



## **Single Equality Scheme 2007 - 2010**

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## **Foreword**

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

The PCT is committed to ensuring equality of opportunity and the application of human rights in both service delivery and employment, for all of its staff, patients, clients and their relatives. Additionally, the PCT recognises the richness that diversity can bring for the benefit of all. This document explains how the PCT plans to meet its statutory duties to promote race, disability and gender equality. It brings together the individual schemes and sets out a single action plan to address the issues raised.

Although the Single Equality Scheme (SES) is specifically intended to address the requirements of the Race Relations (Amendment) Act 2000, the Disability Discrimination Act 2005 and the Equality Act 2006, it also aims to promote other forms of equality and human rights relevant and appropriate to the work of the PCT. Its spirit is therefore extended to include the legislation protecting against discrimination on the grounds of age, sexual orientation and religion or belief. The principles of equality and fair treatment for all are to be the basis for every aspect of the PCT's business.

Everyone in the organisation has a responsibility to behave in such a way as to promote equality, value diversity and respect human rights. Equality and diversity needs to be embedded into all structures and functions of the organisation and leadership and commitment at all levels of the organisation are central to the success of the scheme. 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, and we will seek opportunities to promote equality and diversity wherever and whenever we can.

This Single Equality Scheme is a starting point for the PCT and will evolve over time to become an overarching scheme. We would welcome your views and input into any aspect of the Single Equality Scheme at any stage.

**Sophia Christie**  
**Chief Executive**

**Paul Sabapathy**  
**Chairman**

## 1.0 Context

- 1.1 This Single Equality Scheme should be read in conjunction with the individual PCT Equality Schemes such as Disability, Race or Gender, where relevant.
- 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 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.
- 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 provided by BEN or its contractors i.e. GPs, pharmacists.
- 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
  - Kingstanding and Oscott
  - Shard End

- Sheldon
- Stechford and Yardley North
- Stockland Green
- Sutton Four Oaks
- Sutton New Hall
- Sutton Trinity
- Sutton Vesey
- Tyburn
- Washwood Heath
- South Yardley

1.8 The two acute hospital Trusts used most by people from Birmingham East and North PCT are Heart of England Foundation Trust (incorporating Good Hope, Heartlands and Solihull Hospitals) and University Hospital Birmingham NHS Trust (incorporating Queen Elizabeth and Selly Oak Hospitals).

1.9 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.

1.10 The key challenges externally for the PCT affecting Equality<sup>1</sup> 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.
- Equal Pay and closing the gender pay gap
- 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

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<sup>1</sup> Taken from 2001 census data

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.

## **2.0 Purpose**

2.1 This is the first Single Equality Scheme published by the PCT. It sets out our approach to equality and diversity 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.

2.2 As a Single Equality Scheme it explains and responds to the PCT's statutory duties to promote equality in six areas:

- Age
- Disability (including learning and physical disabilities, sensory impairment and mental health problems)
- Gender (including transsexuals)
- Racial Group (colour, ethnic origin, nationality and citizenship including gypsies and travellers, asylum seekers and refugees)
- Religion or belief
- Sexual orientation

2.3 The statutory duties around race, disability and gender are stipulated in the following legislation:-

### **Race Relations (Amendment) Act 2000**

- Eliminate unlawful racial discrimination
- Promote equality of opportunity
- Promote good relations between people of different races

## **Disability Discrimination Act 2005**

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

## **Equality Act 2006**

- 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.

2.4 The scheme also addresses other areas of equality including age, sexual orientation and religion and belief where the following legislation is relevant:-

- Employment Equality (Age) Regulations 2006
- Employment Equality (Sexual Orientation) Regulations 2003
- Employment Equality (Religion or Belief) Regulations 2003
- Civil Partnerships Act 2004
- Gender Recognition Act 2004
- Human Rights Act 1998

2.5 The introduction of a Single Equality Scheme recognises an approach to equality that places more responsibility upon staff and service providers to think strategically about equality issues in the first place, rather than leaving it to individuals to challenge poor practice. Everyone has a responsibility to contribute to policy development and ensure implementation, promote good practice and encourage change.

2.6 The specific race, disability and gender equality schemes are available separately. Appendix A is an action plan addressing the issues for all three schemes.

2.7 The Gender Equality Scheme is being published for the first time and the Race Equality Scheme existed in the two previous organisations and has now been brought together into a document for the new amalgamated PCT.

2.8 The PCT believes that a combined scheme will make communication and management of equality schemes easier, so ensuring that the PCT:

- Maximises its contribution to reducing inequalities in people's health and promoting equality of access to , experience and outcomes of healthcare;
- Becomes a model employer in respect of equality in employment;
- Meets its statutory duty and complies fully with current and future legislation on human rights.

