

SINGLE EQUALITY SCHEME

DRAFT FOR CONSULTATION

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Foreword

Dudley Primary Care Trust has developed equality schemes for race (as Dudley Beacon and Castle and South PCTs), disability and gender. We now wish to re-affirm our commitment to equality and diversity through this Single Equality Scheme. This Scheme sets out our approach to Equality and Diversity, as an employer, as a commissioner of healthcare services and as an organisation that procures general goods and services. We also wish to use this scheme as an introduction to the use of a Human Rights Based Approach to healthcare within the PCT.

This scheme responds to the spirit, as well as the letter, of the *Race Relations (Amendment) Act 2000*; *The Disability Discrimination Act 2005* and the *Equality Act 2006* and aims to promote all other forms and strands of equality and human rights that might be relevant to our work. This goes beyond our statutory positive duties to promote race, gender and disability equality and extends to the legislation protecting against discrimination on the grounds of age, sexual orientation and religion or belief. This single equality scheme also utilises *Human Rights in Health Care, A Framework for Local Action 2007*¹ in order to develop the human rights based approach to healthcare within the PCT,

The scheme aims to integrate equality and fair treatment issues into our core business. Leadership and commitment at all levels of the organisation are central to its success. In everything we do, we will continue to consider how we can ensure that we do not consciously or unconsciously discriminate against or disadvantage individuals or groups. We are committed to reducing health inequalities and improving health for the people of Dudley and we will seek opportunities to promote equality and diversity wherever we can.

This Single Equality Scheme incorporates our race, disability and gender equality schemes and the Equality Action Plan lists actions for all three areas. It is a working document, on which we will build over the next few years. It sets out the strategic framework, the structures and processes through which we will meet our commitments. We are confident that it will promote a better understanding of the approach we are taking to ensure equality and diversity within the PCT.

Mark Cooke
Chief Executive

Rachel Harris
Chair of the Board

¹ Department of Health/The British Institute of Human Rights, March 2007

1. Introduction

- 1.1 Public sector equality duties are central to new and existing legislation relating to race, disability and gender. With the move towards a single Commission for Equality and Human Rights, public sector organisations are increasingly required to demonstrate how outcomes will be measured and inequalities removed. In particular, they need to demonstrate how they will assess the impact of policies, strategies and action plans on the local population or the workforce.
- 1.2 The PCT recognises that valuing and embracing diversity is a key to providing and commissioning high quality, patient-led, healthcare services and is fully committed to promoting equality of opportunity, access, dignity and fairness, both in care it provides and within commissioning. The PCT is fully committed to ensuring that standard C7e within *Standards for Better Health*² is met year on year. Standard C7e states:

*Healthcare organisations
challenge discrimination, promote equality and respect human rights*

- 1.3 A Human Rights Based Approach is about putting human rights principles and standards at the heart of policy and planning, ensuring accountability, empowerment, participation and involvement and non-discrimination and attention to vulnerable groups.
- 1.4 This document sets out for our staff, our stakeholders and members of the public, who we are, our role and key strategic aims and our approach to meeting our public sector duties. It also suggests examining ways of embedding a Human Rights Based Approach within the PCT.

2. Public Sector Equality Duties

2.1 The Race Equality Duty - Race Relations (Amendment) Act (RRAA) 2000

In 2001, the Race Relations Act was amended to give public authorities a new statutory duty to promote race equality. This is commonly referred to as the 'Race Equality Duty'.

In order to eliminate unlawful racial discrimination, promote equality of opportunity between persons of different racial groups and promote good relations between persons of different racial groups, the 'Race Equality Duty' requires public sector bodies to:

- decide which of its services and policies are relevant to the general duty
- assess and monitor its services and policies, to make sure that they are not affecting some groups negatively, and that all communities are satisfied with them

² National Standards, Local Action, Department of Health, July 2004

- deal with any evidence that its services and policies are not in line with the general duty
- consult the general public and particularly involve ethnic minorities at all stages
- deal with complaints about the way it is meeting the duties, or other complaints about racial equality
- publish the results of its assessments, consultations and monitoring
- make sure that everyone, whatever their ethnic background, has access to information about the public sector authority and its services
- ensure that all its staff understand their responsibilities under the duty
- carry out a review of the scheme

This duty creates an obligation to be proactive and applies not only to organisations but also to individuals working within them.

2.2 The Disability Equality Duty (DED) – The Discrimination Act 2005

The NHS is the largest employer in the country and therefore has a major part to play in proactively promoting equality for disabled people.

The Disability Discrimination Act 2005, places a duty on all public bodies to promote disability equality and actively look at ways of ensuring that disabled people are treated equally. The Disability Equality Duty (DED) came into force on 4th December 2006 and is aimed at promoting disability equality across the public sector.

The Disability Equality Duty marks a commitment towards actively promoting equality of opportunity for disabled people. This is a positive duty, which builds in disability equality at the beginning of the process, rather than making adjustments at the end.

The duty covers all functions and activities, including budget setting, commissioning, procurement, regulatory functions and sets the framework within which organisations need to deliver services.

Disability equality schemes require organisations to consider and include the following:

- active involvement of disabled people in the ongoing development of the scheme
- methods for impact assessments
- development of an action plan
- arrangements for gathering information
- review of the effectiveness of the action plan
- preparation of subsequent schemes
- implementing the scheme
- annual reporting
- publishing the scheme

In addition to meeting the general duty above, public authorities are also subject to the specific duty to produce a Disability Equality Scheme.

2.3 The Gender Equality Duty – The Equality Act 2006

The Gender Equality Duty (GED), which is part of the Equality Act 2006, came into force in April 2007 and requires public authorities to promote gender equality and eliminate sex discrimination. The duty places a legal responsibility on public authorities to demonstrate that they treat men and women fairly. The duty affects policy making, public services and employment practices such as recruitment and flexible working.

