



Race 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 (BEN PCT) is a new organisation formed on 1st October 2006 as a result of the reconfiguration of Eastern Birmingham PCT and North Birmingham PCT. Prior to this document, each PCT had their own Race Equality Schemes for the period 2005 - 2008. Therefore this document aims to combine the Race Equality Schemes from the previous PCT's and update on progress so far, whilst providing direction for the next three years.

The 1976 Race Relations Act provides the legislative base for action to be taken to address issues of racial equality within Great Britain. This Act has since been extended and strengthened through the implementation of The Race Relations (Amendment) Act which took effect on 2 April 2001.

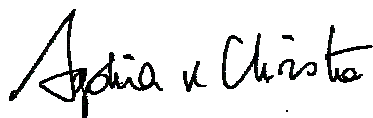
It places a positive statutory duty on all public authorities. This general duty commits the PCT to:-

- eliminate unlawful racial discrimination;
- promote equality of opportunity in both service delivery and employment regardless of their race, for all its' staff, patients, clients and their relatives;
- promote good relations between people of different racial groups.

A specific duty requires the PCT to prepare and publish a Race Equality Scheme. This document explains how the PCT plans to meet its statutory duties and sets out a strategic, timetabled, realistic action plan to address the issues raised.

This Race 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. Race 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 race and we will seek opportunities to promote racial equality wherever and whenever we can.



Sophia Christie
Chief Executive



Paul Sabapathy CBE
Chairman

1.0 Context

1.1 This Race 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 in general.

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.

1.3.1 Central to everything the PCT does is our mission statement and our values:

Mission Statement – “Tackling ill health through innovative improvements, only with your help”

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.

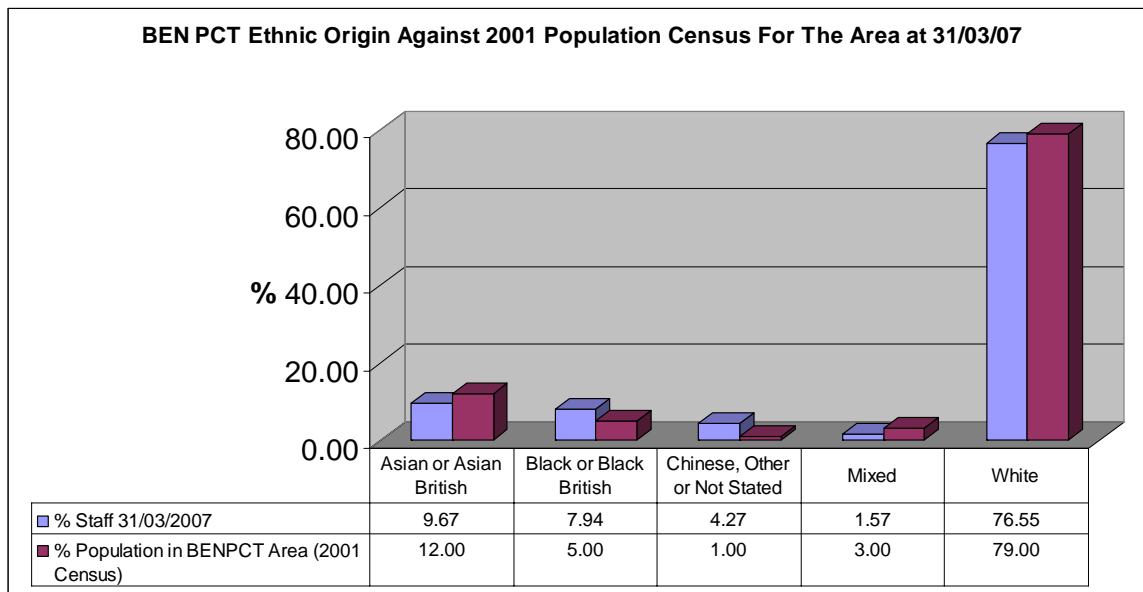
1.5 BEN PCT has a budget of £568 million to spend on services for 437,500 local people living in Britain’s second city. The PCT also hosts the money to commission specialised services for people across the whole of the West Midlands, a further £391million.

