

Single Equality Scheme 2008 - 2011

Published July 2008



The Trust Board at its meeting on 24 July approved this 3 year strategy.

STATEMENT of INTENT

The contents of this document are an outline of the Trust vision and intents to fulfil its statutory duty and guard the rights of the people we employ and provide services for.

During the first year of its implementation we will be consulting and reviewing its content and will further refine the document through EqIA for year 2 this procedure will continue through the life of the strategy. We feel it is our duty to inform the reader this document have not been Equality Impact Assessed (EqIA).

Therefore we invite the reader to be a critical friend to the Trust; we welcome your comments and feedback as a valuable tool to providing inclusive service improvement.

The Board values and respects the diversity of its employees and the communities in which it operates and acknowledge there is always a potential to disadvantage a person or persons who's first language is not English or people who have an impairment which may impact on their ability to understand the content or format in which this document is provided. By letting us know your views you have the potential to have a positive impact on some of Bradford & Craven districts most vulnerable diverse communities and inclusively improve the working lives of our staff.

Thank you, in-anticipation of your valuable time, actions and support in response to this request. If you require further information please contact the Equality and Diversity Team by emailing: Liz.Parsons@bdct.nhs.uk

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Forward

Welcome to the Bradford District Care Trust's Single Equality Scheme (SES). This scheme developed in July 2008 embodies the commitment of the organisation to promote equality and diversity in a manner which surpasses the benchmarks set by the legal equality duties. There is recognition in BDCT that a sharp focus on tackling existing health inequalities is an essential step towards improving health and well being. The aim inherent in each of the legal equality duties is to drive measurable improvements in outcome, experience and access for all service users. Over the next three years the Trust will maintain its commitment to develop systems that can integrate and mainstream the equality duties across each of the care groups.

BDCT has been a lead site for the implementation of the 'delivering race equality in mental health'. This has provided a strong focus for the Trust to examine and challenge itself on the way it addresses issues relating to discrimination, disadvantage, and health inequality. The Trust is determined to set high level targets for each care group in relation to promoting equality. It has been keen to establish robust arrangements for monitoring and appraising this work and for a sharing of knowledge and learning.

This scheme will act as an enabler for the Trust to achieve milestones that stretch targets beyond the minimum equality duty requirements. BDCT considers it imperative that services are responsive and inclusive. If this is to be achieved there is a need to ensure that appropriate system's are in place to understand and respond to the needs of relevant groups and individuals. An essential feature of the Trust's work is to ensure that staff, service users, and carers are all included in the design and evaluation of services.

This Single Equality Scheme and action plans sets out how BDCT aims to deliver equality across all services provided by the Trust over the next three years 2008-2011 in agreement with each of the legal equality duties. The Trust will continue to hold an annual review of the equality action plans, deliver mid-term reviews bi-annually to the service governance committee, and report annually to the board to appraise on progress

Simon Large
Chief Executive
Bradford District Care Trust

Barry Seal
Chair
Bradford District Care Trust

1. Introduction

This is the first Bradford District Care Trust (BDCT) Single Equality Scheme. The Scheme describes in a single document how the Trust will fulfil its statutory duty under Equality Legislation. BDCT recognises that the demography it serves is diverse and that it reflects a wide range of different cultural, religious and social traditions. The Trust values this diversity and acknowledges that the experiences of traditionally under-represented groups can be a subject area where significant improvements can be made. BDCT has a strong historical commitment to tackling health inequalities and towards embedding a culture that can promote user-centred services. BDCT will continue to promote equality and diversity by acting to mainstream the principles of 'delivering race equality in mental health' and the lessons learned by implementing each of the legal equality duties. This BDCT Single Equality Scheme (SES) provides a pen picture of the requirements placed on BDCT by each of the legal equality duties. The main purpose of the SES is to confirm the organisations commitment to satisfy each legal equality duty, and to set the preconditions that enable the Trust to improve outcomes in relation to service provision, commissioning, and employment.

2. BDCT Commitment to the Legal Duties

The Bradford District Care Trust welcomes the push provided by the legal equality obligations to further strengthen its focus on fairness, equality, and human rights. BDCT is determined to ensure that these principles remain consistently paramount across the organisation. BDCT as a provider and commissioner of health and social care services to people with complex mental health needs and/or learning disabilities services is resolute to provide exemplar high quality measures that deliver effective outcomes in all its policies and functions. The Trust is unwavering in its undertaking to extend equality outcomes beyond a basic level of compliance.

3. Bradford Districts Equalities Profile



3.1 The Bradford Metropolitan District has a population of 484,500, and covers an area of some 141 square miles over Airedale, Wharf dale and the Worth Valley. The District includes Bradford City and the towns of Shipley, Bingley, Keighley and Ilkley. Bradford is a diverse district with sharp contrasts and challenges. Around one third of the District comprises of built up urban areas with two thirds rural, green belt. Bradford is a city rich in history, unique heritage and cultural diversity. It is the fifth largest metropolitan district in the UK. Looking beyond the physical fabric of the district there are a number of vibrant communities that exist in a population estimated in 2008 to be 500,000 people. It is one of the most rapidly growing cities in the U K. The population as a whole is much younger than the national average.

3.2 The 2001 Census information acquired from Bradford Metropolitan Council - shows that there were 467,665 people resident in Bradford district. The breakdown suggests that 78.3% are of White Origin, and 18.9% are of Asian/Asian British origin; 1.5%, Mixed, 1.0% Chinese and 0.9% of Black or Black British origins. Of these 48% were males, 52% females. 24% Aged 0- 15. 40% of the population were in employment with 3% identified as un-employed. 18% of responses identified as having a disability.

3.3 Table 1: Bradford population All ages 2006

% All ages Thousands	% of Children 0-15	% of Working Males & Females Age16-64	% of Older People Males 65 Females 60 and over	% Live births (Thousands)	% Deaths Thousands
493.1	22.6	61.5	15.9	8.2	4.5

3.4 Table 2: Bradford population is younger than the national average with 22% of the population under 15 year

Youth Unemployment	Feb 07	Feb 08	%Change	Long-term Unemployment	Feb 07	Feb 08	% Change
Bradford	475	345	-27.4	Bradford	1,570	1,020	-35.0

3.5 Table 3: Bradford Employment

Employment All	Dec 06	Dec 07	%Change	Claimant Unemployment	Feb 07	Feb 08	% Change
Bradford	202,616	206,322	+1.8	Bradford	10,162	9,242	-9.1

3.6
Ta

Table 4: Projected population 2005 for ethnic minorities resident in Bradford

Group	All People	%
White	366,767	75.6%
Mixed	8,439	1.7%
Asian	98,694	20.3%
Black	6,816	1.4%
Chinese	4,284	0.9%
Total	485,000	