### **3.0 What is Equality and Diversity?**

3.1 **Equality** is essentially about **creating a fairer society** where everyone can participate and has the opportunity to fulfil their potential. It is backed by legislation designed to address unfair discrimination (past, present or potential) that is based on membership of a particular group. In some circumstances, positive action is encouraged to address discrimination. It is often summarised in terms of equal access; equal treatment; equal shares or equal outcomes.

3.2 **Diversity** is about the **recognition and valuing of difference** in its broadest sense. It is about creating a working culture, practices and services that recognise, respect, value and harness difference for the benefit of the organisation and individual.

### **4.0 Responsibility for the Single 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 Single Equality Scheme is the Director of Performance and Organisational Development.

4.3 A Diversity, Equality and Human Rights Steering Group will manage the Single Equality Scheme with input from across the organisation, reporting 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 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 contained in Appendix 3.

## **5.0 Our Arrangements for Consultation and Involvement**

- 5.1 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.
- 5.2 Commitments relating to consultation and involvement for race, gender and disability specifically are described in more detail in the relevant schemes.

## **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 (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 health and wellbeing priorities are integrated into other planning frameworks.
- 6.3 The PCT will work in partnership with patients and with other organisations, whether public, private or voluntary, to improve health, prevent ill-health and ensure services are effective.
- 6.4 The PCT will ensure that the equal opportunities practices of contractors 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, relatives and other stakeholders. This includes the PCT website, regular press and media, a 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, which outlines internal and external mechanisms for communication.

- 7.2 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.
- 7.3 These arrangements include the PCT's Annual General Meeting, its 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).
- 7.4 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, race, disability or any other equality issue. The service has male and female staff alike who attend appropriate community events and provide information accordingly. They target some events based upon equality issues i.e. new mother's groups, male health concerns events, disability action group, specific religious events.

## **8.0 Delivering Our Intentions – Policy Development**

- 8.1 The gender duty of all legislation is about integrating 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 equality 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. 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 all Equality legislation and published Schemes and an Equality Impact Assessment undertaken.

## **9.0 Delivering Our Intentions – Commissioning and Service Provision**

- 9.1 The population that the PCT serves should be provided with services that meet their needs more closely and, where appropriate, based around their gender, disability and race. The 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 groups of people where there are inequalities of health in terms of service provision.
- 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 various equality duties and that service providers fully understand any equality requirements of the contract.
- 9.6 We will ensure that 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 equality based upon the principles of the Single Equality Scheme.
- 9.9 The Healthcare Commission Standards for Better Health have a number of core standards where 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’.

## **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 Equality that relate specifically to the employment function include the following:-

- Ensuring fair recruitment processes
- Breaking down stereotypes and promoting positive role models
- Promoting and managing flexible and adaptable working
- Managing leave, support and advice for parents and carers
- Managing pregnancy and return from maternity leave
- Eliminating any form of harassment and discrimination
- Use of grievance and disciplinary procedures where appropriate
- Ensure equal pay is given regardless of gender, race or disability
- Ensure various aspects of equality are addressed in the provision of training
- Review of the Human Resource policies to ensure they address the various equality issues and legislation
- Ensure the PCT has practices and procedures in place to support the dignity of staff who may be seen as diverse.
- Development of a policy to support employees who are undergoing gender reassignment

10.4 The PCT is committed to training all staff in equality and diversity issues to ensure that staff fully understand the provisions of the equality legislation and the relevance of the general 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 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 A number of initiatives in response to equality issues are being developed as part of Improving Working Lives.
- 10.9 An annual anonymised staff survey is undertaken, which includes some questions on diversity and equality and will in future incorporate equality concerns and data as required by the PCT. Any perceived discrimination is taken very seriously.
- 10.10 A commitment to meet the statutory duties is included in all job descriptions for staff.
- 10.11 PCT employees have access to the Diversity, Equality and Human Rights Steering Group, Harassment Advisors, counselling services and the Joint Negotiating Committee.
- 10.12 Actions relating to the employment function where relevant to individual schemes are described separately within those schemes and in general in the Equality, Diversity and Human Rights Action Plan (Appendix 1).

## **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 on specific groups and opportunities for promoting equality in relation to Gender, Race or Disability 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 Single Equality Scheme**

- 12.1 Enforcement of the specific duties of the Race Relations (Amendment) Act, the Disability Discrimination Act and the Equality Act is the responsibility of the Commission for Racial Equality, the Disability Rights Commission and the Equal Opportunities Commission respectively. From mid 2007, the Commission for Equality and Human Rights will be created to take on the enforcement powers of the existing commissions.