1.6 BEN also provides a range of local health services including primary care, community nursing, intermediate care, palliative care, physio and allied health professionals 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.

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 graph below shows the make up of the workforce In terms of ethnicity and the make up of population



By way of comparison, just less than 30% of Birmingham's and just less than 10% of England's population is from a black and ethnic minority background.

1.10 The key challenges for the PCT particular to race equality¹ are:-

- 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.
- There is a great deal of evidence nationally that Black and Minority Ethnic groups suffer worse health and poorer health outcomes than the general population. They have higher rates of premature deaths, long-term chronic ill health and disabilities than other groups. These differences are not wholly accounted for by difference in socio-economic status. Eg: People born in Africa and the Caribgean have significantly higher rates of mortality from hypertensive disease and stroke; mortality rates are almost 50% higher from coronary heart disease in Asians than for the population in general; long-term conditions such as diabetes have higher incidence amongst the minority ethnic population; and infant mortality rates are higher amongst minority ethnic groups.

¹ Taken from 2001 census data

- Irish-born men are the only migrant group whose mortality is higher in Britain than in their country of origin and there is a strong Irish community in BEN PCT catchment area.
- Provision of services that are diverse and culturally sensitive
- Physical activity is less likely to be a priority for people from Bangladeshi, Indian and Pakistani populations than others
- Need for the workforce to be representative of the community we serve
- Half the growth in the working age population between 1999 and 2009 will be people from black and ethnic minority background so we need to attract people from these backgrounds as an employer of choice
- Approximately a third of the BEN PCT population have no qualifications (31.6% males and 30.8% 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
- Mental health – Higher rates of long-standing mental illness amongst the minority ethnic population including African Caribbean people more likely to be diagnosed with schizophrenia.
- Identifying community groups who have an interest/role in relation to race 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.
- New emerging groups of refugees and asylum seekers.

2.0 Purpose

2.1 This is the first three year Race Equality Scheme published by Birmingham East and North PCT. Prior to this document the predecessor organisations, North Birmingham and Eastern Birmingham PCT's, had their own Race Equality Schemes 2005 – 2008. It sets out our approach to race 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.

2.2 The tragic death of Stephen Lawrence and the subsequent findings of the public inquiry left a clear legacy in ensuring how public organisations behave towards black and minority ethnic citizens they serve. Under the Race Relations (Amendment) Act 2000 a General Duty is placed upon the PCT to:-

- eliminate unlawful discrimination;
- promote equality of opportunity; and
- promote good race relations between people of different groups.

In practice this means the PCT must take into account race equality in the day to day work of policy-making, service delivery, employment practice and other functions in order to improve the way public services are delivered for

everyone. Organisations are no longer being asked to “make appropriate arrangements” as in the previous legislation but to pay “due regard” to promoting race equality. The definition of institutional racism as defined in the Stephen Lawrence Inquiry Report and detailed in Section 3.0 will be carefully considered by the PCT within the context of daily work practice.

- 2.3 The Specific Duty, which came into effect in December 2001, required the PCT to prepare and publish a Race Equality Scheme by 31 May 2002 that explained how the organisation would meet both the General and Specific Duties and conduct a subsequent review every three years.

Under the Race Equality Scheme all PCTs have to:-

- Assess whether their functions and policies are relevant to race equality;
- Monitor their policies to see how they affect race equality;
- Assess and consult on policies they are proposing to introduce by firstly screening the proposals for their relevance to race equality; and then, if the proposals are relevant, by assessing them more fully for any adverse impact on different groups;
- Publish results of these consultations, monitoring and assessments;
- Make sure the public have access to the information and services they provide;
- Train staff to carry out the duties imposed under the Act;
- Monitor, by ethnic group, their existing staff and applicants for jobs, promotion and training and publish these results annually;
- As the organisation has more than 150 employees, the PCT must also monitor by ethnic group, grievances, disciplinary action, performance appraisal, training and dismissals and other reasons for leaving.