The Gender Equality Duty requires public bodies to:

- eliminate unlawful discrimination; and
- to promote equality of opportunity between women and men

The Gender Equality Duty will improve gender equality in the following areas:

- Employment issues: such as promotion, the pay gap, maternity related discrimination and sexual harassment
- Improved access to services and more focus on the needs of service users
- Improved data collection and monitoring
- More effective targeting of resources

2.4 Age, sexual orientation and religion and belief

Whilst these three strands of equality are not covered by a duty, we need to consider these as part of our single assessment scheme.

2.4.1 Age

From 1 October 2006, the Employment Equality (Age) Regulations made it unlawful to discriminate against workers, employees, job seekers and trainees because of their age. The Regulations cover recruitment, terms and conditions, promotions, transfers, terminations and training.

In 2007 we are already seeing signs of the challenges that face us with an ageing workforce serving a maturing population. Like global warming, the effects and impact of demographic change move towards us inexorably. As noted by other commentators, demographics will be the dominant factor affecting businesses in the next twenty years. The Employment Equality (Age) Regulations 2006, which came into effect on 1 October, prohibit age discrimination in employment and vocational training. They apply to individuals of all ages in work, seeking work or looking to access vocational training.

All employers and all providers of training and vocational guidance, including further and higher educational institutions are bound by this

legislation. The Regulations can be viewed on the Department of Trade and Industry website.

The legislation is set in the context of a maturing UK population and proportionally fewer school leavers in the available labour market. By 2025, less than 20 years away, half of the adult population will be aged 50 or over. This change in the demographic makeup of our society is also taking place in other countries and the implications now need to be addressed.

The PCT has reviewed all its policies to ensure that we are compliant with the legislation. We are developing our impact assessment tool to ensure that we cover the age legislation for services that we provide and commission.

2.4.2 Sexual Orientation

These Regulations made it unlawful to discriminate on the grounds of sexuality, directly or indirectly; or to harass or victimise somebody because they have made a complaint or intend to, or if they give or intend to give evidence to a complaint of discrimination. This applies to all aspects of employment (recruitment, terms and conditions, promotions, transfers, terminations and training) and vocational training. The PCT has covered this aspect of the equality agenda in the action plan as part of the gender duty.

2.4.3 Equality in Employment Regulations (Religion or Belief) 2003

These Regulations made it unlawful to discriminate on the grounds of religion or belief, directly or indirectly; or to harass or victimise somebody because they have made a complaint or intend to, or if they give or intend to give evidence to a complaint of discrimination. This applies to all aspects of employment (recruitment, terms and conditions, promotions, transfers, terminations and training) and vocational training.

In relation to services, Part 2 of the Equality Act 2006 makes it unlawful for a public body involved in providing goods, facilities or services to discriminate on the grounds of religion or belief through:

- refusing to provide a person with goods, facilities or services if they would normally do so to the public, or to a section of the public to which the person belongs; and
- providing goods, facilities or services of an inferior quality to those that would normally be provided, or in a less favourable manner or on less favourable terms than would normally be the case.

3 Human Rights

Modern Human Rights were first legally defined after World War 2 in the Universal Declaration of Human Rights, 1948. This declaration sought to express key principles such as freedom, democracy and equality. The European Convention on Human Rights (ECHR) is an initiative of the Council of Europe, not the European Union. The UK government introduced the Human Rights Act (HRA) in 1998.

Core Human Rights principles are:

- Fairness
- Respect
- Equality
- Dignity
- Autonomy

The HRA (1998) aimed to incorporate the ECHR rights into domestic law and to create a new culture of respect for human rights. Human Rights is essentially about strengthening society as a whole and provides the framework for us all to work together. They are about putting the patient/client at the heart of everything.

The Lord Chancellor said:

'Human Rights is not going to be the icing on the top of the Commission's equality cake. It is the key ingredient. Human Rights ... underpins our new approach to equality.'

The PCT will examine how it can practically enshrine human rights into its processes and day-to-day work.

4. Our Approach to meeting Public Sector Equality Duties

- 4.1 The PCT has chosen to develop a Single Equality Scheme to address obligations and duties relating to race, disability and gender diversity. Through this, we will also address our statutory, public and moral responsibilities across the other key strands of diversity, which include religion and belief, age and sexual orientation. Previous PCTs produced the Race Equality Scheme and Dudley PCT has already produced the Disability Equality Scheme and the Gender Equality Scheme. Elements of these schemes are within this document.
- 4.2 This approach is deemed to be effective for identifying and responding to issues of Multiple Discrimination. As a leader for healthcare in Dudley, the PCT is committed, not only to meeting our obligations, but to acting as a beacon of good practice across the borough. We realise that this will need commitment throughout the PCT to enshrine equality and diversity principles within the PCT underpinned by using a human rights based approach. This will require considerable effort at all levels within the PCT and will be monitored through the action plans.
- 4.3 In addition to this single equality scheme, there is a separate policy on Equality and Diversity which deals with our approach and duties as an employer, together with a separate policy that deals specifically with issues relating to the employment of people with disabilities. This scheme however, should be viewed as the PCT's strategy for equality and diversity.
- 4.4 Dudley PCT works closely with a wide range of stakeholders. Our single Equality Scheme therefore needs to:

- Reflect the structure and focus of relevant legislation
 - Take account of work already done within the PCT to promote Equality
 - Build as far as possible on existing plans, initiatives, processes and mechanisms in order to mainstream equality across all our work.
- 4.5 This Single Equality Scheme, which has been guided by appropriate legislation, sets out our plans to:
- meet the implications of the general and specific legal duties
 - involve and consult with appropriate stakeholders
 - gather relevant information
 - assess the impact of current and future functions and policies on equality and diversity
 - implement agreed actions.
- 4.6 The PCT recognises that, whilst there are similarities within the different strands of equalities legislation, there are also significant differences in the statutory obligations. The individual requirements of each of the public equality duties are therefore fully addressed within this Single Equality Scheme.
- 4.7 All public authorities are required to produce Equality Schemes with an associated three year action plan. Progress on the schemes must be reported annually, with the action plan being reviewed and revised every three years. The plan must also reflect the differences which exist between the three duties set out above, for example the express requirement to involve disabled people in the ongoing development of the Disability Equality Scheme.
- 4.8 In response to concerns that Equality Schemes are too often superficial, failing to address specific duties, the PCT will seek to involve, through the Equality and Diversity Committee and Provider meetings, an appropriate cross-representation of staff in the ongoing development of this Single Equality Scheme and associated Action Plan.
- 4.9 In addition, continued and active promotion of Equality will be ensured through the following channels of involvement:
- JCC
 - Specifically organised involvement events
 - Annual Staff Survey
- 4.10 To ensure we meet our specific duties, the Single Equality Scheme ensures the following key areas are effectively addressed:
- Involvement of a range of people from diverse communities/groups
 - Mapping and reviewing arrangements for gathering information about organisational performance in strengthening diversity
 - Impact Assessment of policies, processes and functions

- The ongoing development and implementation, monitoring and review of the three year Equality Action Plan
- Engagement with internal and external partners to ensure products, programmes and services support improvement in service delivery to all communities
- Publication of the results from Impact Assessments and monitoring information

5 About the PCT – Our Role and Strategic Aims

5.1 Dudley Primary Care Trust

Dudley Primary Care Trust serves a diverse population of over 300,000 within the Black Country in the West Midlands. The PCT manages a budget of about £418 million (2007/08).

The PCT's overall aim is

To improve the health and well being of our local community.

We do this by leading the local NHS and working in partnership with other NHS organisations, Dudley MBC, the voluntary sector and community groups, our staff, patients, users and carers.

Equality and diversity is central to our aims and one of our values states

We will value equality and diversity and ensure that everyone is treated with respect.

The PCT's strategic objectives are:

- To minimise health need by improving the well being of the population
- To become an exemplar commissioner of healthcare by integrating health needs assessment and people engagement (clinicians, service users, relatives and carers and the public)
- To raise the quality of service provision

Equality and human rights principles are threaded throughout these priorities and these values and objectives are enshrined in the PCT's Business Plan 2007/08.

We are committed to ensuring our new policies (where appropriate) are developed in collaboration with patients, communities, Dudley MBC staff and the voluntary sector.

We are committed to strengthening our engagement with external stakeholders, learning from our successes, spreading best practice across the PCT, developing new models for managing stakeholder relationships, and supporting new ways of working that will embed a more collaborative approach to policy making.

The PCT:

- Has contracts with the following independent contractors: 66 general GP practices and 40 dental surgeries, 40 ophthalmic premises, 60 pharmacy premises
- Provides 24 hour district nursing, health visiting, mental health, adults' and children's learning disabilities, podiatry, audiology, school nurses, continence, speech and language therapy and occupational therapy.

5.2 This Single Equality Scheme supports our mission, service aims and values, providing an effective tool for in considering the needs of diverse communities; in commissioning and providing healthcare and in the management and treatment of our staff.

5.3 Facts and figures relating to disability

The 1996 Local Population Survey (the most recent data available) recorded 25,542 people who considered themselves to have a physical or sensory disability in Dudley Borough, of whom 79.4% (19,500) considered themselves to be physically disabled.

Ward variations in the proportion of people with physical or sensory disabilities range from 5% in Amblecote to 12.4% in St. James.

This proportion is generally highest in wards close to central Dudley, a pattern which relates to the more deprived areas of the Borough as defined in the Department of Environment Index of Local Deprivation. This implies a correlation between disability and deprivation.

Estimates relating to the scale of need from a national survey applied to Dudley indicate that approximately 8,500 people within the Borough are likely to have a disability of a substantial severe nature (2.6% of the local population).

Nationally, only 47% of disabled women are in employment, compared with 53% of disabled men. Of the disabled women in employment, only 52% work full-time. This compares with an employment rate of 75% for non-disabled women and 86% for non-disabled men³.

People with a Learning Disability

At the time of the last Local Population survey there were 967 adults with a learning disability registered on the Special Needs Register, 25.5% (246) of these aged between 30 and 39. As only half of people with learning disabilities will still be living with their families by the time they are in their 40s there is likely to be an increase in demand for alternative care provision.

Between 1994 and 1998 there was a 33% increase in the number of people aged 50 years and over with a learning disability.

³ EOC Facts about women and men in Great Britain 2005, Gender Equality Duty, Draft Code of Practice, England and Wales, February 2007, Equal Opportunities Commission

People with a Mental Illness

The psychiatric morbidity survey for England, Scotland and Wales was last carried out in 2000. This survey of psychiatric morbidity among adults in private households was carried out by the Office for National Statistics on behalf of the Department of Health, the Scottish Executive and the National Assembly for Wales.

This information has been utilised to estimate the number of adults in Dudley who maybe experiencing these symptoms. Of the 14 neurotic symptoms the most commonly reported among both men and women were sleep problems, fatigue, irritability and worry (not including worry about physical health). The proportions of all adults experiencing these symptoms ranged from 29% for sleep problems to 19% for worry. The next most frequently occurring symptoms reported by about 10% of respondents were depression, poor concentration and forgetfulness, depressive ideas and anxiety. The symptom with the lowest prevalence was panic (2%).

The most prevalent neurotic disorder among the population as a whole was mixed anxiety and depressive disorder (88 cases per 1,000). Generalized anxiety disorder was the next most commonly found (44 adults per 1,000).

Disability and Economic Activity

The Local Survey conducted in 2006 estimates that 7.8% of all economically active persons are disabled. This is close to the 1993/4 Labour Force Survey estimate for the West Midlands Region of 8.6% for men and 6.9% for women. There is a greater tendency for people with disabilities to be economically inactive (i.e., out the job market, therefore not seeking work), than is the case for persons who are not disabled.

