

Cheltenham and Tewkesbury PCT

Race Equality Scheme 2005-2008

Table of Contents

FOREWORD.....	1
1. INTRODUCTION.....	2
The General Duty.....	2
Specific Duties	3
Employment Duties.....	3
2. WHO WE ARE AND WHAT WE DO.....	4
3. THE COMMUNITIES WE WORK WITH.....	5
4. VALUES AND PRINCIPLES OF CHELTENHAM AND TEWKESBURY PCT.....	7
5. VALUES AND PRINCIPLES ON RACE EQUALITY.....	7
6. STRATEGIC CONTEXT - NATIONAL AND LOCAL DRIVERS IN THE NHS.....	8
7. IMPLEMENTING THE GENERAL DUTY.....	8
8. DELIVERING THE RACE EQUALITY SCHEME.....	9
9. COMPLAINTS.....	9
10. CONSULTATION.....	9
11. MAINTAINING COMMUNITY CONFIDENCE IN OUR APPROACH	10
12. FEEDBACK AND COMMENTS.....	10

FOREWORD

By the Chair and Chief Executive of Cheltenham and Tewkesbury Primary Care Trust

The amendment of the 1976 Race Relations Act in 2000 came as a direct response by the Government to the findings of the inquiry into the murder of Stephen Lawrence. The amended Act places a statutory duty on all public bodies to promote race equality in service delivery and in employment. It challenges us as organisations to improve the way we think about and achieve racial equality across all aspects of our work.

Cheltenham and Tewkesbury PCT is responsible for promoting improvements in the health of local residents and for securing and providing services to meet assessed needs. The PCT is also an employer of over 550 staff. As such, the Trust needs to have the confidence of the community it serves.

The PCT welcomes this opportunity to set out how it is working towards race equality as a key part of the wider diversity agenda. Our commitments are set out at section 5 in the Scheme. They are based on working in partnership to ensure that everyone has fair access to health and health services and on our intent to lead by example and to learn from best practice. As roles and responsibilities change within the NHS, we will continue to ensure that our values and principles on race equality are at the heart of our development.

This document sets out the PCT's second Race Equality Scheme - it is not meant as a static document. We need to ensure that, through continual review and feedback, we improve our response to race equality. We hope that patients and residents, staff and partners will read through the scheme and let us know where we can make further improvements - in what we plan to do and how we can improve monitoring of our progress.

Caroline Fowles and Ruth FitzJohn

Chief Executive

Chair

1. INTRODUCTION

The Race Relations Act 1976 as amended by the Race Relations (Amendment) Act 2000 (the Act) places on all public authorities a general duty to promote race equality. This duty applies to all the public authorities listed in schedule 1A to the Act and includes NHS organisations such as Primary Care Trusts. The intention behind this duty is to make race equality a central part of the way public authorities work - by putting it at the heart of policy making, service delivery; regulation and enforcement and employment practices.

The Act required public authorities to develop a Race Equality Scheme (RES) by 2002 and then to update and revise their schemes by May 2005. This document is our response to this legislation and has been produced following a period of consultation.

This Act has its origins in the Stephen Lawrence Inquiry. One of the main conclusions of the Inquiry was that public organisations were in danger of suffering from “institutional racism” through a failure to provide an appropriate service to people because of their race, culture or ethnic origin.

Cheltenham and Tewkesbury PCT is committed to promoting equality of opportunity for all members of our staff and for the communities we serve. We take seriously the obligations placed upon us by the Race Relations (Amendment) Act and wider equality legislation enshrined within the Disability Discrimination Act (DDA), Equal Opportunities Act, Human Rights Act and the regulations under article 13 of the European Communities Act covering sexual orientation age, religion and belief.

The General Duty

The Race Relations (Amendment) Act 2000 outlined a general duty and specific duties for public authorities to comply with.

A general duty is placed on all public authorities to have due regard to:

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

There are also four underlying principles that underpin the successful implementation of the general duty, and these are that:

- promoting race equality is obligatory for all public authorities listed in schedule 1A to the Act;
- public authorities must meet the duty to promote race equality in all relevant functions;
- the weight given to race equality should be proportionate to its relevance;
- the elements of the duty are complementary, as they are all necessary to meet the whole duty.

Specific duties

Under the Act, the specific duties placed upon public authorities include the requirement to prepare and publish a Race Equality Scheme (RES) which sets out the 'functions' or 'policies' relevant in meeting the general duty. Underlying these statutory duties is an expectation that an equality perspective will be incorporated into all policies, at all levels, throughout all parts the organisation.