- 2.4 As a Race Equality Scheme it explains and responds to the PCT’s statutory duties to promote race equality in three areas – policy development; service provision and commissioning; and employment:

- Policy Development

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

- Service Provision and Commissioning

People from different ethnic backgrounds often have different needs from services, use them in different ways, or do not access them at all, as described in the key challenges facing the PCT, Section 1.10. One of the intentions of the Race Equality Duty is to ensure that people of different ethnic backgrounds get access to health services and ones that better meet their needs. There may also be different groups of people 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.

- Employment

The duty requires the PCT as an employer to proactively address race equality issues, by identifying and addressing areas of under-representation in the workforce and tackling unlawful discrimination and harassment on the basis of race. This is in addition to ensuring that all staff are trained in their duties under the Act. The PCT is also required to monitor and publish annually a variety of employment measures by ethnicity.

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

- Integrate race equality into the PCT's mainstream business
- Create a climate in which discrimination because of someone's race is unacceptable and where good relations between people flourish regardless of race
- 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 ethnic backgrounds at all levels of the organisation, and which affords genuine equality of opportunity for development and promotion regardless of race.

2.6 There are perceived benefits of the duties. In relation to policy development and service provision/commissioning, the duties will:

- encourage policy makers to be more aware of possible problems;
- contribute to more informed decision making;
- make sure that policies are properly targeted;
- improve the authority's ability to deliver suitable and accessible services that meet varied needs;
- encourage greater openness about policy making;
- increase confidence in public services, especially among ethnic minority communities;
- help to develop good practice; and
- help to avoid claims of unlawful racial discrimination.

In relation to employment, the duty will:

- help to make the PCT's workforce more representative of the communities it serves;
- attract able staff;
- avoid losing and undervaluing able staff;
- improve staff morale and productivity;
- improve the way staff are managed;
- provide staff with the relevant information about racial equality and training required to undertake their role;
- provide the PCT with valuable information about its' workforce
- help to develop good practice; and

- help to avoid claims of unlawful racial discrimination.

3.0 **What is Racial Discrimination, Racial Victimisation and Racial Equality?**

3.1 The Race Relations Act 1976 defines four types of discrimination on the grounds of race:

- Direct racial discrimination
- Indirect racial discrimination
- Victimisation
- Harassment

Racial grounds are defined as being on the grounds of colour, race, nationality or ethnic or national origins.

3.2 **Direct Racial Discrimination** is when a person treats the other less favourably on racial grounds (past, present or potential) than he or she would treat, or treats, some other person. Direct discrimination can be obvious or it may be more subtle. Obvious direct discrimination would be that a person is refused a job or promotion due to his/her racial background as patients would not like being treated by a person of that race. Even if the discrimination, harassment or victimisation is unintentional it will still be against the law. The stereotyping of people from different ethnic and cultural backgrounds has led to a society where people are often perceived in unfair ways. This kind of stereotyping is a form of prejudice, making broad assumptions about people based on their race, colour, culture or ethnic background.

3.3 **Indirect Racial Discrimination** occurs when rules, criteria, conditions etc appear to be fair on the surface, as they apply equally to everyone. However upon closer examination they are shown to put people from particular racial groups at a much greater disadvantage than others without any objective justification. Eg: a job that requires employees to be clean shaven would put Sikhs in general at a disadvantage. Excluding job applications from people who lived in a certain part of the city, where that area is occupied by a higher proportion of ethnic minority people would put this group of candidates at a disadvantage.

3.4 The law on racial discrimination says that there are some circumstances where race discrimination is permitted. For example if certain conditions or requirements in employment can be shown to be a 'genuine occupational qualification' they may not be discriminatory i.e. it is justifiable for a hostel for Asian women who have suffered violence to specify that it wants only Asian women workers to apply on the grounds that the women would find it easier to relate to and communicate with someone of the same gender and racial group.

3.5 **Victimisation** has a special legal meaning under the Race Relations Act. Victimisation occurs if someone is treated less favourably than others in the same circumstances because he/she has complained about racial

discrimination or supported someone else who has made an allegation/given evidence etc in respect of the Race Relations Act. Eg: an employee accuses his/her boss of discriminating against him/her on the grounds of race and as a result of the complaint is demoted. Or if a white colleague suggests that a manager has treated a black employee unfairly and then finds him/herself ostracised, this could amount to unlawful victimisation.