These figures are taken from the projected population's document published in 2006 by the School of Geography at the University of Leeds for Yorkshire Futures. They are projected updates on the 2001 census figures

3.7 New migrant communities settling into Bradford

Although fresh statistics are not available since the 2001 Census, anecdotally it is evident that Bradford has seen a steady growth in the ethnic minority population, and that Bradford has accommodated over 7000 new economic migrants' workers from:

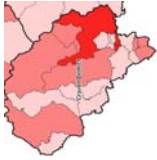
- Eastern Europe, the majority of who are from Poland, Slovak Republic, then Latvia and Czech.
- African Communities
- Chinese Communities

3.8 Religion and Belief

Faith and spiritual belief are a significant part of daily life in Bradford. Anecdotal evidence suggests that more than 78% of people in the district describe themselves as having links in one way or another to a faith community. The four largest faith communities in Bradford district are Christian, Muslim, Sikh, and Hindu. Many of the faith institutions and places of worship are involved in a wide range of educational, health and social welfare activities, especially for ethnic minorities. Places of worship offer major opportunities to engage health professionals, and those already involved in work with their own communities and congregations. Bradford District Care Trust is committed to working in partnership with Faith communities in order to improve the quality of life for their services users and staff through education, social inclusion values based initiatives

3.9 Health

General health can be defined as "not good" in Bradford District; life expectancy is below average for both males and females and is generally higher in deprived wards. The resident population in Bradford at 2005, all people 485,000; Males 236,700; Females 248,300. It is estimated 60,000 carers provide care and support for loved ones do not meet eligibility criteria for service provision. 18% of residents described themselves as having a limiting long term illness.



Craven District Profile

Migration to Craven is largely from elsewhere in Yorkshire and the Humber (in particularly Bradford and Leeds), along with migration from the North West.

Migration trends have been explored, in particular their role in influencing, the characteristics of in-migrations, the level of retirement migration and the extent to which people are leaving the District due to a lack of appropriate accommodation.

These are largely determined with three distinctive market typologies identified:

- Relatively self contained areas (e.g. Skipton, Settle);
- High priced rural markets (e.g. Upper Wharfedale), which is influenced by longer-distance migration from many parts of the UK;
- Areas particularly influenced by migration from adjoining areas, notably Lancaster, Pendle, Bradford and Harrogate.

Craven has an **ageing population** with more than 20% of the communities over 65 years and it is estimated by 2028, 38.6% of the population will be over 60. This is a huge challenge for public authorities as the NHS.

Crime

Craven has comparatively low crime rates. There is anecdotal evidence local residents are increasingly concerned around the problems of alcohol and drugs misuse, particularly linked to young people and anti-social behaviour.

Social Facilities

Satisfaction survey results for:

Sports and leisure facilities - 48% satisfied

Culture and recreation - 45% satisfied.

Population Profile Tables

Craven Gender

Population of Craven by gender			
	Male	Female	Total
2001 Census	25,791	27,829	53,620
Projected 2005	26,400	28,000	54,400

Craven Ethnic minority

Craven Ethnicity statistics 2001 Census					
Total: Resident Population	White ethnic group	Other ethnic group	Born in UK	Born in EU	Born outside EU
53,620	52,842	777	51,956	606	1058
	98.6%	1.5 %	96.9 %	1.1%	2.0 %

Projected main ethnic minority groups in Craven in 2005 and 2030

Craven Projected Ethnicity statistics (source: Leeds University/Yorkshire Futures)						
%	White	Mixed	Asian	Black	Chinese/other	Total BME
2005	96.7%	0.7%	1.8%	0.4%	0.4%	3.3%
2030	95.9%	1.1%	2.1%	0.4%	0.5%	4.1%

Craven Age Profile of

Age Profile 2005	Age 0-15	Age 16-19	Age 20-24	Age 25-34	Age 45-54	Age 55-64	Age 65+
All People	10,117	2,404	2,001	5,51	8,008	6,045	10,856
%	18.87	4.48	3.73	14.43	14.43	12.25	20.25

Craven Employment March 2006

Employment	
Figures show that the highest volumes of employment by occupation	
Managerial and Professional Occupations	33%
Administrative and Skilled trades occupations	25%

Workforce 2005	Craven	North Yorkshire	GB
% of total population within Working Age	57.4	59.6	62.1
% of Working Age who class themselves as Economically Active	84.1	83.0	78.3

UN-Employment May 2005	No	%
lowest of all local authority areas in North Yorkshire.		
Claimant unemployed (those seeking benefit)	235	0.8

4. Overview - Bradford District Care Trust

Bradford District Care Trust was established in April 2002 to provide Health & Social Care services to people with complex mental health needs and/or people with learning disabilities. One of the key priorities for the Trust is to deliver high quality, accessible and responsive services to the people of Bradford District. Currently the structures of the Trust can be depicted as below:

4.1 Services are provided across 6 Care Groups:

- Adult Mental Health
- Older People's Mental Health
- Child and Adolescent Mental Health (CAMHS)
- Learning Disabilities
- Substance Misuse & Alcohol
- Forensic Services

Functions include:

- Human Resource
- Estates
- Informatics

4.2 BDCT Vision, Strategic Intents and Values

The Trusts Vision is captured by a 'Beacon Statement' and a 'Purpose statement' both supported by eight 'Strategic Intents'. The 'intents' have been based on an understanding of the localised social and health care needs. The Beacon Statement: *"Putting you at the heart of everything we do"* promulgates a person centred approach that emphasises the importance of the "user" perspective. The raison d'être of BDCT is to provide excellent health and social care services to people with complex mental health needs and/or learning disabilities across the diverse communities." Identifying the diverse groups of users/patients and organising the services to around those needs is the essence of "engaging communities" and "working in partnership"

4.3

The eight Strategic Intents

- Maintaining Core Business
- Developing Care Pathways
- Working with Commissioners
- Engaging Communities
- Enhancing the Workforce
- Working in Partnerships
- Strengthening Governance
- Delivering Excellence

We will do this ensuring that services:

- Are locally led whilst reflecting national priorities
- Integrate across health & social care
- Provide best value for money
- Continuously develop & improve
- Fully engage the people who use & come into contact with them

5. Business Case - Single Equality Scheme

5.1 Despite overall improvements in health and social care, the inequalities gap between the affluent and disadvantaged sections of the community remains worrying. In mental health and learning disability, assessments that denote the difference between what is considered normal and abnormal behaviour can be influenced significantly by a social and cultural context.