The contents of a RES are clearly defined by the Act and include:

- a list of functions or policies or proposed policies relevant to meeting the general duty;
- assessments of and consultation on the likely impact of proposed policies;
- continuous review of policies for any adverse impact;
- publication of the results of the assessments and consultation and monitoring;
- ways in which public access to information and services is made available;
- ways in which staff training will be carried out in respect to the requirements imposed in the general duty

In addition to these requirements our Race Equality Scheme will also:

- outline the ways in which we will develop partnership working arrangements and improved networking on equality and diversity between the PCT and other local NHS organisations, local authorities and community groups.

Employment duties

In line with the specific duties concerning employment, Cheltenham and Tewkesbury PCT undertakes to monitor, by reference to the racial group to which they belong, the numbers of:

- staff we have in post
- the applications we receive for employment and training

The Act places additional responsibilities upon public authorities who employ 150 or more full time staff, and in line with this requirement we will monitor the number of staff from each such group who:

- receive training
- benefit or suffer detriment as a result of our performance assessment procedures
- are involved in grievance procedures
- are the subject of disciplinary procedures
- cease employment

We undertake to publish the results of our monitoring on an annual basis.

2. WHO WE ARE AND WHAT WE DO

Cheltenham and Tewkesbury PCT area covers Cheltenham, Tewkesbury, Winchcombe, Prestbury and Bishops Cleeve. We serve a population of approximately 163,000. There are 19 GP practices 13 in Cheltenham, Leckhampton and Charlton Kings; 3 in Prestbury, Bishops Cleeve and Winchcombe; and 3 in Tewkesbury town. From 1st April 2004 the PCT also took over the day-to-day management of two community hospitals in the towns of Tewkesbury and Winchcombe. The PCT is a partner in three Local Strategic Partnerships: Cheltenham; Tewkesbury; and Gloucestershire. Each strategic partnership has a sub-group specifically focussed on health improvement and health inequalities. Each sub group has an action plan identifying contributions from a range of partner organisations and agencies, and which collectively work help to improve the health of people living in Cheltenham and Tewkesbury.

Cheltenham and Tewkesbury Primary Care Trust (PCT) has four main responsibilities and these are:

- to improve the health of local people by working with local communities and partners;
- to develop primary and community services (such as those provided through GP surgeries), to improve the range and quality of care given to patients;
- to run our two community hospitals in Tewkesbury and Winchcombe; and
- to secure treatment from local NHS trusts and other specialist hospitals and centres.

As a PCT, we provide a range of community services as well as purchasing (commissioning) hospital and other specialist care and treatment for our residents. The three PCTs in Gloucestershire divide lead commissioning responsibility for several key services between them. We are the lead commissioner for:

- mental health, learning disabilities services and substance misuse services;
- cancer services;
- emergency planning and services; and
- health protection.

We also host the Public Health Intelligence Unit, the Guide Information Service and Primary and Community Care Clinical Audit Group.

3. THE COMMUNITIES WE WORK WITHIN

The Annual Reports of the PCT Director of Public Health for 2003 and 2004 highlighted both the size, distribution and some of the issues faced by some of our BME groups. Cheltenham and Tewkesbury PCT has an ethnic minority population of around 4200 or 2.7% (excluding the White Irish population), compared to a national average of 9%. The main ethnic minority group within the PCT is Indian/British Indian (0.78%).

At an electoral ward level the ethnic minority populations within the PCT are more concentrated in Cheltenham, particularly in the central part of the town, where wards such as Lansdown, St Peter's and St Paul's have over 5% ethnic minority populations.

Black, Irish and other minority ethnic groups tend to experience disproportionately high levels of social and material deprivation when compared with the majority white population. The social exclusion of black and minority ethnic groups is complex and although this complexity is not always understood (partly because of limited data), there is sufficient evidence to demonstrate that people from minority communities disproportionately experience aspects of social exclusion affecting almost every aspect of contemporary life. In general people from minority ethnic groups also experience much worse health than the ethnic majority within this country. The Fourth National Survey of Ethnic Minorities 1993 – 1994 (Policy Studies Institute, 1997) found that minorities were more likely than white people to report fair, poor or very poor health, limiting long-standing illness and a registered disability. Minority groups report significantly higher psychological distress, a high prevalence of diabetes; poor self assessed general health, and a severe lack of social support. Despite the higher levels of ill health and disability amongst minority ethnic groups they appear to have poorer access to health services.

Travellers were granted ethnic minority status by the Racial Equality Act of 1976: the term covers a diverse range of groups including Romany Gypsies, English or Welsh Gypsies, and both Scottish and Irish Travellers. It is estimated that there are 770 Travellers in Gloucestershire of which approximately 450 live in Tewkesbury Borough Council area. The figure is estimated from the bi-annual Gypsy Traveller count carried out by the local authorities each year on behalf of the Office of the Deputy Prime Minister. The Traveller Education Service also keeps records of Traveller children registered in local schools; in 2002/3 there were 350 children registered of which 300 were living in the county at the time.