- 3.6 **Harassment** under the Race Relations Acts make it unlawful for an individual to harass others by engaging in unwanted conduct that has the purpose or effect of violating his/her dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment on grounds of race or ethnic or national origins.
- 3.7 **Racial 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 race, colour, culture or ethnic background. It is often summarised in terms of equal access; equal treatment; equal shares or equal outcomes.
- 3.8 **Institutional Racism** was defined in the Stephen Lawrence Inquiry as “a 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 prejudices, ignorance, thoughtlessness and racist stereotyping which disadvantages minority ethnic people”. (para 6.34 Stephen Lawrence Inquiry Report)
- 3.9 There is often a perceived overlap between race and religion. Some aspects of religious discrimination are covered by the Race Relations (Amendment) Act 2000 as Jews and Sikhs are considered in law to be ethnic groups. Other religions are not covered and reference should be made to the PCT Single Equality Scheme which refers to the Employment Equality (Religion or Belief) Regulations which came into force in 2003 and the Equality Act 2006.

4.0 Responsibility for the Race Equality Scheme

- 4.1 The Chief Executive and Trust Board have the ultimate legal responsibility for compliance with all equality legislation.
- 4.2 Although the Deputy Director of Performance and Organisational Development is the Lead for Equality, Diversity and Human Rights, the Executive Director responsible for the Race Equality Scheme is the Director of Performance and Organisational Development .
- 4.3 The Diversity, Equality and Human Rights Steering Group will manage the Race 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 is, 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 an Appendix contained in the PCT Single Equality Scheme.

4.0 Progress So Far

5.1 During the past few years, the PCT is proud to celebrate the following progress in relation to its' General and Specific Duties:-

- Establishment of a Diversity, Equality and Human Rights Steering Group
- Consistently prioritised investment in service provision in the Washwood Heath ward in the context of historic poor infrastructure in primary care and having the highest concentrations of ethnic minority population in the PCT.
- The recording of patient ethnicity is not routine throughout primary care or community services and is inconsistent in secondary care providers. Improvements, although slow, in the recording of ethnicity have lead to more accurate monitoring of service access and utilisation.
- Investment in a robust information system to monitor various ethnicity aspects of the workforce as required by the Specific Duty.
- Affiliation with Birmingham Race Action Partnership providing the PCT with access to a range of b:RAP products and services, including advice on legislative requirements and attendance at their events and networking opportunities
- In support of people's changing needs throughout their career we provide a number of flexible working options. A specific feature of our approach is to allow employees to opt to change traditional Christian "faith days" for ones that are more suited to their own faith.
- Implemented a successful translation service and use of interpreters to assist with communication and the delivery of services
- The PCT has worked hard to attract an ethnically diverse workforce to serve a diverse population. However, different ethnic groups are concentrated in particular employment groups and further work is required to ensure we are able to match the expectations of local people and open all professions to all communities.
- The PCT is a member of the Public Service Compact and has collaborated with Positive Action Training and is affiliated to Birmingham Race Action Partnership.
- Employment policies have been developed to take account of race equality legislation and our aspirations to be the employer of choice for a diverse workforce.
- The Trust Board and PEC now receive committee papers with cover sheets, which specifically identify the equality implications of proposals and policies.

- Staff have access to Listening Ears to discuss any concerns they may have about race equality issues.
- PALS workers and Neighbourhood Development Officers have been employed from specific ethnical backgrounds, with language and cultural competences, to work in the communities that they represent and help the PCT reach all areas of its' catchment area.
- Implementation of an on-line equality and diversity training package to ensure all staff receive the appropriate information and training. Further one-to-one support is provided for any employee requiring more intense training.
- As part of the integration process across Eastern and North Birmingham PCT's, an event was held in October 2005 to bring together the diversity, equality and human rights issues and agreed the priorities for the joint PCT for the next 12 months. This has since been reflected in the Action Plan.

