All Directors	Ongoing
	Monitor and analyse data on promotions, access to flexible working, recruitment and selection and training and development through Electronic Staff Record and staff survey	Director of Performance & OD	April 2008
	Review of data available on gender in relation to access to services	Director of Operations/Director of Commissioning and Service Redesign	Ongoing

Appendix 2

Birmingham East and North Primary Care Trust Full Equality Impact Assessment Form

Function	
Policy or practice being assessed	
Step 1 What are the aims and outcomes for the policy or practice?	
Step 2 What is the available data and research	
Stage 3 What is the impact on different groups i.e. gender, race, disability, age, religious belief?	
Stage 4 If there is an adverse impact what other options have you considered?	
Stage 5 What actions are proposed to reduce or remove adverse impact?	
Stage 6 How and who do you intend to consult about this assessment?	
Stage 7 What are the arrangements to monitor this policy?	
Stage 8 How will you publish the results of this assessment?	
Date of assessment	