There are more people of working age with a physical or sensory disability who are economically inactive than are active. This is a reversal of the normal trend where the expected pattern places the majority of people of working age in the "active" category.

Within the economically active group, which includes the unemployed, a similar pattern is revealed. Unemployment (defined here as "unemployed or seeking work") among persons with a physical or sensory disability is far more prevalent than for all other people. Correspondingly there are far fewer people with a physical or sensory disability in full-time employment than total persons, indicating that average income levels are likely to be below average for those in employment

Other key statistics show:

- 18% of those on income support are disabled
- Over 50% of economically active people described as disabled were unemployed, while over 55% were inactive.

6 Process and Progress so far

- 6.1 The Board has given strong commitment to promoting equality by having the Chairman, Chief Executive and a Non Executive lead for this area of work. The Chief Executive has and continues to provide internal leadership and drive to the process in collaboration with directors and directorates whilst the Chairman and Non-Executive lead have had and continue to have a clear role in monitoring the implementation of equality issues as an organisation in line with the PCT vision, mission, values and role.
- 6.2 Specialist advice, support and guidance in planning and implementing the Equality and Diversity issues was provided to the organisation by creating a 2 year fixed term contract for an Equality & Diversity Manager, which ended in September 2007. The PCT now believes this work needs to be mainstreamed in all policies and functions. We have started this work by learning from the work already undertaken within one area of the PCT and we will look to roll this out across the whole of the PCT. We have also developed a comprehensive impact assessment toolkit as well as other resources available on the intranet.
- 6.3 The following is a brief summary of the work already undertaken towards implementing the requirements of the legislation. Although there is still much to do, the PCT is confident that it has successfully developed and started a process that will bring in a long term, meaningful, systematic and cultural change across the organisation.
- In June 2005 the Chief Executive presented a report to the Board stressing the requirement to implement the RRAA 2000. This proposed as a matter of urgency, a programme of training for staff, beginning with the management team to be trained in the analysis of functions and policies. The Board noted the statutory obligation to undertake this work. It also approved the training to be mandatory for nominated managers and made its own commitment to implementing this agenda.
 - In July 2005 the PCT appointed an Equality Diversity Manager on a two year fixed term contract to project manage the introduction of the work programme within the PCT.
 - Detailed workshops on impact assessments held with senior managers in 2005/2006. These sessions were approximately 2 hours and were delivered by the equality and diversity specialist.
 - The training is now part of the core PCT training programme.
 - The process is designed to encourage managers to engage with their teams when listing their functions and policies rather than only a few individuals completing these forms. This has also had an impact on raising awareness and creating wider ownership across teams.
 - The PCT has also created its Equality and Diversity link on the intranet which ensure that all relevant information is available to its staff members.

- The PCT is currently reviewing translation and interpreting services. This is a strong commitment to putting arrangements in place to ensure that the public have access to information and services.
- Much work including consultation was undertaken on the development of the three equality schemes – race, gender and disability.
- Every quarter the PCT publishes a report detailing its work and delivery of objectives to the Trust Board.
- Responded to the Age Legislation by reviewing all our policies in conjunction with staff side
- Undertaken an audit on equal pay

7. How we will meet our obligations within the Single Equality Scheme

7.1 In order to meet our obligations within the Single Equality Scheme, the PCT will seek to:

- Continue to mainstream issues of Equality and Diversity in all activities.
- Ensure each Directorate includes Equality Impact Assessments in their work plan and address any issues identified.
- Develop a Community Engagement Strategy which will address the engagement of 'hard to reach' communities
- Continue to raise the profile of Equality and Diversity issues with staff at all levels
- Provide a quarterly report and an annual update report, on achievement against action plans, to the PCT Board.
- Continue with Equality and Diversity as a key component within Induction training
- Maintain the dedicated intranet web page for Equality and Diversity with quick links to action plans and useful information e.g. reference guides on cultural and religious customs
- Regularly review workforce data through the Workforce and Organisational Development Committee and publish profiles on race, age, gender and disability on the intranet and internet sites.
- Continue to report annually through the annual health check our compliance with standard C7e:

Health care organisations challenge discrimination, promote equality and respect human rights⁴

7.2 The PCT employs some 1866 staff, across 17 sites, of which 9.5% are from minority ethnic communities. Minority ethnic staff are well represented at non-executive, senior management and senior medical and nursing levels of the Trust. We recognise, however, that staff in all our services need to be more reflective of the community. For example, in mental health and community nursing services, there is an under-representation of Asian nurses. We will continue to work to ensure that our workforce accurately reflects the make up of our local community and will regularly monitor our statistics.

We have a number of local initiatives aimed at encouraging applications from all sectors, including minority ethnic communities into our workforce. Links with local schools and college, and the Learning Skills Council are being established in order to encourage interest in NHS professions. The Trust is also involved in a range of strategies, which are aimed at attracting and improving access to jobs for people from minority ethnic groups.

We also have a strong focus upon delivering the Personal Development Plans of all our staff to maximise their potential in their career in the Trust and the wider NHS.

Positive Action Initiatives

The proportion of our Black and Minority Ethnic workforce occupying positions at senior manager or director level is 18.5%. This is greater than in our population 6.53%. Black and Minority Ethnic staff are not concentrated in lower graded posts for example:

Nursing:

2 – 4 Bands	6.17%
5 – 6 Bands	20%
7 Band	8.9%
8 a- c Bands	1.6%

In Community Services there are only 6 Asian (1.15%) and 10 Black nurses (1.9%) in a nursing workforce of 518. In mental health there are 6 Asian (1.9%), 28 Black (9.3%) in a nursing workforce of 301.

In order to address the issue of Asian nurses in the workforce we are working identify strategies for increasing the number of suitably qualified mental health nurses, district nurses and health visitors from Asian communities. This will include recruitment strategies and opportunities to support people with secondments to nurse training using the skills escalator concept.