## **13.0 Monitoring, Reviewing and Updating the Single Equality Scheme**

- 13.1 Progress of the Single Equality Scheme will be monitored by the PCT's Equality, Diversity and Human Rights Steering Group which meets on a quarterly basis. Performance will be monitored against the individual Action Plans contained within the individual Schemes and progress against the General Action Plan (Appendix 1)
- 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 Single Equality Scheme will be reviewed at least every three years but recognising there is much work to do before there is true equality in all areas, the scheme will be revised annually ensuring that it remains up to date with the current policy position and legislation.
- 13.4 The PCT has a statutory duty to monitor its business for any adverse and differential impact on race, disability or gender. The results of that monitoring will be published annually in the Annual Report. There is also a statutory duty to monitor staff by racial group under the Race

Relations (Amendment) Act, and the results of that monitoring will be published in the same way.

- 13.5 The Single Equality Scheme will be published and maintained on the Trust Intranet and Internet sites where reference is also made to the individual schemes.

## **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 Alternatively, free help and advice is available from the Patient Advice and Liaison Service (PALS), telephone 0800 328 3205.
- 14.3 Employees can complain through the anti-harassment policy or formal employment processes such as the Grievance Procedure provided it involves another employee and not patients or the public.

## Appendix 1 – Single Equality Scheme General Action Plan

**NB: This action plan addresses actions required in a general context. Individual actions relating to Gender, Race or Disability are contained within these individual Schemes.**

<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 the PCT meets the relevant Healthcare Commission Standards	<ul style="list-style-type: none"> <li>i) Monitor performance against Standards for Better Health relating to Equality and Diversity.</li> <li>ii) Provision of quarterly updates to Diversity, Equality and Human Rights Steering Group and the Integrated Governance and Performance Committee</li> </ul>	Director of Performance and Organisational Development	Ongoing
2. Ensure the implementation of specific policies and individual schemes relevant to the duties of the Single Equality Scheme	<ul style="list-style-type: none"> <li>i) Review and monitor performance against schemes at quarterly Diversity, Equality and Human Rights Steering Group.</li> <li>ii) Review HR policies and practices to ensure compliance with current and anticipated legislation</li> <li>iii) Support networks which champion Equality, Diversity and Human Rights</li> </ul>	Director of Performance and Organisational Development	Ongoing  April 2008  Ongoing
3. Ensure commissioning process and provision of services embrace the spirit of, and mainstream, Diversity, Equality and Human Rights	<ul style="list-style-type: none"> <li>i) Ensure inclusion in contracts criteria that relate to Equality, Diversity and Human Rights.</li> <li>ii) Review existing service level agreements to ensure providers meet Diversity, Equality and Human Rights requirements</li> <li>iii) Develop Equality Impact Assessments (EIA) tool and training to ensure impact on diverse communities and groups is known and considered.</li> </ul>	Director of Commissioning and Service Redesign	Ongoing  April 2008  April 2008

<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>
4. Ensure Patient and Public Involvement is effective, accessed and arranged to meet the needs of the diverse population.	<ul style="list-style-type: none"> <li>i) Ensure the Patient and Public Involvement Strategy takes account of diverse needs in the population including those who are socially excluded.</li> <li>ii) Ensure questions on equality, diversity and human rights are included in surveys, where relevant, monitor and feed outcomes into planning cycle.</li> <li>iii) Work in partnership with key stakeholders to consult on schemes and share good practice.</li> </ul>	Director of Performance and Organisational Development	September 2007  Ongoing  Ongoing
5. Ensure training and learning processes are in place across the PCT and any corrective action taken.	<ul style="list-style-type: none"> <li>i) Review current training for appropriateness</li> <li>ii) Ensure attendance at mandatory training and encourage uptake on other training</li> <li>iii) Arrange monitoring/review on a quarterly basis</li> <li>iv) Scrutinise complaints and analyse Exit Interviews and report to the Steering Group accordingly</li> </ul>	Director of Performance and Organisational Development	September 2007  Ongoing Ongoing
6. Ensure the workforce reflects the population and that individual development plans embrace Diversity, Equality and Human Rights	<ul style="list-style-type: none"> <li>i) Review Recruitment and Retention policy and procedures to ensure they reflect Diversity, Equality and Human Rights matters</li> <li>ii) Review appraisal process in the context of KSF and ensure appropriate implementation</li> <li>iii) Audit a sample of PDP's to check if learning and development needs are being met</li> <li>iv) Ensure all staff receive relevant training, including induction for all staff as mandatory</li> <li>v) Commissioning Dept to scrutinise potential providers for appropriate compliance in their workforce.</li> <li>vi)</li> </ul>	Director of Performance and Organisational Development          Director of Commissioning and Service Redesign	September 2007  September 2007 Ongoing  September 2007 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>
7. Encourage behaviours that treat people equally, value diversity and respect human rights	i) Include information in staff newsletters and staff briefs ii) Expect leadership to model behaviours and promote mainstreaming at Board level and elsewhere in the organisation	Director of Performance and Organisational Development All Directors	Ongoing