5.0 Our Arrangements for Consultation and Involvement

- 6.1 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.
- 6.2 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.
- 6.3 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 indentified 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.
- 6.4 Following the publication of the Race Equality Scheme we will give an open-ended commitment that we will welcome further consultation and suggestions to improve the Race Equality Scheme and will take these suggestions into consideration as part of the annual review.
- 6.5 We will evaluate the lessons learnt from the consultation and involvement of staff and stakeholders in the development of the Race Equality Scheme and this will inform consultation and involvement in the development to further meet our equality duties.
- 6.6 The PCT endeavours to proactively identify community groups and organisations who they can work with to promote race equality.

7.0 Our Arrangements for Partnership Working

- 7.1 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).
- 7.2 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.
- 7.3 The PCT will work in partnership with patients and with other organisations, whether public, private or voluntary, to ensure race equality when considering developments to improve health, prevent ill-health and ensure services are effective.
- 7.4 The PCT will ensure that the equal opportunities practices of contractors in relation to race equality are taken into consideration when services are commissioned in this way.

8.0 Our Arrangements for Communications

- 8.1 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, Cascade. The detailed Communications Strategy is available upon request or on the PCT website, which outlines internal and external mechanisms for communication.
- 8.2 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).
- 8.3 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 race. The service has male and female staff and has access to staff from different races who attend appropriate community events and provide information to all members of the local community.

9.0 Delivering Our Intentions – Policy Development

- 9.1 The race equality duty is about integrating race 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 racial issues after the event.
- 9.2 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 race 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.
- 9.3 As the merged PCT starts to review old PCT documentation from both of the previous organisations, it will be reviewed in light of race equality and an Equality Impact Assessment undertaken.

10.0 Delivering Our Intentions – Commissioning and Service Provision

- 10.1 Women and men, regardless of race, 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. 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 race equality duty should see the PCT improving the way we deliver services to people through improved commissioning and provision of services targeted at a certain group where evidence suggests this would be positive.
- 10.2 Equality of outcome is key to the PCT and therefore this may mean the targeting of specific groups of people from different ethnic backgrounds where there are inequalities of health in terms of service provision.
- 10.3 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.
- 10.4 We will ensure that every contract commissioned or service provided complies with the anti-discrimination provisions of the race equality duty and that service providers fully understand any race equality requirements of the contract.

- 10.5 We will ensure that race equality is appropriately reflected, and given due weight, in the specification, selection and award criteria and the contract conditions.
- 10.6 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.
- 10.8 The PCT Commissioning Strategy will reflect guidance on commissioning of services to ensure race equality.
- 10.9 The Healthcare Commission Standards for Better Health have a number of core standards where, although not specifically race related, equality and human rights runs through them e.g. C7e 'enable all members of the population to access services equally' challenge discrimination, promote equality and respect human rights; 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'; C18 equality of access to and choice in services and treatments; C23 analysis of needs and planning priorities; and C8b organisational and personal development programmes including BME groups of staff.
- 10.10 Independent contractors, including GP's, pharmacists and dentists, along with voluntary and private organisations, are not directly subject to the specific duties of the Race Equality Scheme.

11.0 Delivering Our Intentions - The PCT as an Employer

- 11.1 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.
- 11.2 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.

- 11.3 Actions being taken in respect of race equality that relate specifically to the employment function include the following:-
- Ensuring fair recruitment processes
 - Breaking down racial stereotypes and promoting positive role models
 - Eliminating harassment
 - Eliminating discrimination
 - Use of the Bullying and Harassment policy
 - Ensure race equality is addressed in the provision of mandatory training
 - Review of the Human Resource policies to ensure they address race equality
 - Ensure the PCT has practices and guidelines in place to respect and support the various festivals and ethnic practices of the workforce
- 11.4 The PCT is committed to training all staff in equality and diversity issues including race equality to ensure that staff fully understand the provisions of the Race Relations Act 1976 and the Race Relations (Amendment) Act 2000 and the relevance of the race equality 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. This training is available as an on-line package to ensure it is available to all members of staff regardless of location and availability. 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).
- 11.5 Race 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.
- 11.6 Equality training tailored towards staff working at neighbourhood level is also being run by the Birmingham Strategic Partnership and Birmingham Community Empowerment Network.
- 11.7 An annual anonymised staff survey is undertaken, which includes questions on diversity and perceived discrimination is taken very seriously.
- 11.8 A commitment to meet the statutory duties is included in all job descriptions for staff.
- 11.9 PCT employees have access to the Diversity, Equality and Human Rights Steering Group, Listening Ears, counselling services and the Joint Negotiating Committee.