5.2 The Trust makes an overarching commitment through its Equality Scheme to respect the dignity of all patients/users. It makes arrangements to understand how social/religious/cultural/personal contexts may impact on service users/carers. The Trust has taken steps to raise the awareness of all staff by holding regular learning and sharing seminars that are designed to offer a critique and an alternative model of providing care.

5.3 Each Care Group has developed a set of “SMART” action plans correlating to each legal equality duty. These aim to broaden the organisational competence in working with areas of “difference” and “diversity”. The action plans set out a specific practical work programme for the mandatory equality strands; race disability & gender. The Trust will integrate age, religion/belief and sexual orientation during the course of this scheme.

5.4 This single equality scheme produced by the Trust in July 2008 embodies the commitment of BDCT to:

- Meet legal requirements relating to race, disability and gender
- Provide a co-ordinated approach to meeting the requirements of new equality legislation within our policies and functions.
- Provide a framework screen all policies and functions, and to impact assess those where the potential for a negative outcome is likely to be high or medium
- Deliver training and support to all managers conducting EqIA
- Ensure equal quality of access to services for all
- Challenge harassment, bullying and discrimination against employees and service users
- Reduce health inequalities and improve health outcomes for Service Users
- Raise staff awareness and understanding of inequality issues.

6.0 Race Relations (Amendment) Act 2000

The Race Relations Act 1976, as amended by the Race Relations (Amendment) Act (RRAA) 2000, makes it unlawful to discriminate against anyone on the grounds of race, colour, nationality (including citizenship), ethnic group or national origin. (People of every background are protected by the law). The RRAA represents a milestone for race equality in the UK. It requires all public institutions - which includes BDCT - to take action to promote race equality.

6.1: Under the General duty of the Race Relations (Amendment) Act 2000 all NHS organisations are required to eliminate unlawful racial discrimination; promote equality of opportunity and promote good race relations between people of different racial groups. To meet the general duty the following four steps are mandated:

- make a list of functions, including employment and identify which functions are relevant to the duty;
- set priorities for these functions, based on their relevance to race equality;
- assess how all these relevant functions and any related policies affect race equality, and prioritise the most relevant. Drawing up a clear statement of the aims of each function or policy, is a way of assessing their impact on race equality and whether there is the information showing how different racial groups are affected;
- consider how the policies might be changed to meet the general duty, and then make the changes.

6.2 Under the specific duties of the legislation BDCT must prepare and publish a Race Equality Scheme, this should be both a strategy and an action plan. The Race Equality Scheme should include the following:

- identification of relevant functions and policies;
- arrangements for assessing and consulting on the likely impact of proposed policies on race equality;
- arrangements for monitoring policies for adverse impact;
- arrangements for publishing assessment, consultation and monitoring reports;
- arrangements for making sure the public have access to information and public services; and,
- arrangements for training staff.

6.3 BDCT is also required to collect ethnic monitoring data, and;

- Analyse the data to find any patterns of inequality;
- take any necessary action to remove barriers and promote equality of opportunity; and
- publish the results of assessments, consultations and monitoring each year.

7 Disability Discrimination Act 2005

7.1 The Disability Discrimination Act 2005 makes substantial amendments to the Disability Discrimination Act 1995 building on amendments already made to that Act by other legislation since 1999. The DDA, as originally enacted, contained provisions that made it unlawful to discriminate against a disabled person in relation to employment, the provision of goods, facilities and services, the disposal and management of premises and contained provisions relating to education; transport and access to public buildings

7.2 New provisions incorporated into the DDA 2005 include the removal of the requirement to show that a mental impairment is clinically well recognised, bringing the definition more in line with that of physical impairment. Additional changes extend the definition of disability to include HIV, multiple sclerosis and cancer at the point of diagnosis. From 4 December 2006 the Act also introduces the duty for public authorities to actively promote equality of opportunity for disabled people

7.3 Under the General Disability Equality Duty, NHS organisations are required to: promote equality of opportunity between disabled people and other people

- eliminate discrimination that is unlawful under the Act
- eliminate harassment of disabled people that is related to their disability
- promote positive attitudes towards disabled people
- encourage participation by disabled people in public life
- take steps to take account of disabled people's disabilities, even where that involves
- treating them more favourably than other people.

7.4 This applies to NHS organisations in their roles both as employers and service providers. This has implications for outcomes for disabled people in the following areas:

- recruitment and retention policies and processes
- learning and development
- planning and delivery of services
- services outsourced to private contractors

7.5 Disabled people must be actively involved in:

- developing methods of data collection
- research into barriers to participation
- disseminating evidence
- identifying gaps in employment functions and services to the public
- agreeing the way forward
-

7.6 BDCT will need to gather data to identify gaps in both its employment and service provision functions. This will provide a sound evidence base for impact assessment, action planning towards disability equality and improving services in the future.

8 The Equality Act 2006

8.1 The Equality Act 2006 introduced a statutory General Duty (“the gender duty”) Gender Equality 2007 to ensure that all public authorities including BDCT promote gender equality. In essence, the Act obliges public sector bodies to produce a framework that sets out how planning, service delivery, evaluation and monitoring will integrate the gender equality duty.

8.2 The Equality Act 2006 has placed a legal duty on public authorities to pay “*due regard*” to all functions and policies. In essence this means that BDCT should give due weight to the need to promote gender equality in proportion to its relevance for a particular function or policy. The gender duty applies to all Trust functions, including budget and target-setting, strategic planning and contracting. BDCT will develop arrangements to impact assess all policies and the services they deliver with the different needs of women and men in mind.

1. What are the different issues and priorities for women and men who use the services we provide?
2. Do they have different requirements and needs to be met by our service?
3. Will women or men be put off using a service because of the lack of childcare or an unsafe or unwelcoming environment?
4. Are there some services which are more effectively delivered as women-only or men-only?

8.3 BDCT will also look at its employment policies to see how they affect women and men. Some gender related question that it will need to ponder are:

- I. Is there a pay gap between men and women doing the same job or jobs of similar value?
- II. How could flexible working help staff and how will it benefit men and women?
- III. How does the Trust recruit staff and is it likely to get a good gender balance of candidates?
- IV. Does the Trust have a gender imbalance? If so, how could it try and rectify the situation?
- V. Does the Trust have a good return rate from maternity leave? If not, why and how can it improve?