## Appendix 2 – Equality Impact Assessment

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

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

## **Appendix 3**

### **Diversity, Equality and Human Rights Steering Group**

#### **Terms of Reference**

##### **Working Statement**

Our patients, public, staff and communities have a right to fairness, dignity and respect and can expect equality of opportunity and outcome. The PCT will promote a culture in which discrimination is challenged without fear and where individuality matters. The PCT will endeavour to promote equality, value diversity and respect human rights. Equality and diversity needs to be embedded into all structures and functions of the organisation and leadership and commitment at all levels of the organisation are central to this being a success.

##### **Overall Purpose of the Group**

- To develop a greater understanding and awareness of Diversity, Equality and Human Rights throughout Birmingham East & North PCT which leads to an impact on services and on recruitment and promotion.
- To ensure the workforce of Birmingham East & North PCT reflects the diversity of the population we serve.
- To monitor and evaluate the Trust's Single Equality Scheme

##### **Objectives**

- To ensure that appropriate and relevant monitoring of recruitment, promotion and retention is carried out and reported upon
- To ensure relevant training and support is provided to staff members
- To ensure appropriate and relevant monitoring of patient & public profile and service provision is carried out and reported upon
- To promote the value of diversity throughout the organisation and its partners, contractors and suppliers
- To investigate and document excellence in service provision to a diverse population
- To encourage the spread of excellence in service provision to a diverse population
- To develop and promote a diverse culture, diverse workforce and diverse services
- To monitor performance of the PCT against the various Equality Action Plans outlined in individual Equality Schemes.

## **Core Members**

- Non Executive Director (Chair)
- Director of Performance and Organisational Development (Executive Director with responsibility)
- Assistant Director of Integrated Governance and Performance (Management Lead with responsibility for Diversity, Equality and Human Rights)
- Assistant Director Performance and Organisational Development – Human Resources
- Head of Corporate Services
- Commissioning Representative
- Deputy Director of Health Improvement
- Modern Matron
- Public Involvement and Regeneration Manager
- Staff side Representative
- Patient and Public Engagement Lead
- Community Health Care Co-ordinator
- Patient representative
- Head of Joint Commissioning for Learning Disabilities
- Public Health Nutrition Lead
- Neighbourhood Health Development Officer
- Acting Director Contractor and Financial Services
- Human Resources Manager – Training and Development
- Communications Manager
- Health Promotion Specialist

## **Frequency of Meetings**

The meetings will be held quarterly.

## **Reporting Sub Groups**

- Older Adult Virtual Group
- Disability Action Group
- Monitoring Group
- Training & Innovation Group
- Communication Group

## **Appendix 4 – Relevant Legislation and links to our Single Equality Scheme**

- **The Race Relations (Amendment) Act 2000**

The Race Relations (Amendment) Act 2000 (RRA) introduced a statutory General Duty to ensure that the public sector treats people of all races, colour, nationality and ethnic origin equally. Romany gypsies, Irish Travellers, Jews and Sikhs have been explicitly recognised by the courts racial groups for the purposes of the RRA.

The race duty ensures that for the first time all public sector organisations take responsibility for tackling institutional racism which results from the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping that disadvantages minority ethnic people.

The race duty requires the PCT when carrying out functions to have due regard to the need to:-

- Eliminate unlawful race discrimination; and
- Promote equality of opportunity and good relations between people of different racial groups

The PCT also has Specific Duties under the RRA requiring us to produce a framework that sets out how we intend to plan, deliver, evaluate and monitor the race duty, which we call the Race Equality Scheme. This is available as a separate document and is a pillar supporting the Single Equality Scheme.

- **The Disability Discrimination Act 2005**

What stops or hinders a disabled person doing something, such as achieving access to a health service, are barriers that society has put in place or failed to remove. It is society that disables a person; not their impairment. The Disability Discrimination Act 2005 (DDA) recognises the negative impact on disabled people of a society designed for non-disabled people. It also recognises that active steps are needed to promote equality for disabled people.