⁴ Standards for Better Health, Department of Health, 2004, updated 2006

- 7.3 Best practice employment strategies will deliver equality of opportunity and treatment for all employees within the PCT. Equality & Diversity is a core Knowledge and Skills Framework (KSF) competency and as such will be monitored, evaluated and advanced in the areas of staff recruitment/selection, induction, training, personal development and employment casework. A specific policy addresses the employment of those with Disabilities.
- 7.4 Strategic objectives for Equality & Diversity in employment will be delivered through our Equality and Diversity Action Plan. These will draw on a number of initiatives and key policy drivers for the NHS⁵ including:
- *The Vital Connection, an Equalities Framework for the NHS*
 - *Human Resources Performance Framework for the NHS and Improving Working Lives* published in 2000.
 - *Tackling Racial Harassment in the NHS – Good Practice Guidance*
 - *Looking Beyond Labels, Working Lives:*
 - *Core Training Standards For Sexual Orientation, June 2006 - Making National Health Services Inclusive For LGBT people*
- 7.5 The PCT will continue to work closely in partnership with staff-side to eliminate discrimination by promoting good employment relations and employment practice that supports access and equality in all aspects of employment.
- 7.6 All employees are required, under the terms of their employment, to behave lawfully and to adopt high standards with regard to the treatment of others. The following legislation provides the framework for organisational behaviour in relation to equality and diversity:
- The Equal Pay Act 1970
 - The Sex Discrimination Act 1975
 - The Rehabilitation of Offenders Act 1976
 - The Race Relations Act 1976 (Amendment 2000)
 - The Disability Discrimination Act 1995
 - The Human Rights Act 1998
 - The Data Protection Act 1998
 - Sex Discrimination (Gender Reassignment) Regulations 1999
 - The Employment Equality (Religion or Belief) Regulations 2003
 - The Employment Equality (Sexual Orientation) Regulations 2003
 - The Civil Partnership Act 2004
 - The Gender Recognition Act 2004
 - The Disability Discrimination Act 2005
 - Equality Act 2006
 - Employment Equality (Age) Regulations 2006
 - Work and Families Act 2006
 - Paternity and Adoption Leave (Amendment) Regulations 2006

⁵ All available on the Department of Health website, www.dh.gov.uk

- 7.7 A brief description of the above legislation is available on request. In addition, managers within the NHS also have a duty to ensure that operational policies and practices are developed in line with relevant codes of practice and national guidance
- 7.8 At the PCT Board, the Chairman and Chief Executive champion Equality and Diversity. The Director of Governance and Community Engagement is accountable to the PCT Board for day to day delivery of this Strategy. All Directors, through their Heads of Service/Function, are accountable for delivering against the specific duties and the requirements of the Equality and Diversity Action Plan.
- 7.9 The Equality and Diversity Committee is the driving force for work on equality and diversity. The Clinical Executive Team and practice based commissioners will ensure that equality and diversity issues are addressed within the commissioning of healthcare services.
- 7.10 A key component of the Action Plan is a commitment to undertaking Equality Impact Assessments (EIAs), to assess whether existing or proposed actions, set out in strategies, policies, plans, programmes and processes, is likely to have an adverse impact on race equality, disabled people or those of a particular gender. All Directors have accountability to ensure an appropriate and timely work programme to achieve this, which will be operationally delivered through Heads of Service/Function for their areas of responsibility.
- 7.11 All new policies and procedures have to prove to the Core Policies Group that equality and diversity issues have been fully considered prior to the policy or procedure being approved for use within the PCT.
- 7.12 All service reviews carried out by the PCT including practice based commissioners have to address equality and diversity.

8 Equality Impact Assessments (EIA)

- 8.1 A large number of Equality Impact Assessments (EIAs) have already been completed. However the process has been described as bureaucratic and is currently being reviewed.
- 8.2 In essence, the process involves anticipating the consequences of arrangements, or proposed arrangements, on different sections of the community and making sure that, as far as possible, any negative consequences are eliminated or minimised and opportunities for promoting equality are maximised.
- 8.3 Currently, the EIA process involves two stages, first an initial screening process, to determine if the function, policy etc is relevant to equality and diversity and where it is, the second stage, a full assessment, will need to be completed. Assessments will be carried out in an open and transparent way and the results of assessments recorded and published.

- 8.4 Detailed guidance and documentation for Managers in conducting EIAs is provided on the intranet and the following protocol will be followed in relation to the initial assessment of new and existing arrangements.
- 8.5 All new policies and procedures and services will be screened for the purposes of establishing whether they are relevant to meeting the equality duties, this will be so where:
- a) they may disadvantage different groups/communities;
 - b) they represent an opportunity for the PCT to promote/develop or progress equality and diversity; or
 - c) they represent an opportunity for the PCT to promote good relations between different groups.
- 8.6 The relevant Head of Service/Function is responsible for ensuring that EIAs are completed for their area of responsibility and for liaising with the Director of Governance and Community Engagement to ensure any required action is captured and addressed within the PCT's Equality and Diversity Action Plan. Directors will ensure delivery, which should be built into Directorate business plans.
- 8.7 The Core Policies Group will reject any policy which has not had an initial assessment of the equality and diversity implications. Similarly, the clinical executive team will reject any service which has not had an equality impact assessment. All proposals for new services or policies which go to the board must have reference to an equality impact assessment.

9 Human Rights Based Approach

The PCT is currently examining how to embed a Human Rights Based Approach⁶ to healthcare. A small working group has been set up to examine lessons learnt across the NHS following pilot work in some areas. The approach will be piloted within the PCT before rolling it out to all areas.