9.0 Outline of General and Specific Duties for Each Equality Strand

Duty	Race (May 2002)	Disability (Dec 2006)	Gender (April 2007)
GENERAL	Eliminate unlawful racial discrimination	Eliminate unlawful discrimination and harassment	Eliminate unlawful discrimination and harassment
	Promote equality of opportunity	Promote equality of opportunity between disabled people and other people	Promote equality of opportunity between men and women
	Promote good relations between persons of different racial groups	Promote positive attitudes towards disabled people	
		Encourage participation by disabled people in public life	
		Take steps to meet disabled people's needs, even if this requires more favourable treatment	
SPECIFIC	Prepare and publish a race equality scheme	Prepare and publish a disability equality scheme	Prepare and publish a gender equality scheme
	Monitor staff by ethnicity	Demonstrate they have taken action in the scheme and achieved appropriate outcomes	Consider the need to include objectives to address the causes of any gender pay gap
	Assess the impact on racial equality of proposed policies, and to consult on them	Review and revise the scheme at regular intervals	Monitor the impact on gender equality of existing policies and practice
	Monitor the impact on racial equality of existing policies and practice	Involve disabled people in producing the scheme and action plan	Consult stakeholders
	Publish figures on the recruitment and retention of ethnic minorities		

10. Bradford District Care Trust as an Employer

10.1 The Employment Duty

All public authorities including the Trust are subject to the Employment Duty which requires them to monitor:

- staff in post
- applications for employment
- training
- promotion

10.2 Public authorities including the Trust with 150 or more full-time staff have specific additional duties on employment subject to these additional Employment Duties and are required to monitor staff who:

- receive training
- benefit or suffer detriment from performance assessment
- are involved in grievance or subject to disciplinary procedures
- cease employment.

10.3 The Trust seeks to be an employer of choice, promoting a culture, which is welcoming and accessible to all and strives to provide a work environment that is free from discrimination, bullying, harassment and victimisation. Workforce monitoring helps the Trust to meet its statutory obligations under the Race, Disability, Gender Equality Duties and Schemes.

10.4 It also allows for the promotion of good practice across additional diversity strands such as age and the setting of departmental employment targets. The Trusts Vision and Strategic intents are supported by the organisations Human Resources (HR) Strategy and BDCT is strongly committed to 'equality of opportunity' for all potential and existing members of staff.

10.5 A chart outlining the BDCT employment profile that satisfies the legal equality duties, and that can act as intelligence to the Trust in helping to address issues of equality is attached as appendix 1

11. Equality Impact Assessment (EqIA)

11.1 What is EqIA?

In its broadest sense, impact assessment is the process of identifying the anticipated or actual impacts (positive and/or negative) of an intervention upon the local communities. In the context of the work at BDCT the impact measurement factor can apply to service delivery, employment, commissioning, estates and facilities or information governance. The measure may take place before approval of an intervention, after completion, or at any stage in between. Pre-intervention assessment forecasts potential impacts as part of the planning, design and approval of an intervention. Here, the Trust is committed to including appropriate service users and stakeholders in the developmental stage of any function from the outset; a behaviour that complies with the legal duty. Post intervention stage interventions are also imperative as a means of checking established services and practices that that may need to be modified or reformed in order to meet the needs of a diverse population.

11.2 Why is EqIA important?

Public bodies are required by law to screen all functions and policies and to complete Equality Impact Assessments (EqIA) relating to race, disability and gender where appropriate. This Trust is working towards a Single Equality Scheme whereby impact assessments relating to each of the equality strands will happen simultaneously and an over-arching integrated equality action plan will be produced

11.3 How will EqIA Work in BDCT?

EqIA is a systematic process that aims to conduct a health needs assessment of the way the Care Trust promote equality and diversity, but with a particular focus on the legal equality strands. In the Care Trust the steps taken to comply with the legal duties is depicted in the diagram 1:

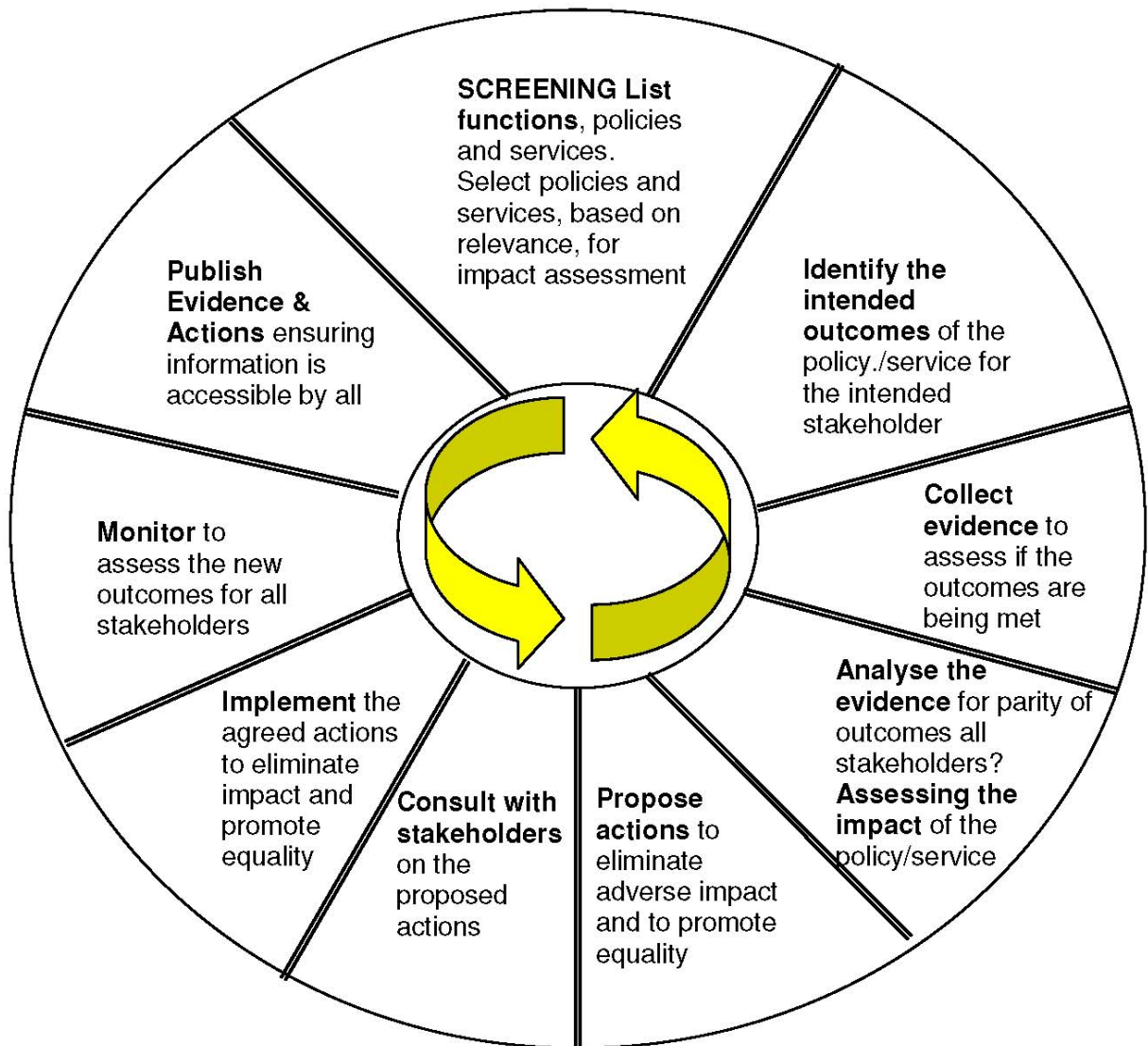


Diagram 1

11.4 Over the next 12 months each care group will submit revised and updated action plans. This means that existing race equality action plans that have been refined and implemented in relation to race equality will be refreshed/revised, and new action plans (if not submitted already) appertaining to disability and gender will be developed. In order to lend continuity to the innovative work that has been cultivated by the Focused Implementation Site Project over the last three years the following Care Groups will commit to embedding excellence by producing comprehensive impact assessments that stretch their present targets in relation to all areas of equality, but on race equality in particular:

- Substance Misuse
- CAMHS
- Forensic
- Estates/Facilities
- HR

11.5 The timescale for the completion of a comprehensive impact assessment as described above will be 12 months with the process commencing in July 08. A member of the equality and diversity team will be assigned to each of the Care Groups and the corporate areas named above to facilitate and co-ordinate the impact assessments.

12. Equality Review and Monitoring

12.1 Over the next 3 years all care groups will review their impact assessments yearly. Each care group will report to a newly formed equality review panel on a bi-annual basis with different functions being presented at each of the two meetings.

The Equality Review Panel assumes responsibility to act as “checking for progress” forum that can support care groups in their quest to make measurable improvements in relation to access, experience, and outcomes for service users, families and communities.

The terms of reference of the Equality Review Panel (attached as Appendix 2).

12.2 The equality review panel will supply General Managers with criteria that can ensure a self-audit of progress. The equality review panel will gauge progress in relation to a pre-set metric.

12.3 The Local Service Governance Group will monitor action plans at least quarterly retaining a record of discussions and progress.

12.4 The Service Governance Committee will receive papers bi-annually that provide assurance that BDCT is compliant with the legal equality duties.

12.5 The Board will receive a summary of progress annually that highlights progress in relation to each of the legal equality duties.

12.6 This scheme will be reviewed in its entirety in March 2011.

13 Integrated Single Equality Action Plan

13.1 BDCT has taken a decision that it will work to an integrated Single Equality Action Plan

13.2 This plan will encompass the strategic objectives that ensure the organisation is compliant with each of the legal duties, and it will set objectives that ensure BDCT is both committed to improving existing services, and that challenge itself to become a leader around equality and diversity in all aspects of its work.

13.3 The over-arching action plan covering the period 2008 - 11 that houses the core legal equality objectives can be found in appendix 3

14 Impact Assessment Training

14.1 At BDCT the equality and diversity team have been delivering bespoke training for managers on how to conduct equality impact assessments.

14.2 The main indicators against which equality impact assessments are contrasted against in Bradford District are as follows:

1. Data Collection
2. Community Engagement
3. Performance Improvement
4. Workforce development and Training

14.3 The above indicators fit neatly, and will continue to provide support to the four building blocks of DRE which were:

1. Community Engagement
2. Better Information
3. Culturally representative competent workforce
4. Appropriate and responsive services

15. Equality Impact Assessment (EqIA) Pathway outline for BDCT

Equality Impact Assessment (EqIA) Pathway	
STAGE	ACTION
Stage 1: Corporate Involvement	<p>Step 1: Secure ownership with Board/EMT for implementation of SES</p> <p>Step 2: Develop and implement a schedule with each care group;</p> <p>Step 3: Assign a senior manager from each care group as lead for overseeing the screening and initial impact assessment, and a lead from the equality and diversity team;</p> <p>Step 4: Disseminate guidance and set timescales for training;</p> <p>Step 5: Gather screening and initial impact assessment action plans from Managers.</p>
Stage 2: Auditing assessments and action plans	<p>Step 1: Screen initial impact assessments with equality and diversity team;</p> <p>Step 2: Collate EqIA for consultation with the community and staff;</p> <p>Step 3: Consult other professionals on impact assessments where relevant;</p> <p>Step 4: Finalise recommendations and return to lead manager for re-working or sign off.</p>
Stage 3: Monitoring of delivery	<p>Step 1: Local Service Governance Group will sign off progress at intervals agreed with the equality and diversity team;</p> <p>Step 2: The equality review panel will monitor and sign off the action plans annually or suggest re-working and resubmission;</p> <p>Step 3: The Service Governance Committee will check the plans against agreed targets bi-annually and link with assurance framework;</p> <p>Step 4: The Board will approve revised action plans annually.</p>

16. Implementation of Single Equality Scheme

STAGE	ACTION
Board	<ul style="list-style-type: none"> ▪ The Chief Executive Officer and Chair have overall responsibility for Equality Legislation compliance of SES ▪ The Board will “check” and approve revised action plans and scrutinise updates annually.
CEO	<ul style="list-style-type: none"> ▪ Responsible for setting measurable indicators in ROAD for Directors that drive measurable progress and ensure the organisation is compliant with the Legal Equality Duties.
Director	<ul style="list-style-type: none"> ▪ Responsible for setting measurable indicators in ROAD for General Managers of each Care Group that drive measurable progress and ensure the organisation is compliant with the Legal Equality Duties.
General Managers	<ul style="list-style-type: none"> ▪ Responsible for ensuring that screening, initial impact assessments, and where applicable comprehensive impact assessments have been carried out in compliance with the integrated equality action plan.
Equality and Diversity Team	<ul style="list-style-type: none"> ▪ Responsible for working with each care group to implement the integrated equality duty; ▪ Responsible for implementing the equality action plan; ▪ Responsible for co-ordinating the arrangements of the equality review panel; ▪ Responsible for linking with care/corporate groups identified above to conduct comprehensive impact assessments; ▪ Maintaining the internet and publishing information that enables compliance with the legal equality duties.

17. Review and Feedback

This scheme will be monitored regularly by the equality and diversity team. Any feedback you can offer on how we may improve our service outcomes, employment related issues, or any other aspect of our work will be greatly welcome. Please contact any member of the equality and diversity team for details.