The DDA introduced a statutory General Duty to ensure that the public sector treats disabled people equally. Health Authorities also have

Specific Duties which require them to produce a framework that sets out how they intend to plan, deliver, evaluate and monitor their disability duty by integrating disability equality into all its functions. This means trying to plan for disability at the beginning rather than trying to add it at the end.

Under the DDA, the PCT is required to have a Disability Equality Scheme (DES). This is the subject of a separate document that sits underneath this Single Equality Scheme and should be referred to for detailed information and action plans.

Not all disabled people are covered by the disability duty. The definition of disability used in the DDA 1995 as amended in 2005 is defined as “a physical or mental impairment that has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities”. It covers a wide range of physical and mental impairments, including those with long-term health conditions such as Alzheimer’s disease, arthritis, HIV, multiple sclerosis, depression and so on.

- **The Equality Act 2006**

The Equality Act 2006 requires public bodies to have due regard of the need to:-

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

- **Employment Equality (Age) Regulations 2006**

Like race or disability discrimination, age discrimination can be just as damaging. We are all at risk of being disadvantaged and held back because of our age for being young, middle-aged or old.

Age is often used as a weapon to define a person’s capability and role in society. To be told ‘you’re too old’ is as disheartening as to be told ‘you’re too young’. This form of stereotyping not only prevents people of all ages from reaching their full potential but also denies, and undervalues them as individuals.

Older people (aged 55+) are all too often marginalised, ignored or disadvantaged in our society simply because of their age. They face overt discrimination in employment, in the health service and as consumers. The assumption is that older people are less capable in the modern world. Many employers still mistakenly assume that older people will be unwilling or unable to retrain for new posts. Age discrimination can limit staff performance and affects the quality of service.

The age legislation came into force from October 2006 outlawing discrimination on the grounds of age in the areas of employment and training.

BEN PCT is committed to eliminating unlawful discrimination on the grounds of age in all of the PCT's functions, employment and service delivery (except where we are specifically required to do so by law or national framework e.g. eligibility criteria)

- **Employment Equality (Sexual Orientation) Regulations 2003**

Estimates drawn from sociological and commercial surveys show that between 5% and 10% of the UK population define themselves as gay and lesbian, bisexual and transgender. This group of people have faced significant discrimination and exclusion historically and still do in many areas today. It is estimated that almost one third of completed suicides in young people are lesbians and gays. As with other disadvantaged minorities, this group of people are often stereotyped and it rarely corresponds to facts.

The sexual orientation legislation came into force on 2 December 2003 which outlawed discrimination on grounds of sexual orientation in the areas of employment and training. The Equality Act 2006 extended the sexual orientation legislation to include goods, services and facilities from April 2007.

- **Employment Equality (Religion or Belief) Regulations 2003**

According to the 2001 Census, 76% of the UK population identified themselves as having a religious faith. The diversity of faith groups makes the UK one of the most religiously diverse countries in Europe. Within BEN PCT locality there are many different religious faiths and beliefs followed.

The religion and belief legislation came into force on 2 December 2003 which outlawed discrimination on grounds of religion and belief in the areas of employment and training. The Equality Act 2006 extended the religion and belief legislation to include goods, services and facilities from April 2007. The law also protects people who do not believe in religion (atheists or agnostics) or those who have certain other beliefs such as Humanists.

- **Civil Partnerships Act 2004**

From 5 December 2005, same sex couples can have their relationships legally recognised. Anyone who registers a civil partnership will have the same rights as a married couple in areas tax, social security, inheritance and workplace benefits.

- **Gender Recognition Act 2004**

The purpose of the Gender Recognition Act is to provide transsexual people with legal recognition in their acquired gender. Legal recognition will follow from the issue of a full gender recognition certificate by a Gender Recognition Panel.

On the issue of a full gender recognition certificate, the person will be entitled to a new birth certificate reflecting the acquired gender (provided a UK birth register entry already exists for the person) and will be able to marry someone of the opposite gender to his or her acquired gender.

- **Human Rights Act 1998**

Human rights are rights and freedoms that belong to all individuals regardless of their nationality and citizenship. They are fundamentally important in maintaining a fair and civilised society.

There are 16 basic rights in the Human Rights Act. They concern matters like freedom from torture and being killed, but they also cover everyday rights such as what a person can say or do, their beliefs, their right to a fair trial, freedom of expression and many other similar basic entitlements.

In October 2000, the Human Rights Act came into effect in the UK. This meant that people in the UK could take cases about their human rights to a UK court.