10 Consultation

- 10.1 We are committed to ensuring that we consult on this draft document. We aim to ensure that our consultation is:
- a) Meaningful; genuinely feeding into the decision making process and timed to allow this to happen.
 - b) Responsive; based on a proper cross-section of views on whether the policy is to have a differential impact by racial group, disability or gender.
 - c) Effective – through making a genuine impact on the development process
 - d) Appropriately targeted for the topic and groups involved

⁶ Human Rights in Healthcare – A framework for local action, Department of Health/British Institute of Human Rights, March 2007

- 10.2 Feedback from consultation will be recorded and used to actively inform policy, product and service developments.
- 10.3 There is a specific duty to involve and consult with people with disabilities. The PCT is committed to developing this area of work.

11 Publication of reports

- 11.1 The PCT will publish an annual 'Equalities Report' showing our progress against the Equality and Diversity Action Plan. This will be reported to the Board and will detail assessments, consultations and monitoring undertaken during the year, together with outcomes. This will be made available to staff, stakeholders and the wider public, via the PCT website and copies will also be made available on request. The report will be made available to the public in a range of formats, appropriate for particular groups/communities.

12. Staff Training

- 12.1 Equality legislation requires us to develop and deliver effective training for staff to ensure a full understanding of responsibilities.
- 12.2 We currently provide equality and diversity training at induction and the equality training is being reviewed. Training needs also to be delivered to Board members.
- 12.3 Training records will be kept.

13 Procurement

- 13.1 "Beyond Procurement: Connecting procurement to Patients - Good Practice Guidance on integrating equalities into healthcare"⁷ (June 2007) highlights how equality in all its manifestations and procurement goals (often considered to be competing) can be aligned to ensure better patient care. In addition to Procurement legislation e.g. Official Journal of the European Union (OJEU), the NHS has legal responsibilities to meet equality and human rights legislation in all it does.
- 13.2 Every public body should hold such legislation as the minimum threshold standards beneath which it should not fall. The White paper "Our Health, Our Care, Our Say"⁸ includes a commitment to promoting equality in terms of age, disability, gender, race, religion and sexual orientation.
- 13.3 Procurement should be considered in its widest sense from traditional goods and services to the commissioning of patient services. Public procurement is also seen as a lever for stimulating sustainable development and stimulating innovation in the economy and small and medium-sized enterprises. There is also the move for greater use of the Third sector (community, voluntary and social enterprises).

⁷ www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_075724

⁸ Our health our care our say: a new direction for community services, January 2006

13.4 The document provides a framework to promote equality rather than a prescriptive approach. Good practice in the procurement process and key questions to ask are as follows:

Planning	<p>Functional Specification, Performance specification and Technical Specifications need to be worked up.</p> <ul style="list-style-type: none"> • Is equality a core requirement for this contract? • How will current contract arrangements be affected by equality considerations? • How could this be improved? • Has there been any consultation with service users, suppliers, trade unions and other stakeholders?
Procurement Route	<p>Successful procurement depends on good market knowledge and supplier intelligence. 4 main routes:</p> <ul style="list-style-type: none"> • Framework agreements e.g. PASA • Quotation route • Tendering • EU tenders c £110k supplies/services £3.6m for works <ul style="list-style-type: none"> • Are full details of equity requirements set out in specification? • Have a range of advertising media been used to encourage a diverse range of suppliers to bid? • Will certain types of businesses be discriminated against through the use of certain tendering routes or use of eEnablement technologies? • If selective quotation routes are used how have potential suppliers been identified? • Have potential suppliers been asked to demonstrate how they proposed to fulfil requirements?
Tendering, Evaluation and Award	<p>Implement a weighting method to reflect the importance of certain criteria</p> <ul style="list-style-type: none"> • All adverts to make clear the equality requirements • Has equality been considered in selecting tenderers? • Objective, fair and consistent evaluation of all responses? • Does evaluation cover all equality criteria? • Do tenders confirm that they will comply with the equality terms in the contract?
Managing contract	<ul style="list-style-type: none"> • Agree on-going monitoring processes • Monitor against criteria and take appropriate action
Review and Closure	<ol style="list-style-type: none"> 1. Was supplier told of good practice in equality? 2. Did the supplier meet all the equality requirements? 3. Room for improvement?

13.4 This area obviously has implications for staff working in supplies. This action forms part of the overall action plan attached.

14 Review and Updating the Single Equality Scheme

14.1 Our Action Plan is a dynamic, on line document, constantly updated to reflect progress. We are committed to a formal annual review of the action plan and the Single Equality Scheme to ensure continued appropriateness and satisfactory progress.

Consultation launched: 27 September 2007

Consultation ends: 31 December 2007

Comments on the document should be sent to:

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Please contact the above number if you would like a visit to discuss the single equality scheme.

Equality and Diversity - Associated Legislative Requirements

The Equality Act 2006

The Equality Bill was re-introduced in Parliament on the 19 May 2005 and gained royal assent in February 2006. The Act's main provisions include:

- the creation of the Commission for Equality and Human Rights (CEHR) which would give individuals suffering from discrimination easier access to support and provide employers and service providers with improved advice and information in a one-stop-shop. The purpose and functions of the CEHR are defined in the Act
- making discrimination unlawful on the grounds of religion and belief in the provision of goods, facilities and services, education, the use and disposal of premises, and the exercise of public functions
- placing a duty on public authorities to promote equality of opportunity between women and men ("the gender duty"), and prohibit sex discrimination in the exercise of public functions.

The Act will also include a specific duty on public bodies to produce a Gender Equality Scheme.

The Employment Equality (Age) Regulations 2006

The Employment Equality (Age) Regulations 2006, which came into effect on 1 October, prohibit age discrimination in employment and vocational training. They apply to individuals of all ages in work, seeking work or looking to access vocational training.

The legislation is set in the context of a maturing UK population and proportionally fewer school leavers in the available labour market. By 2025, less than 20 years away, half of the adult population will be aged 50 or over. This change in the demographic makeup of our society is also taking place in other countries and the implications now need to be addressed.