APPENDICES

APPENDIX 1

Table 6: EMPLOYMENT DUTY Bradford District Care Trust as an Employer by Ethnicity February 2008

	A - White British	B - Irish	C - Any other White Background	D - White and Black Caribbean	E - White and Black African	F - White and Asian	Mixed Background	H - Indian	J - Pakistani	K - Bangladeshi	Asian Background	M - Caribbean	N - African	P - Any other Black Background	R - Chinese	S - Any other ethnic Group	Z - Not stated
Payscale description																	
A4C Band 1	184	1	2	2			1	7	9			4	2	1		4	29
A4C Band 2	476	5	10	1	2	2	2	9	28	3	4	8	11	2		3	38
A4C Band 3	233	2	3	4		1	1	5	20		2	3	6	3		1	18
A4C Band 4	84		3	1		1		2	2			2					4
A4C Band 5	178		1	1		1		22	8		2	2	16				10
A4C Band 6	332	9	2	1				10	8		4	5	11	2		1	44
A4C Band 7	94	2	3	2							1				1		2
A4C Band 8a	37	1	1					2		1	1						3
A4C Band 8b	31		1	1													3
A4C Band 8c	8		1					1									2
A4C Band 8d	4	1	3			1	1										3
Ex Social Services Payscale	250	1	4	1	1	2	1	6	13	1	5	11	1	2			3
Medical Payscale	34		1			1		14	8		4		1			1	16
Trust Management	20																7
Trust Scale	170	1	1			3	3	4	11	2	2	7	2			2	5
	2135	23	36	14	3	12	9	82	107	7	25	42	50	10	1	12	187

APPENDIX 1

Table 7: Bradford District Care Trust as an Employer February 2008 by Gender

	A - White British	B - Irish	C - Any other White Background	D - White and Black Caribbean	E - White and Black African	F - White and Asian	G - Any other Mixed Background	H - Indian	J - Pakistani	K - Bangladeshi	L - Any other Asian Background	M - Caribbean	N - African	P - Any other Black Background	R - Chinese	S - Any other ethnic Group	Z - Not stated	Total
Male	529	7	12	4	1	4	4	50	50	5	19	7	22	2	1	8	57	782
Female	1606	16	24	11	2	8	5	32	57	2	6	35	28	8	0	4	131	1975
	2135	23	36	15	3	12	9	82	107	7	25	42	50	10	1	12	188	

Table 8: Bradford District Care Trust as an Employer February 2008 by Professional Group

	A - White British	B - Irish	C - Any other White Background	D - White and Black Caribbean	E - White and Black African	F - White and Asian	G - Any other Mixed Background	H - Indian	J - Pakistani	K - Bangladeshi	L - Any other Asian Background	M - Caribbean	N - African	P - Any other Black Background	R - Chinese	S - Any other ethnic Group	Z - Not stated	Total
Senior Managers	177	2	1	2				1		1	2	3	1		1	17	208	
Admin & Clerical	353	3	9	2		2	2	5	15	1	3	2				27	424	
Medical & Dental	59	1	6					15	8		5		1		1	16	112	
Qualified Nurses	319	8	3	2		1	1	30	9		4	6	23	2	1		14	423
Health Care Assistant / Nursing Aux	803	5	13	6	2	5	3	19	51	4	11	23	17	7		6	36	1011
Ancillary	300	1	3	3	1	2	1	5	18	1		6	2	1		4	40	388
Allied Health Professional	52	1				2	1	2	2								3	63
Unqualified Nurses	72	2	1				1	5	4			2	6				35	128
	2135	23	36	15	3	12	9	82	107	7	25	42	50	10	1	12	188	

APPENDIX 2

BRADFORD DISTRICT CARE TRUST EQUALITY REVIEW PANEL JULY 2008

1 Introduction

1.1 To present an outline of changes to the Equality Review Panel focus introduced to broaden its remit to incorporate all the legal equality strands.

1.2 This document details the terms of reference and objectives of Bradford District Care Trust's - Equality Review Panel. Its purpose will be to scrutinise the Action Plans developed to drive reform and accelerate service improvements across each service and corporate support area in line with our Race, Disability and Gender Equality Schemes as detailed in the Single Equality Scheme 2008–2011; and Delivering Race Equality in mental health care

2 Background

2.1 Bradford District Care Trust has a historical commitment towards tackling inequality and promoting culturally appropriate services for its diverse communities. This work has been accelerated with the additional impetus provided by Delivering Race Equality in Mental Health Care (DRE) 2005 strategy promoted by FIS

2.2 Governance and monitoring is a mandatory element of each legal equality duty, and is an essential feature of the DRE principles. The existing race equality review group was set up specifically to provide a monitoring and evaluation purpose for the race equality/FIS action plans enabling BDCT to both comply with the legal duties, and to promote good practice by sharpening the accent on accountability and measurement of performance.

2.3 The race equality review group will be discontinued in July 08. It will be replaced by a new group that maintains the focus on race equality, but it can address all the legal equality duties. The new group will be entitled the equality review panel. It will act as an advisory body to the board and will monitor and measure progress on race, disability and gender, and also begin to check progress on age, sexual orientation, and religion/belief

3 Terms of Reference

- 3.1 The Equality Review Panel (ERP) will require assurance and supporting evidence that action plans are compliant with each of the equality duties
- 3.2 Equality Review Panel will act as a 'critical friend' in the monitoring and review of the equality action plans taking into account both the element of raising BDCT's standards of performance in relation to disadvantaged communities, and the need for the organisation to demonstrate compliance for CSIP and CEHR
- 3.3 The Equality Review Panel will receive bi-annual presentations from a General Manager who can be accompanied by supporting members of staff
- 3.4 The Equality Review Panel will require action plans to be submitted 5 working days in advance of attendance and will instruct on details/evidence required by the panel for the meeting
- 3.5 The Equality Review Panel will schedule mid-term reviews of its own effectiveness every 6 months, and evaluate the impact of the Trust 'Scoring Sheet' and the monitoring process. The review will include a maximum of three General Managers
- 3.6 The Equality Review Panel meetings will be coordinated by the Race Equality Manager responsible for maintaining records and minutes
- 3.7 The Head of Service Improvement will prepare submit a report to the 'Service Governance Committee bi-annually
- 3.8 ERP will conduct its business in congruence with the care group structures. It will hold meetings that target key service areas within each care planning set up. Each care group will be attended by a General Manager and appropriate team representatives
- 3.9 These meetings will be mandatory as they form an integral part our evidence to CSIP and CEHR
- 3.10 The 'checking for progress' criteria applied by the equality review panel will be made available to all General Managers
- 3.11 In exceptional circumstances, the panel will raise concerns with appropriate Directors
- 3.12 Dates for the meetings will be set and are not negotiable unless there are exceptional circumstances