Recent research from Sheffield University has confirmed findings from earlier literature that there is evidence that Travellers experience worse health outcomes than members of the settled population from similar socio-economic backgrounds. Conditions including heart disease, chronic ill health and mental health were more common in Travellers.

Ethnicity information taken from the 2001 Census is provided in Table 1 overleaf.

Table 1: Ethnicity for Cheltenham and Tewkesbury PCT and England

ETHNIC GROUP	England	Cheltenham and Tewkesbury PCT	
	%	%	Number
White: British	86.99	94.5	148234
White: Irish	1.27	0.95	1484
White: Other White	2.66	1.84	2888
Mixed: White & Black Caribbean	0.47	0.24	370
Mixed: White & Black African	0.16	0.07	105
Mixed: White and Asian	0.37	0.28	440
Mixed: Other Mixed	0.31	0.18	276
Asian or Asian British: Indian	2.09	0.78	1228
Asian or Asian British: Pakistani	1.44	0.05	71
Asian or Asian British: Bangladeshi	0.56	0.13	210
Asian or Asian British: Other Asian	0.48	0.12	192
Black or Black British: Caribbean	1.14	0.1	159
Black or Black British: African	0.97	0.12	193
Black or Black British: Other Black	0.19	0.02	35
Chinese or other ethnic group: Chinese	0.45	0.37	579
Chinese or other ethnic group: Other Ethnic Group	0.44	0.25	395

Source: Census 2001 (ONS)

4. OUR VISION

The 'vision' of the PCT is to "Work with partners to promote the health of our local communities. We will do this by supporting the development of responsive, learning teams to ensure that high quality, equitable and integrated services are provided from an understanding of the patient's perspective."

5. VALUES AND PRINCIPLES ON RACE EQUALITY

The PCT adopted a Diversity Policy in May 2002, in which we made a commitment to "develop a culture which enhances contribution from all employees to deliver responsive and quality services to patients and clients".

In developing this RES we have broadened this commitment in order to make our responsibilities more explicit. Our commitments are listed below:

Cheltenham and Tewkesbury PCT aims to treat people as individuals in accordance with their personal health needs. We will not base assumptions about a person's needs on the fact of their belonging to a particular group or community.

We aim to make services sensitive and appropriate to the diverse and individual needs of patients.

We aim to reduce inequalities in health, in partnership with all sectors and communities.

As a commissioner of health services, we will work with providers and contractors to ensure that valuing diversity and promoting fair access are core elements of care.

We are committed to becoming a model employer: welcoming, valuing and learning from the diversity of our staff. We continue to work towards achievement of the NHS 'Improving Working Lives' standard at Practice Plus level to help us attain this.

We will tackle unfair or unlawful discrimination on the basis of any irrelevant factors, in particular race, ethnicity, nationality, colour, gender, marital status, disability, age, religion, history of mental illness, sexual orientation, or history of offending. The PCT recognises that some groups face particular risk of discrimination in health services. Such groups include Black and Minority Ethnic (BME) communities, refugees and asylum seekers, travellers, homeless people and people with disabilities.

We aim to be a force for positive change in public services, to lead by good example and to learn from best practice.

We will publicise our practices and the targets we set ourselves. We will publicise the results of our monitoring and encourage involvement from our partners in helping us assess our progress towards delivering our strategy.

We recognise that we must monitor and review our policies and practices to ensure that our overall intentions are being met. Furthermore, we acknowledge that achieving these goals will require the full commitment of our Non-Executive Board members, the PCT Chief Executive and PCT Directors and employees at all levels.

By placing race equality high up on our leadership agenda we want to support ways of working within the PCT which will mean we are able to further develop effective partnerships with local black and minority ethnic communities to improve health, support the modernisation of our services, increase choice and create greater diversity within the PCT workforce.

Through the development and implementation of this Scheme, the training we have developed, the assessment of functions and policies and the integration of race equality issues into strategic and business planning processes, race equality will become embedded as a key organisational value.