The Disability Discrimination Act 2005

This Act makes substantial amendments to the Disability Discrimination Act 1995 (see above). The 2005 Act places a general duty on public authorities to promote disability equality and to have due regard to eliminate unlawful discrimination. Those listed bodies within the public sector will also be subject to a specific duty of the 2005 Act. The specific duty provides a clear framework for meeting the general duty and includes the requirement to produce a Disability Equality Scheme. The Disability Equality Duty for the Public Sector came into force in December 2006.

The Gender Recognition Act 2004

The purpose of this 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. In practical terms, legal recognition will have the effect that, for example, a male-to-female transsexual person will be legally recognised as a woman in English Law. On

the issue of a full gender recognition certificate, the person will be entitled to a new birth certificate reflecting the acquired gender and will be able to marry someone of the opposite gender to his or her acquired gender.

The Civil Partnership Act 2004

This Act creates a new legal relationship of civil partnership, which two people of the same-sex can form by signing a registration document. It also provides same-sex couples who form a civil partnership with parity of treatment in a wide range of legal matters with those opposite-sex couples who enter into a civil marriage.

Employment Equality (Sexual Orientation) Regulations 2003

These regulations outlaw discrimination (direct discrimination, indirect discrimination, harassment and victimisation) in employment and vocational training on the grounds of sexual orientation. The regulations apply to discrimination on grounds of orientation towards persons of the same sex (lesbians and gay men) and the same and opposite sex (bisexuals).

Employment Equality (Religion or Belief) Regulations 2003

In December 2003, the Employment Equality (Religion or Belief) Regulations 2003 was introduced to protect against discrimination on the grounds of religion, religious belief or other philosophical belief in employment and vocational training.

Sex Discrimination (Gender Reassignment) Regulations 1999

These regulations are a measure to prevent discrimination against transsexual people on the grounds of sex in pay and treatment in employment and vocational training. They effectively insert into the Sex Discrimination Act a provision to extend the Act, insofar as it refers to employment and vocational training, to include discrimination on gender reassignment on gender grounds.

The Human Rights Act 1998

The Human Rights Act came fully into force on 2 October 2000. It gives further effect in the UK to rights contained in the European Convention of Human Rights. The Act:

- makes it unlawful for a public authority to breach Convention rights, unless an Act of Parliament meant it could not have acted differently;
- means that cases can be dealt with in a UK court or tribunal; and
- says that all UK legislation must be given a meaning that fits with the Convention rights, if that is possible.

The Race Relations Act 1976 (as amended by the Race Relations (Amendment) Act 2000)

The Race Relations Act (RRA) makes it unlawful to treat a person less favourably than another on racial grounds. These cover grounds of race, colour, nationality (including citizenship), and national or ethnic origin.

The Race Relations (Amendment) Act outlawed discrimination (direct and indirect) and victimisation in all public authority functions not previously covered by the RRA, with only limited exceptions. It also placed a general

duty on specified public authorities to promote race equality and good race relations. There are also specific duties for listed organisations including the production of Race Equality Schemes.

The Sex Discrimination Act (as amended) 1975

This Act (which applies to women and men of any age, including children) prohibits sex discrimination against individuals in the areas of employment, education, and in the provision of goods, facilities and services and in the disposal or management of premises.

The Equal Pay Act (as amended) 1970

This Act gives an individual a right to the same contractual pay and benefits as a person of the opposite sex in the same employment, where the man and the woman are doing: like work; or work related as equivalent under an analytical job evaluation study; or work that is proved to be of equal value.

EQUALITY SCHEME ACTION PLAN APRIL 2007 - MARCH 2010

	Objective	Target	Who by	Target date	Progress	Equity strand
1	Trust Board					
1.1	Continue to embed E&D issues within the PCT	Each director has an objective relating to E&D	Chief Executive	Dec 07		ALL
1.2	Ensure the Trust Board has an understanding about the progress of the equality scheme	Annual reports to the trust board	Dir Governance	Annually in April	Ongoing	ALL
1.3		Annual review of the ES	Dir Governance	Annually in April		ALL
1.4		Compliance in annual health check	Dir Governance	Ongoing		ALL
2	Equality and Diversity committee					
2.1	Ensure regular review of the E&D agenda for the PCT	Quarterly meetings	Dir Governance	Ongoing		ALL
2.2		Monitor the ES action plan	Dir Governance	Ongoing		ALL
2.3	Keep the Trust board informed about progress of E&D issues	Produce a quarterly report for the Trust Board	Dir Governance	4x year		ALL
2.4	Identify areas requiring support in progressing E&D work	Review all impact assessments	Dir Governance	April 08	Done	ALL
2.5	Develop a tool kit for all staff to use when	Tool kit developed and disseminated	Dir Governance with mental health	Dec 07	Work begun	ALL

	Objective	Target	Who by	Target date	Progress	Equity strand
	impact assessing services/policies					
2.6	Ensure better understanding of the E&D agenda	Develop a single equity scheme	Dir Governance	April 08	In draft form	ALL
3	Management Team					
3.1	Ensure the PCT works towards identifying any discrimination as defined by the six equality strands	Ensure all policies and procedures are impact assessed before approval	Chief Executive	July 07	Core policies undertake this function	ALL
		Ensure that all service developments include an impact assessment before approval is given	Chief Executive	April 07	Included within the business case template	ALL
4	PCT provider services					
4.1	Ensure that services meet the needs of the all client groups as defined by the six equality strands, in particular, race, disability and gender	Developed a timed programme for reviewing services for equity of access.	Mging director – provider services/mental health services	July 07		ALL
		Implement timed programme	Mging director – provider services/mental health services	Tba		ALL
4.2	Ensure that all staff	Conduct individual staff	Mging director –	April 08		ALL