4 Membership

4.1 Membership will mirror the renewed focus of the group. The group will comprise as follows:

Panel Members:

- Head of Service Improvement (Chair)
- Equality & Diversity Manager
- Senior Service User Development Worker
- Community Representative
- CDW Representative
- BMESN Representative
- Disabled Staff Network
- Gender Equality representative

5 Scoring Sheet

There will be a consistent scoring mechanism that gauges progress vis-à-vis equality and diversity indicators

6 Minutes

All meetings will be supported with minutes, and these will be checked by the equality lead, and then sent out within 7 working days of the original meeting

7 Review of Panel

Terms of reference will be reviewed by in July 09

APPENDIX 3

BRADFORD DISTRICT CARE TRUST

INTEGRATED EQUALITY ACTION PLAN

2008 to 2011

1.0 Assessing functions against the equality positive duty				Race	Disability	Gender	Age	Sexual O	Religion/B
Action	Metric	Timescale	Lead						
1.1 All functions will undertake screening for potential adverse impact against the General and Specific Duties, and where applicable arrangements for an initial impact assessment	All services and functions can evidence that they been screened for relevance against the integrated equality duty. Initial impacts have been drawn up for those functions that are considered to have a differential impact on any of the equality duties	February 2009	Stuart Hatton	√	√	√			
1.2 Ensure that all assessments of functions and polices include a user /community development worker/Carer perspective	Initial impact assessments have been developed with external and internal stakeholders	February 2009	Stuart Hatton	√	√	√			
1.3 Better information on service user profile	There is a year upon year improvement in data collection appertaining to the legal duties	December 2008	Andrew Gunnee	√	√	√			
1.4 Interpret and act on data elicited from In-reach, Census figures and data collection to improve service outcomes	Data is used regularly to influence the following improvements: <ol style="list-style-type: none"> 1. Service Outcomes 2. Community/User engagement 3. Under/Over representation 	March 2009	Nick Morris	√	√	√			

1.0 Assessing functions against the equality positive duty				Race	Disability	Gender	Age	Sexual O	Religion/B
1.5 Revised integrated equality action plans for 2008 to 2011	<p>The following Care Groups and Corporate Areas have drawn up compliant integrated equality action plans against the legal equality duties:</p> <ul style="list-style-type: none"> • Learning Disabilities • Forensics • Drugs & Alcohol • CAMHS • Older People • Adults • Facilities & Informatics • Human Resources 	April 2009	<p>Stuart Hatton</p> <p>Andrew Gunnee</p> <p>Sandra Knight</p>	√	√	√			
1.6 Annual consultations of the integrated equality plans will take place with users and voluntary/community sector organisations	Yearly meetings are held with voluntary/community sector organisations to test progress and glean feedback in vis-à-vis the implementation of the equality themes	June 2009	Nick Morris	√	√	√	√	√	√

1.0 Assessing functions against the equality positive duty				Race	Disability	Gender	Age	Sexual O	Religion/B
1.7 Prioritise areas for comprehensive impact assessments	<p>The following Care Groups have developed a comprehensive impact assessment of at least one function within their sphere of operation and implemented the findings:</p> <ol style="list-style-type: none"> 1. CAMHS 2. Forensics 3. HR 4. Facilities/Informatics 	<p>Comprehensive Impact Assessment to completed by July 2009</p> <p>Review July 2010</p>	<p>SH</p> <p>SK</p> <p>AG</p>	√	√	√			
1.7 The DRE recommendations will be integrated into all Care Groups	<p>All Care groups have applied the DRE indicators to audit, systematise and embed their focus on race equality as part of the commitment the organisation has to FIS;</p> <ol style="list-style-type: none"> 1. All Care groups have developed plans that integrate and promote equality within the service re-design and the application of LEAN systems 	<p>Review March 2009</p>	<p>Stuart Hatton</p>	√					

2.0 Assessing and consulting on the likely impact of proposed policies on promoting equality				Race	Disability	Gender	Sexual O	Age	Religion/B
Action	Metric	Timescale	Lead						
2.1 All new & existing policies are screened for impact against the equality duties	All new & existing policies are screened from the outset in relation to the equality themes	On-going Review Dec 2008 Dec 2009 Dec 2010	Nick Morris	√	√	√	√	√	√
2.2 Policies that are considered to have a high/medium potential adverse impact will undergo a full impact assessment in accordance with the General Duty	All new or proposed policies that are considered likely to have a high/medium adverse impact can evidence a full impact assessment that clearly demonstrates how users and voluntary/community sector organisations have been involved	On-going (as above)	Nick Morris	√	√	√	√	√	√
2.3 Regular consultations with appropriate staff networks	All new or proposed policies can evidence the involvement of staff networks internal to the organisation	On-going	Nick Morris	√	√	√	√		√
2.4 Involvement of Community Development Workers and Policy/Participation Workers	All new or proposed policies that have a high/medium adverse impact assessed in collaboration with the Community Development Worker representation and the involvement of the policy/participation workers	On-going	Nick Morris	√					

3.0 Employment Duty				Race	Disability	Gender	Age	Sexual O	Religion/B
Action	Metric	Timescale	Lead Person						
3.1 Shaping a workforce that represents the local communities	BDCT has increased the number of BME staff at band 8a and above	January 2011	Sandra Knight	√	√	√			
3.2 Monitoring by ethnic group the numbers of: <ul style="list-style-type: none"> • staff in post, and • applicants for employment, and • applicants for training and • applicants for promotion 	The Board and the Service Governance Committee receive every six months in relation to the following: Monitoring by ethnic group of:- <ol style="list-style-type: none"> Staff in post Applicants for employment Applicants for training Applicants for promotion 	December 09	Sandra Knight	√	√	√			
3.3 Monitoring by ethnicity, the numbers of staff who: <ul style="list-style-type: none"> • receive training; • benefit or suffer detriment as a result of its performance assessment procedures, • are involved in grievance procedures; • are the subject of disciplinary procedures; and 	The Board receives annual updates in relation to the following: Monitoring by ethnic group of:- <ol style="list-style-type: none"> receive training; benefit or suffer detriment as a result of its performance assessment procedures, are involved in grievance procedures; are the subject of disciplinary procedures; and the numbers of staff who 	June 09	Sandra Knight	√	√	√			