12.0 Equality Impact Assessments

- 12.1 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.
- 12.2 All new policies will be assessed for their impact on equality issues. A template for conducting an EIA is in Appendix 2.
- 12.3 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.
- 12.4 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.

13.0 Enforcing the Race Equality Scheme

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

14.0 Monitoring, Reviewing and Updating the Scheme

- 14.1 Progress of the Race 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.
- 14.2 Quarterly reports on progress will be tabled at the PCT Integrated Governance and Performance Committee, which in turn reports to the Trust Board.
- 14.3 The Race 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 race, the Scheme will be revised annually.
- 14.4 The PCT has a statutory duty to monitor its business for any adverse and differential impact on race and progress on race equality will be reported annually in the PCT Annual Report.

- 14.5 The Race 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.

15.0 Complaints

- 15.1 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".
- 15.2 Employees can complain through the Bullying and Harassment Policy provided it involves another employee and not patients or the public.
- 15.3 Alternatively, free help and advice is available from the Patient Advice and Liaison Service (PALS), telephone 0800 328 3205.

Appendix 1 – Race Equality Scheme Action Plan 2007-2010

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 race equality and discrimination	Profile and promote the Race Equality Scheme	Chief Executive/ All Directors	31 October 07
	Develop a wider understanding among employees and managers of the affect of race inequality	Director of Performance & OD/ All Directors	Ongoing
	Ensure appropriate involvement of colleagues from representative ethnic groups in progressing race equality	Director of Performance & OD/All Directors	Ongoing
	Ensure the PCT gives clear and positive messages in respect of race equality in its policies and promotional material	All Directors	Ongoing
	Identify PCT Diversity and Equality champions to support and facilitate discussion on race related issues, following completion of training.	Director of Performance & OD/All Directors	December 2007
	Development of a dedicated Diversity, Equality and Human Rights section on the intranet, containing information specific to the Race Equality Scheme	Director of Performance & OD	September 2007
2. Promote the PCT's commitment to pursuing & achieving race equality externally	Use the opportunity at the stakeholder event to promote the Race Equality Scheme	Director of Performance & OD	9 July 2007
	Engagement with marginal groups in a comfortable setting that will encourage discussion	Director of Performance & OD	Ongoing
	Communicate the Race Equality Scheme to the pubic, GP's, pharmacists, dentists	Director of Performance & OD	31 October 07

<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 race equality across the city of Birmingham	<p>Ensure that race equality monitoring is incorporated into the requirements of the Local Strategic Partnership and Local Area Agreement</p> <p>Participate in any cross-city race equality networks</p> <p>Support groups working to address discrimination and equal opportunities across the city</p>	<p>Chief Executive/Director of Performance & OD</p> <p>Director of Performance & OD</p>	<p>End of August 2007</p> <p>Ongoing</p>
4. Ensure that representation of patients and the public informs all areas of work	<p>Review the membership of the PPI group and Health Improvement Forums to ensure they are representative of the local population and different ethnical backgrounds</p> <p>Engage PPI group in the review of policies and strategies on equality issues</p> <p>Engage PPI group in work on equality audits</p> <p>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</p> <p>Develop PPI toolkits and guides for staff engaging with BME, vulnerable and hard to reach groups</p> <p>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</p> <p>Improve information and communications to people on race equality issues</p> <p>Any future consultation process to include race equality related questions and interrogation of responses</p>	<p>Director of Performance & OD/Director of Health Improvement</p> <p>Director of Performance & OD</p> <p>Director of Performance & OD</p> <p>Director of Commissioning and Service Redesign</p> <p>Director of Performance & OD</p> <p>All Directors</p> <p>Director of Performance & OD</p> <p>Director of Performance & OD</p>	<p>September 2007</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>April 2008</p> <p>Ongoing</p> <p>September 2007</p> <p>October 2007</p>