6. STRATEGIC CONTEXT - NATIONAL AND LOCAL DRIVERS IN THE NHS

The policy agenda for the NHS for the next 3 years is significant. The growth of the independent and private sectors will introduce new providers of healthcare throughout our PCT area and in our wider regional boundaries. An increasing number of NHS Trusts will become Foundation Trusts and the launch of the green paper on social care for adults will place continued emphasis on partnership working. Patient Choice represents a significant challenge for the NHS particularly for primary care and mental health trusts and the implementation of supporting strategies, such as Payment by Results and Connecting for Health, will place the focus for healthcare firmly around the patient. Choosing Health, the strategy to improve public health, sets far reaching targets for population-wide health improvement and tackling inequality which we will need to address. More specifically, the following policy initiatives will impact on the race equality agenda. These are:

- The Vital Connection, An Equalities Framework for the NHS,
- Human Resources Performance Framework for the NHS
- Positively Diverse, Working Lives; Programmes for Change
- Black and Minority Ethnic Staff Networks.
- Tackling Racial Harassment in the NHS – Good Practice Guidance
- National Service Frameworks
- Sir Nigel Crisp’s Action Plan on Leadership and Race Equality
- SHA Race Equality Performance Management Framework
- Improving Working Lives

7. IMPLEMENTING THE GENERAL DUTY

Cheltenham and Tewkesbury PCT will proactively implement the general duty as required in the Race Relations (Amendments) Act 2000 and as described out in this document in all its areas of our work. These will be implemented and monitored by way

of our Race Equality Scheme and associated Action Plan. We shall ensure that race equality is further embedded within our performance management and strategic development functions, including our role as an employer and we will seek to lead by example with the organisations we work with in order to promote equality of opportunity. We recognise that we have a leadership role to play in mainstreaming race equality and a responsibility to share good practice, setting local standards and supporting whole systems approaches wherever relevant. We shall continue to improve our work arrangements with all our stakeholders including our diverse populations in order to meet our obligations.

8. DELIVERING OUR RACE EQUALITY SCHEME

Cheltenham and Tewkesbury PCT Board has demonstrated a strong commitment to promoting race equality by having a Non Executive lead for this area of work. Our Non Executive lead will also take a clear role in monitoring the implementation of our Race Equality Scheme in line with our vision and values and role. Our Director of Public Health and our Associate Director of Human Resources, together with the PCT Chief Executive, will provide internal leadership and drive to ensure that our commitment is matched by action across all of the directorates within the PCT. We will actively seek advice and feedback on our scheme to ensure effective implementation, including mainstreaming implementation throughout our policies and functions, supporting our staff through a process of learning, development, reflection and training. Our Diversity Steering Group will continue to support this work. The Steering Group is accountable to the PCT Directorate Team and will report to Board on an annual basis as a minimum, including reporting on any cases where, in assessing our policies and functions, any adverse impact is identified.

9. COMPLAINTS

The policy for responding to complaints made against the PCT has recently been revised to ensure it accords with the latest national guidance on handling complaints, and to meet race equality requirements. The revised policy explicitly confirms that no one is to be subject to less favourable treatment on racial grounds and that everyone has an equal right to make a complaint if they wish, and that any complaint will be responded to fully and sensitively. The policy will be made available to people in a variety of ways, including placement on the Cheltenham and Tewkesbury PCT website and via leaflets which are available in languages other than English. As part of our Race Equality Scheme, complaints made against the PCT will be monitored and reported to our Patient Involvement Group and to our Board via the Patient Experience Report. Any changes made as part of the revision to the national regulations on complaints, due to be published in Spring 2006, will be incorporated into the complaints policy of the PCT.

10. CONSULTATION

Consultation on this scheme will take place, in the first instance, through our public consultative group, known as our Patient Involvement Group. However, our overall philosophy on consultation is one of proactive community and key stakeholder engagement and we will take appropriate and constructive steps to engage with black and minority ethnic groups within our PCT area, as well as seeking out individual contributions wherever possible. By working with our partners, we shall continue to build up a clear picture of the make up of our local communities to help us shape our involvement and communications strategy in relation to this Race Equality Scheme but, at the same time ensuring linkages with the broader patient and public involvement strategies of the PCT. Good practice guidance on reaching 'actual' rather than 'perceived' communities will be utilised to develop a robust inclusive framework to inform this approach. Local needs analysis and assessment processes that use a 'whole-community' engagement process will also be utilised to help make us more responsive in terms of meeting our population's expectations.

11. MAINTAINING COMMUNITY CONFIDENCE IN OUR APPROACH

In using the approach described above and by being transparent in our complaints process, we hope to increase satisfaction and confidence in our organisational ability and desire to deliver on this important agenda. We are aware that negative perceptions may persist about how we are meeting the challenge of eliminating institutional racism, related to the PCT but more generally to the NHS as a whole. We believe that by working in partnership we are more likely to be able to manage and address the expectations of our local community groups and of individuals. We have already made a good start - for example by establishing monitoring system with regard to the ethnicity of our staff, by appointing a jointly funded Equalities Officer and by carrying out service use equality audits. Using a range of initiatives linked to our strategic functions, policies and networks, we hope to maintain and strengthen confidence in our approach, which will enable us to act as a positive catalyst for change.

12. FEEDBACK AND COMMENTS

We welcome feedback on our draft Race Equality Scheme.

If you wish to make any comments, please contact:

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