3.0 Employment Duty				Race	Disability	Gender	Age	Sexual O	Religion/B
• the numbers of staff who cease employment	cease employment								
3.4 Commitment to Positively Diverse	BDCT maintains its Positively Diverse status	November 08	Sandra Knight	√	√	√	√	√	√
3.5 Promote Positive Action	There is a measurable increase in positive action opportunities that relate to the equality duties	April 09	Sandra Knight	√	√	√			
3.6 Promote the use of Genuine Occupational Qualification	There is a measurable increase in the use GOQ	April 09	Sandra Knight	√	√	√			
3.7 Deliver Recruitment & Selection training that promotes fair appointments	The recruitment and selection course provides an awareness of equality legislation and an understanding of Human Rights; BDCT is working towards implementing representative panels for all senior jobs	January 2010	Sandra Knight	√	√	√	√	√	√
3.8 Develop volunteering opportunities and student placements	Volunteers and student placements within Care Group settings, and in the corporate areas of the Care Trust are created as balancing measures to shape a representative workforce	January 2009	Sandra Knight	√	√				

4.0 Monitoring policies and functions for adverse impact on the promotion of equality				Race	Disability	Gender	Age	Sexual O	Religion/B
Action	Metric	Completion date	Lead Person						
4.1 Arrangements will be in place for a robust monitoring of all service and corporate areas	The Care Trust ensures that appropriate arrangements are in place to monitor the implementation of equality duties <ol style="list-style-type: none"> 1. Board updates 2. Service Governance Committee 3. Equality Review Group 4. Total Care Task Force (ethnicity data) 	Board presentations take place annually	Nick Morris						
		Equality Review Group will meet monthly commencing July 09	Nick Morris						
		Service Governance Committee will receive equality papers every 6 months	Nick Morris	√	√	√	√	√	√
		Information management group will meet every 3 months	Andrew Gunnee						
4.2 Arrangements will be in place for a monitoring of all employment related functions	The workforce profile figures are broken down, analysed and interpreted to influence the creation of a balanced workforce	June 09	Sandra Knight	√	√	√			

4.0 Monitoring policies and functions for adverse impact on the promotion of equality				Race	Disability	Gender	Age	Sexual O	Religion/B
4.3 Arrangements will be in place to monitor the screening and impact assessment of policies	Policies are randomly picked out and “checked” for compliance with the equality duties	Random reviews will happen once every 4 months	Nick Morris	√	√	√	√	√	√

5.0 Meeting the commissioning and procurement duty				Race	Disability	Gender	Age	Sexual/O	Religion/B
Action	Metric	Completion Date	Lead Person						
5.1 Ensure our providers can evidence steps that show their commitment to implement and embed the equality themes	All service level agreements and contracts with providers promote measurable outcomes in relation to the equality duties	April 2009	Andrew Gunnee	√	√	√	√	√	√

6.0 Meeting the Partnership Duty				Race	Disability	Gender	Age	Sexual/O	Religion/B
Action	Metric	Completion Date	Lead Person						
6.1 The Care Trust will champion the equality and diversity agenda with all its partners	The Care Trust uses its influence to promote equality and diversity with all its partners	March 2009	Nick Morris	√	√	√	√	√	√

7.0 Training staff to deliver high quality services that are responsive to users from diverse communities				Race	Disability	Gender	Age	Sexual O	Religion/B
Action	Metric	Completion Date	Lead Person						
7.1 Provision of Equality Training	All staff can demonstrate a commitment to promoting equality in the workplace that addresses:- i. Race Equality ii. Disability Equality iii. Age Friendly Services iv. Sexual orientation v. Religion/faith vi. Gender Equality	December 09	Sandra Knight	√	√	√	√	√	√
7.2 Provision of Cultural Awareness Training	Staff are developing their competence in working with users from diverse cultures and from different religious communities	September 09	Sandra Knight	√					√
7.3 Provision of training in relation to Working with Interpreters	Practitioners demonstrate confidence and skills in working effectively with interpreters	December 2009	Sandra Knight	√	√	√			

7.0 Training staff to deliver high quality services that are responsive to users from diverse communities				Race	Disability	Gender	Age	Sexual O	Religion/B
7.4 Provision of Training for the Board/EMT on equality	The leadership of the organisation is clear about its role and responsibilities to promote equality	September 2008	Sandra Knight	√	√	√	√	√	√
7.5 E-learning on diversity	Staff are provided with work based training material that can empower them to deliver improved services	Review April 2009	Sandra Knight	√	√	√	√	√	√

8.0 Publishing the results of assessments and consultation				Race	Disability	Gender	Age	Sexual O	Religion/B
Action	Metric	Completion Date	Lead Person						
8.1 The single equality scheme and each of the action plans representing the statutory equality duties will be published on the internet	Users and staff will be able to access the single equality schemes and each of accompanying action plans through the internet	September 2008	Simon Large	√	√	√	√	√	√
8.2 Evidence of the Impact Assessment outcomes and declaration to be published on the internet	The BDCT website can demonstrate easy to access evidence of initial and comprehensive impact assessments relating to both functions and policies within the organisation	On-going	Simon Large	√	√	√	√	√	√
8.3 Evidence of outreach work to share the results of assessments and consultations	BDCT can evidence that the results of assessments and consultation have been shared with significant community and voluntary sector organisations	January 2009	Nick Morris	√	√	√	√	√	√
8.4 Evidence of annual review of each equality duty	BDCT publishes annual reviews of equality action plans on the website	December 2009	Nick Morris	√	√	√			

9.0 Ensuring Public Access to Information and Services				Race	Disability	Gender	Age	Sexual O	Religion/B
Action	Metric	Completion Date	Lead Person						
9.1 Provision of high quality interpreting and translation in an appropriate format for users where it is necessary	The Care Trust can fund and provide high quality, easy to access interpreting service for all provider functions	December 2010	Sandra Knight	√	√	√			
9.2 All communication and marketing materials produced by the Care Trust reflect the diversity of the population	The Care Trust evidences its commitment to equality and diversity by integrating diversity in all elements of its communication	March 2009	Simon Large	√	√	√	√	√	√
9.3 Annual report provides information and updates on equality and diversity achievements	The Care Trust shares examples of excellent practise in its annual report	April 2009	Simon Large	√	√	√	√	√	√
9.4 The Trust will spread awareness of the equality duties across the organisation	<ul style="list-style-type: none"> The SES is available on the Trust's website and can be easily accessible from the homepage; The SES is promoted within 'Connections', local News Letters, leaflets and e bulletins; SES is promoted through Staff Networks and Forums 	On-going	Simon Large	√	√	√	√	√	√

9.0 Ensuring Public Access to Information and Services				Race	Disability	Gender	Age	Sexual O	Religion/B
	<ul style="list-style-type: none"> • SES is promoted through Central Induction; • SES is promoted to Service Users and Carers using existing forums building on new links with community groups 								