	Objective	Target	Who by	Target date	Progress	Equity strand
	reach their full potential	interviews to review requirements	provider services/mental health services in conjunction with HR			
4.3	Ensure that services meet the needs of the client groups as defined by the six equality strands, in particular, race, disability and gender	Consider involving community groups in reviewing service provision	Mging director – provider services/mental health services in conjunction with Dir Governance	Dec 07		ALL
4.4	All service areas to consider the use of Equality targets and use information from monitoring to assess whether targets have been achieved	To have met all equality targets and set new targets	Managing Director – Mental health and Managing Director, Community	April 2009		ALL
5	Commissioning/ clinical executive team					
5.1 A	Ensure commissioned services work to meet the needs of the whole population in particular those client groups defined by the six areas of equality	Ensure service level agreements include reference to discrimination	Dir patient experience	April 07		ALL
B		Review wording in SLA	Dir patient experience	April 08		ALL
C		Work with providers regarding	Dir patient	April 08		ALL

	Objective	Target	Who by	Target date	Progress	Equity strand
		the provision of information about the various community population and access to services	experience			
D		Ensure that all new business cases include reference to race, disability and gender equality and the monitoring of it	Dir patient experience	Jul 07		r/d/g
5.2	Contracts and commissioning agreements are monitored for race/gender equality of access	Information to be presented broken down by ethnic origin/sex where appropriate	Director of Experience/Director of Finance	April 2008		r/g
6	Governance					
6.1	Ensure access to PCT public meetings by disabled people	Produce a guide to booking venues	Dir Governance	Sept 07		D
6.2	Ensure access to PCT literature	Review the website and ensure all literature can be produced in other languages and alternative formats	Dir Governance	Oct 07	Done	r/d
	Ensure the PCT receives feedback regarding services	Review complaints literature and the reporting of complaints	Dir Governance	Jul 07	Done	r/d/g
6.3		Review PALS and reporting arrangements	Dir Governance	Jul 07	Done	r/g
6.4	Ensure the PCT takes account of people and their requirements in	Ensure that the PCT involves people from community groups in service development as	Dir Governance	Jul 07		ALL/g

	Objective	Target	Who by	Target date	Progress	Equity strand
	services	appropriate, in particular from the disabled community				
6.5	Mark the International Women's Day	Development and implementation of an action plan		March 2008		G
6.6	Work with our partners to understand gender hate crime/domestic violence and take appropriate action	TBA	Director of Governance	TBA		G
6.7	Consider actions to develop a Human Rights Based Approach to healthcare	TBA	Director of Governance	TBA	Group developed	ALL
7	Human Resources					
7.1	Staff are aware of their responsibilities under the RRAA/DDA/gender equality duty,	100% senior managers undertaken E & D training	Dir HR and OD	April 08		ALL
7.2	Ensure the PCT has up to date policies incorporating current legislation and guidance	Update diversity and equal opportunity policy to reflect current legislation	Dir HR and OD	Jul 07		ALL
7.3	Staff actively promote equality in their work and are confident in	All staff to have attended E&D training	Dir HR and OD	April 09		ALL

	Objective	Target	Who by	Target date	Progress	Equity strand
	their ability to challenge discrimination					
7.4	Ensure that the PCT monitors staff undergoing disciplinary/ grievances in relation to race/ disability/gender	Review monitoring	Dir HR and OD	Dec 07		r/d/g
7.5	Ensure that the PCT is monitoring its workforce	Review reporting to provider boards	Dir HR and OD	Jul 07		ALL
		Review data requirements in the light of ESR	Dir HR and OD	April 08		ALL
7.6	Identify the barriers to part time working and job share opportunities with a view to removing such barriers wherever possible	If appropriate review part-time working and job share practice	Dir HR and OD	March 2008		A
7.7	More part-time and job share opportunities are available across all jobs	If appropriate increase the numbers of part-time and job share opportunities	Dir HR and OD	March 2010		A
7.8	Review equal pay audit and develop an appropriate action plan to address	Report available		March 2009		A

	Objective	Target	Who by	Target date	Progress	Equity strand
	gender inequality					
7.9	Review staff survey by gender and develop an appropriate action plan to address gender inequality	Report available		Sep 2007	Date slipped due to slippage of staff survey	G
7.10	Continue to report data by gender to HR committee and provider boards	A better understanding of the gender balance within our staff		ongoing		G
7.11	Develop policies that relate to transgender, covering patients, services users and visitors to the PCT to ensure no discrimination against users and visitors to the PCT who are transgender	Policy available		Dec 2007		SEXUAL ORIENTATION
7.12	Ensure that PCT staff policies do not discriminate against transgender PCT staff to ensure no discrimination against PCT staff who are transgender	Policies checked and reported to the E&D committee/HR Committee				Sexual orientation
7.13	Employees and managers are aware	Policy in place and training being provided		June 2007		g

	Objective	Target	Who by	Target date	Progress	Equity strand
	of their responsibilities on sexual harassment, how to report and deal with it appropriately to minimise distress for those involved					
8	Public health					
8.1		As required and in line with PCT priorities undertake needs analyses relevant to different community groups	As agreed in annual business plan	Dir public health	As determined	ALL
8.2		Appropriate health promotion and prevention activities are in place in response to the assessed health needs of local population from community groups	As agreed in annual business plan	Dir public health	As determined	ALL
9	Estates and facilities					
9.1	All PCT properties meet minimum DDA standards	Ensure all PCT properties have DDA audits and action plans	Dir Finance	Jul 07		D
		Report DDA audit results to E&D committee	Dir Finance	Dec 07		D
9.2	All PCT new buildings meet DDA requirements	DDA requirements to be built into specification	Dir Finance	Ongoing		D
9.3	All PCT primary care	Inform all PCT contractors their	Dir Finance	April 08		D

	Objective	Target	Who by	Target date	Progress	Equity strand
	contractors to be aware of their responsibilities regarding building access	responsibilities				
9.4	To comply with Beyond Procurement	Compliance	Dir Finance	Mar 08		ALL

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September 2007