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 race equality	Management Lead to attend comprehensive Equality Impact Assessment (EIA) training	Director of Performance & OD	July 2007
	Management Lead to revamp guidance on EIA's and deliver training to key staff	Director of Performance & OD	October 2007
	Staff expected to complete EIA's to receive appropriate training	All Directors	December 2007
	All policies, strategies etc. to be Equality Impact Assessed for race equality	All Directors	Ongoing
	Develop an information database relevant to the PCT locality to ensure strategic decisions are supported and challenged by quality data	Director of Performance & OD	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 race equality	Analyse any patient surveys and feedback from PPI forums to ensure ward or race equality 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 RES.		September 07 January 2008
2. Positive targeting, where appropriate, to improve	Work with Health Improvement to develop a detailed action plan to identify and focus upon areas that need targeting	Director of Health Improvement/ Director of Commissioning and	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>
behaviours of certain groups from different race/ethnicity backgrounds	based upon local concerns and issues Work in schools & child health centres to inform children & young people of benefits of early intervention & key areas of concern.	Service Redesign Director of Health Improvement	Ongoing
6. Increase the number of people with mental health issues both presenting at and receiving a diagnosis in primary	Develop training for GP's to recognise symptoms and be able to accurately diagnose mental health issues Promotion of mental health wellbeing aimed at BME groups Promote talking therapies and group therapies in appropriate languages, 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 and different cultural requirements	Establish race specific patient focus groups to allow feedback into service provision	Director of Performance & OD	February 2008
11. Ensure all contractors and the Provider Arm of the PCT understand their duties under the Race Equality Scheme and have an equalities statement that makes reference to race equality	Provide training and awareness for Provider Arm of PCT Provide literature in commissioning paperwork explaining the duties under both Race Relations Acts to contractors	Director of Performance & OD/Director of Operations Director of Commissioning and Service Redesign	January 2008 December 2007
12. Develop targeted health improvement campaign for people from particular wards and ethnic backgrounds where evidence suggests a requirement	To be determined from Public Health Annual Report	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 race equality	<p>Role out Diversity and Equality training on-line to all staff Using the KSF Core Dimension 6, Equality and Diversity, to improve awareness and provide training opportunities</p> <p>Investigate joint working with Heart of England Foundation Trust and other Birmingham PCT's towards a joint training plan</p> <p>Diversity/EIA training session for Trust Board/PEC</p>	<p>Director of Performance & OD Director of Performance & OD</p> <p>Director of Performance & OD</p> <p>Director of Performance & OD</p>	<p>July 2007 Ongoing</p> <p>July 2007</p> <p>November 2007</p>
2. All HR policies to reflect the requirements of the Race Equality Scheme	Review all HR policies and create policies as necessary to reflect Race Equality Scheme	Director of Performance & OD	Ongoing
3. Dignity Advisers to be identified who can support and advise staff on race equality issues	<p>Request volunteers to be Listening Ears</p> <p>Arrange training and mentoring</p>	Director of Performance & OD	April 2008
4. Promote BEN PCT as a local employer and promote all professions	<p>Work with local schools, Job Centre Plus and Connexions</p> <p>Deliver the visits which will promote NHS Careers</p> <p>Develop a work placement/work experience scheme</p> <p>Develop a planned campaign of visits to local community centres to promote and raise awareness of NHS Careers</p> <p>Develop a local 'hub' approach to employment linked to neighbourhoods</p>	Director of Performance & OD	April 2008

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 race equality	Ensure full implementation of Equality Impact Assessments and appropriate training	Director of Performance & OD	Ongoing
	Ensure that all new policies, strategies, plans and procedures incorporate an equality impact assessment	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 race equality	Ensure evidence is available to support compliance with Healthcare Commission Standards for Better Health	Director of Performance & OD	September 07
	Develop meaningful, measurable local performance indicators in respect of race	Director of Performance & OD	30 August 2007
	All Directorates to collect critical data by race	All Directors	Ongoing
	Monitor and analyse data as required by the Specific Duty through Electronic Staff Record and staff survey	Director of Performance & OD	April 2008
	Review of data available on race 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	